

# Students for a Positive Academic Partnership with the East Baltimore Community (SPARC)

## Student Perspectives and Recommendations for Action



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## Executive Summary

Community engagement has become an increasingly important tenet of public health ideology and practice. Last spring, the authors of this report began discussing our own engagement in East Baltimore, as well as the school's partnerships with the East Baltimore community. Many of us believed that the school's presence in East Baltimore could be stronger, yet we wondered if this was a sentiment shared by other students as well. In May 2005, we partnered with the Student Outreach Resource Center (SOURCE) to survey the JHSPH student body regarding student and faculty involvement with the East Baltimore community. Overall, the survey responses reinforced our own perception, revealing a strong desire for increasing student and institutional involvement and a need for creating an infrastructure to support academic-community partnerships.

The student survey results have been used to develop specific recommendations for improving academic-community partnerships at JHSPH. These recommendations include the following: recruitment and retention of faculty engaged in community-based participatory research (CBPR), creation of a CBPR methods course, greater encouragement and support of service-learning in JHSPH curriculum, visible direct aid to the East Baltimore community, and financial support for CBPR scholarships/fellowships. Detailed descriptions of these and additional recommendations are provided in section 3 of this document.

We believe now is the time for action. Around the nation, other public health schools are increasing their commitment to and support of community-engaged scholarship. The Association of Schools of Public Health has encouraged schools to reconsider the definition and scope of scholarship to include academic-community partnerships as an integral component of research, education, and practice. Furthermore funding agencies such as the National Institutes of Health and the Centers for Disease Control and Prevention are increasing funding for academic-community partnerships.

Given the results of our survey, coupled with a national emphasis of increased community engagement within the public health world, we hope this document will incite change within the Johns Hopkins Bloomberg School of Public Health.

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## STUDENT SURVEY RESULTS

### Methods

The online survey was broadcast to all students via the student-I listserv at the beginning of May 2005. Several reminders were sent out to increase participation. A total of 282 students and post-docs responded, out of a total of 1802 enrolled students/post-docs (of whom only 1207 are full-time students, not all of whom are on-campus). While this response rate is low, it is consistent with other surveys carried out among JHSPH students in the 2004-2005 academic year (Student Health survey, Student Assembly quality of life survey).

### Results

#### 1. Student Involvement

***“As public health professionals, we have a responsibility to the communities where we study and work”<sup>1</sup>***

Almost half of the respondents (49%) indicated that they participate in community-related activities about once a term or more frequently and **about 70% would like to increase their level of involvement**. However, many have experienced barriers to increased participation (54%). The top two most frequently-cited barriers were lack of time (82%) and the sense that JHSPH’s administration and faculty do not value community involvement (46%) (Figure 1). One respondent commented, ***“Fitting in community involvement into all the other competing requirements is very difficult.”*** Another noted, ***“Having faculty and institutional policies set an example of community service would mean a lot, but it’s currently either missing or very underpublicized.”***

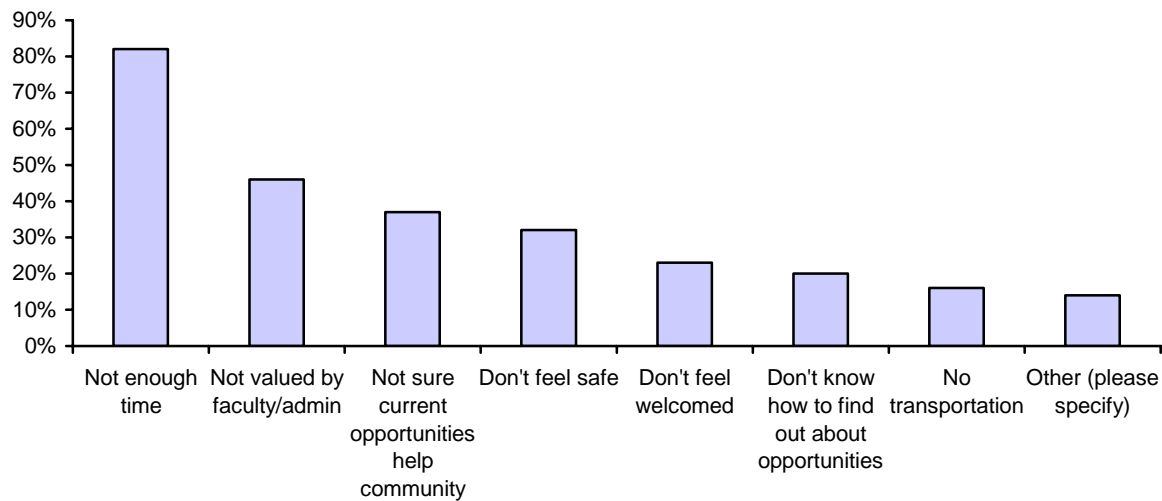


Figure 1: Barriers to community involvement (Respondents could select more than one category) (N=270)

