

DIVERSITY & INCLUSION:

BE OPEN.
EMBRACE AND
VALUE DIFFERENT
BACKGROUNDS,
OPINIONS AND
EXPERIENCES.

JOHNS HOPKINS MEDICINE
OFFICE OF DIVERSITY AND INCLUSION

ANNUAL REPORT 2015



To the Johns Hopkins Medicine community:

It is with great enthusiasm that we join James Page, the vice president of diversity and inclusion and chief diversity officer for Johns Hopkins Medicine, to present this 2015 annual report on diversity at Johns Hopkins Medicine.

Over the last few years, we have taken deliberate steps to promote diversity and inclusion in our organization. In our Strategic Plan, we say that we must “create a culture where diversity, inclusion, civility, collegiality and professionalism are championed, valued and exhibited.” This mandate also appears in our statement of core values: “Diversity & Inclusion: Be open. Embrace and value different backgrounds, opinions and experiences.”

Diversity is not an obligation but an asset. We must draw on difference if we want to execute our mission to improve health in Baltimore and beyond. Consequently, we have outlined specific, measurable tactics for achieving our goals around diversity and for holding ourselves accountable. For example, we now employ mandatory formal search committees for every leadership position in our health system and require committee members to complete unconscious bias training. We also vastly expanded our internship programs for young people from low socioeconomic backgrounds while launching a new initiative to make sure we are hiring locally in Baltimore City.

Furthermore, it is our responsibility to do what we can to reduce health inequities in our communities and ensure that everyone, regardless of background, receives the same high-quality care. Equal treatment for all is one of the values on which this institution was founded. In an 1873 letter from Mr. Johns Hopkins to Johns Hopkins Hospital trustees, he wrote that the hospital must care for “the indigent sick of this city and its environs, without regard to sex, age, or color, who may require surgical or medical treatment.” It is critical that we develop cultural competencies in our workforce and partner with trusted community organizations to address the troubling health disparities that exist along racial and socioeconomic lines.

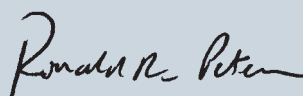
The work of creating a more diverse and inclusive culture falls to everyone in Johns Hopkins Medicine.

We welcome your suggestions and comments on these issues, and we encourage you to reach out to us.

Sincerely,



Paul B. Rothman, M.D.
Dean of the Medical Faculty
CEO, Johns Hopkins Medicine



Ronald R. Peterson
President
The Johns Hopkins Hospital and Health System
EVP, Johns Hopkins Medicine

Contents

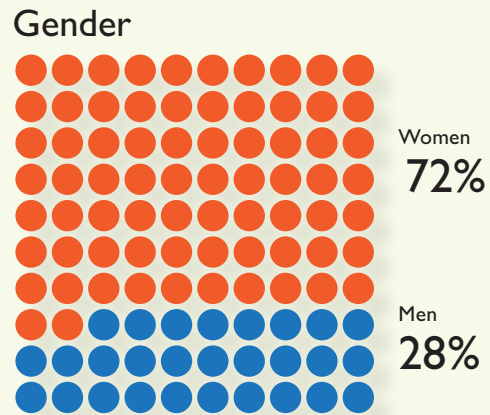
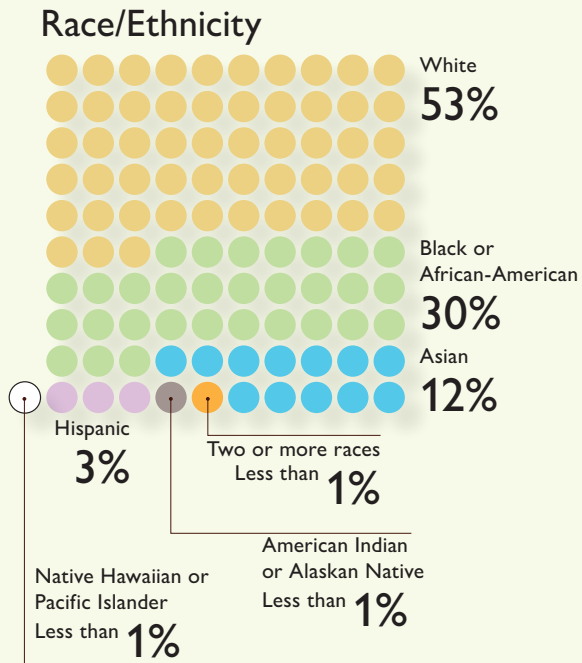
Letter from James Page Jr.	4
Employees	6
Patients	12
Research	20
Community	28
Economic Opportunity	36
Contacts	42



Paul B. Rothman and Ronald R. Peterson

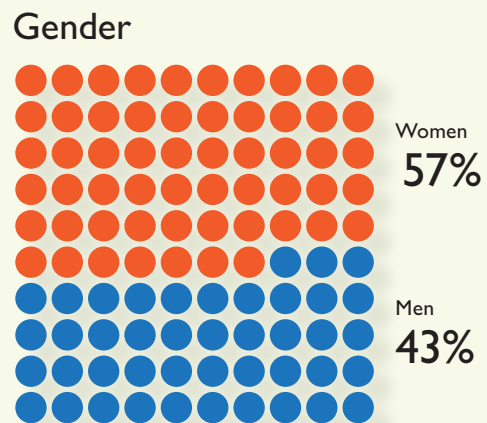
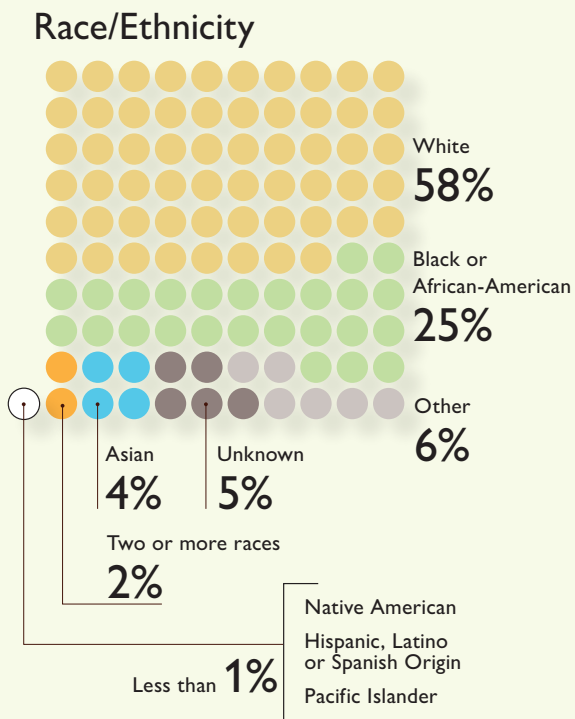
Employees

Johns Hopkins Medicine (All Entities)



Patients

January–October 2015



by the numbers

JANUARY 2016

To the Johns Hopkins Medicine community:

As the vice president of diversity and inclusion and chief diversity officer for Johns Hopkins Medicine, I am proud to present the inaugural issue of the Johns Hopkins Medicine Diversity Annual Report, which will highlight many of Johns Hopkins Medicine's noteworthy accomplishments from 2015. • Without question, 2015 has been eventful for Johns Hopkins Medicine and our surrounding community, and the events of the year make this report timelier than ever.

In the aftermath of Freddie Gray's death last April and the subsequent uprising within the Baltimore community, leaders within Johns Hopkins Medicine—including Paul B. Rothman, Ronald R. Peterson, Landon King and me—and across Baltimore engaged in intense dialogue, with the goal of collaborating to create more opportunities for Baltimore's residents. We also met with faculty, staff, students and trainees

across the institution to collect and understand their critiques, feedback and ideas about the steps Johns Hopkins can take to be more inclusive.

In this report, you will read about some of the initiatives we have undertaken here at Johns Hopkins Medicine to improve the lives of patients, employees, students and community members at all of our entities. This report will provide a snapshot of the great

diversity efforts of your colleagues and peers—from Baltimore to Washington, D.C., to Florida—as well as a look into the future of diversity leadership and initiatives at Johns Hopkins Medicine.

Fortunately, we have not had to start from scratch, since Johns Hopkins has had a strong commitment to diversity and inclusion from its start. In many cases, we have been able to build upon existing strengths: our people



James Page Jr.

♂

THE 2015 JOHNS HOPKINS MEDICINE DIVERSITY ANNUAL REPORT
HONORS THE MEMORY OF DR. LEVI WATKINS JR., PIONEERING CARDIAC
SURGEON AND CIVIL RIGHTS ADVOCATE, WHO DIED IN APRIL 2015.

♂

and the programs that are rooted in an unwavering commitment to diversity and inclusion.

Diversity and inclusion are not just about color and race. They are about gender equity, LGBTQ rights and much more. When she committed funds to the opening of the Johns Hopkins University School of Medicine in 1890, Mary Elizabeth Garrett insisted that “men and women be admitted to the school and enjoy all its advantages on the same terms.” Today we are working toward ensuring that everyone enjoys Johns Hopkins’ advantages, regardless of race, gender, religion, sexual identity or orientation.

