

This special issue showcases the many ways Johns Hopkins Medicine reaches out to help the diverse communities it serves from Maryland to Florida and throughout the world.

We hope you enjoy learning more about the important volunteer work at our member hospitals and divisions.



A publication for the Johns Hopkins Medicine family

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Pediatrician Tina Kumra, center; medical office assistant Devona Fletcher, in blue scrubs; and other Johns Hopkins colleagues help prepare a nutritious meal for the weekly community dinner at The Church of the Guardian Angel. Kumra is office medical director for pediatrics at the nearby Johns Hopkins Community Physicians practice in the Remington section of Baltimore.

JOHN WAIRE

Practicing Culinary Medicine

The Johns Hopkins Community Physicians practice in Remington holds cooking classes to help neighborhood residents improve their health.

On a steamy August night, Tina Kumra and Ryan Lang stand at a long stainless steel table, slicing tomatoes, chopping beans and sorting produce from Gather Baltimore, a volunteer-based program that collects surplus vegetables and fruits to sell at low cost to those in need.

It's a novel team effort for the highly trained Johns Hopkins physicians. Steeped in 21st-century medicine, these primary care doctors now pay weekly house calls to a church in North Baltimore to help their workplace neighbors learn about nutritious meals.

For the past year, Kumra, a pediatrician who also serves as clinical director for the Johns Hopkins General Preventive Medicine Residency, and Lang, a preventive medicine resident, have joined other volunteers from Johns Hopkins Community Physicians (JHCP) to prepare, and share, a community dinner at The Church of the Guardian Angel. A haven for many underserved residents in Remington, the Episcopal church is located a few blocks from JHCP's sparkling new practice suite.

When the primary care practice moved from its Wyman Park location in September 2016, Kumra met with Alice Bassett-Jellema, pastor of Guardian Angel, to determine ways that the Johns Hopkins clinicians could contribute to the well-being of their new neighborhood.

(continued on page 6)

A Commitment to our Communities

PAUL B. ROTHMAN, M.D.
DEAN OF THE MEDICAL FACULTY
CEO, JOHNS HOPKINS MEDICINE

In a city with excellent health care infrastructure and two premier academic medical institutions, far too many members of our community are struggling. It is our responsibility to actively partner with our fellow community members to change that. Our first step was to ask the community what it needs and then listen. We have relied on that principle to guide our community engagement efforts.



A couple of years ago, we met with various local groups and asked them what they see as the biggest hurdles and the biggest opportunities as we work together to build a stronger, more unified Baltimore. We asked all of our employees, faculty members and students as well, and we listened to their responses. As a result, we have come together in new ways, redoubling our community outreach.

And not just in Baltimore. Our community initiatives have been reinvigorated throughout all of our neighborhoods, from St. Petersburg, Florida, where children and their families are learning good nutrition through free cooking classes, to Columbia, Maryland, where our colleagues at Howard County General Hospital helped those devastated by a flood, to Washington, D.C., where Sibley Memorial Hospital's community efforts focus on impoverished areas east of the Anacostia River.

These efforts are paying off. We recently received a progress update on our HopkinsLocal initiative, which launched in late 2015. This joint effort by the university and health system uses our economic activity to promote business growth and employment in Baltimore as we build, hire and buy local. In the first year alone, we:



- **Steered \$55 million in construction** spending to minority-owned, women-owned or disadvantaged businesses



- **Hired more than 300 people** from the city's most distressed communities for targeted positions



- **Spurred a nearly \$5 million increase in goods and services** purchased from local companies.

We've learned a lot and will build on the lessons of our first year to reach our goals in the next two years.

To share updates about what Johns Hopkins Medicine is doing as an organization to support the communities we serve, and to provide opportunities for our own community to become involved, we have launched a quarterly e-newsletter called *Connections*. We also want to hear from our faculty and staff members and from students about their personal experiences and ideas for engaging and strengthening our local communities to help us keep the momentum going. Please share your ideas through this online suggestion box: bit.ly/suggestionox.

Our community initiatives are wholly consistent with our mission at Johns Hopkins Medicine, which is why it's so heartening to see so many of our colleagues use their own personal time to make a difference in the community. There is still a great deal of work to do to ensure that all of our neighbors have equal opportunities. Despite any challenges we face, we remain committed to investing in our neighborhoods and our communities.



To access *Connections*, visit bit.ly/jhmconnections.

Plenty of Heart

Faith-based CPR classes are lifesavers.

EVERY DAY, MORE THAN 500 Americans suffer cardiac arrest in the presence of another person, according to the American Heart Association. But in most of those cases, the victims don't receive cardiopulmonary resuscitation (CPR), and many don't survive.