#### 2. Institutional Involvement

***“It is always dark below the lamp”***

Three-quarters of all respondents indicated some or strong support for a greater emphasis on community involvement in JHSPH’s mission statement (Figure 2). One student commented ***“there is a culture of community involvement lacking at JHSPH and it would be best fostered from faculty and not transitory students.”*** Even more (78%) indicated that this increased emphasis would affect how they recommend JHSPH to others; nearly 30% said it would greatly affect their recommendation. One respondent said the school ***“hardly even notices what’s going on in Baltimore. If I had a friend who wanted to get domestic public health***

<sup>1</sup> All quotations are from questionnaire responses

**training, I would not recommend JHSPH.”** Another noted, **“I have recommended the school to several people and have been embarrassed by their questions about how the school does not seem to be doing anything about the local public health.”**

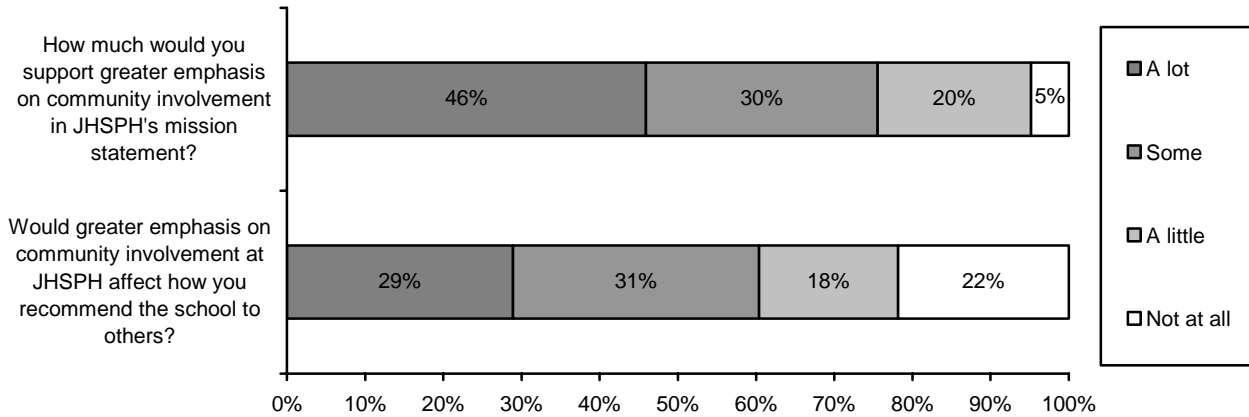


Figure 2: Support for greater institutional emphasis on community involvement (N=270)

Respondents were also asked to react to 3 statements about JHSPH's involvement with the East Baltimore community (Figure 3). An overwhelming majority (90%) agreed or strongly agreed that JHSPH has a responsibility to be more involved with the East Baltimore community, and that community involvement is an integral component of public health education (92%). One respondent said, **“Considering the vast resources available at Hopkins, Baltimore should be the healthiest city in the world. The fact that it's not is a stain on our reputation.”** However, another respondent commented, **“Hopkins has done enough to East Baltimore. Let's leave them alone already.”** Nearly three-quarters (73%) thought that JHSPH's lack of emphasis on community involvement is contrary to the philosophy of public health. One respondent said, **“It is disgraceful that some of the worst communities in Baltimore are right outside the doors of one of the best public health institutions in the world.”** Another quoted a saying from India, ‘It is always dark below the lamp,’ explaining, **“The lamp spreads light around, but forgets to light the part which is near and below it. I guess JHSPH is doing the same thing.”**

