

The image shows a book cover with a dark olive green background. A horizontal strip of light beige, torn-edge paper is pasted across the middle. The title and author information are printed on this strip.

Public Health:
PUBLIC JUSTICE

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MS PHD MD MPH



What is OUR ROLE?

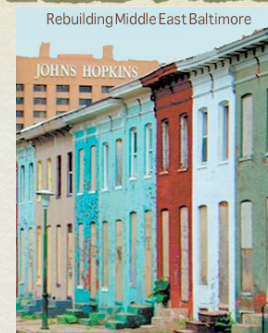
- as public health leaders/institutions
- in social justice / human rights
-have we lost our way?

Johns Hopkins: public health role

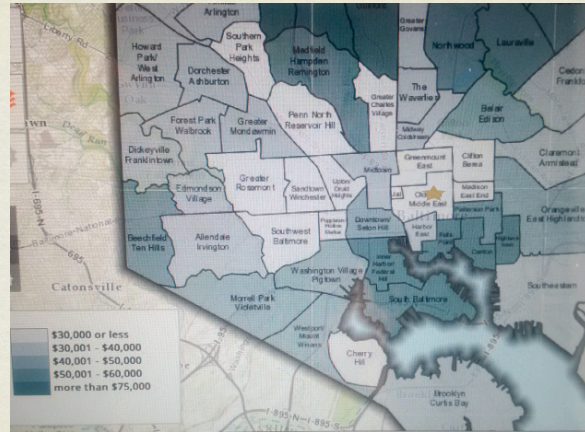
- Development over the years has neglected the health of the public, particular its neighbors, its most crucial resource, family - why?
- How do we move beyond this past *and/to* become the true leaders of public health we *proclaim* to be?

Demographics

- In community,
Disparate health and wealth conditions
- Expansion from 14 to more than 90 acres,
by all means necessary

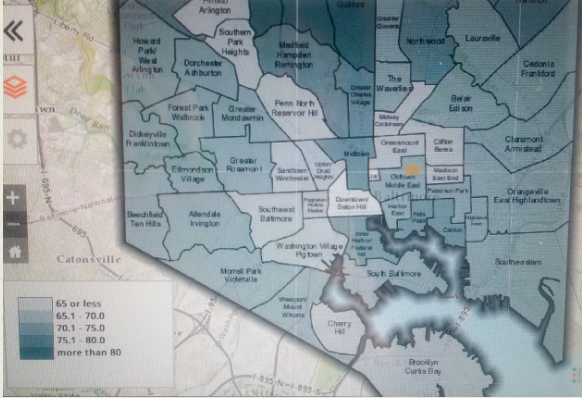


Median Household Income Baltimore



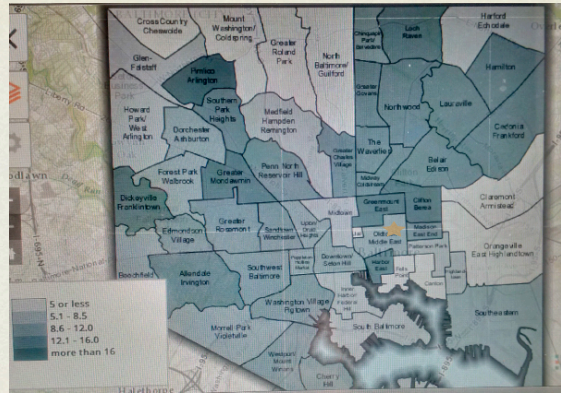
★ Johns Hopkins Medical
Institutions

Life Expectancy Baltimore



★ Johns Hopkins Medical
Institutions

Infant mortality Baltimore



★ Johns Hopkins Medical
Institutions

East Baltimore's health crisis

- **Poor Kids In Baltimore Have It Worse Than Those in Nigeria**

A global survey of 15- to 19-year-olds living in vulnerable cities shows that social support and outlook are driving factors in health outcomes

- But why do teenagers in Baltimore and Johannesburg have such a dark outlook? According to Mmari, one could point to a combination of environmental and social factors, including the exposure to violence and a lack of social support, which were found to be less prevalent in the three other cities.

