

# Diversity and Inclusion 2017

Annual Report  
2017

Johns Hopkins Medicine  
Office of Diversity and Inclusion



JOHNS HOPKINS  
MEDICINE

# Awa Sanneh

## Third-Year Medical Student

Johns Hopkins University School of Medicine | Baltimore, Maryland

Awa Sanneh was born the day her father graduated from his master's program at the University of Manchester in England. Seven weeks later, the family left the United Kingdom to return home to The Gambia. They settled in Pipeline, a suburb of the capital, Banjul, and her father set up shop as an accountant, while her mother worked as a banker.

Awa's father was politically active, supporting the United Democratic Party, an opposition party to President Yahya Jammeh's repressive government. Jammeh, a near-dictator in power after leading a bloodless coup in 1994, oversaw the oppression of journalists, LGBTQ individuals, opponents and purported "witches." Jammeh was also instrumental in the promotion of bunk medicine, claiming to have personally developed a three-day herbal "cure" for HIV/AIDS and dismissing the need for antiretroviral medication.

As Awa approached the end of high school, her father urged her to attend college abroad, as he had done. And so, with her parents' support, she enrolled at the University of South Florida, majored in cell and molecular biology, and soon was on the dean's list, winning multiple neuroscience research awards and graduating summa cum laude. Since she was 10 years old, she had dreamed of becoming a doctor who would work to increase access to medical care and eradicate preventable diseases, and so, in 2013, she applied to medical school. With a stellar academic record, she was accepted at Johns Hopkins and elsewhere.



“The simplicity of it took my breath away. Just to be with him, talking about the little things, about school. In that moment, my life was perfect.”

But before she could matriculate at Johns Hopkins, the political situation in The Gambia deteriorated. Her father was arrested by the government, charged with sedition and held for months without trial. Amnesty International tried to intercede on his behalf, without success. Then, in a sham trial that lasted almost a year, Awa's father was convicted and sentenced to five years in jail.

Awa tried to communicate with him, but her father was forbidden to use a phone or computer. In the end, all Awa could do was write him letters, to which her father was largely unable to reply. Sporadically, Awa's mother would be

allowed to visit him in jail. He always asked how Awa was doing in the United States and, in particular, how her studies were going.

In truth, Awa's education had hit a roadblock. After her father's arrest, Awa was granted asylum in the U.S., but her change in immigration status caused complications on federal financial aid forms — and the resulting delays prevented her from receiving aid on time.

Without other options, she took a year off from school. She moved from Florida to live with an uncle in Gaithersburg, Maryland, took a job as a nanny and waited.





By the time she began at Johns Hopkins in the fall of 2015, the situation in The Gambia was changing. In an unexpected turn of events, Jammeh lost a rigged election in 2016. Jammeh tried to annul the vote and refused to leave power, until diplomatic pressure and a brief military intervention by neighboring countries convinced him to flee into exile.

The new government freed political prisoners, and Awa's father was made the minister of finance.

In April 2017, Awa's father came to visit, and they saw each other for the first time in six years. "I have no words to describe it," Awa says, adding that the reunion was the happiest moment of her life. "The simplicity of it took my breath away. Just to be with him, talking about the little things, about school. In that moment, my life was perfect."

Eventually, Awa would like to return to The Gambia and give back to her country. In the meantime, she is enjoying her time at Johns Hopkins. "It has been amazing to be surrounded by people who inspire and support me," she says.

As for her father, he already has plans to return to the U.S. to meet with the World Bank. Awa can't wait.

# Employee Cover Profiles



**Juan Ramón García, M.A.**  
**Associate Professor and Director**  
Johns Hopkins University School  
of Medicine  
Baltimore, Maryland



**Jey McCombe**  
**Stationary Engineer**  
Johns Hopkins All Children's Hospital  
St. Petersburg, Florida



**Awa Sanneh**  
**Third-Year Medical Student**  
Johns Hopkins University School  
of Medicine  
Baltimore, Maryland



**Sun Gin**  
**RN Case Manager**  
Johns Hopkins Home Care Group  
Baltimore, Maryland



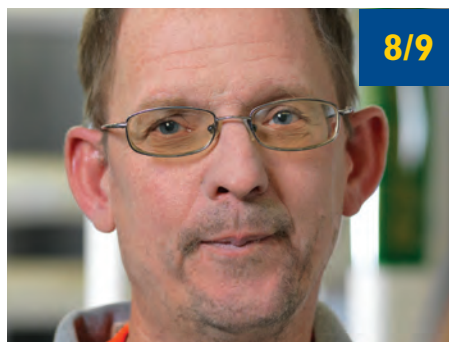
**L. Mario Amzel, Ph.D.**  
**Professor and Director**  
Johns Hopkins University School  
of Medicine  
Baltimore, Maryland