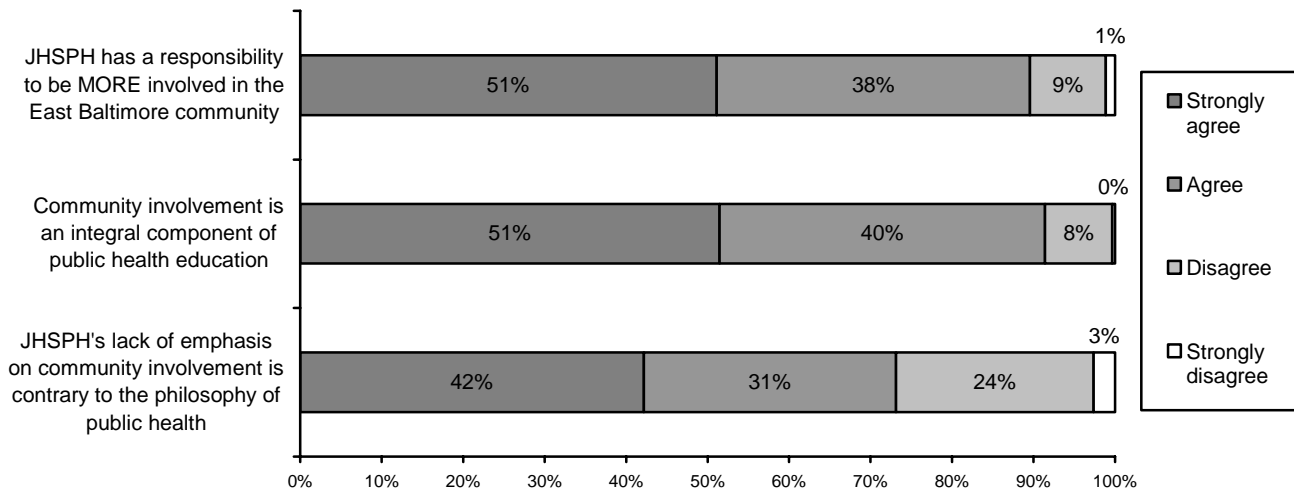


Figure 3: Answers to the question “How do you feel about the following statements?” (N=268)

### 3. Promoting Involvement

***“There are many rich and rewarding research insights and partnerships waiting for us, if we had faculty leadership that would be willing to mentor students in working with the community”***

Respondents showed strong support for adding more relevant courses or recognizing community work with academic credit (Figure 4). Over three-quarters (76%) indicated at least some support for receiving academic credit for community involvement. An overwhelming majority (85%) showed at least some support for more public health practice-oriented courses; two-thirds supported courses that focused on East Baltimore (66%). In addition most respondents (80%) indicated at least some support for more information sessions (seminars, movies, panel discussions, etc.) about East Baltimore. As one student put it: ***“practical application is a must in public health so if there can be classes that encourage a component of practical application that would be great.”***

Respondents were more divided about whether community involvement should become a school-wide requirement. About half (49%) indicated at least some support for such a requirement, whereas another half (51%) indicated little or no support. One respondent said, ***“Community involvement shouldn’t be forced,”*** while another concurred, ***“Some people may do more harm than good if it is made a requirement.”*** However, another respondent disagreed, saying, ***“If community involvement was required...and the school seemed more committed to helping its community, I would feel my volunteer work was related to my studies.”***

Several respondents commented that they would only support more involvement if it were carefully planned and implemented, and included community collaboration and input. One respondent noted, ***“East Baltimore doesn’t need a bunch of Hopkins students running around cluelessly trying to “save the community” any more than it needs Hopkins researchers running around turning community members into test subjects.”***

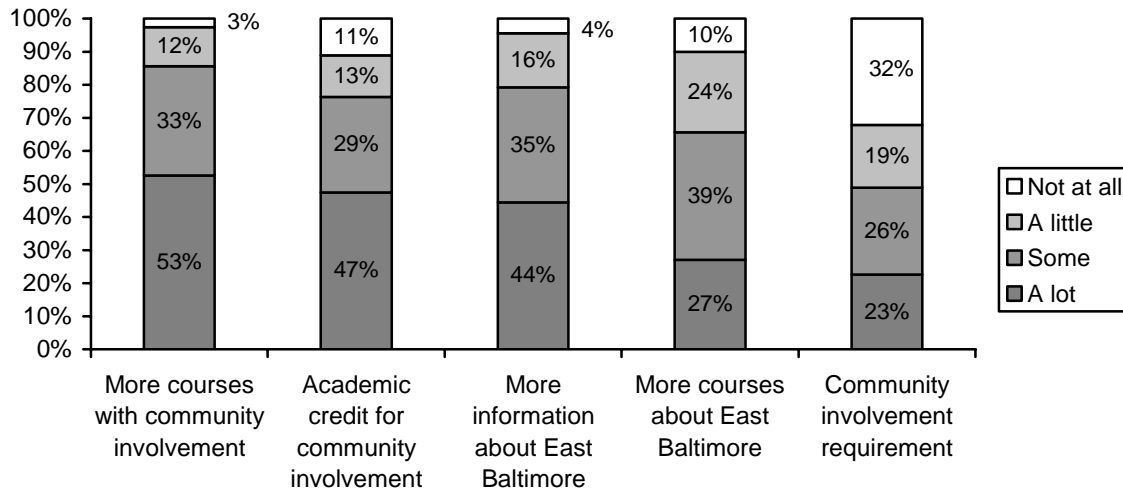


Figure 4: Answers to the question “How much would you support the following changes at JHSPH?” (N=270)