Adrian Mosley, administrator of The Johns Hopkins Medicine Office of Community Health, runs a program aimed at teaching hands-only CPR to African-Americans in churches throughout Baltimore.

In hands-only CPR, 911 is called when a person is in cardiac arrest, then rapid chest compressions are delivered until help arrives.

The Johns Hopkins program began in 2011 and paid off right away.

"We had someone from one of our first classes do hands-only CPR on a heart attack victim until paramedics arrived," Mosley says. "They rushed the patient to a hospital, and that patient survived."

You Gotta Have Heart, along with Faith and Food and Safe in the Salon, is a faith-based initiative that Mosley administers in her role with the Office of Community Health.

"Reaching people in the city's neighborhoods through their churches is a model that has really worked for us," Mosley says.

In addition to the technical aspects of hands-only CPR, Mosley's course addresses barriers to performing an intervention on a person suffering a heart attack.



"There are a number of reasons why folks might not jump in and help," she says. "Panic, fear of further injuring the person, an aversion to mouth-to-mouth resuscitation. We take on all those topics."

The program goes beyond instructing participants to perform CPR—it also teaches people to teach CPR. Class sizes range from 20 to as many as 90 participants. Since the program's inception, nearly 2,500 people have been trained. Participants are given a take home kit with a training DVD for family members and friends.

"The train-the-trainer model is a way to make this more viral," says Mosley.

—Patrick Smith



Learn about faith and food: bit.ly/faithandfood.

Learn more about hands-only CPR: bit.ly/CPRhandsonly.

Training Bystanders to Save Lives

Stop the Bleed classes empower community members to assist during a trauma.

RECOGNIZING THAT BYSTANDERS ARE usually first on the scene of mass casualty events, Suburban Hospital is offering Stop the Bleed—a free course in bleeding control to help prepare community members who have little or no medical training to take action during the critical first minutes after an injury.

Designed by the American College of Surgeons Committee on Trauma, the national program was launched in 2015 due, in part, to mass shootings such as the one at Sandy Hook Elementary School in Newtown, Connecticut. Autopsies from such events have shown that some victims might have survived if bystanders had been trained in how to stop their bleeding.

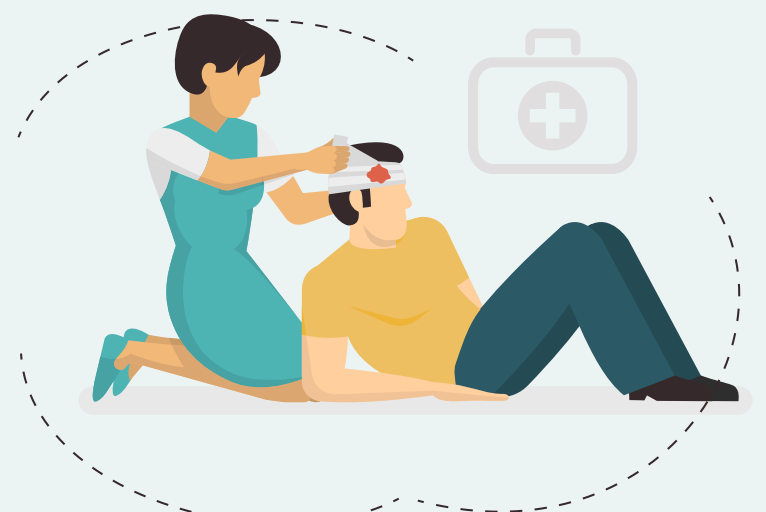
Classes are held once each month at Suburban. So far, about 200 community members have been trained.

During each two-hour Stop the Bleed workshop, trauma team nurses guide participants through proper application of tourniquets and use of gauze packs for wound packing. Medical mannequins and unconventional items, such

as belts, neckties, shirts and other typical household items, are used to demonstrate alternative ways to control bleeding.

"Whenever you listen to the news, it does not take long to realize that everyone should be prepared to deal with severe bleeding and save a life in a split second," says Dany Westerband, medical director of trauma services at Suburban. "Practical knowledge of simple bleeding control techniques applicable before the arrival of emergency personnel has become a must for everyone in our society."

For more information, contact Patricia Rios at prios@jhu.edu.





Principal Zakia Amin and her husband Hassan Amin, imam at Johns Hopkins University and The Johns Hopkins Hospital, look through new book bags—a gift to the Islamic Community School from Medicine for the Greater Good. Internist Panagis Galiatsatos, at left, founded and co-directs the organization.

Johns Hopkins Bayview Initiative Builds Bonds in the Islamic Community

Lay Health Educator Program helps community leaders become health advocates.