**Joel D. Roach**  
**Service Excellence Manager**  
Johns Hopkins All Children's Hospital  
St. Petersburg, Florida



**Tricia Murdock, M.D.**  
**Assistant Professor**  
Sibley Memorial Hospital  
Washington, DC



**Paul M. Thompson**  
**Groundskeeper/Utility Worker**  
Johns Hopkins University School  
of Medicine  
Baltimore, Maryland



**Rachel DeMunda**  
**Director of Environmental Health**  
Johns Hopkins Bayview Medical Center  
Baltimore, Maryland





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***“Whatever affects one directly, affects all indirectly. I can never be what I ought to be until you are what you ought to be.”***

**—Rev. Dr. Martin Luther King Jr.**

Johns Hopkins Medicine is successful because of the dedication and skill of the people who make up our shared community. This year, we are using the cover of the Diversity and Inclusion Annual Report to showcase a small sample of what makes Johns Hopkins the envy of the world — our amazing people. Through their stories, and through the stories you'll find inside the report, we give a glimpse of the

tremendous diversity of people and perspectives that make up Johns Hopkins Medicine.

This cover is only one of many. Want to see the other covers and read more stories about our people? Head to the Office of Diversity and Inclusion's website at [HopkinsMedicine.org/diversity](https://HopkinsMedicine.org/diversity).







## To the Johns Hopkins Medicine Community

At Johns Hopkins Medicine, diversity and inclusion are not just ideals — they are core principles that guide our decisions and help us deliver on our promise to our patients, our employees and our community. Every day we are trying to back up this commitment with meaningful action, as you'll read in the stories that appear in the pages that follow.

In the community, we have redoubled our efforts to have a positive impact in our neighbors' lives. We committed to contracting and recruiting locally in Baltimore City and saw outstanding results in the first year of our HopkinsLocal initiative, as detailed in this report. Moreover, the Office of Workforce Planning and Development at Johns Hopkins Medicine, in partnership with community groups like Turnaround Tuesday, was able to offer a second chance at employment to many ex-offenders who struggled to re-enter the workforce after incarceration.

Over the past year, our efforts to address inequities in health-related research studies have continued bearing fruit. For example, after surveying patients on barriers to participation in clinical trials, a team at the Johns Hopkins Kimmel Cancer Center has devised a

series of programs to increase minority participation in research studies. One way they do that is by providing transportation to and from The Johns Hopkins Hospital. These programs are getting results, as African-Americans now represent 20.2 percent of patients in clinical trials, up from 12.5 percent in 2010.

Our efforts to promote health equity extend well beyond research studies, of course. To advance that conversation, we hosted our first "Dean's Symposium on Improving Minority Health and Achieving Health Equity" in partnership with the Smithsonian National Museum of African American History and Culture. Johns Hopkins-based programs such as the Bloomberg American Health Initiative and Johns Hopkins Bayview's Centro SOL already are working to improve minority health through clinical care, advocacy, education and research focused in areas such as addiction, food availability and adolescent violence.

Our community hospitals are making strides to be more welcoming and inclusive as well. Sibley Memorial Hospital, guided by its LGBTQ Committee, has implemented a series of policies that earned it recognition as a leader in LGBTQ care. To give just

one example, Sibley recently created a new position, LGBTQ resource nurse, to help advocate for patients, educate hospital staff, and connect with the LGBTQ community.

Of course, we still have work to do as we strive to make Johns Hopkins a more diverse, inclusive and culturally competent place, but all these efforts amount to commendable progress. As we look ahead to 2018, we remain committed to "walking the walk" in our continued quest to meet that mission.

Sincerely,

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

**Ronald R. Peterson**  
President, Johns Hopkins Health System  
Executive Vice President,  
Johns Hopkins Medicine





Inside of this 2017 Diversity and Inclusion Annual Report, we see a glimpse of what makes Johns Hopkins so unique — a ceaseless drive to help one another and improve the lives of all. As the quote from the Rev. Dr. Martin Luther King Jr. that opened this report said, “Whatever affects one directly, affects all indirectly.” As the diversity and inclusion efforts of Johns Hopkins Medicine have repeatedly demonstrated over the last year, what benefits another directly benefits all indirectly.

In a world that seems increasingly polarized, the path of diversity and inclusion offers a rare and valuable opportunity to bring people together and cherish our differences. That we are different is something we all share: Our diversity is what makes us similar.

Diversity and inclusion are about celebrating both similarities and differences, and leveraging the variation among people and among cultures so that we can learn from one another, reach common objectives and discover new perspectives. Particularly in academic medicine, the discoveries of tomorrow depend upon the innovative collaborations we build today.