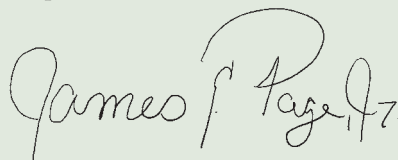
In 2015, we also saw the untimely passing of Dr. Levi Watkins Jr., who died in April, just a few months after hosting the Johns Hopkins Martin Luther King Jr. Commemoration in January. Dr. Watkins, a pioneer in both cardiac surgery and civil rights, is best known for implanting the first automatic heart defibrillator in a patient, recruiting minority students to the school of medicine and founding the aforementioned

annual commemoration.

Dr. Watkins often spoke of his unyielding belief in the potential for Johns Hopkins Medicine to serve as a world leader that leverages all diversity in our people and creates an extraordinary impact through patient care, research and teaching. Given Dr. Watkins’ deep and abiding commitment and achievement in fostering diversity and inclusion at Johns Hopkins Medicine, it seems only fitting to dedicate this report in his honor.

On behalf of the Johns Hopkins Medicine Office of Diversity and Inclusion, I thank you for your commitment to diversity, inclusion and cultural competency. I hope you not only enjoy the inaugural Diversity Annual Report—but more importantly, that you use the information found here as a catalyst for diversity, inclusion and cultural competency.

Respectfully yours,



James Page Jr., M.B.A.
Vice President of Diversity and Inclusion
Chief Diversity Officer
Johns Hopkins Medicine



Levi Watkins Jr.

employees

Managing Cancer at Work

Receiving a cancer diagnosis can be devastating. In the aftermath, many employees want—and need—to continue working.

But combining work and cancer treatment often raises troubling concerns: How much information do I need to disclose? What if I get side effects at work? Can I afford a long absence if the treatment doesn't go well?

Now, thanks to a new Web-based resource, Johns Hopkins Medicine employees can find ways to tell supervisors and colleagues about their diagnosis, as well as information on how to manage specific cancer treatments with help from a cancer nurse navigator, free of charge. Managing Cancer at Work (<http://managingcanceratwork.com>) is also a valuable resource for employees who are caregivers of cancer patients.

At the same time, the program supports Johns Hopkins managers, who can log on to the site through a separate portal. There, they'll find ways to help them understand what to expect and how to respond appropriately upon learning that a staff member has cancer.

Two years in the making, the program includes hundreds of links to information about the most common cancers and their treatments. Johns Hopkins-commissioned videos offer real-life stories and role-playing features on such topics as how to break the news of a diagnosis to a supervisor. There is also information on cancer prevention and the early signs of disease.

"Knowledge is power," says **Terry Langbaum**, chief administrative officer of the Johns Hopkins Kimmel Cancer Center, who developed the program with **Lillie Shockney**, administrative director of the Johns Hopkins Breast Center.

"To be able to read about your tumor, your treatment and the impact both might have on your ability to work—as well as on your family, finances and family medical leave—can go a long way to keep employees, and their supervisors, from feeling overwhelmed," Langbaum says.



Terry Langbaum, left, chief administrative officer of the Johns Hopkins Kimmel Cancer Center, and Lillie Shockney, administrative director of the Johns Hopkins Breast Center, led development of Managing Cancer at Work, a Web-based resource.

REACHing for Advancement

Melissa Abdelkarem began working at The Johns Hopkins Hospital in 2002 as an anesthesia technician. But she dreamed of one day becoming a nurse. “All the women in my family are nurses,” she says. That opportunity came in 2011, thanks to **Project REACH** (Resources and Education for the Advancement of Careers at Hopkins).

With her manager’s encouragement, Abdelkarem applied for—and was accepted into—a registered nurse training support program offered through Project REACH. She worked two 12-hour days a week and spent the other days taking courses and completing clinical rotations to become an R.N. Abdelkarem earned her degree in May 2012, passed her board exams two months later and began work soon after as a nurse in the medical-surgical unit at The Johns Hopkins Hospital.

“I feel very grateful that Hopkins has this program and that I was lucky enough to be a part of it,” Abdelkarem says today.

Originally launched by the U.S. Department of Labor, Project REACH is now funded entirely through the health system. To date, it has helped more than 2,200 employees through assessments, job coaching and job training at all of the Johns Hopkins Health System entities.

“We help change people’s lives by providing skills training, giving employees a leg up in their careers and helping them earn more money to support their families,” says **Yariela Kerr-Donovan**, director of Project REACH/community education programs. Employees can train to become pharmacy technicians, respiratory therapists and medical technologists, among other specialized jobs.



“WE HELP CHANGE PEOPLE’S LIVES BY PROVIDING **SKILLS TRAINING**, GIVING EMPLOYEES **A LEG UP IN THEIR CAREERS** AND HELPING THEM **EARN MORE MONEY** TO SUPPORT THEIR FAMILIES.”

—**YARIELA KERR-DONOVAN**
PROJECT REACH/CEP DIRECTOR

PROJECT REACH BY THE NUMBERS

1,808

Number of Johns Hopkins Hospital and Health System employees who have sought career coaching or benefited from the program since its launch in 2004

404

Number of health system enrollees for the 2014 and 2015 fiscal years

25

Number of different training programs since 2004

THE JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE REACHED A MILESTONE IN 2015: **THE NUMBER OF WOMEN FULL PROFESSORS SURPASSED THE 200 MARK.**

A Commitment to Gender Equity

The **Johns Hopkins University School of Medicine** reached a milestone in 2015: The number of women full professors surpassed the 200 mark. “This puts us out front among our peer institutions,” says **Janice Clements**, vice dean for faculty and professor of molecular and comparative pathobiology. “We have been able to offer support to women earlier in their careers to keep them on track toward full professorship rather than having them leave.”

The first woman to attain a full professorship at the school of medicine was Florence Sabin, in 1917. Eighty-six years later, in 2003, the school promoted its 100th woman to that rank—Judith Karp, now professor emerita of oncology.

That it took only 12 years to go from 100 women professors to 200, says **Barbara Fivush**, associate dean of women in science and medicine, is a testament to the institution’s commitment to gender equity. “We view this as a huge shared accomplishment,” she says. “So many of our earlier women professors have paved the way for other women to achieve this rank and honor.”



Janice Clements



TOWN MEETINGS

At Town Meetings held across Johns Hopkins Medicine’s entities, Johns Hopkins employees get the chance to hear from top leaders and share their concerns and feedback. The Town Meetings held in July, hosted at **Suburban Hospital** and **Sibley Memorial Hospital**, focused on the people priority of Johns Hopkins Medicine’s Strategic Plan. To hear what participating panelists had to say about health and wellness, recognizing employee excellence, and how Johns Hopkins Medicine develops, engages and recruits employees, view www.hopkinsmedicine.org/diversity/video.

Easing the Financial Strain of College

Each day, in her role as a benefits specialist for The Johns Hopkins University, **Leeanne Boyd** processes dozens of applications from employees who are tapping into the university's tuition grant benefit. For each eligible employee, the plan pays for 50 percent of each dependent child's full-time undergraduate tuition and eligible fees, up to a maximum of one-half of The Johns Hopkins University's freshman undergraduate tuition.

A few years ago, Boyd herself began using the benefit. "I was really excited because my oldest daughter started college—and after all the good work I'd done helping other people, it was my time," she says.

Boyd's daughter, Lesleigh Boyd-Davis, is now in her final year at Coppin State University, where she is completing studies in criminal justice.

"I've been so grateful to give my daughter the opportunity to go to college," says Boyd. "It's removed a lot of financial stress for us. And it's meant that Lesleigh hasn't had to take out additional loans, as the benefit has reduced the amount of debt she would have when she graduates."

employees

IN 2015, APPROXIMATELY
**1,500 UNIVERSITY
EMPLOYEES** UTILIZED
THE EMPLOYEE
TUITION BENEFIT.



Higgins at the Helm

"Opening the door for underrepresented minorities is necessary and one of my academic passions. I was fortunate to have many people create opportunities for me, including my family and many supporters.

"Historically, academic environments have not been as inclusive as they could be of underrepresented minorities, particularly in surgery. I think it is part of what we need to do here. It certainly will make a difference in all of our lives."

—**Robert Higgins**, who became the new surgeon-in-chief of The Johns Hopkins Hospital on July 1. A renowned heart-lung transplant expert, Higgins has been a leader in many professional and surgical societies. He is a past president of the Society of Black Academic Surgeons. At Johns Hopkins, he serves as the William Stewart Halsted Professor of Surgery and director of the Department of Surgery at the school of medicine.

Casting a Wider Net

In her role as associate dean for diversity and cultural competence at Johns Hopkins Medicine, **Chiquita Collins** is actively involved in efforts to increase the number of women and underrepresented minorities who are hired to fill faculty and senior leadership positions.

Her work starts with the faculty search. Traditionally that process has involved placing ads and tapping into informal networks for references and referrals.