ZAKIA AMIN HAS TAUGHT IN THE 40-STUDENT Islamic Community School since 1980 and has been principal since 2004. She notices when a child asks to sit in the front of the classroom because the words on the blackboard have grown blurry. She knows when a grandparent has died or when parents are getting divorced.

She remembers one family, refugees from Iraq, who were so terrified of being separated from each other that the children only went on school field trips if the rest of the family came along.

Amin now has more training to help families like these.

She recently completed a Lay Health Educator Program (LHEP) organized by nursing and medical students from Johns Hopkins University.

LHEP provides health education for community leaders, who then become health advocates for their friends, family members, students and congregants. It's part of Medicine for the Greater Good, a Johns Hopkins Bayview Medical Center-based initiative that builds connections between Johns Hopkins and its surrounding communities.

"The whole purpose is to give you skills and knowledge to help your community," says internist Panagis Galiatsatos, co-founder and co-director of Medicine for the Greater Good. "You know your community better than we do."

In weekly gatherings at the Masjid Al-Ihsan mosque in Baltimore's Gwynn Oak neighborhood, Amin and about a dozen other LHEP participants learned about topics such as how to manage hypertension, get cancer screenings, and recognize signs of mental distress. The sessions were informal, with plenty of questions from participants.

At one meeting, nursing student Katelyn Tracy discussed health care access, touching on insurance

options and offering advice on when to choose an urgent care clinic over a hospital emergency room. Some participants, sitting at cafeteria-style tables in the mosque's community room, asked about finding doctors who respect their use of herbal remedies.

"If you don't trust your doctor, find a new one," said Galiatsatos. "Make sure your voice is heard. If you're offended, you have the wrong doctor."

Galiatsatos said his mother, a native of Greece, believes chamomile tea will cure everything. He respects her views but still recommends antibiotics when appropriate.

"The whole purpose is to give you skills and knowledge to help your community. You know your community better than we do."

—PANAGIS GALIATSATOS, CO-FOUNDER AND CO-DIRECTOR OF MEDICINE FOR THE GREATER GOOD

The bonds between hospital and community continue after the education sessions end. On a rainy August morning, Galiatsatos brings three cardboard boxes carrying 40 nylon book bags to the Islamic Community School on West North Avenue. Each student knapsack had been stuffed by Bayview volunteers with school supplies like crayons and rulers.

Each one also contains a sheet of paper titled Healthy School Year Checklist, with simple advice for kids (exercise, get enough sleep) and adults (get flu shots,

schedule screenings for high blood pressure, diabetes and cancer).

"What better way to get a healthy message across than to tuck it in with some school supplies," Galiatsatos says to Amin, who is getting the school, for grades 1 through 12, ready for the academic year with help from her husband Hassan Amin, the school's counselor.

The Amins plan to bring Galiatsatos and other Hopkins Bayview doctors to some of the school's monthly parent meetings, to talk about topics like vision screening, cancer and mental illness, which Zakia Amin says is often ignored in the Muslim community because it can be "seen by some as a sign of weakness of faith."

In addition to his work with the school, Hassan Amin is the imam at Johns Hopkins University and The Johns Hopkins Hospital, and executive director of the Muslim Social Services Agency, a Baltimore nonprofit he founded in 2003 that serves more than 2,000 people a year, including about 250 refugees.

He and about 10 volunteers with the agency became lay health educators to help refugees secure insurance and medical care. "Many of the refugees are still traumatized by what they've been through," he says. "They come here with little more than the clothes on their backs."

After Galiatsatos leaves, Zakia Amin looks around at the empty desks and the walls decorated with posters and calendars. School would start in a few weeks.

"I think the community outreach is really needed," she says. "It is appreciated. Sometimes people are hesitant to seek medical attention, but when the medical staff of the hospital come to the community, it strengthens trust and builds a bond."

—Karen Nitkin

IN BRIEF

Bermuda Day Festivities Focus on Health

Members of the marketing and communications team at Johns Hopkins Medicine International (JHI), joined by physicians and staff members from Patient Services, participated in the May 24 celebration of Bermuda Day, a holiday on the island. In the spirit of the "sporting heritage" theme of this year's Bermuda Day, the Johns Hopkins group built

a parade float that promoted the idea of many people working together as a team to provide good health care. During the parade, JHI staff members walked along the route, handing out small branded towels with five tips for better health. The effort symbolizes Johns Hopkins Medicine's longstanding commitment to fostering wellness in Bermuda and around the world.



Keeping Kids Healthy and Ready to Learn

A Johns Hopkins pediatrics clinic fights asthma and other conditions at a Baltimore charter school.

JONATHAN, A FOURTH-GRADER AT A KIPP PUBLIC charter school in Northwest Baltimore, empties his impossibly stuffed pants pockets before hoisting himself onto the exam table in the doctor's office.

