



Johns Hopkins

Urban Health
I N S T I T U T E

Self-Study and External Evaluation

August 31, 2010

Introduction	1
Johns Hopkins and East Baltimore: A Historical Perspective	2
Key Events by Decade	2
History of the Urban Health Institute 1999-2006	3
Launch of the Urban Health Institute (1999 – 2000)	3
2001 - 2005	5
UHI Progress 2006-2010	9
The Interim Year (May 2006–June 2007)	9
Academic Year: 2007-08	12
Academic Year 2008-09	18
Academic Year 2009-10	21
Dissemination and Communications.....	24
Financial Accounting 2006-10 and JHU Audit Report Summary	27
Johns Hopkins and Baltimore Perspectives on the Urban Health Institute.....	27
What Is the UHI Doing Well?	28
Challenges Raised – Trust, Transparency and Engagement	28
Insights about the Purpose of the UHI.....	29
Where Should the UHI Focus for the Next 3-5 Years?	30
Recommendations for the Future of the Urban Health Institute	30
A Metric of Success.....	36
Summary.....	37

Table of Frequently Used Abbreviations

ACC	Academic Coordinating Council
CHW	Community Health Worker
CUCC	Community-University Collaborating Committee
EBDI	East Baltimore Development Inc
EBMC	East Baltimore Medical Center
HEBCAC	Historic East Baltimore Community Action Coalition
JHH	Johns Hopkins Hospital
JMHI	Johns Hopkins Medical Institutions
JHU	Johns Hopkins University
TAP	The Access Partnership
UHI	Urban Health Institute

Introduction

The basis for the present self-study of the Johns Hopkins Urban Health Institute (UHI) was established in the summer of 2007 when Robert Blum was named director of the UHI. At that time he, the then Provost Steve Knapp, and the UHI Advisory Board agreed that after three years the UHI would take stock of the progress made and would review all aspects of the Institute's work as well as chart a course for the future. Consistent with that original plan, in the spring of 2010 Provost Lloyd Minor formally requested that a self-study be undertaken with a full report to be prepared and presented to him and the UHI Advisory Board no later than fall 2010.

The present self study has involved a number of components including:

- A review and compilation of all activities of the UHI since spring 2006 when Blum was named interim UHI director
- An archival review of the history of Johns Hopkins Institutions (JHI) in East Baltimore
- Interviews with the founding leaders of the UHI
- Discussions with the UHI Advisory Board and the Community-University Collaborating Committee (CUCC)
- An external evaluation of the UHI completed by Two Gems Consulting Services that included interviews with nearly 100 individuals from both the community and university
- An external review of UHI finances
- Two half-day retreats with approximately 90 community and university colleagues to receive input for charting the UHI's future
- A full day retreat of the UHI staff with participation from the Provost and other members of the Advisory Board
- A review of the draft document by the CUCC and those who attended the retreats
- An external review of the UHI by community and national leaders in urban health

The document that follows represents a synthesis of that work and the work of the UHI over the past four years. It is intended to give the reader a detailed sense of what has been achieved, the issues encountered and the plans for the future. So too, it is to serve as a record of the past to serve as the foundation for the future.

Johns Hopkins and East Baltimore: A Historical Perspective

As part of the self-study we are interested in understanding significant people, dates, and events that ultimately shaped the founding and mission what we now know as the Urban Health Institute. We began this process with a review of archival materials located in the medical archives of the Johns Hopkins Medical Institution. The primary data sources for the historical accounts included in this self study are based largely on formal documents, reports, project plans and proposals, and newspaper articles. While work will continue to diversify the historical perspectives with interviews from individuals involved—as well as a continued review of the papers of leaders—at the present time, we are beginning the historical review at the 1960s during the Civil Rights Movement. Clearly there were activities and plans underway prior to the 1960s aimed at addressing the needs of East Baltimore; however, as part of the self-study we selected the 1960s as a starting point based on the historical legacy of hope, change, and collaboration the Civil Rights Era symbolizes. At that time, the East Baltimore community began organizing in a more formal way than it had in the past and Johns Hopkins University (JHU) and JHMI began coordinating plans to “function” in East Baltimore in a post-segregationist era. It was during this same time period that Martin Luther King Jr. was assassinated. The assassination touched off four days of rioting that had a very lasting impact on Johns Hopkins and the East Baltimore community. In the aftermath, Johns Hopkins Hospital (JHH) and School of Medicine leaders sought to return to its fundamental ideals for “seeking innovative and participatory approaches in promoting health and well-being of the urban community adjoining its campus,” as noted by one official in June 1970. Appendix 1 provides a more detailed account of some salient events that shaped the conceptualization and institutionalization of “urban health” at Johns Hopkins since 1960.

Key Events by Decade

In the 1960s, JHH began to develop a plan for improving the health, social and economic climate for East Baltimore residents. It was a time of rising expectations, with the Civil Rights Movement in full swing. Planning began for a comprehensive health care system for East Baltimore. However, in the wake of the riots of 1968, the administration suspended community level planning to assure the safety of staff and students.

The decade of the 1970s focused on identifying mainstream community leaders with whom JHMI might collaborate and there began an era of fundraising and grant writing to establish community-based projects. At the same time, Baltimore saw a flight of middle income African Americans to suburban areas. Increasingly, East Baltimore was comprised of “non-mobile poor” with representation from leaders who had political aspirations not always perceived to be directly linked to the betterment of the community. There was conflict between JHMI and the community over control of community-based health initiatives and consequently a number of small, disparate programs were initiated.

In the 1980s, greater decentralization across researchers at Johns Hopkins and various partners in the East Baltimore community led to fewer coordinated efforts to address the health care needs of the East Baltimore community. Much of the research focused on individual behavioral determinants of health. From a community perspective, there was a sense that some of the efforts marked the beginnings of a more positive relationship between the Johns Hopkins and the community, but racial tensions and mistrust from the 1960s lingered. There was a backlash, for example, to the recruitment of East Baltimore research subjects, as some viewed them as being “guinea pigs.” Additionally, there was not investment in the rebuilding of the community.

The 1990s saw revitalized planning for an urban health agenda in East Baltimore including the establishment of the Historic East Baltimore Community Action Coalition, Inc. (HEBCAC), a nonprofit community development organization. HEBCAC was founded in 1994 by Johns Hopkins University, city and state officials, and area residents. Its mission was to work with residents and other stakeholders to improve neighborhoods in the 220-block area bounded by Edison Highway, Aisquith Street, North Avenue, and Fayette Street. HEBCAC continues to be governed by a sixteen member board of directors that consists of nine elected community representatives, three members appointed by JHU, JHH, and the Kennedy Krieger Institute, three members appointed by the city of Baltimore, and one member appointed by the Governor of Maryland.

In the later part of the 1990s, a small group of faculty from Medicine, Nursing, and Public Health prevailed on the president of the university to convene a group to explore the establishment of a formalized structure that would link JHU and JHMI with the East Baltimore community. This led, in 1999, to the establishment of the Urban Health Institute.

Between 1999 and 2003 two major initiatives began. The first was the establishment of the UHI in the spring of 1999. The UHI grew directly from the recommendations of the group established by President Brody and was created to serve as a bridge between Johns Hopkins and the community. The second initiative began in 2003 when the University transferred resources for community development to a new organization, the East Baltimore Development Inc. (EBDI). EBDI was to focus its efforts on the urban redevelopment of East Baltimore and included new research space for JHMI and other interested entities in proximity to the medical center. These two events represented watershed changes for the relationship between Johns Hopkins and the community (see Appendix 1 for a more detailed historical synopsis).

History of the Urban Health Institute 1999-2006

Launch of the Urban Health Institute (1999 – 2000)

The UHI was launched in May 1999 after more than two years of planning and input from over 150 community leaders, Johns Hopkins faculty and staff. Thomas O’Toole, assistant professor in the Department of Internal Medicine at the School of Medicine, was named as the Institute’s

first interim director. The University allocated \$4.5 million over five years to establish the Institute.

The UHI was built upon a vision of East Baltimore, established by the President's Council that saw a community "conducive to the health and well-being of all who live and work here." From the beginning, the UHI was conceptualized as a partnership between Johns Hopkins Institutions, the East Baltimore community, government and business. The President's Council that originally envisioned the UHI articulated five core principles upon which it was to be established:

1. **Commitment:** Johns Hopkins must make a long term commitment to reverse the decades of urban decline.
2. **Continuity:** We must do whatever is needed for as long as it takes.
3. **Communication:** Open and continuous communication must characterize all interactions.
4. **Culture:** All who are engaged with the UHI must honor cultural differences as well as the unique history of the community.
5. **Coordination/collaboration:** New and existing interactions must be coordinated to maximize impact.

The President's Council proposed 18 recommendations (see Appendix 2 for a complete list of recommendations).

- Leverage faculty resources across all academic divisions to develop proposals and projects in support of urban health research
- Help residents access existing community health services
- Translate new knowledge into health promotion
- Foster communication among faculty interested in urban health and connect them with community and government leaders
- Raise the level of community health knowledge through outreach programs
- Provide mechanisms to regularly bring together people throughout the community concerned about urban health
- Prepare workers to meet community health needs through training programs
- Enhance education of students across the university in subjects related to urban health
- Identify through systematic research and evaluation "what works" in improving the community's health

- Establish a periodic East Baltimore Health Assessment

At this time, the community's top concern was addressing issues related to substance abuse. In the years that followed, JHH instituted a number of substance abuse treatment programs including acute and transitional care facilities. The UHI, however, never tackled this issue for two primary reasons: 1) the primary focus of the UHI was not the provision of clinical services and 2) because other groups at Hopkins were actively involved.