The Diversity and Inclusion Annual Report is an opportunity to reflect on the progress we have made over this past year and the trajectory that we follow. In 2017, we launched the Johns Hopkins Center for Transgender Health to provide holistic, supportive and affirming care to the transgender community. We renewed efforts to ensure that diversity factors, such as languages spoken, family structure and socioeconomic status, are not barriers to care and that providers have the tools to better understand, treat and heal. We established Unified Steps, where we come together to celebrate the diversity of our community and encourage wellness as we walk through our shared neighborhood and build mutual understanding. We began our series of Patient and Family Cafés to gain input and insights from the diverse patient populations we serve.

Throughout it all, we follow the idea that if we share more than we take, embrace more than we discard and hear more than we fear, then we will have contributed to a change in dialogue that has the potential to change the world.

That is our mission at the Johns Hopkins Medicine Office of Diversity and Inclusion: to build the progress we seek and light the path for others to follow us.

We encourage you to go to our website at [hopkinsmedicine.org/diversity](https://hopkinsmedicine.org/diversity) for our new 2018 multicultural calendar, our 2018 religious and cultural observances toolkit, and resources such as e-learning, cultural materials, the other Annual Report cover stories and much more.

I hope you join us in celebrating what we have accomplished in 2017 and where we are headed in 2018!

Respectfully yours,

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



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## Opening a Dialogue Toward Healing

In the wake of the turmoil that erupted after the death of Freddie Gray more than two years ago, Dean Paul B. Rothman called for a plan to encourage faculty and staff members to renew ties to the community of Baltimore — particularly as those efforts regarded race relations. The **Department of Medicine's Civic Engagement Initiative** was born.

“We started with a five-part series of interactive lunch sessions exploring the relationship between social background and worldview and approaches to build a better partnership beyond just health care,” says **Sherita Golden**, executive vice chair of the Department of Medicine, who was tapped by department director **Mark Anderson** to lead the effort, together with **Darren Brownlee**, assistant administrator, and **Eleni Flanagan**, assistant director of nursing.

In 2017, the Civic Engagement Initiative continued to grow, drawing attention to issues of community importance, such as health inequalities and strengthening connections among the city, Johns Hopkins and the citizens of Baltimore. Among the most fruitful initiatives: a “Journeys in Medicine” speaker series that featured, among others, Melvin Russell, chief of the Community Partnership Division of the Baltimore Police Department. Russell spoke about the need for closer ties between community organizations and the police.

Also in 2017, initiative leaders launched a clothing donation drive and sponsored a series of fundraising walks that have brought in tens of thousands of dollars for the study of diabetes, heart disease, kidney disease, cystic fibrosis and Crohn’s disease.

### Other ongoing projects include:

- Support for a minority recruitment and retention initiative for faculty and staff within the Department of Medicine
- Unconscious bias training for departmental leadership
- A semiannual day of service in which Johns Hopkins employees volunteer in the community
- A series of health fairs
- Faculty participation in MERIT, a mentoring program that brings high school- and college-age students in the community into labs and clinical facilities each summer and assists with college preparation during the school year

With 600 faculty members and 4,000 nurses and staff members, the Department of Medicine really stands to have a great impact in the Baltimore community, says Golden. “In many ways, we’re addressing the elephant in the room, opening a dialogue that is enhancing staff engagement and creating solutions to address the healing that Baltimore really needs.” 🙏





**From left,** Eleni Flanagan, Sherita Golden and Darren Brownlee





Rachel J. Thornton



## Bringing Diversity to Pediatric Medicine

“We need to make sure that the future of academic pediatrics research is reflected in the face of the children we serve. Having diverse representation changes the conversation.”

—**Rachel J. Thornton**, co-director of the national **New Century Scholars Program**, a mentorship program sponsored by the Academic Pediatric Association with co-sponsorship from the American Board of Pediatrics and the American Pediatric Society. The

New Century Scholars Program aims to increase the diversity of the academic pediatric workforce.

Thornton herself was a participant in the program (she served in the first class of scholars in 2005–2007), which is open to second-year pediatric residents who have an interest in pursuing careers in academic pediatrics. Each scholar is carefully matched with a junior- and senior-level mentor from around the country for career planning, fellowship application advice and more. “Our scholars have an abiding understanding of how difference can isolate people and how needed a

diversity perspective is to develop the best approach to solving our nation’s health disparities for children,” says Thornton. Her own research focuses on family and environmental contributors to obesity among racial/ethnic minority and low-income children.

In 2017, the New Century Scholar cohort expanded from eight to 14, and there are plans to add another two scholars for the upcoming year. “We’re looking to find that sweet spot to engender community while also making the program as accessible to the largest number of residents possible,” Thornton explains.



# Dealing with Racist Patients

Physician assistant **Candice Fori** has three strikes against her, in the minds of some of her patients. She's not a doctor. She's a woman. And she's African-American.