“When dealing with women and underrepresented minorities, we have to go beyond that,” says Collins, who has served on 15 search committees, involving executive leadership, faculty and trainee positions, in recent months. To cast a wider net in recruitment, Collins places phone calls to promising candidates from underrepresented groups, emphasizing Johns Hopkins’ commitment to diversity and inclusion and urging them to apply.

“They are often shocked to have Hopkins call them,” she says. “My message is: ‘Yes, we want you. Your talent and expertise would be an excellent fit.’”

Faculty search committees at Johns Hopkins Medicine now strive to ensure that women and underrepresented minorities (black/African-American, Hispanic/Latino, Native American, Native Hawaiian/other Pacific Islander) each make up 25 percent of the candidate pool. “Given that as a goal, we’re very conscientious about saying, ‘Go back to the table until we get more diverse candidates,’” Collins says.

She also provides unconscious bias training to search committee members and to departments across Johns Hopkins Medicine. The goal: to help people identify—and move beyond—any unconscious biases they might hold.

“Even people who have the most egalitarian viewpoints have biases,” she says. “It’s important to be aware of our own biases and to be vigilant about reducing them. Increasing our exposure to marginalized or underrepresented groups can also help reduce bias—thereby removing ourselves from our comfort zone. For those of us who are tasked with hiring and promotion, it becomes especially important that we don’t allow stereotypes or microaggressions to influence our decisions.”



Chiquita Collins

Councils’ Diversity Efforts Honored

For the fifth straight year, the **Johns Hopkins Bayview Medical Center Diversity Council** was named one of the top 25 diversity councils by the Association of Employee Resource Groups and Diversity Councils. The group maintained its standing at eighth in the country. Among the council’s accomplishments were a community diversity session to address health needs of the local Bhutanese/Nepali community and a civility and respect awareness campaign.

patients

A Sign of Things to Come

Kyle DeCarlo-Gahagan, a Johns Hopkins master's of public policy student who was born deaf, knows that many in the deaf community face barriers when accessing health care. Recent studies have found that those who have been deaf since early childhood often have low health literacy and are less likely to see a physician than hearing adults. Those who do seek medical care often feel dissatisfied with their communication with providers.

Committed to improving this situation, DeCarlo-Gahagan—along with **Allysa Dittmar**, a master's of health sciences student, and **Aaron Hsu**, a clinical research assistant at the Johns Hopkins Medicine Learning Lab—has launched the **Deaf Health Initiative (DHI) to help medical providers better communicate with and provide quality care to the deaf patient population.** One of the initiative's first efforts is the Deaf Awareness Clinic (DAC), a role-playing experiment that aims to address communication challenges between providers and deaf patients. Adapted and expanded from Deaf Strong Hospital, a program at the University of Rochester Medical Center, and funded by a Diversity Innovation Grant from the Johns Hopkins Diversity Leadership Council, the clinic was planned to

launch at Johns Hopkins in the fall. Participating medical students sit in a mock primary care office, where they are given a copy of the American Sign Language alphabet and a list of symptoms they must communicate, either through signs, gestures or writing, to their provider, a volunteer from the deaf community. The medical students also conduct mock physical examinations on the deaf volunteers.

“DHI is trying to get the cultural awareness of [this population] embedded in medical school curriculum,” says DeCarlo-Gahagan. “We want to use DAC as a platform to expose the numerous barriers that are unique to the deaf community when seeking medical care so that aspiring physicians have the knowledge they need when in the future they interact with deaf patients.”



Kyle DeCarlo-Gahagan is pushing to improve health access for deaf patients.

“DHI IS TRYING TO GET THE CULTURAL AWARENESS OF [THIS POPULATION] **EMBEDDED IN MEDICAL SCHOOL CURRICULUM.**”

KYLE DECARLO-GAHAGAN



Joseph Heng, who studied biomedical engineering as an undergraduate at Johns Hopkins, recently became the first congenitally, profoundly deaf resident in internal medicine at The Johns Hopkins Hospital. He credits the mentoring of Johns Hopkins biomedical engineering associate professor **Tilak Ratnanather**, who is also deaf, for opening doors. “He still doesn’t hesitate to put me in touch with anybody he knows who he thinks can help me achieve what I would like to do,” says Heng. “His mentoring doesn’t end in the classroom or laboratory. He goes above and beyond what he is required to do.”



Being Understood

In the Washington, D.C., area served by the **Johns Hopkins Community Physicians (JHCP)** I Street office, some 20 percent of the patient population speaks Chinese languages. Last fall, JHCP began planning a new program aimed at improving care for these patients, which will be piloted in 2016.

The plan is for a daylong, monthly event, at which certified medical interpreters will be on-site to help patients who speak Mandarin and Cantonese and their providers communicate with each other. Based on a successful program at Cincinnati Children’s Hospital Medical Center, the goals of the initiative are to improve patient satisfaction and adherence to care while also increasing the efficiency of providers, who are able to see more patients when they have interpreters to break down language barriers.

The program will also show patients that Johns Hopkins is sensitive to the communication challenges this community faces, says **Eloiza Domingo-Snyder**, Johns Hopkins Medicine’s director of diversity, inclusion and cultural competency. About their doctors’ visits, “a group of non-English speakers can say, ‘People understood me, and I felt I understood what was going on, either for myself or my loved ones,’” she says. “That builds trust in the community.”

IN THE WASHINGTON, D.C., AREA SERVED BY THE **JOHNS HOPKINS COMMUNITY PHYSICIANS I STREET OFFICE**, **20 PERCENT** OF THE PATIENT POPULATION SPEAKS CHINESE LANGUAGES.

Leaders in LGBT Care

In 2015, two Johns Hopkins hospitals—The Johns Hopkins Hospital and Sibley Memorial Hospital—were each recognized by the Human Rights Campaign Foundation as a “leader” in lesbian, gay, bisexual and transgender health care



equality for 2014. To earn this title, facilities must meet criteria that include nondiscrimination policies

that specifically mention sexual orientation and gender identity, a guarantee for equal visitation for same-sex partners and parents, and LGBT health education for staff members.

This year, all six Johns Hopkins hospitals—All Children’s Hospital, Howard County General Hospital, Johns Hopkins Bayview Medical Center, The Johns Hopkins Hospital, Sibley Memorial Hospital and Suburban Hospital—entered the campaign and have completed the necessary requirements. By press time, all six Johns Hopkins member hospitals have met all of the Core Four Criteria and have achieved 2015 and 2016 Leader in Healthcare Equity status.

Carl Streed Jr., an internal medicine resident at **Johns Hopkins Bayview Medical Center**, won an Excellence in Medicine Award from the American Medical Association for advocating the inclusion of LGBT health issues in the curricula of the schools of medicine, public health and nursing at Johns Hopkins, and for his work with the Gertrude Stein Society, the organization for LGBT students at those schools. Streed also worked on the effort to achieve transgender equity in the health insurance of Johns Hopkins students.



Carl Streed Jr.



View a video interview with Johns Hopkins nurse educator **Paula Neira**, right, a nationally recognized expert on **LGBT** issues: www.hopkinsmedicine.org/diversity/video.

A Comfortable Old Age

THE DAY CENTER OF JOHNS HOPKINS' ELDERPLUS PROGRAM IS BUSTLING: On one side of the large room, men and women in chairs lift their arms in unison during a seated exercise class. On the other side, people greet each other as they arrive, some in wheelchairs, others pushing walkers or leaning on canes.

Lillian Phillips, 83, chats with her friends Hedy Johnson and Carolyn Sawyer. Phillips, who comes to the center twice a week, lives alone in the three-story East Baltimore row house, where she raised 11 sons and daughters. Two years ago, when her children became concerned about her ability to live by herself, she joined a waiting list for PACE (Program of All-Inclusive Care for the Elderly) based at **Johns Hopkins Bayview Medical Center**. In August 2013, she got in. "I wouldn't want to be in a nursing

home," says Phillips, who has diabetes. "I like where I am."

In addition to the day center, PACE provides medical care, counseling, transportation and even services such as cooking or laundry, if needed. An occupational therapist inspects the home of every PACE participant, suggesting health and safety improvements. "Everything you need is right here," Phillips says.

Key to PACE's strategy is visiting people at home to solve problems

as basic as empty fridges, inactivity, exhausted caregivers and trip-hazard rugs. The focus is less on treating ailments and more on improving quality of life.

"This is a very important approach for older adults," says **Laura Gitlin**, director of the **Center for Innovative Care in Aging**, based in the nursing school at Johns Hopkins, with representatives from the schools of medicine, public health, business and engineering. "The health system is bent on managing disease but ignores the consequences to disease—often more problematic than the disease itself, such as functional difficulties, preparing meals or bathing," she says.

From left, Hedy Johnson, Lillian Phillips and Carolyn Sawyer enjoy medical and social support from the Johns Hopkins ElderPlus program.