At its inception, the mission of the UHI was: *To improve the health and well-being of East Baltimore by merging community strengths with Johns Hopkins expertise and applying these to community-identified health problems.*

The Institute's primary goals as established by the Institute's Director were to:

1. Create an innovative environment for urban health by marshaling diverse academic and clinical resources across the University and Health Systems.
2. Generate and translate knowledge about urban health into action that improves the lives of people in need. The Institute will promote urban health in a way that is measurable, reproducible, and applicable to communities.

2001 - 2005

After a national search, in 2001, Earl Fox, MD, MPH, was recruited to lead the UHI. From the perspectives of those who were intimately involved with the UHI at its inception and over the past decade, the following observations can be made of the early years (Martha Hill, Adrian Mosley, Ed Roulhac, Lee Bone and David Levine were interviewed in preparation of this report).

There was great enthusiasm and support for the UHI from both the University's Central Administration, and community; and expectations were quite high. However, as one commentator said, "Johns Hopkins does things that often make no sense to the community." And while the President's Council outlined an ambitious agenda, the programs that evolved between 2001 and 2005 were seen as unsystematic, small-scale, and imported to East Baltimore (such as a computer support program for elders, a free clinic, and a computer training program for young people). Each program had very narrow impact. An exception was a small grants program (8 were originally funded) from which some sustained activities emerged, such as the Amazing Grandparents program. Additionally, the Community Health Worker Program was considered to be a direct benefit to the community.

The UHI was envisioned by the President's Council to be the center of activity at Johns Hopkins for urban health research but for a variety of reasons that never occurred. The general consensus was that, by 2005, the original vision had yet to be realized.

In 2005, the UHI Advisory Board requested a self-study to review and evaluate the progress of the Institute. By this time, the UHI had modified the mission statement:

. . . to marshal the resources of Johns Hopkins Institutions and external groups to improve the health and well-being of the residents of East Baltimore and Baltimore City and to promote evidence-based interventions to solve urban health problems nationwide.

So too, the President's Council's 18 recommendations had become focused on three goals. Between 2001 and 2005, programmatic activity clustered as follows:

Goal 1: Strengthen and enhance urban health research and learning both locally and nationally

- **Substance Abuse Grants:** Spirituality, Substance Abuse and Severe Mental Illness; Amazing Grandparents; Linking Individuals to Supports; Linking Mattie B. Uzzle Center with JHH Substance Abuse Treatment Unit.
- **Community-Based Research:** Brief Alcohol Intervention in the Hispanic Community; Breast Health for Korean Women; Prenatal Care for Teens in East Baltimore
- **Sharing Health Information Pilot Project:** This project was established to determine the feasibility of collaboration between Maryland Institute College of Art (MICA), Johns Hopkins researchers and the East Baltimore community to turn scientific information into appropriate and effective community oriented health messages. Several topics were addressed including gun violence, accidental injury, hypertension, and healthy diet (DASH diet). The results of this pilot resulted in a peer reviewed published manuscript. (Tyus NC, Freeman RJ, Gibbons MC. J Natl Med Assoc. 2006 Sep;98(9):1505-9).
- **Postdoctoral Fellowship Program**
 - a. 2003-2004 Academic Year
 - i. Vijay Singh, MD, MPH: Mentor, Dr. Jacqueline Campbell, SON
 - ii. Kisha Braitwaite, PhD: Mentor, Dr. Tina Cheng, SOM
 - iii. Sharon Smith, PhD: Mentor, Dr. Tiffany Gary, SPH
 - b. 2004-2005 Academic Year
 - i. Terry Sears, DrPh: Mentor, Dr. Cheryl Alexander SPH
 - ii. Deborah S. Edelman, DrPH: Mentor, Dr. Freya Sonenstein SPH
 - iii. Michele Marie Clara Mouttapa, PhD: Mentor, Dr. Dorothy Browne (Morgan State university).
 - iv. Natasha Williams PhD, JD, MPH: Mentor, Dr. Dorothy Browne
 - v. Tameka Gillum, PhD: Mentor, Dr. Jacqueline Campbell, SON
- **Annual Community-Based Participatory Research Seminar**
- **Progress in Community Health Partnerships:** With funding from the Kellogg Foundation, the UHI created the first scholarly journal dedicated to community-based participatory research. The journal aims to showcase model community partnerships that improve public health, promote progress in educational and research methods in

community health, and encourage actions to benefit the health of individuals and communities (see Appendix 3 for annual report).

Goal 2: Reduce disparities in health and healthcare for East Baltimore residents

- **Clinical Services:** HIV/AIDS counseling and testing; primary care for the uninsured (Caroline Street Clinic), Community Health Worker Program
- **Community Health Worker (CHW) Program:** With funding from the Corporation for National and Community Service, the UHI established a Community Center for Health Education, Advocacy, Leadership, and Training (Center for HEALTH). The Center provided for the development of CHW training, evaluation, certification, and CHW-based health education and health risk management strategies.

Goal 3: Promote economic growth of East Baltimore

- **East Baltimore Technology Resource Center (EBTRC):** The EBTRC is a skills training resource for the residents of East Baltimore.
- **Community/Senior Cyber Net:** Community/Senior Cyber Net provided computers and computer learning labs to senior centers and community-based organizations throughout Baltimore.
- **Community Construction/Rehabilitation:** The UHI partnered with community-based organizations to improve the physical aspects of East Baltimore neighborhoods. In particular, the area outside the planned Bio-Tech Park had been a focus of the UHI's efforts to assist in rehabilitating homes so that these neighborhoods could offer safe, clean, and stable environments.
- **Promoting Health Career Opportunities for Youth:** This project was funded by the National Medical Association to develop a Health Careers Resources Guide which provided information to students, parents, and teachers on a wide range of health career opportunities. Funding was also provided to develop a mentoring program designed to provide interventions and help students prepare for a career in the health professions.

At the conclusion of the 2006 fiscal year the primary expenditures of the UHI budget could be clustered as follows:

1. Administrative Costs including staff and space 71%
2. Programs

Caroline Street Clinic	4%
East Baltimore Technology Resource Center	3%
Partnership for a Healthier East Baltimore	4%
Postdoctoral Fellowship Program	7%
Community Health Worker Program	11%

By the end of 2005, UHI deputy director Thomas Murford had left the UHI to assume a new position outside of Johns Hopkins, and in early 2006 Dr. Earl Fox announced he would be leaving in May of that year. Dr. William Brody asked Dr. Robert Blum to assume the interim directorship, which he did in the spring of 2006. At that time, the UHI was faced with significant challenges:

1. **Finances:** Without clear budget and financial accounting it was difficult to track expenditures. Once budgets were reconciled it became apparent that for FY '06 the UHI had spent \$40,000 more than it had in resources and for fiscal year 2007 had a projected budget deficit of \$83,000.
2. **Staff:** With the exception of Drs. Chris Gibbons and Bernie Guyer, there was no staff remaining at the UHI.
3. **Caroline Street Clinic:** At a cost of approximately \$100,000 per year, the UHI had been operating a “free clinic,” independent of JHMI, staffed primarily by volunteer personnel and students. The quantity and quality of services as well as issues of compliance and liability were significant concerns.
4. **Partnership for a Healthy East Baltimore:** The UHI had convened a community–university working group, paying community members up to \$12,500/yr for the previous two years to plan a community health survey; however, there was no evidence that funding for such an initiative beyond the UHI would ever become available.
5. **Community and University awareness of the UHI:** Few people within JHU/JHMI were aware that the UHI was still operational; and fewer community groups knew of the UHI.
6. **Location:** The UHI office was located in the Candler Building at the Inner Harbor—a considerable distance from Johns Hopkins Medical Institutions and East Baltimore.
7. **Administrative overhead costs:** Infrastructure support consumed 71% of the UHI budget.

The UHI Advisory Board established a committee that was to provide oversight for the UHI and in addition was to review and establish the missions and goals of the UHI; the current goals and mission presented below were derived from that working group. So too a search committee was established in 2006 to make recommendations to the Advisory Board for a new permanent director.

UHI Progress 2006-2010

The present self-study covers the four year time period from spring 2006 through the summer 2010.

The Interim Year (May 2006–June 2007)

Baltimore Conversations: The UHI held two workshops in spring 2006 with approximately 100 faculty and staff across JHI. Additional one-on-one and small group meetings were held with community leaders from community-based organizations, the police department, the media, and the philanthropic community.

UHI Website: With support from the Macht Foundation, the UHI overhauled its website, which had not been operational for at least the previous two years, despite a grant of \$100,000 received in 2002 from the Macht Foundation for that purpose.

Employee focus groups: Working with the Schools of Medicine and Education, the UHI facilitated a series of focus groups with support service employees from JHMI to determine employees' perspectives on the benefits provided by Johns Hopkins and how Johns Hopkins might further supports for their families.

Urban health and development curriculum: A working group of faculty from the Homewood and East Baltimore campuses was established to begin to foster curriculum development. A compendium of courses throughout the university on urban health and development was developed.

Beginning in the late 1970s, working alongside Hopkins emergency room nurses, CHWs were trained to measure blood pressure and to educate patients about hypertension. The approach worked and Dr. Chris Gibbons was impressed with what he saw.

In 2001, Dr. Gibbons put together a program to recruit and train non-medical professionals from the community to provide basic health and medical services to East Baltimore residents. In the summer of 2004, the UHI was awarded a grant from the Maryland Governor's Office to launch the program as an AmeriCorps Maryland Service site. Dr. Gibbons headed the program.

Read more in Appendix 4.