- [A Global Study on the Influence of Neighborhood Contextual Factors on Adolescent Health](#) Kristin Mmari, Hannah Lantos, Robert W. Blum, Heena Brahmhatt, Adesola Sangowawa, Chunyan Yu, Sinead Delany-Moretwe J Adolescent Health 2014

Johns Hopkins Institutions socioeconomic status: power of the top 1% in Baltimore

- 53,352 employees worldwide in FY 2010, including 33,618 regular, 14,585 Baltimore city residents and 6,050 student employees working in Baltimore making the John Hopkins Institutions the City's largest private employer
- Purchases of goods and services (including construction) from Baltimore companies in FY 2010 – more than \$387 million, directly supporting more than 2,400 jobs with these companies
- Total impact of Johns Hopkins and affiliated institutions in Baltimore in FY 2010 – \$3.99 billion, 49,177 jobs
- Received the most federal research funding of all medical schools in the US for more than 10 consecutive years in a row
- More than 20,000 students – including 2,460 who live in Baltimore

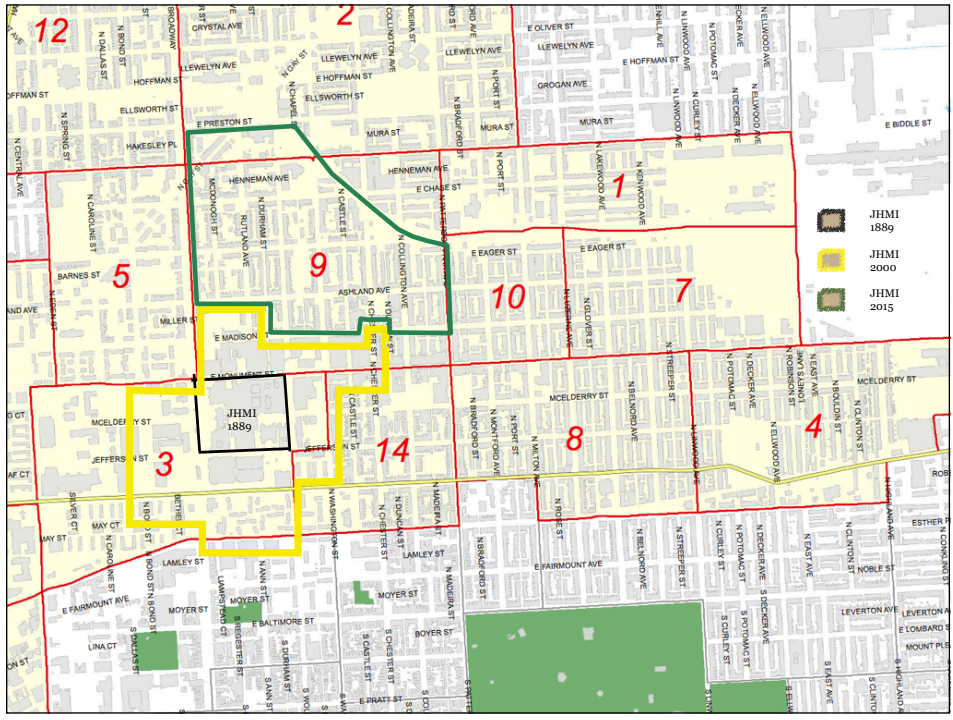


2012 Middle East Baltimore



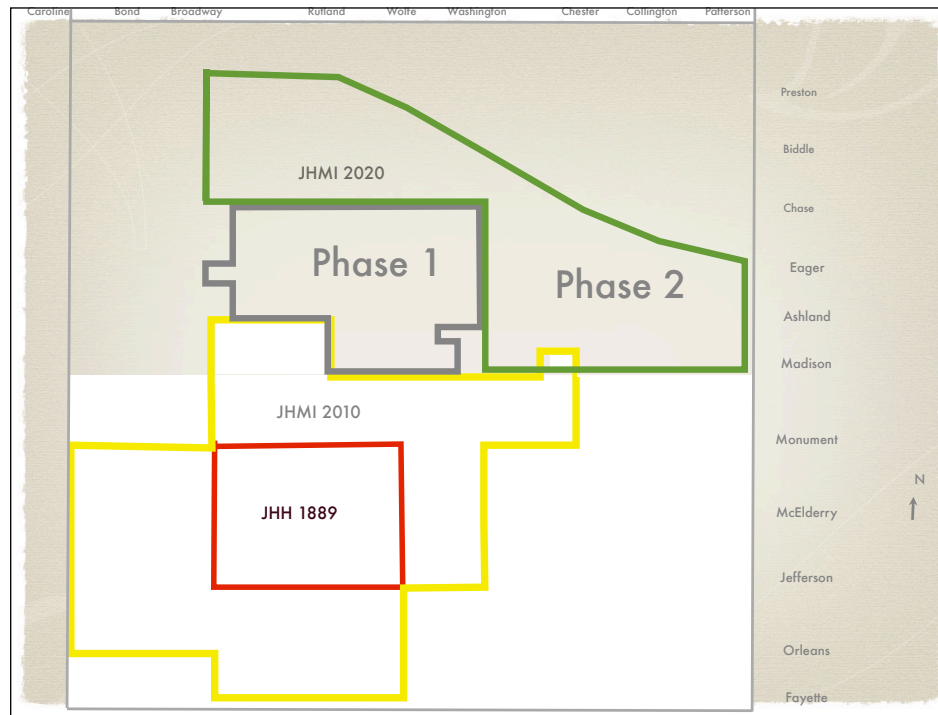