1,000+

Number of community members age 50 and over who were provided free vision screening from January to September 2015 through a grant-funded program led by ophthalmologist **David S. Friedman**. About 40 percent screened positive for vision problems (refractive error, cataracts, glaucoma and diabetic retinopathy). Of those, approximately 39 percent needed eyeglasses as a result of the screening; those without insurance coverage received eyeglasses for free. All those who screened positive for eye problems received a free follow-up exam, and those who needed major surgery (not covered by insurance) had it performed at no charge. “Many people we screened had never had their eyes checked or hadn’t seen a doctor in years,” says Friedman, director of the Dana Center for Preventive Ophthalmology at the Wilmer Eye Institute. He hopes to scale up the program to screen 2,000 community members in 2016.

In the Wake of Baltimore’s Unrest

The images were broadcast around the world: thick gray smoke pouring out of a Baltimore CVS. Windows smashed. Merchandise stolen. Soon after the Baltimore riots had subsided in late April, clinicians at Johns Hopkins’ Harriet Lane Clinic set to work reaching out to families with prescriptions at looted pharmacies.

Project administrator **Gian Bonetti** tapped Epic, the electronic medical record system, to generate a list of all 157 Harriet Lane families with active prescriptions at shuttered pharmacies.

Clinicians reached 102 families on the list and left messages when possible for the rest. Doctors switched pharmacies for 71 patients, asked how residents were coping with the unrest, referred people to city services, and scheduled well visits and asthma treatment appointments.

“This is what preventive medicine is about,” says **Megan Tschudy**, assistant medical director for the Harriet Lane Clinic.



Megan Tschudy, assistant medical director for the Harriet Lane Clinic



patients

A Safety Net for At-Risk Patients

“Patients coming to the hospital are sicker than they’ve ever been. So when we send them home, we need to make sure they have what they need to manage and to get follow-up. We want to make the **Johns Hopkins After-Care Clinic** an entry point for patients into a ‘medical home’ that connects them with Johns Hopkins primary care—the place where they can receive comprehensive services and patient education continuously under one roof.”

—**Melissa Richardson**, *director of clinical resource management for The Johns Hopkins Hospital, speaking about a new clinic aimed at improving the odds of patients who struggle with managing their health. The After-Care Clinic serves as a safety net, providing primary care services within a week after discharge from the hospital or evaluation in the Emergency Department. The clinic is a joint effort among the departments of Medicine, Emergency Medicine, Surgery and Pharmacy, and the Care Coordination and Ambulatory Services offices.*

Pharmacist Amanda Sowell checks Deron Bridges’ blood-thinning level, as After-Care Clinic co-director Rosalyn Stewart, far left, and emergency medicine physician Anneliese Cuttle look on.



Addressing the Health Needs of Latino Families

The **Center of Excellence for Latino Health**, at Johns Hopkins Bayview Medical Center, emphasizes a family-centered, multidisciplinary approach to health, and brings together medicine, pediatrics, gynecology and obstetrics, and psychiatry.

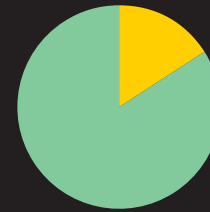
“Addressing the health care needs of Latino families in a comprehensive way is our No. 1 priority,” says **Tina Cheng**, co-director of the center and of pediatrics at Johns Hopkins Bayview. “We plan to enhance our efforts by learning from the Latino community about their health needs, then developing programs to address them, incorporating cultural awareness education, training of our health professionals and research on health disparities,” says Cheng.

Johns Hopkins Bayview currently has several programs geared toward the health of the Latino community, including:

- The Latino Family Advisory Board
- Crianza y Salud, parenting classes based at the Children’s Medical Practice
- Testimonios, weekly stress reduction support groups

Additional work by the center’s faculty includes a bimonthly health column published in a Latino periodical; a Spanish-language radio program on El Zol, a Latino HIV outreach program in Baltimore; and pro bono provision of care at La Esperanza Center.

DIVERSE DOCTORS IN TRAINING



16% of first-year Johns Hopkins medical students in 2015 come from groups that are underrepresented minorities (19 students in the 120-member Class of 2019)

Currently, while racial and ethnic minorities make up almost 40 percent of the total U.S. population, only about 6 percent of practicing physicians are Latino, African-American and Native American, according to the American Medical Student Association, which notes, “Having a diverse physician workforce is a critical component in making health care available to those who need it most.”



“HAVING A DIVERSE PHYSICIAN WORKFORCE IS A CRITICAL COMPONENT IN MAKING HEALTH CARE AVAILABLE TO THOSE WHO NEED IT MOST.”

AMERICAN MEDICAL STUDENT ASSOCIATION

research

Controlling a Silent Killer

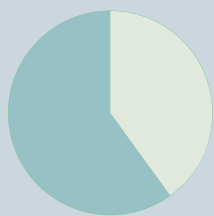
At the Johns Hopkins Center to Eliminate Cardiovascular Health Disparities, researchers are pushing for ways to improve control of hypertension among African-Americans, who are disproportionately affected by this silent killer.

“Cardiovascular disease is the largest contributor to racial disparities in health and mortality,” says **Lisa Cooper**, the center’s director and one of its 23 faculty members from Johns Hopkins’ schools of medicine, nursing and public health. **About 44 percent of African-Americans have hypertension—compared with around 32 percent of Caucasians and 28 percent of Mexican-Americans—and they develop the condition earlier than other racial groups**, according to the Centers for Disease Control and Prevention. “Even though we have evidence for how to treat hypertension, it doesn’t seem like we use a lot of it in practice. Our research studies those barriers and then tries to adapt programs accordingly,” Cooper says.

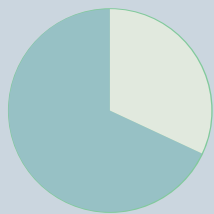
The center recently released findings for its study that focused in part on how using proven care management techniques can help control blood pressure in a clinical setting. In this five-year study involving 45,000 patients from all racial groups at six Johns Hopkins Community Physician sites, participants met with a registered dietitian—sometimes in combination with a pharmacist—for three sessions that totaled two hours. The dietitian focused on teaching patients to make healthy lifestyle choices, while the pharmacist talked about proper medication usage.

After the care management intervention, both African-American and Caucasian participants showed significant improvement in their systolic blood pressure readings compared with their counterparts who did not finish the program. But while Caucasian

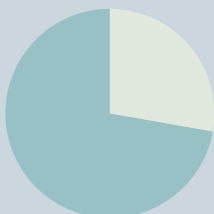
>>>



44% of African-Americans have hypertension ...



... compared with 32% of Caucasians ...



... and just 28% of Mexican-Americans



Lisa Cooper, who was recently named vice president for health care equity at Johns Hopkins Medicine, is leading efforts to improve hypertension control among African-American patients.

“CARDIOVASCULAR DISEASE IS THE **LARGEST CONTRIBUTOR TO RACIAL DISPARITIES IN HEALTH AND MORTALITY.**”

—LISA COOPER



research

>>>

participants lowered their numbers by 16 millimeters of mercury—the unit used to measure blood pressure—African-American participants saw a decrease of 8 millimeters of mercury.

More research is needed to find out why blood pressure scores improved more dramatically for Caucasians than African-Americans, as well as why only 25 percent of eligible patients enrolled in the program. “We suspect African-American patients and those who did not enroll had social barriers to engagement that were not

adequately addressed by our clinic-based team,” Cooper says. “Our next study will take the lessons we have learned and push them further.” For example, researchers plan to add to the care team a community health worker who can address patients’ social and financial barriers and link them to appropriate resources in the community.

TOWARD BETTER HYPERTENSION CONTROL

This hypertension study was part of Project Reducing Disparities and Controlling Hypertension in Primary Care, the largest of the center’s three research projects designed to improve control of hypertension among African-Americans. Other studies included Achieving Blood Pressure Control Together, which focused on identifying which combination of interventions—community health workers alone providing patient education and outreach, or in combination with either communication skills training or problem-solving training—leads to the best outcomes for African-Americans with uncontrolled hypertension. The third study was Five Plus Nuts and Beans, which studied whether nutritional advice delivered by a health coach, convenient access to fresh foods and a \$30/week food allowance improved nutrition and health outcomes for African-Americans with hypertension who live in neighborhoods with low food availability due to a lack of full-service grocery stores.

Toward Greater EQUALITY for LGBT Patients

MANY PEOPLE WHO IDENTIFY AS LESBIAN, GAY, BISEXUAL AND transgender (LGBT) avoid seeking health care because of their negative personal encounters with health care providers and their staff. Studies show that due to that discomfort and a greater inability to pay for health insurance, those who identify as LGBT tend to have poorer health than the general heterosexual population. They are more apt to have depression, anxiety, and higher rates of alcohol and substance abuse—some of it linked to incidents of being bullied and assaulted at an early age. They also have higher rates of HIV and hepatitis.

Eliminating unequal treatment depends upon recognizing patients who identify as LGBT and tracking the care they receive to determine instances of discrimination.