Community Health Worker Program: With funding from the Corporation for National and Community Service, the UHI established a Center for Health. This Center provided for the training and coordination of the Institute's CHW training, evaluation, certification, and CHW-based interventional programs. The CHWs worked as cultural brokers, communication facilitators, health educators, motivational speakers, and behavior change agents for appropriate community residents and patients. CHWs were also utilized to clarify provider instructions, improve patient adherence to instructions, and to provide targeted health screenings in the community (blood pressure and HIV testing and counseling). The CHWs assessed for Medicaid and Medicare eligibility and assisted patients in becoming enrolled. CHWs also worked in the OB/GYN clinic at the East Baltimore Medical Center to assist pregnant

mothers with pregnancy and prenatal care issues. As such, CHWs played an important role in the health education, screening, behavior modification, medication compliance, health system navigation, post therapeutic follow-up, and health risk management among the hardest to reach of populations. All aspects of the CHW identification, training, quality assurance, and work were supervised and directed by Dr. Chris Gibbons. Each year the CHWs conducted health risk assessments on approximately 1600 new clients and assisted approximately 2100 established clients with ongoing health needs. In addition, they assisted approximately 400 patients per year with insurance eligibility and enrollment, and another 380 active substance abusing East Baltimore residents get into detox treatment or transitional care.

Baltimore Interest Groups: The UHI received a \$35,000 planning grant from the Abel Foundation to develop a blue print to “change the trajectory for children, youth and families” in East Baltimore.

Elev8 and East Baltimore Community School Initiative: Initiative with EBDI which led to a three year (2006-2009) collaboration with EBDI and the Annie E. Casey Foundation that resulted in a \$12 million grant award from Atlantic Philanthropies to establish Elev8 for middle school students.

Early Child Development Initiative: At the recommendation of the Weinberg Foundation, the interim UHI director site visited the Parents and Children Together (PACT) Program in Israel—an early child development program in nine cities for Ethiopian children who had immigrated to Israel.

Mayor’s “Results” Task Force: Together with Diane Bell-McCoy, president of the Associated Black Charities, the UHI co-chaired Mayor Dixon’s Community School Initiative “Results” Taskforce. The taskforce established measurable outcomes for community school initiatives in the city.

The Caroline Street Clinic for the Uninsured: After a complex set of meetings with Johns Hopkins and community leaders, the UHI decided to discontinue operating the Caroline Street Clinic; however, the UHI continued to provide financial support to both Baltimore Medical Systems and the East Baltimore Medical Center to assure access for the uninsured in our community. Additionally, the UHI participated in a medical school taskforce exploring improved health care access for the uninsured.

East Baltimore Technology Resource Center (EBTRC): Working together with HEBCAC, the UHI developed a two-year transition plan to turn operations of that program over to HEBCAC. Today the program continues as a self sustaining entity.

Community-University Partnerships: In fall 2006, the UHI Advisory Board asked that the UHI explore model partnerships across the country. With a grant from the Annie E. Casey Foundation, site visits were held and a detailed analysis of nine model programs was

developed. In fall 2007, a meeting was convened of approximately sixty community and university leaders that resulted in both a blue print and document (see Appendix 5).

Newsletter: In March 2007, the UHI launched its quarterly newsletter (see Appendix 6).

New administrative structure: A core leadership and staff team was established.

Faculty

Director:

Robert Wm. Blum MD, MPH, PhD

William H. Gates Sr. Professor and Chair

Department of Population, Family and Reproductive Health

Senior Associate Director:

Philip Leaf, PhD, Professor, Department of Mental Health Director, Center for Prevention of Youth Violence, Mayoral Appointee to the Board of the Family League of Baltimore City, Inc.

Associate Directors:

Alan Green, PhD, Associate Professor, School of Education

M. Chris Gibbons, MD, MPH, and Bernard Guyer, MD, MPH continued as associate directors.

Student

Nadra Tyus, DrPH, continued as a the UHI Postdoctoral fellow

Staff

Program Director: Amy Gawad, MPH

Administrator: Pamala Martin, MBA

Community and Academic Advisory groups established: The UHI's Advisory Board established the Community-University Collaborating Committee (CUCC) and the Academic Coordinating Council (ACC) (see Appendix 7 for current membership).

UHI Core Team Retreat held for budget and program planning for the next academic year. The retreat has been held annually since 2007.

Based on extensive conversations with faculty and community leaders, in the summer 2007, the UHI had revised its mission statement and goals to their present articulation:

This mission of the Urban Health Institute is to serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, and especially East Baltimore to improve the community's health and well-being, and in so doing serve as a model of community-university collaboration regionally and nationally.

Goals:

- Serve as the primary portal between the Johns Hopkins Institutions and the Baltimore community, facilitating access to human resources, information and services, and vice versa.
- Serve as a forum that brings Johns Hopkins Institutions and community leaders together around a range of issues of importance to citizens of our community.
- Collaborate in community planning, program development, research and evaluation efforts that improve the health and well-being of our community.
- Facilitate and where appropriate undertake urban health research, the outcomes of which will help inform resource allocation in the city of Baltimore and contribute to the knowledge base of urban health nationally.
- Develop and sustain an interdepartmental and interdivisional urban health and development curriculum linking undergraduate, graduate and post-doctoral studies that involves community leaders as educators and includes strong community-based practicum experiences.
- Where appropriate, initiate long-term, sustainable interventions in conjunction with existing resources that improve the health and well-being of citizens of East Baltimore.

Logic Model:

A logic model was developed around the six goals to guide the work of the UHI (see Appendix 8 for current logic model).

Academic Year: 2007-08

Faith Forums: Semi-annual community forums were held in collaboration with Clergy United for Renewal in East Baltimore (CURE), which brought Johns Hopkins East Baltimore leadership (deans of the Schools of Medicine, Nursing and Public Health and the CEO of Hospital) together with community leaders for candid discussions about issues affecting East Baltimore. These conversations have been credited with being an impetus for the establishment of The Access Partnership (TAP) and also the expanded Johns Hopkins commitment for the summer work program for high school students (see Appendix 9 for a summary of the Faith-Community-Hopkins Forums held in 2007 and 2008).

Community Health Workers at the East Baltimore Medical Center OB/GYN clinic:

Beginning in 2007, Dr. Gibbons piloted a CHW-based pregnancy and prenatal intervention in collaboration with OB providers at EBMC. This intervention was delivered to over 800 patients at EBMC and results suggested the intervention was feasible within the context of an urban OB practice. The intervention resulted in significant increases in breastfeeding among enrolled mothers, moderated the impact of African American race on low birth weight and

Preterm delivery (rates among enrolled mothers were on par with rates typically seen among White newborns) and may also significantly reduce newborn need for intensive care after birth. The manuscript is under review.

Community Health Workers and Hypertension Initiative: Dr. Gibbons also piloted a CHW-based blood pressure self management intervention among East Baltimore residents coming to UHI for assistance with their health concerns. This intervention was piloted in 87 East Baltimore residents with elevated blood pressure. Results indicated that the intervention was feasible within the context of a non-clinical community center. The intervention significantly reduced average blood pressure among participants after an average of only 90 days of participation in the program.

Quarterly Symposia: The UHI established quarterly symposia to educate and generate dialogue about critical issues for Baltimore. Each program includes an open forum for the Johns Hopkins and neighborhood communities. Table 1 summarizes symposia held 2007-present.

Table 1: UHI Symposia

Date	Title	Speaker(s)
1-30-08	Maryland Health Care For All	Jonathan Weiner, DrPH, Deputy Director, Health Services R&D Center Vincent DeMarco President, Maryland Citizens' Health Initiative (MCHI)
11-12-08	Redesigning East Baltimore: A Discussion About Redevelopment Efforts in East Baltimore	<i>Panelists:</i> Bishop Douglas Miles, Koinonia Baptist Church Edward Sabatino - Exec. Director, HEBCAC Jack Shannon - Pres. and CEO, EBDI Marie Washington – Pres., EBCC
10-8-09	Building Community Collaborations For Families: What Works? <i>Communities That Care</i>	Richard Catalano, PhD Director, Seattle Social Development Program University of Washington
1-27-10	Addressing and Overcoming Health Disparities: The Challenge in Urban America	David Satcher, MD Former US Surgeon General Director, Satcher Health Leadership Institute, Morehouse School of Medicine
4-14-10	Social Determinants of Urban Health: Findings and Recommendations from the WHO Commission on Social Determinants of Health	Sir Michael Marmot Director, International Institute for Society and Health Professor of Epidemiology University of London

Capacity-Building Workshops: The UHI launched a series of capacity-building workshops for community-based organizations in Baltimore. The goal for the workshops is to respond to community issues by making the expertise of JHU accessible to the

community. Table 2 summarizes capacity-building workshops held 2007-present. Appendix 10 provides evaluation summaries for each workshop.

Table 2. Capacity-Building Workshops

Date	Title	Presenter	Participants
11-07	How to Write the Program Evaluation of your Grant Proposal	Clea McNeely Professor, Bloomberg School of Public Health	30
4-4-08	Writing for Success: Preparing Winning Grants Workshop	Robert Blum Director, Urban Health Institute	22
10-17-08	Writing for Success: Preparing Winning Grants Workshop	Robert Blum	38
9-25-09	How to Write the Program Evaluation of your Grant Proposal	Clea McNeely	38
2-5-10	Adolescent Substance Abuse and Mental Health Assessment Training Workshop	Peter Cohen MD Alcohol and Drug Abuse Administration	46
4-23-10	Writing for Success: Preparing Winning Grants Workshop	Robert Blum	47

Third Tuesday Luncheons: A monthly seminar series was launched in collaboration with the School of Education as a communication platform for students, faculty and representatives from community-based organizations and government agencies. The luncheon gatherings foster collegiality and collaboration around schools and health.

Urban Health Research Day: Baltimore Research Day was held in May 2008, co-chaired by Johns Hopkins faculty and the Baltimore City Health Commissioner. In 2009, Research Day was re-conceptualized as “Reverse Research Day” wherein community organizations and city agencies present their needs and ideas for research. Visit www.jhsph.edu/urbanhealth/our_work/collaboration.html#revresday for abstract booklets.