A Matchbox race car. A robot. Some string. A plastic top.

"That's quite a collection," Katherine Connor, Johns Hopkins Children's Center pediatrician and medical director at KIPP's health clinic, tells Jonathan. "You could just about open a toy store."

The young patient smiles bashfully, but suppresses the laughter that's too often accompanied by fits of coughs and wheezes.

The 1,500-student school is home to one of 16 school-based health centers in the Baltimore City Public Schools system and the only one operated by the Johns Hopkins Children's Center. Although most of the city's 171 public schools have health suites where students can get the basics provided by health aides or nurses, the clinic at KIPP, known as the Rales Health Center, offers comprehensive, in-house medical care. In addition to Connor, the clinic has two nurses, a nurse practitioner, a "family advocate" case worker and a medical assistant.

While the nurses care for as many as 100 children each day, Connor and the clinic's nurse practitioner see a dozen or so students like Jonathan. Dealing with problems ranging from chronic conditions such as asthma and diabetes to scraped knees and bloody noses, the clinic team aims to get kids healthy and focused on learning.

By the looks of a typical morning, students know they're welcome and safe in the clinic. A child waiting for a visit perches herself on a counter next to the office printer, dangling her feet and singing a song. Another clings to nurse Nasreen Bahreman's side, following her from room to room.

"It looks more chaotic than it is," says Bahreman, gently peeling the young girl from her leg.

Jonathan's asthma makes him a frequent visitor to the clinic. He tells Connor he's had trouble breathing for almost a week. The boy barely finishes his explanation before rolling, rumbly coughs double him over. His chest feels tight, he says, and the near-constant coughing hurts his head.



Pediatrician Katherine Connor is medical director at the Rales Health Center, based in a Knowledge is Power Program, or "KIPP," elementary and middle school in Northwest Baltimore.

"What have you been doing to treat your asthma?" Connor asks, gently thumping Jonathan's back with her hand as he recovers from the spell.

"Using my inhaler," he says, catching his breath. "And I'm drinking lots of water, like you said."

Connor tells Jonathan that, in addition to asthma, he shows symptoms of a virus that is making its way around the school. During this visit she's going to try to get his asthma under control. The doctor quizzes the boy on the difference between preventive and emergency medication.

"What is your red inhaler for?" she asks, suspecting that Jonathan hasn't taken his medicine properly.

"The red one is for ... aw, man. I forget."

Connor patiently details a regimen for everyday dosage.

Removing Barriers

This clinic is sponsored by the Ruth and Norman Rales Center for the Integration of Health and Education, a program begun in 2014 at the Johns Hopkins Children's Center through a gift from the Norman R. Rales and Ruth Rales Foundation. The Rales Center seeks to establish a new approach to primary care by providing urban children in poverty with health and psychosocial care as part of their academic learning environment.

The Rales Educational and Health Advancement

of Youth (READY) program is working closely with the school to develop, implement and evaluate a multidisciplinary blueprint for wellness that can be adopted throughout the nation. In addition to running the clinic, the READY team works with parents to strengthen their engagement with the school and helps school administrators and teachers find new ways to promote wellness.

"Rales staff members work hand-in-hand with our teachers, families and community to ensure our students are healthy and ready to learn," says Marsha Reeves, executive director of KIPP Baltimore. "The center's staff is able to address students' chronic and acute health challenges, enabling students to receive compassionate care and stay in class longer, leading to increased attendance rates."

In the past school year, 165 school absences were avoided, according to program leaders.

The READY program builds upon a school model that is already innovative. The first Knowledge Is Power Program—or KIPP—school was established in Houston in 1994. Today, according to the schools' parent foundation, there are 209 KIPP schools across the United States. They are large public charter schools that emphasize college readiness and safe, structured, nurturing learning environments.

KIPP Harmony Academy, for grades K through 4, and KIPP Ujima Village Academy, for grades 5 through



Johns Hopkins All Children's pediatric resident Anna Meyer holds a toddler near the community education booth staffed by fellow residents.

Combating Toxic Stress in St. Petersburg

Johns Hopkins All Children's Hospital leads effort to raise awareness about adverse childhood experiences and their damaging impact.

TOXIC STRESS, A RESPONSE OF THE BODY AND brain to adverse childhood experiences (ACEs), affects millions of children and can dramatically impact their future health, their education and their life span.

Pediatric residents at Johns Hopkins All Children's Hospital (JHACH) in St. Petersburg, Florida, recently helped health care professionals, families and community members learn more about ACEs, toxic stress and resilience through the special program Partnering for Resilience Week, held in collaboration with the American Academy of Pediatrics.