To that end, the EQUALITY Study, a three-year, multisite research collaboration between Johns Hopkins and Harvard, is seeking the best way to collect health information about the sexual orientation and gender identity of all patients who come to the emergency department. A checkbox on a form, like ones for gender, age and race? A conversation with

the registrar? A one-on-one with a physician?

“As a health care provider myself, I was never taught how to ask these questions, so I can understand how resident physicians don’t know how to broach these topics,” says Johns Hopkins surgery resident **Lisa Kodadek**, who is part of a team investigating the best way to collect data on sexual orientation and gender identity. “I would be worried that patients would want to know: ‘How is this really relevant to my care?’ When it becomes clear that everyone is giving this information,

it will help normalize this. People will see that recognizing sexual orientation and gender identity is a standard part of the treatment process.”

The EQUALITY Study is funded by a \$1.4 million grant from the Patient-Centered Outcomes Research Institute. Once a consensus on a method for collecting sexual orientation and gender identity is reached, researchers will implement it in a pilot study in the emergency departments at **The Johns Hopkins Hospital** and **Howard County General Hospital**.

“This project has the opportunity to really set the policy for collecting this information from patients across the country,” says **Brandyn Lau**, a clinical informatician at the school of medicine and site principal investigator of the study.

“AS A HEALTH CARE PROVIDER MYSELF, I WAS NEVER TAUGHT HOW TO ASK THESE QUESTIONS, SO I CAN UNDERSTAND HOW RESIDENT PHYSICIANS DON’T KNOW HOW TO BROACH THESE TOPICS.”

—LISA KODADEK



Healthy Food in the ‘Desert’

BUYING FRESH FRUITS AND VEGETABLES CAN BE HARD FOR FAMILIES living in low-income urban neighborhoods, many of which are known as food deserts for their lack of full-service grocery stores that stock healthy food.

Results of a Johns Hopkins study in two Baltimore neighborhoods—Belair-Edison and Reservoir Hill—suggest that promoting collaboration between urban farmers and neighborhood corner “chips and soda” stores can substantially increase the amount of fresh produce residents buy.

“Because of time and transportation issues, many low-income families rely on corner neighborhood stores to purchase food, so having healthy fruits and vegetables available there gives them options to make dietary changes they need to stay healthy,”

says **Kimberly Gudzone**, an assistant professor of medicine at Johns Hopkins. “And if physicians know about such stores, they are more likely and better able to counsel patients to start making those changes,” she adds.

Urban farms grow crops in vacant lots and parks, and they distribute and sell the products in local neighborhoods. Their locations, however, often put them out of reach of residents without cars or with limited hours to shop.

In the collaborative model suggested by the researchers, the



urban farmers not only delivered the food, but also actively assisted the storeowners with proper storage and display. “I think it’s an interesting model and fits our mission really well, despite the challenges in keeping the produce fresh,” says Alison Workman, manager of Whitelock Community Farm, which participated in the study. “As a community farm, we focus on being part of our neighborhood greening and making fresh food accessible.” The research team plans to extend its study to more farms and stores.



Sha-Ron Dortch and son, Larry

TOOLS FOR BETTER ASTHMA CONTROL

Less than one-quarter of low-income families living in Baltimore City have the necessary medicines in their homes to control and treat their children’s asthma. That’s one of the findings of a 2015 study led by **Michelle Eakin**, a researcher with the **Johns Hopkins Adherence Research Center**. During a home-based asthma intervention, Eakin and her team provided caregivers with education about managing asthma, from how to tell if an inhaler is empty to how to recognize the signs of an asthma attack.

Reflecting on what she knew about asthma before the program, Sha-Ron Dortch, whose son Larry, age 4, has had asthma since he was a baby, says, “I wasn’t really educated about it like I needed to be.”

The intervention is part of a five-year project that is funded by the National Heart, Lung, and Blood Institute to promote asthma management and medication adherence in Baltimore City Head Start programs.



PROSTHETISTS MEET PRINTERS

For children missing a hand or fingers, the cost of prosthetics can be prohibitive—particularly since they are quickly outgrown. That's changing, thanks to advances in 3-D printing technology and the efforts of a group of volunteers and professionals who are joining forces to put more durable, less constrictive and much less expensive prosthetic hands within the grasp of thousands of children, all for free. In fall 2014, nearly 500 people gathered at Johns Hopkins for a symposium, where Johns Hopkins trauma surgeon **Albert Chi**, the e-NABLE organization, the Kennedy Krieger Institute, and other leaders in medicine and industry donated 3-D printed prostheses to kids with upper limb differences.



View a video of 5-year-old Griffin receiving a new glow-in-the-dark, 3-D printed prosthetic hand from trauma surgeon Albert Chi at: www.hopkinsmedicine.org/diversity/video.



Improving Care for Sickle Cell

Carlton Haywood Jr., an assistant professor of hematology at the school of medicine, is one of 37 early-career Johns Hopkins faculty members to receive up to \$75,000 from the university's new **Catalyst Awards** program. He will use the funds to pursue research on improving the quality of nursing care for sickle cell disease, which disproportionately affects blacks and African-Americans.

"Unfortunately, many people with sickle cell report having more negative interactions with hospitals and/or health care providers than positive ones," notes Haywood.

"To the extent that we can improve relationships between nurses and people with sickle cell, we can improve the quality of health care that is delivered by providers and received by patients," Haywood says. "Nurses typically spend more one-on-one time with the hospitalized patient engaging in the interpersonal aspects of care that hospitalized patients rely upon. Nurses also can serve as important advocates for the patient in situations where there may be some level of disagreement or conflict between the values and preferences of the patients and the physicians involved in their care."



Crystal Ball on Frailty?

The frail elderly are easy to spot: They tend to be thin and weak, with little energy and a slow, unsteady gait. First recognized as a medical condition in 2001, frailty is too often the beginning of the end.

Now a Johns Hopkins team has found that the amount of mitochondrial DNA in peoples' blood directly relates to how frail they are medically. This DNA may prove to be a useful predictor of overall risk of frailty and death from any cause some 10 to 15 years before symptoms appear, giving doctors the head start they need to improve fitness in at-risk individuals with drugs or lifestyle changes.

"We don't know enough yet to say whether the relationship is one of correlation or causation, but either way, mitochondrial DNA could be a very useful biomarker in the field of aging," says **Dan Arking**, associate professor of genetic medicine.

Getting the Dosing Right with HIV

Many African-Americans may not be getting effective doses of the HIV drug maraviroc, a new study from Johns Hopkins suggests. The initial dosing studies, completed before the drug was licensed in 2007, included mostly European-Americans, who generally lack a protein that is key to removing maraviroc from the body.

The current study shows that people with maximum levels of the protein—including nearly one-half of African-Americans—end up with less maraviroc in their bodies compared to those who lack the protein even when given the same dose. A simple genetic test for the gene that makes the CYP3A5 protein could be used to determine what doses would achieve effective levels in individuals, the researchers say.

“Because African-Americans are disproportionately affected by HIV infection, it is doubly important that we get the dosing right,” says **Namandje Bumpus**, an associate professor of medicine (clinical pharmacology) at the school of medicine.

A PRIORITY ON LEARNER EQUITY

As Johns Hopkins Medicine’s new associate dean for institutional and student equity, **Namandje Bumpus** has two main areas of focus: institutional equity and academic achievement for graduate biomedical students, with a special focus on helping vulnerable students bridge the opportunity gap and succeed at the school of medicine.

“Two initiatives I am particularly enthusiastic about,” says Bumpus, “are setting up longitudinal onboarding activities for learners—I hope to substantially contribute to ensuring that all learners have equitable support and opportunities to grow and prosper academically—and establishing a speaker series in which institutional leaders will share reflections on their career journeys with students.”

“I HOPE TO SUBSTANTIALLY
CONTRIBUTE TO ENSURING
THAT ALL LEARNERS HAVE
**EQUITABLE SUPPORT
AND OPPORTUNITIES**
TO GROW AND PROSPER
ACADEMICALLY.”

—NAMANDJE BUMPUS



community

Creating Community Health Leaders

When he was 8, Kahlid Fowlkes stood on a Baltimore street and watched in horror as a family friend was fatally shot in the head. At age 15, he stood in an operating room at The Johns Hopkins Hospital and witnessed lifesaving surgery as doctors removed a tumor from a patient's brain.

After the shooting, Fowlkes says, his grades suffered. But in eighth grade, he got serious about academics and placed at the top of his class. Now 16 and a senior at Paul Laurence Dunbar High School, Fowlkes is planning a future as a trauma surgeon. He credits **MERIT, the Medical Education Resources Initiative for Teens**, with helping him reach his potential. "It opened up doors and opportunities," says Fowlkes.

