



DIVERSITY& INCLUSION 2020

INTRODUCTION

- Johns Hopkins Medicine defines diversity as all the ways that human beings are similar and different. In our Diversity/Inclusion 2020 we strive to create an inclusive environment for ALL employees, patients and community. There are, however, real gaps that exist and require us to focus on particular dimensions of diversity in order to eliminate the gaps and create an inclusive environment for all.
- The Johns Hopkins Medicine Diversity & Inclusion 2020 Vision should be seen as complimentary to the existing JHU 2020 focused on women.

DIVERSITY& INCLUSION 2020

OVERALL GOAL

By 2020, Johns Hopkins Medicine will be recognized by its peer institutions, patients and community as the leading model for diversity and inclusion.

Rationale

Diversity and inclusion are integral parts of our institutional mission. In order to maintain our leadership position in medicine we must create a diverse and inclusive environment where all our patients, trainees and colleagues feel welcomed and can flourish in order to provide culturally relevant care to an increasingly diverse world.

SPECIFIC GOALS

Patient and Community

Address barriers to access and disparities in quality of care and outcomes at Johns Hopkins Medicine.

Rationale

There is extensive research that shows there are barriers to access and disparities in care and outcomes for different groups. As the leader in academic medicine we can not allow this to remain, however we must first start with our own institution. This is a task that involves not just our hospitals but our world and while we do not pretend that this is an easy task we will do our best to eliminate barriers and disparities wherever we may find them.

Suggested Measures

- Additional perceptual questions added to patient satisfaction survey
- Analysis of patient satisfaction survey via demographics and insurance status
- Track gaps in medical outcomes
- Track differences in referrals to specialty programs based on demographics and insurance status
- External survey of the accessibility of Johns Hopkins Medicine's services to the East Baltimore community

75% of our community residents will view Johns Hopkins Medicine as a trusted partner.

Rationale

Johns Hopkins Medicine wants to be trusted by its surrounding community and believes in their responsibility as a partner to its residents.

Suggested Measures

Community perceptual survey, include additional questions about access to care

Workplace

90% of each employee segment view Johns Hopkins Medicine's culture as a diverse and inclusive workplace.

Rationale

The first diversity culture assessment conducted in 2006 indicated gaps in the perceived inclusiveness of Johns Hopkins Medicine's culture among different segments (both demographic segments and organizational levels). The goal is to close these gaps and a 90 percent goal is considered an effective diversity practice level.

Suggested Measures

Bi-Annual Diversity Culture Assessment

90% of employees perceive Johns Hopkins Medicine leaders and employees across the organization as culturally competent--possessing the knowledge, attitudes and skills to understand and respond effectively to the needs of diverse patients, trainees and colleagues.

Rationale

As an institution we are required to meet standards set by our accrediting bodies. Moreover, our commitment to our patients and each other requires no less than one hundred percent commitment and compliance. If we cannot respond effectively to the needs of patients, trainees and colleagues we cannot deliver the level of care that we are known for.

Suggested Measures

Bi-Annual Diversity Culture Assessment with added cultural competency questions
Employee Engagement Survey with added cultural competency questions

Talent Pipeline

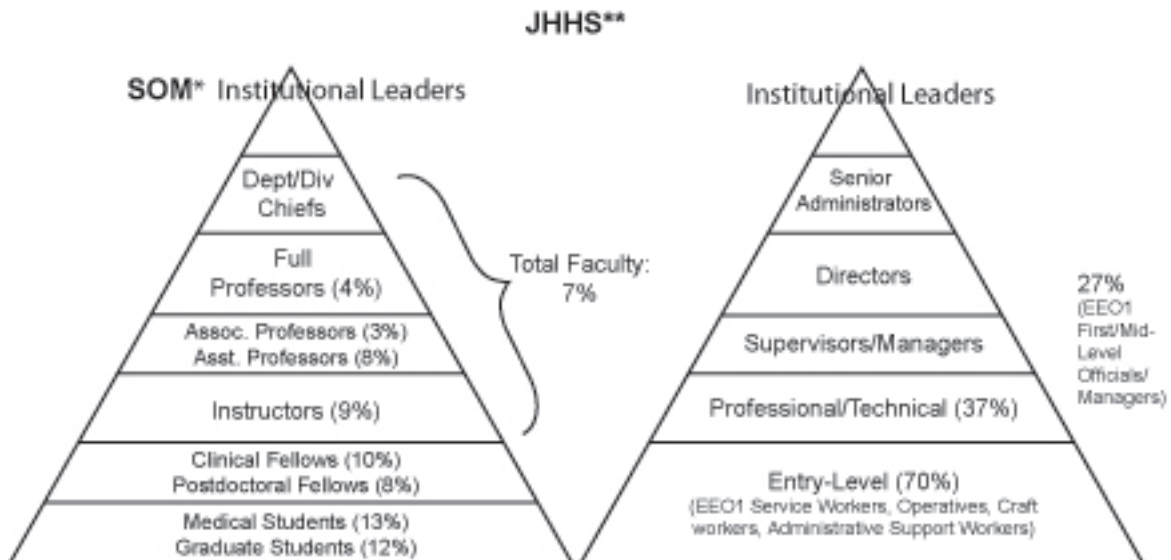
All levels of both medical and non-medical personnel will be representative of the talent pool.

20% of Johns Hopkins Medicine's top 100 Medical and Administrative leaders will be underrepresented minorities.

20% of the next 200 of Johns Hopkins Medicine's Medical and Administrative leaders will be underrepresented minorities.

Rationale

Using current numbers which are shown graphically below, we see a feeder pool at the School of Medicine at the entry-level of about 13%. At mid-levels this percentage drops by half and then by half again at the senior levels. In 12 years, we can expect that entry pool to be at a career stage to assume leadership roles. By setting 20% of the Top 100 and 20% of the next 200 as goals we are ambitiously stating that not only will we increase the entry-level pool but also that we will retain and attract a higher percentage of the available underrepresented minority talent pool as it relates to faculty and medical professionals. On the Administrative side, our entry and mid-level pools are more robust, we believe we have a strong opportunity to develop from within and are requiring those in current leadership roles to drive this.



*Percentage of URM as defined by AAMC

**Percentage of African American, Latino, Asian, Native Americans. Overall Percentages African American 42.5%; Latino .91%; Asian 5%; Native American 2.3%)

Suggested Measures

- Demographic data (EEOC and other) for representation
- Leading indicators
 - Recruitment
 - New Hires
 - Turnover
 - Promotion