International Conference on Urban Health: The UHI was invited to host the International Conference on Urban Health which was held in Baltimore in 2007. This international meeting focused on “Harnessing the Power of Technology to Achieve Behavior Change and Improve Urban Health” and brought together 400 delegates from more than 39 countries for an intense three days of meetings (see Appendix 11 for the conference agenda).

UHI Small Grants Program: To strengthen community-university collaborations in research and program development, the UHI initiated a small grants program. To date, grants have been awarded to 21 student-community collaborations, 10 faculty-community collaborations, and supported two new courses (see Appendix 12 for the 2010 Request for Proposals and a complete listing of Small Grants recipients 2008-2010).

Institute on Spirituality and Medicine: Violence and the Challenge of Healing in

Our Communities: Established a local Baltimore Planning Committee for the Johns Hopkins 58th Institute on Spirituality and Medicine: Violence and the Challenge of Healing in Our Communities (May 12-14, 2008), supported attendance by over 100 individuals from Baltimore, and hosted a recognition dinner for Baltimore participants.

WOLB Radio: Arranged for “What Works” segment on the Empowerment Hours. WOLB is a talk radio station in Baltimore that reaches African Americans interested in empowering and improving their community through gathering information and discussing ideas.

Student Engagement: Organized and supported meetings of representatives from student governments and black student associations from area colleges and universities.

Integration of Child Welfare, Mental Health, Juvenile Justice, and Educational Programs: Collaborated with staff from the University of Maryland to provide the state of Maryland with a plan for integrated and effective juvenile justice, child welfare, mental health, and educational services for youth being served by state agencies.

Extensive collaboration with city, state, and community entities on urban health related grants fostering and facilitating their successes. Table 3 below presents the UHI’s team members played in working with community organizations/agencies.

Table 3: Collaborations

Role	Activity
Member	Blue Prints Committee of Maryland Department of Health and Mental Hygiene, Working group to revise state Mental Health Agenda
Co-Chair	Baltimore City Steering Committee for Safe and Supportive Learning Environments
Chair	JHH Adolescent Substance Abuse Working Group
Member	The Associated Social Justice Committee
Member	Youth and Education Transition Committee for Mayor
Advisory Board	Advocates for Children and Youth
Member	
Consultant	BCHD & Family League on developing a Strategy to Improve Birth Outcomes
Mayoral appointee	Family League of Baltimore City
Co-Chair	Baltimore Steering Committee for Creating and Sustaining Safe and Supportive Learning Environments
Co-Director	Hopkins Social Innovations Partnership Program
Advisory Committee	Youth Opportunities (YO!) Project
Member	
Executive Committee	Baltimore Interfaith Coalition
Member	
Management Team	Baltimore City Public Schools efforts to reduce dropouts/re-engage youth
Member	
Co-Chair	Practice Network for Baltimore City Public Schools
Community Advisory	Juvenile Justice Center
Board Member	
Management Team	PBIS Maryland
Member	

Member	Mental Health Blueprints Committee
Chair	Systems Development Workshop for the Early Childhood Mental Health Systems Steering Committee
Chair	Youth Impact Council of the United Way of Central Maryland Supporting Mayor's Promise Neighborhood Application and on Executive Committee
National Advisory Committee Member	Clemson University-Voorhees College NIH/NCMHHD Center of Excellence in Partnerships for Community Outreach, Health Disparities Research and Training
Member	Maryland Health Care Commission's Health Information Technology Steering Committee
Member	Maryland Health Care Commission's Task Force to Study Electronic Health Records
Member	National Advisory Committee, Robert Wood Johnson Foundation's Project Health Design Initiative
Editorial Board Member	International Journal of Biomedical Engineering and Technology
Member	AHRQ Technical Expert Panel, Barriers & Drivers of Health IT use; elderly, chronically ill and underserved
Chair	Education & Outreach Workgroup, National Health IT Collaborative for the Underserved
Member	National Academy of Sciences, National Research Council, Committee on the role of human factors in home healthcare.
President	Baltimore Teachers' Network
Chair	AHRQ Invitational Expert Workshop, The Role of Health IT in reducing Healthcare Disparities in under-resourced settings
Consultant	Governor's Office for Children's Strategy for Improving Outcomes for Children, Youth and Families in Maryland
Consultant	White House Office of National Drug Control Policy and development of Prevention Ready Neighborhoods Initiative
Staff and Executive Committee Member	Baltimore Interfaith Coalition
Chair	Systems Development Workgroup of the MD Steering Committee for Early Childhood Mental Health
Member	East Baltimore Drug Free Communities Initiative
Member	The Transformation Team
Founder and Co-Chair	Hopkins Social Innovations Partnership Program (HOP-SIP)
Co-Creator	Coordinated the development of the Community and Family Resource Center located at the Juvenile Justice Center
Consultant	Collaborated with the Mental Hygiene Administration and the Department of Human Resources to develop a system of care for Baltimore youth in child welfare programs with serious mental or emotional disturbances.
Chair	Youth Development Committee of the United Way of Greater Baltimore, which is charged with reviewing the United Way's policies and funding of youth development programs.
Consultant	Baltimore City Youth Commission

East Baltimore Community School (EBCS): The UHI participated on the search committee for the EBCS Head of School. In addition, the UHI developed plans for health services for the new school and network schools through the Atlantic Philanthropies initiative, Elev8.

Community Recognition Award: The UHI convened the initial planning group for an annual award to collaborations between community-university partners working together to improve the health and well-being of the city of Baltimore. This subsequently became the Henrietta Lacks Memorial Award to honor Mrs. Lacks and her family and is intended to be an enduring reminder of her contribution to medical science and to her community (see Appendix 13 for award committee membership and draft award announcement).

Exploration of Women’s Lives Project: Led by UHI associate director Alan Green, the UHI worked with Agape House—a safe house for low-income women and children—on a study that looked at addiction and incarceration and the factors that aided survival in these circumstances. Focus group discussions provided information on identifying and addressing the myriad issues that low-income women and children face in Baltimore City (see Appendix 14 for project summary).

Big Brothers Big Sisters of Maryland: UHI collaborated with Big Brothers Big Sisters of Maryland for the “Bigs in School Program” at Tench Tilghman School.

Phil Leaf first moved to Baltimore in the early 1990s as a mental health researcher. Shortly after arriving in Baltimore, he secured funding to establish the East Baltimore Mental Health Partnership, which put clinicians into public schools and created support teams of parents and community health workers. When he found that the program helped young people stay in school and in the community—only to become victims of gun violence—Dr. Leaf made it a priority to build relationships and establish ties within the city to create strategies for reducing violence.

Read more in Appendix 4.

Baltimore City Youth Empowerment Strategy:

Provided technical assistance to the Mayor’s Office concerning the development and implementation of Youth Environments for Success (Y.E.S!), a city-wide plan to support youth ages 11-21.

Steering Committee for Safe and Supportive Learning Environments:

Co-chaired the Baltimore City Public School System Steering Committee for Creating and Sustaining Safe and Supportive Learning Environments. Committee members included City Schools CEO, chief of staff, chief of school police, other senior staff, principals, and school system union representatives; the mayor; state’s attorney; police commissioner, health commissioner, director of the Department of Social Services; Baltimore Mental

Health Systems, Inc. and Baltimore Substance Abuse Systems, Inc.; local foundations, advocacy groups, and parent representatives. The UHI served on the Management Team, which met bi-weekly.

Baltimore City Public Schools: Assisted City Schools to secure a \$4.6 million grant from the Department of Labor to reduce drop-out and to reengage youth who have dropped out.

Baltimore City Workforce Development Board-Youth Commission: Provided support to the city’s efforts to increase employment opportunities for youth.

Youth Employment (YO!) Project: Served on advisory board for the Mayor's Office of Employment Development's YO! Centers.

Baltimore Substance Abuse Systems, Inc. (bSAS): Organized a symposia for bSAS on the on the prevention and control of substance abuse from a public health perspective.

Hopkins University K-12 Council: Three senior staff of the UHI participated in the quarterly meetings of the K-12 Council.

Executive Committee of Johns Hopkins Hospital: The UHI director represents the UHI at the monthly executive council meetings.

Substance Abuse Committee: The UHI is represented at the monthly meetings of JHMI Substance Abuse Committee.

Academic Year 2008-09

Development Officer Position: Candidates were identified for a half-time development officer position for the UHI. However, faced with an economic downturn, the position was placed on hold, to be revisited in summer 2010.

Case Statement: The UHI completed a Case Statement describing activities, support needs and opportunities (see Appendix 15).

UHI Symposia: See Table 1 on page 13.

Capacity Building Community Workshops: See Table 2 on page 14.

Reverse Research Day: The first Reverse Research Day was held in March 2009. The goal of Reverse Research Day is to connect the diverse needs of city agencies and community-based organizations with the valuable research conducted at universities throughout the city of Baltimore. Through an interactive poster session, city agencies and community-based organizations present their work, highlighting their specific research needs. Faculty and students from universities throughout Baltimore are invited to view the posters and talk to the presenters about how their research/expertise could begin to address the questions and issues that have been raised. Since its inception the program has been replicated at the Montgomery County campus of JHU and at the University of Pennsylvania.

Mayor's Task Force on Reproductive Health: In conjunction with the Healthy Teen Network, the UHI began participating in a collaborative project that has resulted in a spring 2010 report (see Appendix 16).

Collaboration with clergy to establish reproductive health survey: In collaboration with Sisters Together and Reaching (STAR), the UHI began to develop a faith-based survey on services, programs and education provided through faith institutions on adolescent sexual and reproductive health. This collaboration resulted in a joint R21 to NIH submission in the

winter 2010 that as of the date of this submission has received a very positive review. The survey is planned to be fielded in 2010.