#### 4. Demographic Information

**Table 1** Demographic characteristics of survey respondents

	Survey respondents	Entire student body (2004-2005)
N	282	1802
% Female	79%	68%
% <30 years old	58%	46%
Mean yrs in Baltimore	3.4	NA
<b>Degree Programs</b>		
MPH	27%	23%
MHS/ScM	20%	17%
PhD/DrPH	44%	38%
Postdocs	3%	8%
Other	4%	13%
<b>Department</b>		
BMB	2%	5%
Biostats	3%	5%
EHS	6%	10%
Epi	17%	18%
HPM	25%	20%
IH	24%	15%
MMI	4%	9%
MH	5%	6%
PFHS	13%	8%

#### 5. Summary

***“We have an absolute duty to serve the surrounding areas to promote the school, return a sense of community to our neighbors, and become better public health practitioners through practical experience”***

Overall, the survey results indicate that many students would like to become more involved with the East Baltimore community, but experience barriers to participation. However, there was overwhelming support for JHSPH to engage more with the community, as well as provide more opportunities that promote involvement, such as granting academic credit or creating more practice-oriented courses.

Among those who commented, many expressed support for more involvement only if appropriate measures were taken to ensure the activities were participatory and not imposed on the community. Others stressed the importance of sustainable efforts at the school level, such as one respondent who said ***“Everyone wants to pass off community involvement to the students – but it is at the level of the school that it needs to happen,”*** while another noted, ***“Student involvement is great, but it should be through working under the umbrella of a long-term relationship with Hopkins.”*** Otherwise, one warned, ***“A fractured or piecemeal approach to involvement will only heighten the sense that East Baltimore is a “lab” for SOM and SPH.”***

Survey limitations include a low response rate (15%). Additionally, some students criticized the survey as leading, though we think it likely that Hopkins public health students are sufficiently attuned to bias as to be able to answer the questions accurately.

Despite the limitations, the survey shows, at the very least, considerable support for increased community involvement at Hopkins and considerable concern about Hopkins' current relationship with East Baltimore. Though it may always be “dark below the lamp,” we hope that the results of this survey will illuminate the need

to shine our light closer to home.

## NOW IS THE TIME FOR ACTION

Around the nation, the public health community is becoming increasingly aware of the value of community-engaged scholarship. The **Community-Campus Partnership for Health** has stated that, “While few in academia would dispute that serving the community has value, the community-based activities of faculty are too often viewed solely as “service” without recognizing that they might actually meet the criteria for scholarship and/or advance the institution’s teaching and research missions.” (Commission on Community-Engaged Scholarship in the Health Professions, 2005).

This change in perspective is being reflected in other leading schools of public health. **Columbia, UC Berkeley, and Tulane University** have recently changed their mission statements to explicitly embrace community-engaged scholarship and demonstrate commitment to academic-community partnerships. The **University of North Carolina at Chapel Hill School of Public Health** has revised faculty review, promotion, and tenure policies to better value community-engaged scholarship. And, the **University of Pittsburgh Graduate School of Public Health** has created an endowed chair that supports community-engaged scholarship in order to recruit and retain community-engaged faculty.

Simultaneously, community engagement is becoming a criterion for judging public health schools. “Engaged scholarship” (and learning) are being considered in classification and rankings of schools by Carnegie and US News. The **Council on Education for Public Health** has incorporated community engagement into regional accreditation processes. The **Association of Schools of Public Health** encourages schools to reconsider the definition and scope of what constitutes scholarship, especially community engagement, and how this relates to their mission, as reflected in their strategic objectives and structures (*Demonstrating Excellence in Academic Public Health Practice*, 1999).

Changes in the way community engagement activities are valued are underway. The **American Association of Higher Education’s** Forum on Faculty Roles and Rewards is working to restructure faculty promotion and tenure systems to include rewards for service to the community, service-learning, and community-based participatory research. In 2003, **The Association of Schools of Public Health** began promoting faculty promotion and tenure guidelines that recognize and reward the concepts and outstanding faculty activities of academic public health practice as it relates to schools’ overarching mission on research, teaching and service.