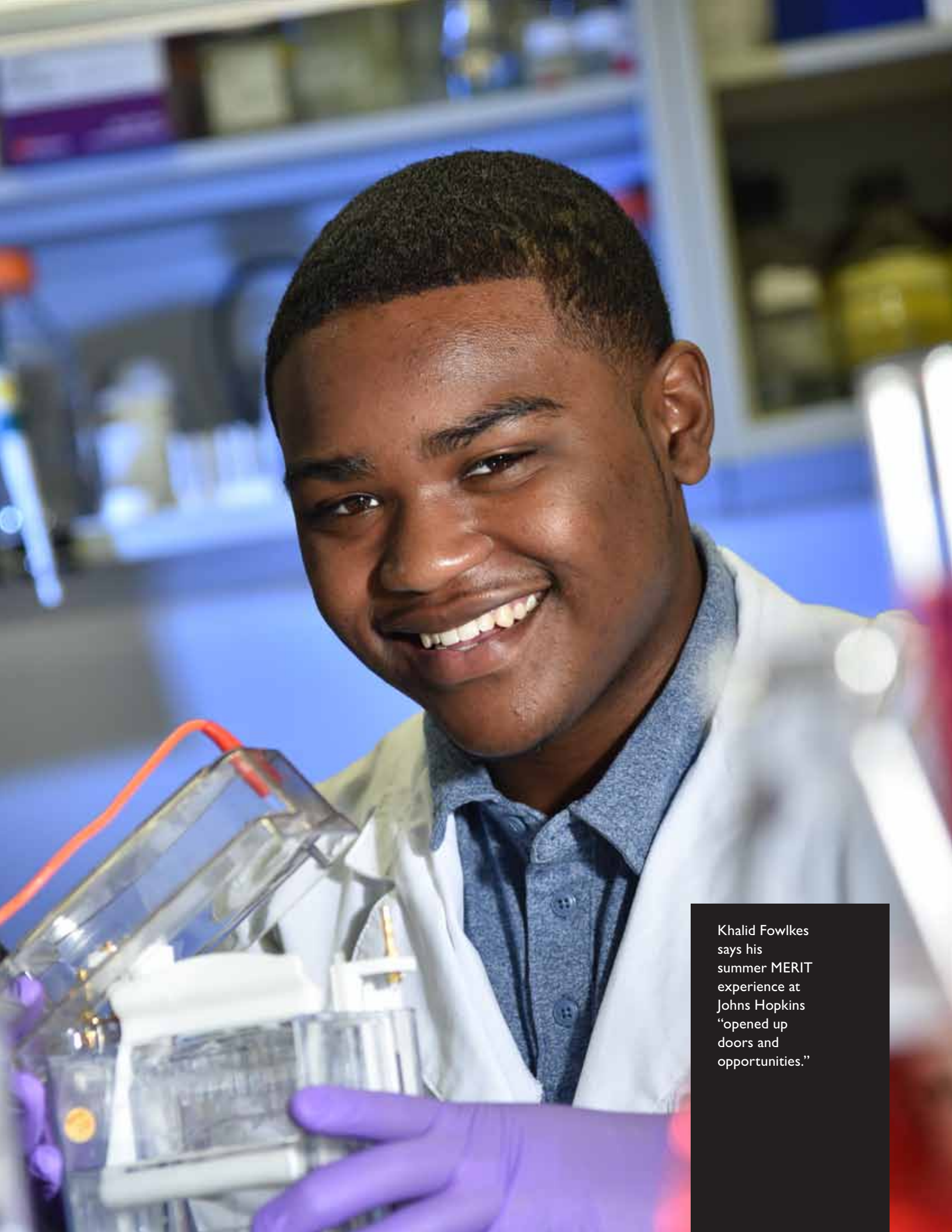
Last summer, MERIT placed him in a Johns Hopkins neurology lab, where he dissected mice for research on autism and other nervous system disorders. He's learning leadership and public speaking skills. And his essay about his experiences with MERIT helped him win a \$40,000 Henrietta Lacks Dunbar Health Sciences Scholarship, established by Johns Hopkins in 2011.

The rigorous and competitive MERIT program, created five years ago by Johns Hopkins medical students Tyler Mains and Mark Wilcox, accepts sophomores from high schools throughout Baltimore. **MERIT Scholars devote summers and school-year Saturdays to activities**

that prepare them for health careers. They shadow professionals, work in research labs, study health disparities, prepare for the SATs and learn leadership skills.

Fowlkes was among 20 MERIT Scholars who participated at Johns Hopkins last summer. To make their experiences possible, MERIT, which counts **Johns Hopkins Bayview Medical Center** and the **Johns Hopkins University School of Medicine** as its two largest partners, relies on about 250 volunteer health care workers, educators and scientists across the city, says Mains.

Mains and Wilcox were instructors with Teach for America when they started MERIT to address two trends they witnessed in Baltimore: students lacking academic guidance, and families using emergency rooms as their primary source of health care. MERIT can solve both problems, says Mains, by helping teens become health care leaders in their communities.



Khalid Fowlkes says his summer MERIT experience at Johns Hopkins "opened up doors and opportunities."



Opening Doors to Opportunity

The Dunbar High School Health Partnership

provides health career and college guidance to Dunbar students through mentoring, internships, job shadowing, presentations and academic collaborations with Dunbar teachers and administrators.
Established 1985.

Start on Success

provides internships and mentoring in Baltimore to students with disabilities. The Johns Hopkins Health System was one of the first participants and continues to place about 15 students per year.
Established 1997.

Building Our Neighborhood Dreams Beyond Our Neighbors' Doors (Bond-to-Bond)

provides school-year mentoring and internships at The Johns Hopkins Hospital and Health System to 10 to 20 students per year.
Established 1999.

Adopt-a-Class

reaches more than 150 fourth graders in four Baltimore elementary schools. They learn about health care careers through once-a-month presentations from Johns Hopkins Medicine volunteers and a tour of The Johns Hopkins Hospital. This program is slated for expansion to include middle schools.
Established 2002.

Johns Hopkins Centro SOL

recruits Latino students living in Baltimore who have high academic performance, leadership, and language skills to shadow and learn from some of Johns Hopkins' top researchers and health care providers. Last summer, eight bilingual students completed the five-week program.
Established 2014.

Sharing Stories in Spanish

The knocks are loud, the voice angry. It's the downstairs neighbor, complaining about noise, threatening to call the police. The adults abruptly stop chatting, and the children halt their play. Fear of deportation, always in the background, becomes palpable.

When a woman recounts this story at a recent gathering of **Testimonios**, a support group for Spanish-speaking immigrants, **Flor Giusti** leads participants through a discussion of options. "We talked about how we sometimes need to make a fast assessment of the situation," says Giusti, a social worker for the Children's Medical Practice at Johns Hopkins Bayview Medical Center.

Fortunately, the woman's husband was able to reason with the neighbor and calm him down, says Giusti, a volunteer facilitator for Testimonios.



Testimonios ("testimonies") groups meet four Tuesday evenings a month, alternating between all-male and all-female gatherings, in a second-floor room of a Patterson Park church. The 90-minute sessions begin with a dinner provided by a local Latino restaurant. Then, group members share stories, connect and discuss coping strategies.

Since Testimonios began in May 2014, about 80 participants have listened and talked in that church, says **Monica Guerrero Vazquez**, program coordinator for Johns Hopkins Bayview Medical Center's Centro SOL, which provides clinical, research, educational and advocacy support to the Latino community. Some participants come for one or two sessions, while others forge more permanent bonds, she says.

Testimonios facilitators are bilingual faculty and staff members with backgrounds in social work, psychology and psychiatry. Discussion topics include reasons participants moved to the United States, what they left behind, and how to manage stress using tools like meditation and breathing exercises.

INTERCULTURA FOR HEALTH: IMPROVING ENGLISH SKILLS

Through her work as program coordinator at Johns Hopkins Centro SOL—Center of Excellence for Latino Health, **Monica Guerrero Vazquez** learned that Latino high school students who attend Mi Espacio, a youth leadership after-school program run by CASA de Maryland, "were heading to graduation [without] fluency in English," she says. These Baltimore City students, many of whom are undocumented and have lived in the U.S. for less than five years, are part of the 9.2 percent (4.4 million) of public school students nationwide who are newly English-language learners.

To help them improve their English language skills, Guerrero Vazquez founded **Intercultura for Health** with support from a Diversity Innovation Grant from the Johns Hopkins Diversity Leadership Council. During this English-language exchange program, 35 high school students from Mi Espacio and 11 undergraduate students from The Johns Hopkins University's Homewood campus who are bilingual or fluent in Spanish met on Monday evenings from January to May to talk about topics like travel and the students' home countries in English. Those who came consistently were able to hold longer discussions in English by the program's end.



View a video about the **Centro SOL Summer Program**, an initiative to expose bilingual high school students to STEM, health and professional interpretation career options, at www.hopkinsmedicine.org/diversity/video.



Front row, left to right, Margaret Strong, Theresa Barberi, Janine Coy, Adi Noiman; back row, Rochelle Mariano, Albert Chi, Harlisha Martin, Nelson Moody Sr.