MICA Collaboration: The UHI began regular meetings with the Maryland Institute College of Art (MICA) on an East Baltimore community arts program. This has resulted in a joint School of Public Health/MICA seminar, “*The Art of Public Health: The Science of Design*”. A joint grant proposal was developed for a community-based health promotion and design initiative (unfunded).

Sesame Workshop: In collaboration with Sesame Workshop, the UHI explored the applicability of Sesame Street materials for teaching parenting skills and early child development in East Baltimore. This project never developed due to lack of funding.

EBDI Collaboration: Collaboration with EBDI and the Annie E. Casey Foundation led to the funding of the Atlantic Philanthropies initiative that established Baltimore as one of four Elev8 sites nationally.

What would it take to improve outcomes for children, youth and families in East Baltimore? This was the topic of conversation one afternoon in 2007 in Dean Michael Klag’s office at the Bloomberg School of Public Health. Dean Klag, along with newly-appointed UHI director Robert Blum, Judge Ellen Heller, and Harry and Jeanette Weinberg Foundation president Shale Stiller discussed how investments in early childhood development could positively impact in East Baltimore. The conversation set in motion what would become part of a comprehensive strategy for early childhood development in East Baltimore.

Read more in Appendix 4.

Early Child Development Initiative: EBDI launched an early childhood development initiative as part of a broader set of community supports spurred on by a major financial commitment from the Weinberg Foundation. UHI director Robert Blum was asked to chair the working group and subsequently convened a team of early childhood development leaders from across the city and the state to explore various models and programs. As part of this initiative, the UHI, along with The Associated—a Baltimore-based philanthropic organization focused on the Jewish community—led a delegation of early childhood development leaders for a weeklong visit in Israel to learn more about the PACT Program. Additionally,

collaboration began with the Maryland Friends of the Family to plan an East Baltimore Early Child Development Center.

Evaluation of The Access Partnership (TAP): In collaboration with JHMI, the UHI initiated a series of conversations and planning activities that resulted in establishment of The Access Partnership which now provides health care to the uninsured in five JHMI zip codes. The UHI participated in the planning of TAP and has provided both financial support and staffing for the first phase of the TAP evaluation. There are three objectives of the evaluation: 1) to evaluate whether TAP achieves its goals to improve patients’ access to care, both pre- and post-TAP, and compared to non-TAP patients; 2) to institutionalize the

evaluation tools so that such evaluations could be repeatedly carried out annually; 3) to assess TAP’s impact, sustainability and generalizability in light of the health care reform. To date, the majority of TAP patients from the first year have been surveyed. Additionally, an MPH student produced a capstone paper about her interviews with TAP patients from the two pilot zip codes. The interim report has found TAP helps to increase uninsured patients’ access to specialty care, improve their knowledge and satisfaction of health care system, and decrease ER use. Moving forward, the evaluation will compare TAP patients with non-TAP patients at EBMC to assess whether or not TAP improves patients’ access to and quality of care.

Summer employment for high school students: The UHI committed resources that were matched by the Provost’s Office to expand the Johns Hopkins Summer Employment Program. In summer 2009, the program grew from 163 to over 250 students. In 2010, it expanded to 350 young people.

Adolescent Substance Abuse Working Group: Together with JHMI and Baltimore Substance Abuse System (bSAS), the UHI established a work group on adolescent substance abuse which resulted in an adolescent substance abuse summit in February 2010 (see Appendix 17).

Race and Research Series: The first UHI Race and Research Symposia was held in February 2009. The intent of the Race and Research Series is to confront the distrust and skepticism toward biomedical research that exists within the African American community and to engage Johns Hopkins researchers in conversations with the community to discuss what is needed to move forward. Table 3 describes the Race and Research Series held 2008 – present.

Table 3: Race and Research Symposium.

2008-09	2009-10
Harriet Washington Journalist <i>Medical Apartheid: Race, Fact and Myth in US Medical Research</i>	Jonathan Metzl, MD PhD Associate Professor of Psychiatry and Women’s Studies University of Michigan <i>The Protest Psychosis: How Schizophrenia Became a Black Disease</i>
Gail E. Wyatt, PhD Professor, Department of Psychiatry and Biobehavioral Sciences at UCLA <i>The Historical and Cultural Context of HIV Prevention: Knowing Where You’ve Been Before Knowing Where You Need To Go</i>	Rebecca Skloot Author <i>The Immortal Life of Henrietta Lacks</i>

Cancer Screening: UHI collaborated with the Sidney Kimmel Comprehensive Cancer Center (SOM) and the Department of Epidemiology (SPH) on securing state funds for cancer screening.

Postdoctoral Research Fellowship Program: The goal of the UHI Postdoctoral Research Fellowship Program is to promote future leaders in the field of urban health. The fellows, each working in tandem with a Hopkins faculty member, carry out scholarly research and publications on such issues as crime, unemployment, poverty, substance abuse, diabetes, hypertension and other chronic diseases. From 2005-2008, Nadra Tyus was the UHI post-doctoral fellow. In 2009, 16 applications were received and Dr. Quinn Gentry from Atlanta was awarded a two year postdoctoral fellowship.

Baltimore Interfaith Coalition: Founded in collaboration with multiple religious denominations an interfaith workgroup focused on positive youth development and violence reduction.

Academic Year 2009-10

Race and Research Series: See Table 3 on page 20.

East Baltimore Community Forums with President Daniels: At the request of JHU President Daniels, the UHI, in collaboration with the Johns Hopkins Office of Government, Community and Public Affairs (GCPA), facilitated community briefings, held on July 23 and September 8, 2009. The events provided an opportunity for the president to learn firsthand from members of the East Baltimore community about the challenges and opportunities they see in strengthened community-university partnerships and collaborations (see Appendix 18 for summary)

Small Grants Program expanded and linked to “Reverse Research Day:” Small Grants Program proposals from organizations participating in the fall 2009 Reverse Research Day were given special consideration (an additional point was added to their total score).

Best Practices Series: The UHI initiated the Best Practices series to better communicate Johns Hopkins generated research to the Baltimore community. Two Best Practice publications have been produced, the first of which is *Best Practices for Effective Schools*, and the second, to be released later in the summer of 2010, focuses on *Best Practices for the Prevention Youth Homicide and Severe Youth Violence*. Visit www.jhsph.edu/urbanhealth/publications/index.html#best_practices to read and download the Best Practices Series.

Capacity-Building Workshops: See Table 2 on page 14.

Small Grants Program expanded to include specific funds devoted to undergraduate grants as well as graduate student and faculty awards.

Quarterly Symposia: See Table 1 on page 13.

Henrietta Lacks Memorial Award: Membership invitations for the Award Selection Committee were sent to key community and university representatives. The first meeting of

the Award Selection Committee was held in May 2010 and the Call for Nominations was drafted.

Adolescent Substance Abuse Summit: In conjunction with Baltimore Substance Abuses Systems (bSAS) and JHMI, the UHI coordinated and convened a summit in February 2010 bringing together 35 state and city leaders. A plan of action was developed and meetings have been held with bSAS and the Family League of Baltimore City Inc. to move the initiative forward.

Mayor’s Task Force on Teen Pregnancy Prevention Report: UHI drafts a “Call to Action”, serves as one of three cornerstone projects, develops survey of faith leaders.

Interfaith Initiative on Violence Prevention launched with Interfaith Service at Baltimore Cathedral with over 1700 people in attendance. UHI role acknowledged for coordinating that effort.

East Baltimore Community Needs Assessment: Under the leadership of Dr. Chris Gibbons, planning began for an East Baltimore Community Needs Assessment to be coordinated by the UHI. Ariel Sloan was hired as project coordinator and two launch meetings were held for community and university participants.

Elev8: Collaboration between UHI, Hopkins Hospital and EBDI suspended in September, 2010. Attention switched to developing an early child development initiative.

Early Child Development Working Group: In March 2010, the Working Group presented a concept paper outlining a plan for an early child development center and program for East Baltimore to the EBDI Board. The Working Group is co-chaired by Dr. Robert Blum and Margaret Williams, executive director of the Maryland Family Network (see Appendix 19).

Faith Community and adolescent reproductive health: A survey instrument has been developed and IRB approval received for a survey of over 500 religious institutions in Baltimore related to adolescent sexual and reproductive health activities.

In spring 2010, there was a new campaign happening in Baltimore. It wasn't about the latest wireless carrier or the most recent Southwest destination from Baltimore. It was a campaign aimed at educating parents about safe sleep for their babies. The message: Infants should be sleeping alone, on their backs, and in a crib. According to the Baltimore City Health Department (BCHD), in each month of 2009 an average of two babies in Baltimore City died from unsafe sleep conditions. Most of these deaths were preventable.

Crucial to this campaign was the work of UHI senior advisor Dr. Bernard Guyer. Beginning in 2006, Dr. Guyer joined an ad hoc group formed by the Annie E. Casey Foundation to discuss the problem of infant mortality in Baltimore. Representing the UHI and as one of the nation's experts on infant mortality, Guyer served as the scientist and academic, bringing research and analysis to the table. It was this group that developed the focus on safe sleep.

Read more in Appendix 4.

Summer Jobs Program: The UHI continues to work with JHMI and other interested parties to expand the summer employment program at Johns Hopkins for Baltimore high school students. In 2010, over 900 applications were received for 350 positions.

Baltimore Breakfasts: Building on the community forums with JHU President Daniels, a “Baltimore Breakfast” was held during February 2010 with former US Surgeon General David Satcher. Twenty-two community groups were in attendance. Another such breakfast was held July 27 with over 30 individuals in attendance as part of the planning process of the UHI.