Gay Street East Baltimore
1960's





History of major development in East Baltimore

- 1950's Broadway Redevelopment Project - 54 acres
- 1960's Gay Street 1 Project - 30 acres
- 2000's Middle East Baltimore Project (EBDI) - 88 acres



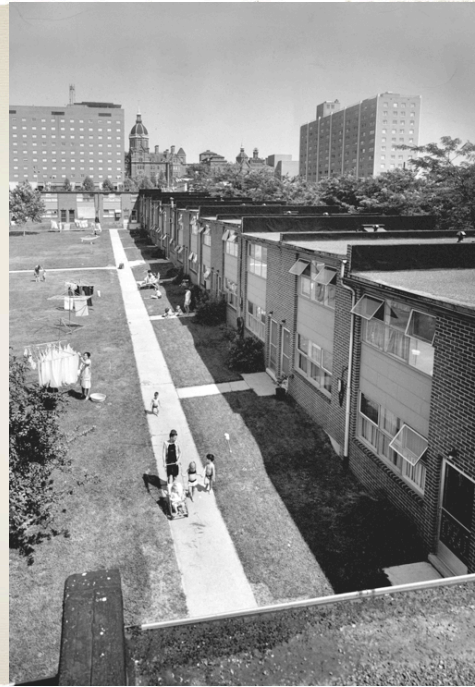
**Broadway Housing Project
opposite Johns Hopkins Hospital 1953**



Critical Perceptions



The Compound -
named so by residents
who were displaced
and not allowed to
walk through the
community after
housing was built for
Hopkins staff and
students only



Broadway Project 1956
Breaking ground for a dormitory for medical students





2002 Johns Hopkins Bioscience Park

· The deputy mayor was quoted as saying

‘Of the estimated 1700 properties in the 20-square-block study site, about 1000 are vacant houses or lots This neighborhood has an extremely high vacancy rate, and the No. 1-ranked medical institution sits in its midst . . . ’.

Baltimore Sun, 2002

EBDI Project 2010
Breaking ground for a dormitory for graduate students









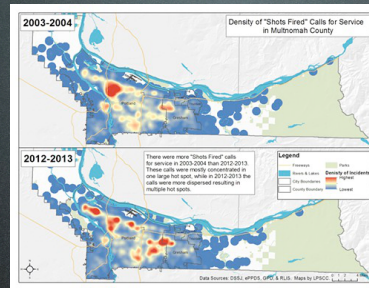
2010 Proposed new housing cost in Middle East Baltimore