The effort featured presentations by a national expert on toxic stress as well as forums with health professionals, educators and city officials. The All Children's residents also set up a table at St. Petersburg's popular Saturday Morning Market to inform parents in the community about the condition, how to recognize it and where to find help.

"Broadening the education of residents to include an understanding of the role of toxic stress is essential to prepare them as future providers, leaders and advocates for children," says Jonathan Ellen, president, CEO and physician-in-chief at JHACH.

8, share a massive three-story building.

In addition to health services, the clinic staff helps students and their families overcome barriers that can hinder a child's learning.

Wilnett Dawodu is the clinic's family advocate. She performs home visits and helps families connect to resources that can assist with electricity shut-offs, transportation troubles, and even homelessness and abuse.

"A lot of people in the communities we serve are just barely getting by," says Dawodu. "Like anyone, they want what's best for their kids. I love being able to help them clear a path for their children to learn."

The clinic requires standing parental consent to treat children for anything more than basic school-nursing care. Like all pediatric clinics, physician and nurse practitioner visits get billed to patients' insurance whenever possible.

Connor says they have about two-thirds of parents' signatures on file and are continually working to get more. Reasons why parents might balk at using the clinic's services range from concern over insurance copays to worries about medically fragile children, says Connor. "And then, of course, a handful of parents haven't gotten the word that we're here," she says.

Jonathan's mother is one of the parents who has provided consent.

When Connor determines that Jonathan could benefit from a nebulizer treatment to calm his asthma flare-up, she and the staff begin treatment immediately.

Jonathan sits quietly in a chair, his nose and mouth covered by a rubberized mask connected to the nebulizer machine that delivers the vaporized medicine. As the machine rattles next to him, Jonathan now breathes

deeply and easily into the mask, fiddling with the small toys he brought along. Connor calls the boy's mother.

"Jonathan's doing fine," Connor tells her over the telephone. "He came to us with an asthma attack, but we've got him on the nebulizer now."

She explains in detail Jonathan's inhaler medication regimen.

Later, Connor says it can be easy for parents or guardians to mix up medications or to believe a spouse or other household member has taken care of a child's medicine needs.

"Getting ready for work or school, catching buses, making breakfasts—weekday mornings can be confusing," she says. "Many studies have shown that if kids can get their regular meds at school, they're a lot more adherent."

With parental consents on file, dozens of KIPP students have their regular asthma, diabetes and other medicines administered by the clinic staff. A quick stop at the clinic is part of their school-day routine.

Building Family Relationships

The KIPP team's pediatric nurse practitioner Tresa Schumann says getting a child to tell you what's wrong can be difficult.

"But we're embedded in the school and in the school's culture," she says. "You get to know these kids and to know when something's bothering them."

The clinic staff members attend school functions and parent events. Schumann says it's part of making the clinic more than just a room for kids who don't feel well during the school day.

Six-year-old Bradley's mother is patient but looks



Social worker Wilnett Dawodu is the Rales Health Center's family advocate. Many of the families she works with "are barely getting by," she says. "I love helping them clear a path for their children to learn."

Adverse childhood experiences may include physical or emotional neglect; physical, emotional or sexual abuse; divorce or loss of a parent; a household member with mental illness or substance abuse; or domestic violence.

Unlike the temporary stress that may be created by taking a test at school, these experiences can produce long-lasting stress as the body's fight-or-flight response remains activated, flooding the brain and body with stress hormones that can damage organs and change brain processing, behavior and cognitive development. Toxic stress can even alter a cell's DNA structure, changing how a cell reads and sends messages.

Such chronic stress can lead to asthma and lung disease, excess weight or obesity, cardiovascular disease and stroke, behavior and learning problems, diabetes, cancer, depression, suicide and risk-taking behaviors. The risk for suicide increases 1,200 times over the

course of a lifetime for children with four or more ACEs, according to a study in the *American Journal of Preventive Medicine*.

Although children in communities with the highest levels of violence and discrimination are at higher risk, toxic stress is a problem everywhere. Early intervention to reduce adversity and to help caregivers serve as a buffer can make a big difference, however.






During the Partnering for Resilience Week, a group of residents visited a local elementary school to teach fourth grade students how to identify and express their emotions. The clinicians then made sure that teachers were informed of any serious issues.

"The reason toxic stress perpetuates the stress response is because there is no counterbalancing measure," says Zach Spoehr-Labutta, a second year resident who helped lead the outreach program. "When the child does not have a stable, caring adult in their life, it is challenging

READY for School

The Norman R. Rales and Ruth Rales Foundation is dedicated to providing children and families from low-income backgrounds with opportunities to thrive through enhanced education, health and social services. In 2014, the foundation established the Ruth and Norman Rales Center for the Integration of Health and Medicine at the Johns Hopkins Children's Center through a \$5 million, five-year gift to pilot the Rales Educational and Health Advancement of Youth (READY) model at KIPP Baltimore in partnership with the Children's Center.