Latino Health: The UHI has begun working with the Latino Provider Network (a community-based organization) and the Latino network of health providers at JHMI on a joint initiative to hold a series of monthly meetings on Latino health in Baltimore, culminating in a UHI-sponsored conference.

Systematic Review of Urban Health Research in Baltimore City: In order to understand the extent to which academic research agendas reflect the health concerns of Baltimore's local population, a systematic review was conducted to identify research about four key, health-related topic areas. In 2010, findings from this review were published in *Journal of Community Health (In the Shadow of Academic Medical Centers: A Systematic Review of Urban Health Research in Baltimore City. Tyus NC, Gibbons MC, Robinson KA, Twose C, Guyer B. J. Community Health. 2010 Apr 27).*

Systematic Review of Randomized Controlled Trials Assessing Community Health Workers: In order to assess the best available evidence regarding the efficacy of Community Health Workers, a systematic review of available randomized controlled trials evaluating CHW interventions. The findings of this research were published in *Progress in Community Health Partnerships (Systematic review of U.S.-based randomized controlled trials using community health workers. Gibbons MC, Tyus NC. Prog Community Health Partnersh. 2007 Winter;1(4):371-81. Review.)*

Health and Wellbeing in Baltimore: Established first course for undergraduates providing exposure to community efforts to improve health and wellbeing in Baltimore. Lectures were provided by staff from City agencies and community leaders. Course assignment consisted of developing a proposal for improving the health and wellbeing of Baltimore’s residents.

Baltimore City Promise Neighborhood Application: Worked with the Mayor’s Office and the Center for Urban Families to develop Baltimore’s submission for a Promise Neighborhood Planning Grant.

Organizational Changes and Recognition

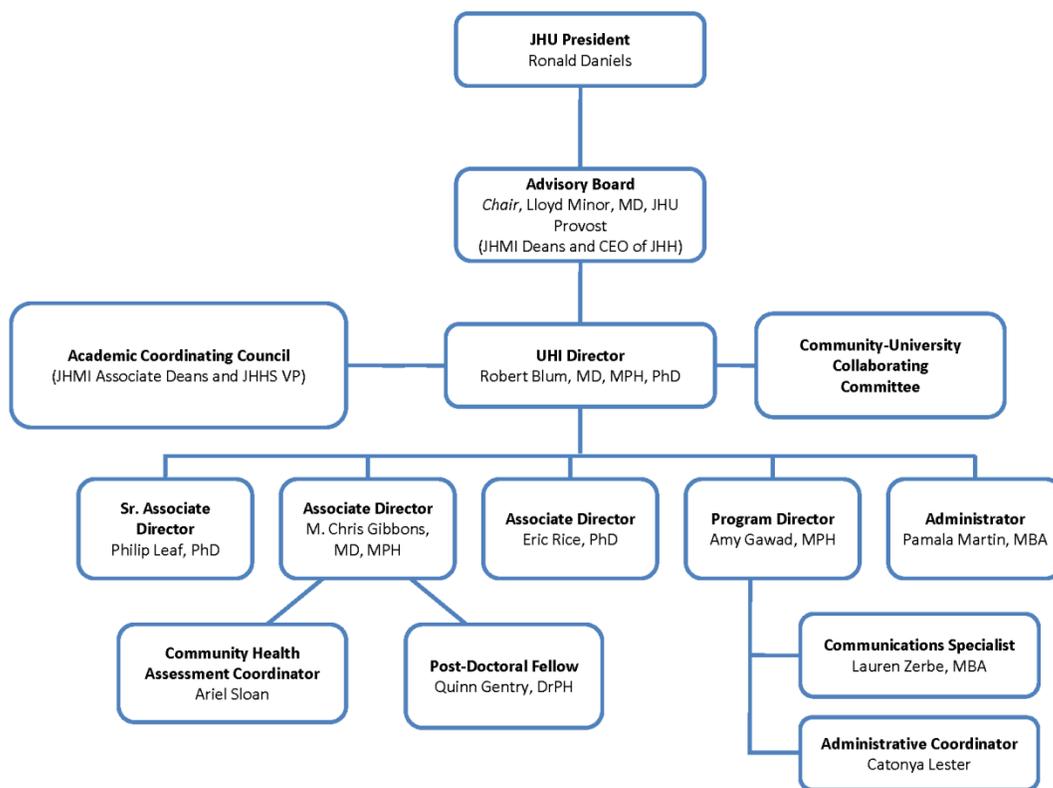
Eric Rice, PhD, assistant professor at the School of Education was invited to replace Alan Green as UHI associate director.

Associate Director Chris Gibbons recognized by Science Spectrum Magazine at the BEYA Science Technology, Engineering and Math (STEM) Annual conference. He received a *Top Minority in Research Science Award*, in the Medical Leadership category

Senior Associate Director, Phil Leaf recognized by Yes We Can! by the City of Baltimore.

Director, Robert Blum was invited to give a keynote address at the International Urban Health Conference in Nairobi.

Current Organizational Structure Established:



Dissemination and Communications

Over the past four years, one of the central features of the UHI has been attention to information dissemination and improved communications both within Johns Hopkins and between Johns Hopkins and the broader Baltimore communities. (Appendix 20 details the dissemination and communication activities.) In addition to the formal dissemination strategies discussed below,

much of the UHI communication and dissemination occurs through involvement of the UHI staff in community, city and state planning efforts. The following is a brief synopsis of the formal dissemination methods used.

UHI List Serve

The listserv was established in 2007 as a tool to distribute information and announcements about the UHI and our work. The list serve has grown from an initial 166 members to 1,025 members. It includes local community leaders and the organizational representatives, faith leaders, elected officials, community residents and Johns Hopkins students, staff and faculty. All listserv members have joined voluntarily.

UHI Website

A new UHI website was launched in July 2007 (www.jhsph.edu/urbanhealth). The website is intended to be an informational resource, and to help accomplish the first UHI objective: *“To serve as a bridge between JHI and Baltimore, facilitating understanding and information sharing so as to improve health outcomes.”* In 2009-2010, the website was significantly renovated to improve communications. The website describes the history, mission, and goals of the UHI and succinctly describes much of our work. Current and upcoming events and news are highlighted on the homepage. Visitors to the website are able to download UHI publications and resources at no cost and are able to view full-length videos of symposia. In 2009, there were 8,416 visits to the UHI website (6,329 unique visitors).

Social media

In May 2009 the UHI created a Twitter account (<http://twitter.com/JHUrbanHealth>). There are currently 56 followers including the Baltimore City Health Department, JHSPH, *Urbanite*, Baltimore Sun, and individuals.

Newsletters

The first UHI newsletter was published in March 2007. Since that time, nine issues have been published (most recently in the spring 2010). The newsletter is distributed electronically through a number of listservs (UHI, PFRH, Public Health Undergraduate Program, Center for Social Concern, SOURCE’s Weekly Service Scoop, GCPA’s Community Pulse, and the Johns Hopkins Trustee Executive Committee). Additionally, hard copies are mailed to approximately 300 community groups. At the present time, the newsletter reaches approximately 3,600 individuals and groups. See Appendix 6 for the spring 2010 issue of the UHI newsletter.

Best Practices Series

The UHI initiated the Best Practices series in 2009 to better communicate Johns Hopkins generated research to the Baltimore community. Currently, two Best Practice publications have

been produced, the first of which is *Best Practices for Effective Schools*, and the second, to be released later in the summer of 2010, focuses on *Best Practices for the Prevention Youth Homicide and Severe Youth Violence*. Visit www.jhsph.edu/urbanhealth/publications/index.html#best_practices for the Best Practices Series.

Special Publications

The following publications were developed in an effort to ensure that UHI the discussions and outcomes of UHI events and programs are captured for future reflection and sharing.

Lessons Learned: Creating Successful Community-University Partnerships: This monograph is a distillation of the valuable lessons learned from a 2007 Community University Partnership Forum that brought together leaders from community groups, Johns Hopkins University, and other Baltimore universities, as well as colleagues from around the country to discuss establishing and maintaining community-university partnerships. In 2009, a hard copy of the publication was mailed to approximately 200 community and university stakeholders (locally and nationally), many of whom participated in the forum. Two years after publication, the volume is still requested. See Appendix 5 for publication.

Building a Healthier East Baltimore: Community-Faith-Johns Hopkins Forums: This brief summarizes the Community-Faith-Hopkins Forums that brought together faith leaders, community based organizations, academic deans, and neighborhood residents for candid discussions about issues affecting East Baltimore. See Appendix 9 for publication.

On the Mission: The Case for East Baltimore: This publication serves as the UHI Case Statement. The case statement presents the purpose and mission of the UHI, describes our work, and explains to potential donors how they might contribute to improving the East Baltimore community. The Case Statement was completed in summer 2009 (see Appendix 15 for Case Statement).

Addressing and Overcoming Health Inequalities: The Challenge in Urban America: The brief summarizes the winter 2010 UHI Quarterly Symposium with Former U.S. Surgeon General David Satcher. The brief was written by Brown Scholar, Michelle Taylor. The brief will be published and released in summer 2010, along with a factsheet outlining health inequalities in Baltimore. Publication available at www.jhsph.edu/urbanhealth/publications/reports/satcher.pdf.

Social Determinants of Urban Health: This brief summarizes the spring 2010 UHI Quarterly Symposium with Sir Michael Marmot. Publication available at www.jhsph.edu/urbanhealth/publications/reports/marmot.pdf.

Scholarly Journal: Progress in Community Health Partnerships

With funding from the Kellogg Foundation, the UHI created the first scholarly journal dedicated to community-based participatory research. *Progress in Community Health Partnerships* (PCHP)

aims to showcase model community partnerships that improve public health, promote progress in educational and research methods in community health, and encourage actions to benefit the health of individuals and communities. The journal has been published quarterly since its inaugural issue in spring 2007. Journal design, production, marketing and publishing is handled by JHU Press. This year, the journal was approved for inclusion in the Pub Med achieves (see Appendix 3 for PCHP Annual Report).