Johns Hopkins expansion in East Baltimore

	Socioeconom norm	Organized community	Government role	Coalition	Process	Outcomes
Broadway 1950's 54 acres	Race/class based power	No	Initiates/ public:private	No	Bait-switch No C planning/ Decision Survey Hopkins	>1000 households displaced Graduate student dorm Staff housing (Mid/MK rate) Professional building Hotel Shopping center Local businesses displaced
GayStreet 1960's 59 acres	Race/class based power	Yes	Initiates/ public	Yes	Survey residents before plan C planning/Decision Rehab as many as possible to prevent multiple moves/ affordable	Affordable housing CDC Local hire Community High School
MiddleEast 2000-2020 88 acres	Race/class based power	No Yes No	Initiates/ public:private	No Yes No	Bait and Switch No C planning/Decision Minimal local jobs Lack of workforce preparation No community fund Survey Hopkins	>800 households displaced Graduate student dorm Staff housing (Mid/MK rate) Professional /Bioscience Hotel Shopping center/retail Local businesses displaced 7-acre park School

Displacing our social and health problems



Linton et al. J U Health These findings suggest potential displacement of drug activity coinciding with the initiation of urban redevelopment in East Baltimore. Space-time scan statistics should be used in future research to describe the potential implications of local policies on drug activity.
2014

Community disinvestment and health impact

- deteriorated neighborhoods, abandoned/boarded homes, slum landlords
- anchor institutions oppress/plantation ethic continues
 - drug activity
- increased crime, illegal dumping, abandoned houses, rats:residents live in fear, stress
- children cannot play on the street
- no resources for recreation centers/schools, decline in education, preparation/qualification for workforce/poverty-wages/
- supermarkets leave, processed foods stay
- no access to health care/healthy foods/



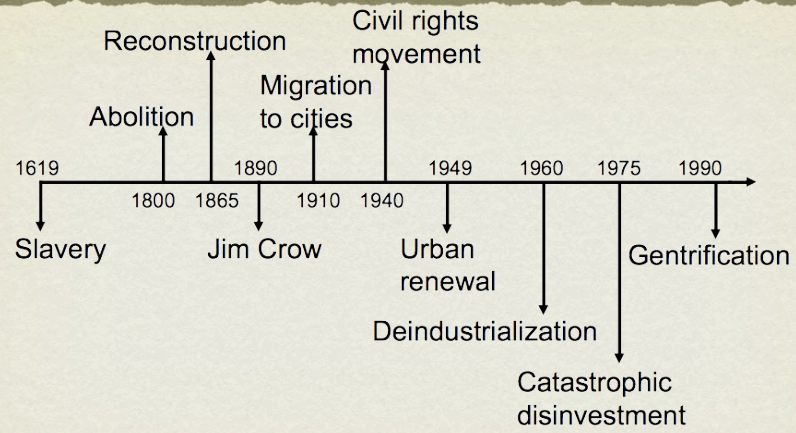
Development: Displacement

- Psychological impact - Marc Fried
- Root Shock - Mindy Fullilove
- Weathering effect - Arline Geronimus



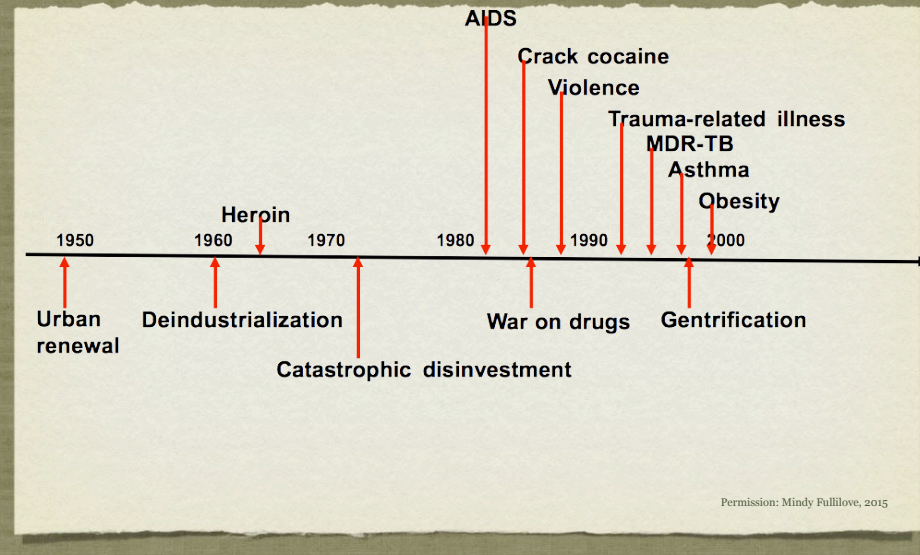
Stress - causal pathway

Timeline: Black Upheaval



Permission: Mindy Fullilove, 2015

Synergism of Plagues



What happens to the community in the face of upheaval?

