

# The Road to Diversity

AN AMBITIOUS EFFORT TO INCREASE DIVERSITY PROMPTS HOPKINS TO SCRUTINIZE ITS CULTURE.

**F**or the past several years, geriatrician Crystal Simpson has been quietly building a pipeline of minority talent to Bayview Medical Center.

In 2002, Simpson created the Geriatric Summer Scholars program to bring first-year medical students—particularly underrepresented minorities—to Bayview and the Center for Aging and Health for internships in research and clinical rotations. The students make house calls, work alongside experienced geriatricians and take classes in such areas as epidemiology. If all goes well, they'll decide to not only pursue careers in geriatrics but also to seek residencies here, increasing the diversity of Hopkins physicians.

One of the program's alums, Aleicia Mack, is finishing her intern year at Bayview after graduating from Oklahoma State University's School of Medicine. Another African American will soon begin her internship here. "A diverse workforce benefits patients," says Simpson. "It's also helpful to work within a diverse workforce even if you're not a minority, so that when you care for a minority patient, you're coming from a point of understanding."

Such efforts could become increasingly commonplace as Hopkins Medicine embarks on an ambitious initiative to enhance diversity and inclusion throughout the organization. The JHM Diversity Committee, formed in April, aims to change Hopkins' culture so that a diverse workforce not only

wants to come here, but feels that it can flourish.

To Dean/CEO Edward Miller, the importance of diversity is quite clear: For Hopkins to maintain its position atop the health care field, it must recruit, retain and promote to higher levels more women, underrepresented minorities

and people of otherwise diverse backgrounds.

"Today, the talent pool is worldwide, so we have to recruit worldwide talent, whether it's in Baltimore or Bangladesh, Dundalk or Dubai," Miller explains. "The second piece of that is, once we recruit them, how do we make them feel comfortable? That's where most places

fall down."

The new Hopkins initiative is also anchored in the belief that building a diverse and culturally sensitive workforce will have tangible benefits by reducing racial and socioeconomic disparities in health care outcomes and patient satisfaction.

"We need to understand the differences between the cultures we're serving and the cultures that are delivering the services," says Children's Center Director

George Dover, who leads the diversity committee along with Pamela Paulk, Health System vice president for human resources. "There are certain customs and mores that you have to adapt to if you're going to effectively take care of patients." Dover notes, for example, that some women from Middle East cultures have been uncomfortable communicating with male caregivers.



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— EDWARD MILLER

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## Diversity

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Miller says there wasn't one eye-opening event that led him to create the new committee. Instead, he describes the concerns about diversity as "a quiet murmur in the background that crescendoed" over several years. That background noise was near its peak last fall when the dean convened a diversity retreat attended by department heads and other institutional leaders. Participants recommended that the issue become one of Hopkins' top priorities.

Their recommendations were backed by numbers.

On average, nearly 15 percent of Hopkins medical students are underrepresented minorities, but only 3 percent of the faculty is minority. Also, a survey of School of Medicine faculty completed last year found that while an overwhelming percentage believed they would be in academic medicine in five years, just 40 percent of minority faculty felt they would still be at Hopkins. By comparison, 70 percent of nonminority faculty believed they would be here. In addition, just 13 percent of minority faculty reported that they were satisfied with the level of ethnic diversity at Hopkins, compared with nearly half of nonminority faculty.

"Ethnic minorities often felt like they got left out of major social or networking events," says Lisa Cooper, who chairs the Department of Medicine's diversity council.

Surveyors recommended better recruitment efforts, networking opportunities, mentoring programs and more emphasis on retention.

Some departments are already using such strategies to make progress on diversity. In 2002, underrepresented minorities made up less than 1 percent of the Department of Medicine's Osler house staff. Today, thanks in part to changes in how the department advertises and interviews for positions, nearly 20 percent of the house staff are minorities. In addition, the council has bolstered mentoring opportunities for the department's house staff and fellows. And since 2002, the department has hosted visiting professors who are either from underrepresented minority

groups or whose work targets minority health issues.

As the Hopkins-wide diversity initiative evolves, departments will look to borrow these kinds of tactics from one another. Already, each department has submitted strategic plans for the upcoming budget year detailing how it plans to improve diversity within its own ranks.

While the initiative is young, Miller has ideas for what will work. Hopkins needs to more aggressively court job candidates for department director and other high-profile positions by, for instance, visiting them

where they live, he says.

Those tactics could convince candidates that Hopkins' interest is real.

And he notes that minority candidates often need more support, such as mentors and networking opportunities. "If you want to change the workforce, you can't take a group

that is not comfortable here and throw them into this environment," Miller observes. "Some definitely will do very well, but others won't find it as rewarding and they'll leave."

There are direct implications to not being diverse. Research has shown that, in general, heterogeneous teams are more innovative and productive than homogenous ones, says John Peoples, managing partner for Global Lead Management Consulting, a firm supporting the Hopkins initiative. But there's a catch. "Research shows that if you're not utilizing diversity in the processes and systems of the organization, then it may not make a difference," Peoples notes. "If you're seeking out and leveraging diversity in the operation, then you do see measurable outcomes in performance."

Janice Clements, the School of Medicine's vice dean for faculty, says if the effort is successful, it could be a major coup for the institution. While Hopkins isn't as diverse and inclusive as it would like to be, its peer institutions are facing the same problem.

"If we begin to have a culture and environment in which minorities do succeed," she says, "I think that's going to be an incredible recruiting tool." ■

— Jamie Manfuso