The 2015 recipients of the **Martin Luther King Jr. Community Service Award**, who were honored for exemplifying the passion for service and social justice that characterized King's life, included postdoctoral fellow Theresa Barberi, trauma surgeon Albert Chi, physician assistant Janine Coy, registered nurse Rochelle Mariano, home care coordinator Harlisha Martin, protective services officer Nelson Moody Sr., Ph.D. student Adi Noiman and senior research technician Margaret Strong.

"THE MARCH FOR JUSTICE CONTINUES. IT DIDN'T END WITH THE VOTING RIGHTS ACT OF 1965. IT CONTINUES TODAY."



Morris Dees, speaking at the 33rd annual **Johns Hopkins Martin Luther King Jr. Commemoration** on Jan. 9, 2015, in Turner Auditorium on the East Baltimore campus. The event featured a video tribute to Maya Angelou, who died in May 2014, and the unveiling of a portrait

of retired Johns Hopkins cardiac surgeon Levi Watkins Jr., who hosted the event as he had for the past 32 years. Sadly, Watkins, a pioneering civil rights advocate, died suddenly just a few months later, on April 11. For more on Watkins' lasting contributions at Johns Hopkins, see page 5.



View a video celebrating the life and legacy of Levi Watkins Jr. at www.hopkinsmedicine.org/diversity/video.

Good Neighbors

In 2015, 17 local groups received a grant from the **Johns Hopkins Neighborhood Fund**, which is administered in partnership with United Way of Central Maryland but run by Johns Hopkins. Started in 2007, the Neighborhood Fund gives Johns Hopkins employees a way to designate donations to small nonprofit organizations delivering services within three-quarters of a mile of any of the Johns Hopkins campuses within Baltimore City.

Among the organizations funded in 2015:

Baltimore Child Abuse Center, on-call crisis response program

Franciscan Center, dental assistance program

Marian House, transitional housing program

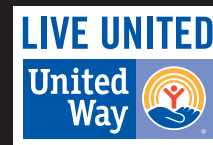
Moveable Feast, culinary apprentice training program

“It’s very personal,” says **Frank Bossle**, recently retired executive director of the Office of Johns Hopkins Internal Audits, who chaired the committee that allocated the funds. “This gives us the ability to say, ‘I’m going to give money to a fund that will help each of these communities become stronger and safer.’”

Medical student Arielle Medford and Pablo Celnik, associate professor of physical medicine and rehabilitation, danced to benefit Family Stability, a program that seeks to prevent family homelessness.

DANCING TO SUPPORT UNITED WAY

Hundreds turned out to Turner Auditorium last May for Johns Hopkins Medicine’s **Dancing with the Hopkins Stars** benefit for United Way. Ten teams of faculty, staff and students trained for weeks to perform a variety of dances, including the tango, the Hustle and hip-hop. By the end of the evening, more than \$52,000 was raised to support United Way’s long-term strategies to create a region in which families have a place to call home, are financially stable, and have access to quality and affordable health care, and where students succeed in school.



Urban Health Residency Program Gains Traction

One of the first graduates of Johns Hopkins' new Internal Medicine-Pediatrics Urban Health Residency Program, **Monica Mix** is now a physician at East Baltimore Medical Center. "The residency was a great experience and will have a huge impact on how I practice," she says.

The four-year program includes training in substance abuse, mental health, homelessness, urban violence and sexually transmitted infections, while also offering opportunities to work with professional, governmental and community agencies that serve urban populations.

Aside from offering care within hospital confines, urban health residents also work at local agencies like the Baltimore County Health Department and offer curbside medicine to high-risk areas in Baltimore City. In addition, residents work with a local mission that focuses on men with substance abuse issues and on patients with HIV.

In the very recent past, almost no Johns Hopkins Hospital internal medicine residents pursued a career in primary care. "With the addition of these new programs, we are hoping to increase that number to at least 15 percent," says program director **Lenny Feldman**.



A Speaker Series with Impact

After listening to a talk by **Jason Freeman**, an African-American neurologist and medical director of the stroke program at **Sibley Memorial Hospital** and physician with **Johns Hopkins Community Physicians**, a girl turned to her mother and said, "I'm going to college." This student was one of 114 underserved third and fourth graders from four classes at **KIPP DC Lead Academy** who spent a day at Sibley in January and February 2015 to learn about careers in health care.

KIPP teacher Kylie Davis says the speakers at Sibley—nurses, EMTs, security directors, all primarily from minority communities—stressed the importance of school in their own lives, showing her students "where education can get them."



Lenny Feldman

The Lacks Legacy



Through the annual **Henrietta Lacks Baltimore City Youth Symposium**, hundreds of Baltimore City public school students visit the Johns Hopkins medical campus each year to find out about real-life research initiatives, career paths, and to engage in discussions based around HeLa stem cells and biotechnology.

The HeLa stem cell is named for Henrietta Lacks, a young mother of five from eastern Baltimore County who, despite radiation treatment

at The Johns Hopkins Hospital, died in 1951 of an aggressive cancer. A small tissue sample taken from Lacks led to a cell line that continues to advance science and medicine around the world.

In addition to the youth symposium, the Johns Hopkins Institute for Clinical and Translational Research hosts an annual **Henrietta Lacks Memorial Lecture** each October.

Since 2011, 854 students have visited the Johns Hopkins Broadway medical campus to learn about the life and legacy of Henrietta Lacks.



View a video with student interviews and highlights of the 2014 Henrietta Lacks Baltimore City Youth Symposium at www.hopkinsmedicine.org/diversity/video.

economic opportunity

Contracting Opportunity

When the **Skip Viragh Outpatient Cancer Building** opens at Johns Hopkins in early 2018, Jeffrey Hargrave will take pride in the fact that his firm, Mahogany Inc., served as general contractor for a portion of work needed to complete the \$100 million center. In 2015, Mahogany modified the entranceways to the Hackerman-Patz Patient and Family Pavilion, one of which will connect to the Viragh Building. This work needed to be completed before construction on the new building could begin.

“Much too often, we’re on projects and we’re the only minority contractor,” says Hargrave, founder and president of the Baltimore City-based, minority-owned company. At Johns Hopkins Medicine, however, the facilities design and construction group requires that its projects have minority participation [see listing on p.38], the level of which varies by project.

“We try to locate the Jeff Hargraves of the world who have good skill sets and give them opportunities they may not normally have gotten,” says Adam Smith, the group’s assistant director.

Mahogany’s connection to Johns Hopkins Medicine stretches back to 2007, when the company was a subcontractor on the Wilmer Eye Institute’s Robert H. and Clarice Smith Building. There, Mahogany constructed the lab casework, architectural millwork and floor-to-ceiling wood paneling. Three years later, Mahogany won its first bid to be a general contractor at Johns Hopkins Medicine; the company was tasked with renovating the Johns Hopkins Outpatient Center’s coffee bar and gift shop.

Through the years, Johns Hopkins’ facilities team has mentored Hargrave and his team, working closely with the Whiting-Turner Contracting Company, which has used Mahogany as a subcontractor on Johns Hopkins projects. For example, in 2013, Johns Hopkins invited Mahogany to bid to be the general contractor installing a linear accelerator, a multimillion-dollar piece of equipment used in cancer treatment, in the Harry and Jeanette

>>>





Jeffrey Hargrave, founder of Mahogany Inc., has won bids to work on a variety of projects at Johns Hopkins Medicine.

HARGRAVE IS THRILLED BY THE WORKING RELATIONSHIP HE'S FORGED WITH JOHNS HOPKINS' FACILITIES TEAM MEMBERS. **"THEY'RE WILLING TO GO OUT ON A LIMB."**

JEFFREY HARGRAVE,
FOUNDER AND PRESIDENT OF BALTIMORE
CITY-BASED, MINORITY-OWNED COMPANY
MAHOGANY INC.

OTHER MINORITY-OWNED CONTRACTING FIRMS INVOLVED IN JOHNS HOPKINS PROJECTS:

Aegis Mechanical Corporation
Colt Insulation Inc.
Columbia Engineering Inc.
Insulation Solutions
Maryland Reprographics Inc.
MIN Engineering Inc.
Tissa Enterprises Inc.

>>>

Weinberg Building. “It was a little bit outside of their wheelhouse, but we felt confident based on our experience with Mahogany that they could do it,” Smith says. Before submitting the bid, Hargrave and his team visited a similar Whiting-Turner project at another hospital to learn best practices for installing linear accelerators. Mahogany went on to win the bid and complete the project that same year.

Hargrave is thrilled by the working relationship he’s forged with Johns Hopkins’ facilities team members. “They’re willing to go out on a limb,” he says. “It’s like trying to get credit when you don’t really have any. Someone’s got to give you that first credit card.”

HopkinsLocal

In September, Johns Hopkins University President **Ronald J. Daniels** and **Ronald R. Peterson**, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine, announced the launch of **HopkinsLocal**—a new initiative to build a stronger Baltimore by harnessing Johns Hopkins’ economic activity to promote growth and employment in the city.