In its first two years, the program's results include:

-  33,000 school nurse visits
-  2,220 school-based health center visits
-  3,100 screenings (such as body mass index, vision and asthma)
-  200 pairs of eyeglasses
-  130 emergency room visits avoided

CHRIS MYERS

exhausted as her son wriggles on her lap. She has taken time away from her job to meet with Connor about Bradley's attention deficit-hyperactivity disorder. She explains to Connor that, since another physician adjusted Bradley's medication, the boy can't sit still, focus or concentrate.

"How do you feel, Bradley," Connor asks the rail-thin first-grader, "since they changed your medicine?"

"Fidgety," he replies before jumping off his mom's lap and flinging himself against the doctor's office door.

"He's like this all the time," his mother says, quietly.

Being able to visit her kids' school and pediatrician in the same place has been a help, says Bradley's mother, whose daughter graduated from KIPP a year ago.

"This school has been so good for my kids," she says. "My son gets what he needs here. Dr. Connor has really helped him."

Connor, Bradley and Bradley's mother decide together that the boy would benefit from returning to his original prescription. Bradley says he looks forward to feeling better.

"The medicine helps," he says.

—Patrick Smith

for them to develop good coping skills, and thus there is nothing turning the stress 'off.'"

Residents at All Children's will continue to educate members of the community about toxic stress with help from St. Petersburg's City Council, which has pledged \$30,000 toward their efforts, according to Spoehr-Labutta. Additionally, the young physicians are distributing an ACE evaluation form to parents and caregivers who bring children to the general pediatric and adolescent medicine clinic at All Children's. They hope this pilot program will help identify and address problems early on.

"The goal is for residents to screen for these events just as they might for high blood pressure, anemia, lead exposure and developmental problems," Spoehr-Labutta says.

—Linell Smith

Ellen Arky contributed to this article

Practicing Culinary Medicine

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Awa Sanneh, a third-year medical student at The Johns Hopkins University School of Medicine, is helping to prepare meals as well as conduct surveys about the value of JHCP's healthy cooking program.



Andrew Karasick, left, a Johns Hopkins resident in preventive medicine, strains pasta with Daylon Taylor. The 19-year-old community resident, who hopes to become a chef, looks forward to the weekly dinners with JHCP. "I like cooking with a group of people," he says. "Everyone gets to learn something new."

"This has been a poor-diet kind of place with plenty of illness attributable to that fact," says Bassett-Jellema. "What we asked for was to help us eat better. Although it takes a long time to change an eating habit, people are now starting to see that they can have an appetite for something healthy."

Kale is growing in the church garden. Quinoa and tofu are no longer foreign words. Mac and cheese faces competition from baked zucchini. On the program surveys that JHCP conducts regularly, community dinner participants say they now cook at home more often and use ingredients they learned about at "Thursday Cooking with the Docs."

In 2016, Kumra received a \$10,000 grant to start

the program from The Brancati Center for the Advancement of Community Care at Johns Hopkins. At first, she engaged a chef to teach healthy cooking classes. Now she and her colleagues have taken up the role of persuading roughly 20 regular participants to incorporate more nutritious ingredients into their customary diets.

"Some of the people who are most engaged are teenagers, and it's really phenomenal," Kumra says. "They're not only enjoying problem-solving by figuring out what to do with the different ingredients we have each week, but they're also leading the cooking classes. The elementary school kids follow along. If we can change habits early in life, it will have an incredible

impact."

Bassett-Jellema says that the healthy cooking program is also bridging the gulf between those sections of Remington that are being transformed by stylish apartments and businesses and those that remain mired in low income and high unemployment. She notes that every week, JHCP staff members engage with church members who struggle with mental illness and behavioral problems—the folks who are "sometimes difficult to care for in our society."

"What I'm loving about this program is that we're making a community together," she says. "It's not like them and us, it's all us."

—Linell Smith

With Songs and Games, Sibley Memorial Hospital Eases the Burdens of Memory Loss

Club Memory expands throughout Washington, D.C.

IN 2011, MARTI BAILEY LAUNCHED Club Memory, a support program for people with memory issues and their caregivers. It quickly grew to about 60 participants. Some traveled more than an hour to the sunny and spacious Metropolitan Memorial United Methodist Church for the only program of its kind in the Washington, D.C., region.

Then Bailey, director of community health at Sibley Memorial Hospital, learned that African-Americans, though twice as likely as Caucasians to develop late-onset Alzheimer's, had poor access to support services in Washington, D.C. "We had an opportunity to help," she says.