- Fracturing of social bonds
- Loss of political, social and cultural capital
- Loss of competitive advantage as compared to other groups
- Decreased ability to solve new problems

Figure 2. Neighborhoods' economic, political, social capital determines community health status

Economic capital	Political capital	Social capital
-Income level	-Income level	-Neighborhood organizations
-Educational attainment	-Educational attainment	-Social cohesion / relationship with neighbors
-Housing value	-Housing value	-Relationship/decision making with political/government representatives
-Employment rate	-Employment rate	-Relationship/decision making with developers/economic anchors/powerful stakeholders
-Generational wealth	-Generational wealth	-Relationship with other neighborhoods
-Access to powerful/wealthy stakeholders (who you know)	-Access to powerful/wealthy stakeholders -Level of neighborhood organizing -Social cohesion/relationship with neighbors	
	-Relationship with political/planning/economic health educational/safety/sanitation/transportation representatives	
	-Relationship with developers/economic anchors/powerful stakeholders	
	-Participation/decision making in community planning/rebuilding	
	-Relationship with other neighborhoods	

Determines presence in neighborhoods of accessible



- Health Care Services/equitable policies / funding/ evaluation
- Resourceed
- Well-trained providers / cultural competence
- Transportation/child care/hours of operation
- Social/legal/economic resources/ community health workers
- Healthy/affordable food / supportive policies/funding/evaluation
- Equitable education / supportive policies/funding/evaluation
- Equitable transportation / supportive policies/funding/evaluation
- Equitable employment with live-able wages / supportive policies/funding/evaluation
- Equitable housing / supportive policies/funding/evaluation
- Equitable safety services / supportive policies/funding/evaluation
- Equitable sanitation services / supportive policies/funding/evaluation
- Equitable social services / supportive policies/funding/evaluation
- Equitable recreational /parks services / supportive policies/funding/evaluation
- Liaisons/participation/decision making with public departments of health/education/transportation/economic and community development/planning/housing/safety/sanitation and environmental/social/ recreation and parks

Determines



health / life expectancy of neighborhood / community

Changing the game: in/out

- Black lives matter
 - White lives matter
- High income lives matter
 - Low income lives matter
- Un-educated lives matter
 - Educated lives matter



Johns Hopkins is:

- a global and local *social determinant* of health because of its power
- NOT a local leader in public health outcomes, YET!
- capable of making changes to fulfill its designation as an anchor institution
 - through intentional policy and action for greater economic inclusion of local community
 - healing the history of distrust between its neighbors

Pathways exist for *truly* changing the game

• Policy Link: Leveraging Anchor Institutions for Economic Inclusion

Strategy 1: Invest in local neighborhood development for regional sustainability
Strategy 2: Build an equitable economy while fostering innovation
Strategy 3: Contract with targeted businesses for procurement
Strategy 4: Provide workforce training, hiring incentives, and career development

Internal hiring provisions and policies can create job and career opportunities for local residents, particularly for those who have faced barriers to employment. Specific strategies can target hiring for hard-to-employ residents, such as people returning from prison, or workers lacking a college degree. In Cleveland, a partnership of the city's philanthropic, cultural, educational, and medical institutions are leveraging a portion of their multi-billion dollar annual business expenditures to start worker-owned cooperatives that employ local, low-income residents with barriers to employment. The Evergreen Cooperatives include an industrial laundry, a solar installation firm, and an urban farm that collectively employ 100 worker-owners, half of whom have criminal records.