“This joint effort by the university and health system will focus our entire organization on maximizing opportunities for city residents and city businesses when we build, hire and buy, and it will allow us to encourage other employers to invest in Baltimore as well,” noted the two leaders.

THE GOALS OF HOPKINSLOCAL INCLUDE:

Filling, by 2018, 40 percent of targeted positions by hiring from within the city’s most distressed communities.

Increasing by at least \$6 million over three years the amount of goods and services the university and health system purchase from Baltimore-based businesses, including those owned by minorities and women.

Among suppliers from outside the local area, enlist at least 24 suppliers that we will hold accountable to hire, procure and invest locally.

Spending at least \$20 million in design, consulting and construction work with minority, women and disadvantaged businesses by applying new targets across all Johns Hopkins construction projects.

HOPKINSLOCAL
BUILD. HIRE. BUY.

Hard at Work in the Summer

In the wake of last April's unrest in Baltimore after the death of Freddie Gray, Johns Hopkins leaders engaged in many conversations about the ways Johns Hopkins could better support its neighbors.

"Out of these discussions and your many thoughtful suggestions, we found that employment—specifically, job opportunities and career tracks for youth—was a recurring theme," concluded university President **Ronald J. Daniels**; **Ronald R. Peterson**, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine; and **Paul B. Rothman**, dean of the medical faculty and CEO of Johns Hopkins Medicine, in a message to faculty and staff.

In response, Johns Hopkins committed to expanding its annual institutionwide **Summer Jobs Program**, which gives Baltimore City youth between the ages of 15 and 21 a chance to experience various careers while getting a taste of workplace culture.

The university, hospital and health system employed some 300 students—100 more than in the summer of 2014—over the course of two summer work sessions, starting June 22 and July 27. The 2015 cohort was the largest in the program's 21-year history.

Program leaders say the rapid expansion was possible because faculty and staff members quickly stepped up to provide additional paid internships for the city's young people. An email message from the three Johns Hopkins leaders, which urged faculty and staff members to identify opportunities within their departments where young people could gain job skills and a meaningful educational and mentoring experience, went out on a Wednesday afternoon. By the following afternoon, all but a handful of placements were made.



A BOOST FOR YOUTHWORKS

Johns Hopkins, which partners with YouthWorks, a summer jobs program for Baltimore students, increased its job placements by 50 percent last summer, from 200 to 300 jobs, thanks to coordination with the **Office of Strategic Workforce Planning and Development**. Over the years, Johns Hopkins has served more than 2,500 students through the program, providing them with work experience and skills that may be used in future jobs.



Find out more about the Johns Hopkins Summer Jobs Program in a video produced, filmed and edited by a participating student, Antwon Allen, a senior at Loyola Blakefield high school. www.hopkinsmedicine.org/diversity/video.



Find out how Johns Hopkins Medicine ensures career opportunities for current military personnel and veterans at www.hopkinsmedicine.org/diversity/video.

With his new financial security, Navy veteran Tony Dominick has moved to a one-bedroom apartment near Johns Hopkins Bayview Medical Center.

Military Recruiting

Tony Dominick arrives at **Johns Hopkins Bayview Medical Center** at 10:30 p.m. for a shift that ends at 8 a.m. the following morning. He cleans floors, takes out trash and hangs privacy curtains for patients. He is punctual and conscientious—traits he learned as a boiler technician in the U.S. Navy but neglected for decades.

Dominick is among nine workers assigned to Johns Hopkins

temporary jobs since 2014, when Intrastaff formed a partnership with DePaul Industries, a staffing agency for people with disabilities, veterans and individuals with other barriers to employment. A dozen more are in the process of being placed in Johns Hopkins assignments, says Josh Latshaw, regional manager for the Portland, Oregon-based company, which works closely with the Maryland Center for Veterans Education and Training.

At least three of the Intrastaff recruits, including Dominick, are now Johns Hopkins employees. It was his first permanent job, with benefits, since shifting from active duty to reserve status in 1989. With his new financial security, Dominick moved to a one-bedroom apartment near Johns Hopkins Bayview. “It’s the nicest place I’ve ever lived,” he says.



A SECOND CHANCE

For more than a decade, Johns Hopkins Medicine and the Johns Hopkins Health System have been leaders in the push to give qualified ex-offenders a second chance at a job and a life.

“First and foremost, this is a good business decision. These are good, loyal, solid workers. And I have the numbers to prove it,” says **Pamela Paulk**, former senior vice president for human resources at Johns Hopkins Medicine, who led the effort together with **Ronald R. Peterson**, president of The Johns Hopkins Hospital and Health System and executive vice president of Johns Hopkins Medicine.

Paulk and her department conducted a sample of 80 ex-offenders hired by The Johns Hopkins Hospital in 2000. Four years later, 73 of those 80 were still employed at Johns Hopkins. A 2009 study at Johns Hopkins of almost 500 ex-offender hires showed a retention rate after 40 months that was better than a matched group of nonoffenders.

“From a business perspective, you’ve got great workers who truly are pleased to have a second chance,” notes Paulk, who was honored at the White House in summer 2014 as a Champion of Change for her leadership in ex-offender hiring.



A SEARCH That Ends in Employment

Last year, Elijah Shannon, 23, who has a developmental disability, spent his days as a volunteer cleaning a Florida hotel. Then he heard about **Project SEARCH**, a national program that had recently partnered with **All Children’s Hospital** in St. Petersburg, Florida. This internship program trains young people with disabilities between the ages of 18 and 22 who are unable to go to college for hospital jobs that traditionally have high turnover rates.

With only 17 percent of people with disabilities employed—compared with 65 percent of the general population—the program is aimed at addressing the poor employment outlook for this group.

Shannon was one of 10 people who completed the inaugural 2014–15 program, where he cycled through three work rotations in environmental services, food services and rehabilitation services. After graduation, he was one of three interns hired by All Children’s. (As of August, one other intern found employment within the local community.) Asked what he is most looking forward to about his new job in the child life department, Shannon simply says, “working full time.”

contacts

Office of Diversity and Inclusion

443-287-4432
diversity@jhmi.edu

James E. Page Jr., M.B.A.

Vice President of Diversity & Inclusion/Chief
Diversity Officer

Eloiza Domingo-Snyder

Director of Diversity, Inclusion and Cultural
Competency

Mary Ngo

Program Coordinator
Office of Diversity & Inclusion

Consultants

Ilana Mittman
Joshua Schwarz

Shelley R. Baker

Senior Director, Human Resources
Sibley Memorial Hospital
202-537-4740
sbaker49@jhmi.edu

Namandjé N. Bumpus, Ph.D.

Associate Dean for Institutional and
Student Equity
Associate Professor of Medicine,
Division of Clinical Pharmacology
Johns Hopkins University School of Medicine
410-955-0562
nbumpus1@jhmi.edu

Chiquita A. Collins, Ph.D.

Associate Dean of Diversity
Director, Office of Diversity and
Cultural Competence
Assistant Professor of Medicine, Division of
General Internal Medicine
Johns Hopkins University School of Medicine
443-287-5569
ccolli49@jhmi.edu

Joseph Conrod Sr.

Director, Diversity and Employer Relations
All Children's Hospital
727-767-7351
jconrod1@jhmi.edu

Lisa A. Cooper, M.D., M.P.H.

James F. Fries Professor of Medicine
Division of General Internal Medicine
Director, Johns Hopkins Center to Eliminate
Cardiovascular Health Disparities
Johns Hopkins University School of Medicine
410-614-2412
cvddisparitiescenter@jhmi.edu

Deidra C. Crews, M.D., Sc.M.

Associate Vice Chair for Diversity and Inclusion,
Department of Medicine
Associate Professor of Medicine, Division
of Nephrology
Johns Hopkins University School of Medicine
410-550-2820
dcrews1@jhmi.edu

Barbara Fivush, M.D.

Associate Dean of Women in Science and Medicine
Professor of Pediatrics, Division of
Pediatric Nephrology
Johns Hopkins University School of Medicine
410-955-2467
bfivush@jhmi.edu

Kursten L. Jackson

Senior Director, Human Resources
Howard County General Hospital
410-740-7817
kjackson@jhmi.edu

Karen Jones

Director of Diversity, Inclusion and Career
Development
Johns Hopkins Bayview Medical Center
410-550-1176
kjones94@jhmi.edu

Michelle Plummer

Diversity Recruitment Specialist
Johns Hopkins Health System
443-997-5967
mplumme6@jhmi.edu

Daniel H. Teraguchi, Ed.D.

Assistant Dean for Student Affairs
Director, Office of Student Diversity
Assistant Professor of Pediatrics
Johns Hopkins University School of Medicine
410-614-8759
dteraguchi@jhu.edu

Maura Walden

Director of Corporate Training and Organization
Development
Director of Community Relations
Johns Hopkins HealthCare LLC
410 424-4827
waldenm@jhhc.com

Charmaine Williams

Employment Director
Suburban Hospital
301-896-3795
cwill169@jhmi.edu