Since 2014, she has expanded the Sibley-based program from one location to seven, serving more than 540 people in all eight D.C. wards. Three locations also have support groups for caregivers.

To turn opportunity into reality, Bailey won federal grants, with support from the district's Office on Aging, to hire two community dementia program managers: Sharon Sellers and Shruti Goel. The Sibley Memorial Hospital Foundation also helped fund social worker Mizuki Kojima, a position required for matching the federal grant.

Bailey also asked for and secured the services of two more social workers, with funding from the Office on Aging.

The social workers help people with the greatest needs and the fewest resources connect to services such as home visits for safety adaptations like shower handrails.

Few experiences are more isolating and terrifying than descending into dementia, both for the person affected and for loved ones. The two-hour Club Memory gatherings provide a respite from the loneliness and agony of memory loss.

The original church site is large enough for six or seven tables, each with its own activity such as a puzzle, art project, trivia game, songs or conversation. Members select what they want to do.

Sessions in the newer, smaller locations are a little different. They attract as many as 35 participants at a time, including some who don't have dementia but want information about the disease. Caregivers typically drop off Club Memory participants, instead of staying as they do at the church, because they can't afford to take time off work.

These sessions in the district-run senior wellness centers, which are free of charge, start with guided meditation, and include practical information and question-and-answer sessions. Then comes the fun—playing Name That Tune, dancing to music from the 1950s and 60s, singing along to Christmas carols, and competing in games like checkers and Scrabble.

"Sometimes we are standing

room only," says Sellers, who shares responsibility for creating and leading the programs with Goel and Kojima. "My challenge is to develop a program that's reaching everyone."

Sellers continually invents new ways to engage people. "I choose someone from history to talk about," she says. "One time I chose Maya Angelou. I don't challenge them to memorize, but we as a class read several of her poems." Participants leave with "homework packets" of adult coloring books, word games and Sudoku.

Evening support groups for caregivers are offered at the Shiloh Baptist Church and Anacostia Library. At those meetings, program leaders answer questions, offer coping tips and remind caregivers to make time for themselves.

Sellers says she tells participants that response times slow as the disease progresses. She suggests they ask their loved ones one question at a time, framed to allow a yes or no answer. The question may have to be repeated, she says.

There's heartache, but also levity. At one recent meeting, Sellers says, "I suggested that the caregivers try to avoid arguing with their loved ones."

She pauses. "We all had a good laugh about that."

—Karen Nitkin



Doris Barlow, 93, puts her best foot forward with dance instructor Victor Golkov of All2Dance during a Club Memory meeting at the Metropolitan Memorial United Methodist Church. The clubs, in seven locations throughout Washington, D.C., provide activities, resources and companionship for people with memory loss and their loved ones.

Facing High Drug Prices, Many Patients Turn to Medication Access Team

Johns Hopkins pharmacy team works to help patients afford prescriptions.

THE GOOD NEWS IS THERE'S A MEDICATION that can help treat your newly diagnosed serious illness.

The bad news is it's so expensive that you can't buy it.

"That's not a situation anyone should face," says Lori Dowdy, manager of the Medication Access Team, run by the Johns Hopkins Department of Pharmacy and Johns Hopkins Home Care Group. Dowdy and her team work hard to make sure patients at The Johns Hopkins Hospital get the medicine they're prescribed, even if their wallets are empty.

The Medication Access Team serves patients who are underinsured or have no insurance at all. According to the Centers for Disease Control and Prevention, in September 2016, 28 million Americans were uninsured, and millions more had insurance premiums, copays and deductibles they couldn't afford.

The Medication Access Team was established in 2002. Since then, both the number of clinics and the number of patients the team serves have exploded.

"Oncology was the initial clinic our team supported with just one employee to assist with prior authorization and patient assistance," says Dowdy. "Since then, as more clinics learned about this unique service, we have grown tremendously."

Last year, the Medication Access Team helped nearly 2,100 patients across 45 clinics at The Johns Hopkins



Hospital. As health care costs continue to rise, many people, whether insured or not, are unable to pay for the medicines prescribed by their doctors.

"Yesterday, we had a patient diagnosed with breast cancer," says Dowdy. "Her insurance company told her that the out-of-pocket costs for treatment would be \$12,000. A lot of our patients don't have access to that kind of money."

Dowdy and her team know the ins and outs of philanthropy, government grants and other medication access resources. They mine those sources every day to see what's available for patients at Johns Hopkins who are unable to afford expensive medications. They found multiple sources to help the patient with breast cancer cover the exorbitant copay.

To get help from the Medication Access Team, patients have to apply for whatever medical benefits to which they might be entitled, as well as prove a certain level of income hardship.