• http://www.policylink.org/sites/default/files/pl_brief_anchor_012315_a.pdf

Pathways exist for *truly* changing the game

- Democracy Collaborative at U of Maryland: Achieving the anchor promise
 - Catholic Health Association and Community-
 - Benefits Reporting: CHA's model stresses the importance of collaboration with community leaders and building transparent relationships. CHA sets up an indicator framework that considers environmental (political/ social climate, history of collaboration in the community), membership (mutual respect, understanding and trust, ability to compromise), procedural and structural (decision making procedures, stake in process and outcome), communication and resource (availability of funds and intermediary abilities) factors. This framework is intended less for accountability purposes and more to act as a guideline in navigating cultural differences

Pathways exist for *truly* changing the game

- **Hospitals Building Healthier Communities**

- **Embracing the anchor mission**

Rochester, Minnesota: Mayo Clinic

La Crosse, Wisconsin: Gundersen Lutheran Health System

Detroit, Michigan: Henry Ford Health System

Cleveland, Ohio: University Hospitals System and Cleveland Clinic

Health System

Baltimore, Maryland: Bon Secours Health System

Neighborhood Revitalization

- = Constructed/rehabilitated more than 650 units of affordable housing

- = Clean & Green: More than 640 vacant lots converted into green spaces, 1.1 million sq. ft. cleaned up, and 133 tons of waste removed

- = More than 60 minor-home-improvement grants to existing residents, totaling more than \$775,000

Local and Minority Purchasing

- = Increased local, minority vendor procurement to 6%, identified potential to reach 9% local, minority-owned

Capacity Building

- = Youth landscape training program

- = Offers youth employment and workforce development programs

- = Operates a family support center and women's resource center

- = Provides financial literacy and tax services for local residents

Pathways exist for *truly* changing the game

- Living Cities, Harnessing the Economic Power of Anchor Institutions: Lessons Learned through Living Cities Investments from 2010 through 2013 (Living Cities, undated). <https://www.livingcities.org/resources/235-harnessing-the-economicpower-of-anchor-institutions-lessons-learned-through-livingcities-investments-from-2010-2013>
- Causa Justa:Just Cause Development without displacement <http://cjjc.org/publications/reports/item/1421-development-without-displacement-report>

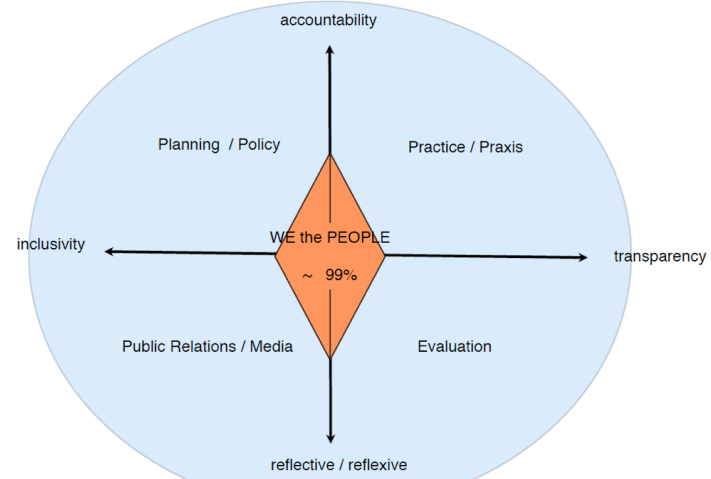
Are we up for a
game changer?

Public Health=Public Justice

It's time to hold institutions
accountable!

Framework for Public Health Justice:

Values, Tools, People



How do WE do this?

Organizing



Analyzing

Maryland governor blocks strike by Johns Hopkins Hospital workers

By Nick Barrickman
30 June 2014 World Socialist Website

Maryland Gov. Martin O'Malley (D), whose term in office ends Wednesday, will join the Johns Hopkins University business faculty next month as a visiting professor, the school announced Friday.
16 Jan 2015, Washington Post

Media

By: [Daily Record Staff](#) April 10, 2014

We alumni, students and staff of the Johns Hopkins Academic Institutions in Baltimore and across mainland U.S. and Puerto Rico support the opportunity for all hospital workers to receive pay that will enable equitable access to resources and well-being.

Trust