In the **Johns Hopkins Bloomberg School of Public Health** Strategic Plan (2000), the School echoes many of the sentiments stated above and affirms a commitment to practice-based training and the application of research knowledge. The Strategic plan states, “Additional measures must be taken to strengthen and ensure quality in the areas of education as well as of professional practice and translation...The School must emphasize the importance of professional practice and must watch for and explore opportunities for promoting student and faculty involvement in such practice.” Furthermore, the plan states that, “Traditional achievements in the practice arena must, at the time of faculty promotions, be considered with the same rigor and enthusiasm as are research activities.” We must move forward, recognize the importance of community engagement as scholarship and act now.

## RECOMMENDATIONS FOR ACTION

### Curriculum:

1. **Greater Encouragement and Support of Service-Learning:** Few courses incorporate community-based projects into students' learning experiences. Obviously, in many cases community-based projects are not appropriate. However, when appropriate, adding this component to classes would enable students to gain valuable practical experience while also giving back to the community and expand upon the school's commitment to the East Baltimore community. For this to happen, there needs to be greater emphasis placed on this type of activity and greater support provided for faculty members who make the extra effort necessary to make it happen.
2. **Academic Credit for Self-Directed Community-Based Learning:** Currently, students can receive special studies credit for such community-based learning, provided they identify a faculty member to advise their work. However, very few students know that special studies can operate in such a manner, and the students who are aware of this option often find it difficult to identify a faculty advisor. This option should be better advertised to the incoming classes. Additionally, each department should identify one or more faculty members who would be willing to serve as advisors to students interested in receiving credit for their community-based scholarship.
3. **Community-based MPH Capstone Projects:** Many students are interested in combining their capstone with work done for a community-based organization in Baltimore. However, few students take advantage of this opportunity due to concerns about the scope and structure of their capstones as well as concerns about the time commitment made to a community-based organization. A clearly structured plan for these types of capstone projects would encourage more students to do this type of work.
4. **Public Health in Baltimore Course:** A one- or two-credit course about Baltimore's history and current public health issues would introduce students to their community's needs, assets, and organizations. Currently, it is possible for students to complete an entire degree program in Baltimore and learn nothing about the city in which they live. If this type of a course were offered early in the academic year, it would give students an opportunity to learn about Baltimore and to consider ways in which they could interact with the community.
5. **Community-Based Participatory Research (CBPR) Methods Course:** A one- or two- term class that would introduce students to the methods of CBPR. Currently, the school offers a CBPR seminar series in which various presenters discuss case studies (Course 303.861). However, given the growing interest in CBPR in the field of public health, it seems inappropriate that JHSPH does not offer an actual course in CBPR. In addition to teaching students the methods of CBPR, such a course could provide a way for students to become exposed to faculty who practice community-based research. This course could also serve to educate students about public health issues in Baltimore.

### Institutional Infrastructure:

6. **Recruitment and retention of community-engaged faculty members:** The second most cited barrier to community involvement among students was that such activities do not seem valued or encouraged by the faculty and administration. Recruitment and retention of more faculty members engaged in community-based participatory research, service-learning and other forms of community-engaged activities is one means of addressing this barrier. Retention of such community-engaged faculty may require modification of the promotion and tenure process as traditional benchmarks for success may not be appropriate to measure success in the CBPR arena.
7. **Community-Based Participatory Research and Outreach Center:** The idea behind this center would be to centralize community-based research and outreach activities that occur at JHSPH in order to maximize the use of resources, strengthen the community-based participatory research community at JHSPH, and provide a space more amenable to interaction than the school of public health. Ideally the center would have two parts. The first would be an internal center that would enable students, faculty and staff who share an interest in community-based participatory research to connect and share resources. This center could also help establish an institutional memory of JHSPH activities in East Baltimore. The second part would be an outreach center physically located in the East Baltimore community, thereby providing a much needed site for community-based participatory research (focus groups, interviews etc.), as well as a site to present the

results of research projects. It could also serve as a point of entry for community members to access Hopkins resources such as health care, funds for community groups, and education and training materials.

8. **Visible Direct Aid to East Baltimore:** In order to signal good will towards the local community and improve its public image, the School could dedicate a set amount of money towards improving life for residents of East Baltimore. This fund could be administered by a foundation whose purpose is to support community-based projects in Baltimore. The foundation's board could include representatives from Hopkins and the community.
9. **Financial support for student community involvement:** To show institutional support for community-based work, the School could provide research funding, or a scholarship/fellowship to support students who are committed to community-based participatory research and outreach. Such funding would reflect the administration's support of involvement in the East Baltimore community
10. **Encourage Use of Community Based Participatory Research Principles:** The School could encourage all research to incorporate the principles behind community-based participatory research (CBPR), which would increase the benefits of the research to the community. This could be facilitated by having CHR require that all projects follow, to the extent possible, CBPR principles; plan and have funds for dissemination of findings to the community; and plan for sustainability of successful projects.