"We see a lot of patients who are struggling to make ends meet," Dowdy says. "But we're also seeing growing numbers of working families who just don't make enough money to cover some of these incredibly expensive medications."

In addition to specialty medications to treat diseases such as cancer and hepatitis C, the Medication Access Team helps Johns Hopkins transplant patients and those with common chronic conditions such as diabetes and hypertension. The team works closely with the hospital's interdisciplinary teams to find solutions.

"We're all focused on the same thing," Dowdy says. "We're all doing our best to help our patients concentrate on getting better and not worry about how they're going to pay for their treatment."

—Patrick Smith

Turning a Safe House into a Home

Howard County General Hospital volunteers fix up properties for people fleeing dangerous pasts.

ALITTLE MULCH AND PAINT can make a big difference to people living in the safe house operated by HopeWorks, the Howard County nonprofit for victims of sexual and domestic abuse.

That's why Howard County General Hospital volunteers devote a day each year to repairing and renovating the shelter.

"It provides a dignified environment," says Paula Del Pozo, assistant residential director for HopeWorks, established in 1978 as Citizens Against Spousal Abuse. "It's about safety, but it's also about providing a home."

Among its support and advocacy services, HopeWorks provides a safe house to people assessed as being in immediate danger, as well as transitional housing for clients who are not yet ready to live independently.

The properties are rented for a nominal fee from Howard County Recreation and Parks, and some are in better shape than others. Hospital volunteers spruce them up for free, saving the nonprofit thousands of dollars a year, says Del Pozo.

The hospital began the annual service day in 2015 as part of Johns Hopkins Medicine's United Way campaign, says Karen Sterner, special events coordinator for Howard County General Hospital.

That year, about 15 hospital employees worked on the safe house, mostly weeding, mulching and planting mums.

In 2016, the group grew to about 30 volunteers, including hospital president Steven Snelgrove and members of the facilities staff. They brought tools and supplies and spent the day painting, power-washing and repairing. They



Howard County General Hospital President Steven Snelgrove repairs a backyard playset in 2016 with fellow hospital volunteers Amina Burtney, women's health service line administrator, and, behind her, Eileen Harrity, director of ancillary services.

also stocked a basement playroom with bicycles, books and games that had been collected through a toy drive in the hospital lobby, says Sterner.

The 2017 volunteer day, held September 20, included landscaping, painting, power-washing, carpet-cleaning and garage organization of the safe house, plus junk removal in one transition house.

Bedrooms in the safe house have bunk beds, and HopeWorks tries to give each family its own room when possible. But the five-bedroom residence can be crowded and tense as 16 people share common spaces, contend with the traumas of their pasts and wonder about their futures.

On the Howard County General Hospital volunteer day, the residents

leave—partly so they're not recognized and partly so they're not inconvenienced by the work. They return to a better, brighter home, with more space for children to play.

"It's important to us to keep the houses in the best condition we can," says Del Pozo. "Clients say they feel like they are in a home."

—Karen Nitkin

Video Series Spotlights Employee Volunteers

#TimeForBaltimore

Several mornings a week, Abby Ferretti joins other runners for multi-mile loops through still-dark Baltimore streets. An art director in the Marketing and Communications Department of Johns Hopkins Medicine, Ferretti volunteers with Back on My Feet, a national non-profit that organizes running groups to help homeless people improve health and achieve goals.

See more #Time4Baltimore stories at hopkinsmedicine.org/dome.



BRADY ANDERSON

Moments of Outreach



CONFRONTING ISSUES TOGETHER: Above, Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, greets Naomi Bennett, a member of the St. Wenceslaus Catholic Church, during a June meeting to discuss East Baltimore's struggles and how Johns Hopkins can help.

INSTILLING A LOVE OF LEARNING: Below, Johns Hopkins HealthCare (JHHC) marketing specialist Sandra Sharpe tutors children at the O'Malley Boys and Girls Club in the Brooklyn neighborhood of Baltimore. Sharpe and several dozen of her colleagues volunteer regularly at the club, which serves at-risk children and teens in South Baltimore. The JHHC volunteers provide tutoring and mentoring to club members and help them with homework.



Dome

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IN BRIEF

United We Fight. United We Win.

From Oct. 26 through Dec. 22, Johns Hopkins Medicine employees and the United Way are teaming up to fight for the education, financial stability and health of everyone in our communities through the annual Johns Hopkins Medicine United Way campaign. Join your colleagues as part of #TeamHopkins to make this year's campaign a success.

Visit hopkinsmedicine.org/unitedway to make your contribution, starting Oct. 26. You can choose where your dollars go, such as a specific United Way program supporting your county or community, or a nonprofit of your choice.



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