Financial Accounting 2006-10 and JHU Audit Report Summary

The UHI budget is prepared each year based upon the logic model and the work plan developed at the UHI annual retreat and discussed with the Academic and Community Advisory Councils. At that time, detailed activities are outlined and an itemized budget is prepared. Every UHI activity has an identified individual responsible and budgeting is prepared accordingly.

Budgets are managed by the UHI administrator, Pamala Martin, and are overseen by the Bloomberg School of Public Health. The UHI is assessed space charges by the Bloomberg School of Public Health for its offices at 2133 E. Monument Street as well as charges by Johns Hopkins University for HopkinsOne.

Financial oversight in FY 2007, when Robert Blum was appointed UHI director, shifted to the Department of Population, Family and Reproductive Health in the Bloomberg School of Public Health, where the director has his primary appointment. All accounts are managed in accordance with JHU policies and procedures and the UHI participates in periodic audits.

Financial summary

In FY 2006, when the UHI transitioned to the Bloomberg School of Public Health for financial oversight, there was approximately a \$100,000 deficit, which was paid back to the university in two installments during FYs 2008 and 2009. Consistent with university policies, the UHI set a goal to maintain a reserve of \$200,000 in the event that financial difficulties or unusual expenses demanded such a reserve. By the end of FY 2009, the goal of a \$200,000 reserve was achieved.

External Assessment of UHI Finances

Kevin Fogarty, senior director of finance operations for Johns Hopkins School of Medicine, led the external assessment of UHI finances. See Appendix 21 for the report.

Johns Hopkins and Baltimore Perspectives on the Urban Health Institute

What follows is an excerpt from the evaluation commissioned by Two Gems Consulting, Dr. Geri Peak, CEO. A detailed evaluation is available in appendix 22.

What Is the UHI Doing Well?

Overwhelmingly, the UHI is seen as a strong facilitator of community partnerships and a provider of excellent programs and services. Good effort has been put into reaching out to the East Baltimore community. Most respondents see the UHI as purposed with creating partnerships between academia and the community. Many respondents credited the Institute's director for the increase in community involvement/partnership. Many respondents commented that the UHI provided informative seminars and workshops and were good at getting information out to the community. Other things they are doing well included the CHW Program and Reverse Research Day. Nearly every activity of the UHI was listed by some party as a success and several people stated that everything done was done successfully.

- Some among both university and community respondents would like to have definitive impact based on well-defined metrics;
- Some wonder if successes may be focused in the wrong areas—areas that are beneficial but not at the heart of what is needed,
- Some would like to see more data clarity drive activities, and
- Some would like to see more tangible services.

Challenges Raised – Trust, Transparency and Engagement

JHU insiders feel the UHI is doing good work towards rebuilding/building trust but much more needs to be done. This is echoed by community members; however, mistrust remains. It is raised by those affiliated with the university as well as unaffiliated individuals. Suspicions are affirmed by actual behaviors and undocumented beliefs. The UHI and the university as a whole must overcome this legacy of earned and unearned mistrust.

The mistrust extends to the perception of the wealth and resources available to the university. Community residents and community service providers alike speak of the university in terms of disappointment with resources made available to the community while university insiders discuss the grave economic situation and the reduction of resources for projects, along with the lack of a role for the university to redress social ills (compared to municipal, state and federal responsibilities).

University respondents are aware of and accept as real the long-standing community mistrust of JHU. It may be, however, that expectations around trust building, which certainly anticipate a long term process, still do not anticipate how fragile trust building might be. All sides note that the UHI community-building activities provide a pathway to redress this earned and unearned legacy.

A few people were unsure of or confused about the UHI's purpose. While it is understandable that those outside of the university might be unclear, there was some lack of clarity noted among

entities within the university. Such entities may compete with the UHI for collaborations and partners or have some real or perceived overlap in the work. Clearer boundaries, transparency and increased communication are warranted to manage these circumstances.

The evaluation team explored in-depth the experiences of two of the three UHI advisory groups through extended interviews with the deans that make up the Advisory Board and through focused discussions with the CUCC. The third group of academic advisors was not a direct focus of the independent review; however, representatives were part of the routine interviews.

Advisory Board members feel very much in the loop. Newer members from beyond the medical institutions feel that very rich consultations occur and feel that any limits in participation are due to the action or inaction on the part of the advisors. All are eager to contribute more actively despite their other commitments, some mentioning specific strains of work they would like to put on the table. Advisors representing medical institutions are empathetic to the needs of East Baltimore, but are cautious about moving beyond more traditional health services.

Other advisors feel out of the loop. Some advisors feel that their input is solely reactionary and would like to be proactive. This leads them to wonder how useful their input is and consider whether there might be more meaningful ways to invest their input. One interviewee noted that they served as an academic advisor but had not met for a while and urged the UHI to increase contact and continuity among the academic advisors.

These internal concerns can lead to a different type of trust issue where people, wondering if their input is valuable, assume that their efforts may have little ultimate meaning or contribution. Happily, the advisors are enthusiastic about working towards new systems of collaboration. They very much want to be included and brought fully into the decision-making process of the UHI.

Finally, some observers encouraged the UHI to promote the whole team in order to reflect the diversity already present on the staff and to familiarize people with the broad talent of the UHI. The reflection of diversity is seen as a strategic effort to meet the community with people who look like themselves and also see such an effort as a commitment to excellence. Further, some advisors suggested that outside presenters who come to share informational sessions be encouraged to shed their academic persona and communicate in a more down to earth fashion when engaging both academics and the community or primarily community through the auspices of the UHI.

Insights about the Purpose of the UHI

- The majority of respondents are aware that the UHI serves community by linking university resources with the community and conducting programs to raise awareness and skills. As mentioned above, the seminars and workshops are well-regarded. Additional comments can help the UHI determine how to live its purpose.

- Health professionals want to see the UHI stick to its purpose—some mention traditional health assessments leading to data driven services and solutions.
- Residents, and also some faith community, advocates, university and advisory representatives, focus equally, if not more, on wellbeing and physical/mental/spiritual health promotion. Particularly, residents are looking to see how the community can be readied to take advantage of resources central to the bio park, even though University representatives note the huge impact the economy has had on the projects.
- People desire success for the UHI and are aware of the sensitivity of its position, where many different “masters”, or sources of priorities of what the UHI should be and how it should move forward exist.
- People have high expectations for the community school (where expectations exist) and want to see the UHI continue to contribute to its development and growth.
- People are very eager to learn the results of the self study.

Where Should the UHI Focus for the Next 3-5 Years?

The UHI has shown that it acts with excellence and balances actions in thoughtful consideration of the needs of the community. Thus there is a level of trust that whatever the UHI will take on will be conducted with care and diligence. Several topics were listed by respondents and a collection of these were replicated frequently enough to designate importance to respondents (see Illustration 2.). Nonetheless, the findings indicate the main issue is not *what* the UHI focuses on, but *how* the UHI engages stakeholders. The UHI has some work to more effectively build trust with the various aspects of community, including maintaining or building trust within the university, and creating systems to gain the collaborative input necessary to guide the UHI to the best investment of effort and resources. The most discussed barrier for the UHI's effectiveness is a lack of effective use of the resources surrounding it.

Recommendations for the Future of the Urban Health Institute

What follows is based upon the planning meetings held with community and university colleagues in July 2010, and followed by a retreat of UHI staff. It is aimed at setting the parameters of future work but not to specify all that is to be done. So too, what follows does not imply a total change of current activities and priorities. As has been noted previously, there is strong support for many of the current activities. Rather, there is both the need and opportunity to build on what has been accomplished over the recent past and to be more strategic in our work. The proposal that follows will be presented to the Advisory Board and the CUCC and, if approved, will be implemented to the extent that resources permit.

Administrative Structure

Community University Coordinating Committee (CUCC): There is need to expand the CUCC so as to allow more community participation. Additionally, there needs to be greater opportunity for CUCC involvement in the work of the UHI. One strategy is to establish working groups (such as the ones that currently exist for the community health assessment and the Henrietta Lacks Memorial Award). CUCC members should be expected to participate in one of the working groups. Additionally, CUCC membership should be for a defined term of 3 years with the opportunity for a second term. There should be an annual event to recognize both community and university individuals engaged in UHI activities.

Academic Advisory Council (AAC): This working group was established in 2006 to assure that the UHI was grounded in the training and research priorities of JHI as well as in the community. Much of the work of the AAC has been accomplished and it is our recommendation to disband that group.

UHI Associated Directors: Currently there are three UHI associate directors from the Schools of Public Health and Education. There is need to expand the leadership of the UHI to include, at a minimum, associate directors from the Schools of Nursing and Medicine and perhaps Arts and Sciences. So too, *at least* one UHI associate director should come from the Baltimore community outside JHI.

Mission and Goals: UHI reaffirms both the mission and goals as currently stated. Specifically, our mission is that of a *catalyst* and our goals are to serve as a *portal* into Hopkins as well as to serve as a *forum* for community-university dialogue. Additionally, one of our core goals is to *support existing community initiatives* related to health broadly (including physical and mental health, healthy development, and well-being). Within the current goals, areas that need to be better addressed include:

Improved coordination within Hopkins: The UHI should serve as a forum that brings together those individuals and centers on the East Baltimore, Bayview and Homewood campuses focused on Baltimore-based interventions and research to share work and strengthen collaborations. There is enthusiasm for developing and maintaining a compendium of Baltimore-based research across the university; and this should be coordinated with the Vice Provost for Research.

Hopkins Recognitions: There is need to better recognize those within Johns Hopkins working on improving the Baltimore community. One suggestion is for President Daniels to host annual recognition dinners with awards to recognize outstanding student and faculty engagement.

Communication coordination: There is need to strengthen communications across JHI as they relate to Baltimore-based work. There is consensus that JHI does not “tell its story” well either internally or externally. One strategy proposed would be for the UHI to maintain a

calendar of events that relate to University-Baltimore activities (with the aim of maximizing visibility of upcoming events and to minimize conflicts). A second suggestion is for the Vice President of Government Relations and Community Affairs to chair a quarterly meeting of communication directors across JHI to share upcoming initiatives and to discuss work that should be highlighted in the media. A third suggestion would involve an annual report to departments and units summarizing research and publications focused on Baltimore.

Community listening and feedback: While a number of forums currently exist for such opportunities for Hopkins leadership to “hear” the community (e.g., Community-University-Faith forums, Reverse Research Day), there is both the desire and need for more. What is critical, however, is that there is support for initiatives fostered through these conversations with monitoring of impact. Suggestions include that the UHI facilitate an annual forum with President Daniels, luncheon round tables (10-15 people) with Hopkins leadership, establishing Baltimore Breakfasts or the equivalent of what is currently done on the Homewood Campus.

There is also a need to provide more consistent feedback to the community on research done at Hopkins that impacts (or potentially impacts) Baltimore. Suggestions include: the use of social media, hosting church and other community venue forums on emerging research, hosting evening health information sessions with Hopkins’ leading health providers on issues of especially salient to East Baltimore (e.g., diabetes, asthma, substance abuse and mental disorders).

Strengthen training and capacity-building: While the community capacity-building workshops are well received and highly regarded, there is need for the UHI to focus more on the training of those within JHU who work in the community (faculty, staff and students) and increasing the capacity of community members and service providers to collaborate and share their expertise. There is a community perception that those at Hopkins come with “a badge of advantage” that is too often perceived as arrogance. The suggestion is that the UHI team up with university and community professionals to develop such a training program that can then be piloted with both students and faculty (this could be either on-line or face-to-face).

UHI recognition: While there has been a significant improvement in the visibility of the UHI in the community over the past 4 years, much remains to be done. One suggestion is for the UHI to sponsor “health minutes” and other media strategies on radio stations that are heavily subscribed by East Baltimore residents and leaders. A second suggestion has been for the UHI to sponsor a health column that can be placed in community and church newsletters. An additional suggestion is to consider traditional branding strategies such as pens and other frequently used items that carry the UHI name and logo.

Dialogue on Race, Research and the Community: While the UHI has taken steps toward initiating a dialogue between Hopkins and the Community through its race and

research series, a lot more can and should be done. Specifically one recommendation is that JHI undertake a process that would include community leaders to explore its heritage as a hospital and educational institution with the goal of increasing awareness how our heritage shapes our current thinking and attitudes. A second suggestion is that the UHI sponsor roundtables between Hopkins faculty and community leaders explicitly on the subject of race and research so as to improve understanding and perspective taking on both sides and to develop a closer bond between the Hopkins research community and East Baltimore. To be successful, this will require the commitment of the East Baltimore Hopkins leadership.

UHI Fellows Program: One way of forging partnerships and having demonstrated impact is to identify an issue of salience to the community and support a fellowship program where the UHI would underwrite perhaps 10% of salary from two community leaders and two Hopkins scholars to work on that issue for a period of 1-2 years with clearly defined outcomes for that work. The suggestion was is that the UHI support be matched by home units of the individuals so that each would have a committed day per week to address the topic.

UHI Postdoctoral Fellows' Program: The postdoctoral program has been a mechanism to forge both strong links with the East Baltimore community while at the same time advancing community based research. We envision continuing that program at its current level.

Serve as a Repository for Health and Related Data in Baltimore: One of the needs that both community activists and university researchers have is for accurate, ongoing data on the health of Baltimore. The UHI should partner with other organizations (e.g., the Baltimore City Health Department, The Family League of Baltimore City Inc.) to assist in compiling, formatting and making accessible the extant data on Baltimore health.

Improved Coordination Across UHI Program Activities: There is need to improve integration across UHI activities to maximize impact. It is not always clear how the activities of the UHI relate to each other. For example, the Third Tuesday seminars, Small Grants Program, Reverse Research Day and UHI symposia can be better integrated around annual themes. These interrelationships can be better articulated in the logic model and in how the UHI presents its information.

Bold Initiatives: There is need for the UHI to undertake and publicize a few bold, large and highly visible initiatives. There are a number that are currently in progress:

- ***The Community Health Assessment*** that has recently begun. Feedback from both university and community partners is that this assessment is of highest priority. To be effective, however, it needs to be tied to actionable next steps.
- ***Early Child Development Initiative:*** This initiative is a central activity where the UHI should place its effort at a local level.

- ***High School Student Employment Program:*** Not only should the UHI expand the summer employment program, it should move to increase the year-round opportunities for a sub-set of those employed during the summer.
- ***Community Health Worker Program:*** The CHWs are perhaps the most visible human representation of the UHI providing direct benefit to the community. It should be maintained and expanded.
- ***The Access Partnership (TAP):*** Not only should the UHI support the evaluation of TAP but should work with other key stakeholders to increase the visibility of that initiative. This is perhaps the most significant community commitment JHI has made and it remains “under the radar.”
- ***Mayor’s Report on the Health of Baltimore:*** The UHI plays an advocacy role in focusing attention on the health of Baltimore. One suggestion is that the UHI—in collaboration with the Mayor’s Office, the new commissioner of health, and the executive director of the Family League of Baltimore City—take the lead in preparing an annual report on the health of the city of Baltimore.

Define Boundaries of UHI Catchment Area

As we begin to look to the future, we need to have a picture of East Baltimore and the challenges and opportunities that exist. We are proposing that going forward the UHI view its work at multiple levels. Firstly, to be effective, a number of the UHI collaborations need to be at the city level working with the Mayor’s Office, the Baltimore City Health Department, The Family League of Baltimore City Inc., Baltimore Substance Abuse Systems, Baltimore City Public Schools and other city-wide agencies.

Secondly, our work must focus on JHI with special attention to the Homewood (undergraduate) and East Baltimore campuses.

Thirdly, for our community work, we are proposing to define East Baltimore as the five zip codes that have historically defined the JHMI catchment area: 21202, 21205, 21213, 21224, 21231 (see map on next page). Over the recent past, this area of East Baltimore has suffered from housing vacancies, unemployment and crime rates that are significantly higher than the city’s as a whole. While portions of the UHI boundary area have experienced recent gentrification, more than a third of East Baltimore families earn less than poverty level, and their median income is half that of the city’s. Their health has suffered from drug addiction, poor prenatal care, infant mortality, interpersonal violence and vaccine-preventable diseases. The life expectancy at birth for an African American baby born in Baltimore City between 2006 and 2008 was 70.2 years, compared to 76.2 years for a white baby born during the same time period. In 2006, there were 175 new HIV cases per 100,000 people among African Americans in Baltimore city, compared to 23.2 new cases per 100,000 people, nationally. And African

Americans were twice as likely to die from diabetes-related causes as whites in Baltimore City (44.5 vs. 23.8 per 100,000 people, respectively).

Finally, for our most direct community work, we propose targeting our programmatic efforts in the Middle East section of East Baltimore which is the section that is most proximal to the East Baltimore campus of Johns Hopkins.

neither a baseline for health status of the residents of East Baltimore (this will be addressed through the community assessment and if approved the Mayor's annual health report) nor a baseline beyond anecdote on community attitudes toward Hopkins. The recommendation is for the UHI to undertake a more systematic review of community attitudes and perspectives toward the institution.

Process metrics:

- Improvement (over baseline) in trust between the East Baltimore community and JHI.
- Increased evidence that community input is sought and integrated into UHI planning and activities.
- Increased evidence that Hopkins researchers doing community based research feel validated and encouraged.
- Improvement in the perception of how the work of Hopkins researchers working in Baltimore has been enhanced by association with the UHI.

Monitoring Metrics

- Improved reporting of the contributions that the UHI makes to the community and JHI initiatives.
- Improved monitoring and reporting of advocacy and support activities (e.g., consequences of co-sponsorship of the Mayor's Teen Pregnancy Prevention Plan).
- Demonstrated improvement of translating Hopkins research to the community.
- Increased number and size of Hopkins-community collaborations and improvement in sustainability of these initiatives after initial funding ends.

Outcome Metrics

For every community initiative (e.g., Community Health Worker program, Early Child Initiative) there needs to be clear outcome measures established and evaluation structured to measure impact.

Summary

The UHI has made great strides over the past 4 years in achieving its core mission and goals, but there is much more that can and should be accomplished. We have the enthusiasm of both community and university partners who are asking for greater engagement; and we have a clear sense of some of the steps to accomplish that. We see the opportunity to use the UHI as a vehicle to open the doors of Hopkins more widely to the community; and again, we have some suggested steps to begin that process. And we have an agenda for bold initiatives in Baltimore and most specifically in East Baltimore. We have been fortunate to have had the strong support and active

participation of a highly engaged Advisory Board; and so too, we see the opportunity to increase engagement of community leadership.

While the needs in our community are great the opportunities are at least as great. One of the questions that Hopkins leadership needs to consider is whether what has been accomplished over the past four years establishes a strong foundation for the future. So too, the UHI Advisory Board needs to consider whether the vision and next steps we have outlined in this report are consistent with their own. Finally, if accomplishments and next steps are in line with JHI priorities then we must discuss the resources needed to accomplish the vision and how those resources can be marshaled.

This self-study is submitted with the deepest respect for the communities with which we work and our community neighbors and with the hope that the UHI can increasingly become a force for positive change both within the Johns Hopkins community and in Baltimore so that every citizen can achieve maximal health and well-being.