When patients ask to be treated by somebody else, she deflects the tension with conversation. "I ask why, and usually they come around," says Fori, whose gynecologic oncology clinic is in The Johns Hopkins Hospital. "Sometimes if you step back and talk to them a little bit, you build trust. I've never had anyone get really aggressive." Still, the slights hurt, she says. "It weighs on you."

Fori spoke during the question-and-answer period of a talk last December called "Dealing with Racist Patients," sponsored by the Berman Institute of Bioethics as part of its twice-monthly lunchtime seminar series. The speaker was Kimani Paul-Emile, faculty co-director of the Fordham Law School Stein Center for Law and Ethics and head of domestic programs and initiatives at Fordham Law's Center on Race, Law and Justice.

Paul-Emile's recent scholarship seeks to untangle the conflicts that arise when patients reject clinicians because of their race. About 75 people attended the talk in the Chevy Chase Bank Conference Center. By a show of hands, it appeared that about half had experienced discrimination from patients.

"This is a critical ethics issue faced by many health care providers," says **Jeffrey Kahn**, director of the Berman Institute. "How should they carry out their duty to care for patients when faced with behavior at odds with their and their profession's core values of equality and nondiscrimination?"

Paul-Emile said her initial reaction "was that this type of behavior shouldn't happen, and if it does, it certainly should not be accommodated." As she delved into the issue, her research findings helped to change her mind. Now, she believes clinicians should sometimes comply with race-based patient requests.

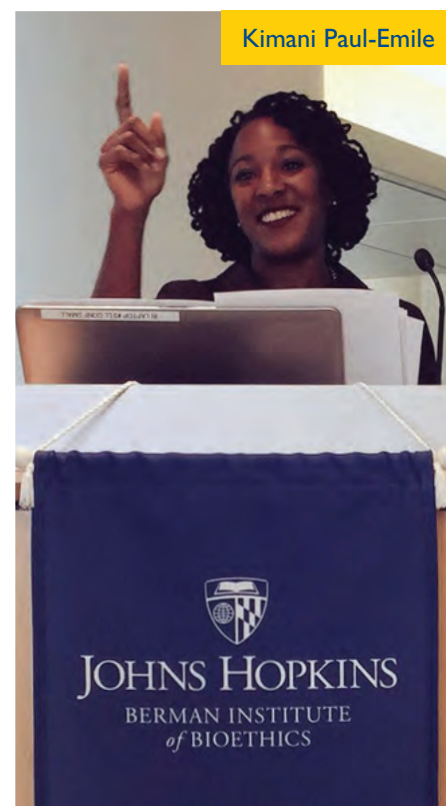
The classic portrait of a racist patient is a white man demanding a white male doctor, she said. But what about an African-American man demanding an African-American male doctor? Or a Muslim woman who prefers a female doctor?

Race-based requests are sometimes rooted in legitimate concerns, said Paul-Emile. They could be cultural, like the Muslim woman's request, or a logical reaction to a history of discriminatory treatment in the health care system, like the African-American patient's request. Some patients may be looking for a physician who they feel understands their experiences and will show them respect. In those cases, she said, assigning a different provider can build trust, which improves care.

One consideration is that hospitals must provide discrimination-free workplaces for their employees and therefore can't assign clinicians to patients based on race. However, it may be appropriate for clinicians to decide whether to comply with race-based patient requests after weighing clinical and ethical considerations, said

Paul-Emile. Her caveats: The physician must be comfortable with the decision, employment rights must be respected and the action must not compromise the delivery of quality medical care.

No matter the reason, clinicians can often change a patient's mind through conversation, Paul-Emile said. That's what Fori has learned. "I usually use humor and try to get their trust," she says.



Watch a video: "Seminar: Dealing with Racist Patients"

<http://bit.ly/2oZzsof>



Paula Neira

“Johns Hopkins is committed to providing world-class clinical care. In order to do this, we need to ensure that all patients and colleagues are seen, valued and respected.”

—Erika McMullen

## Dispelling Bias Through eLearning

The opening of the **Johns Hopkins Center for Transgender Health** in 2017 (see p. 18) addresses both improved access to care and reduction of health care disparities for the local transgender community in the Baltimore-Washington area.

While attitudes are changing, however, education has not always kept up, says **Erika McMullen**, an external consultant for the Johns Hopkins Medicine Office of Diversity and Inclusion. In collaboration with stakeholders, the diversity office developed Transgender 101, an eLearning module within Johns Hopkins' myLearning platform.

**Paula M. Neira**, clinical program director for the Center for Transgender Health, contributed greatly to the content, which also relies on external sources, such as Healthy People 2020, a federal program to promote health, prevent disease and overcome health disparities.

The module aims to teach learners the basics of transgender culture, including who fits under this umbrella term and how it differs from other terms, such as sexual orientation. The module also serves to dispel myths and dismantle biases against the transgender population, and to teach learners about disparities commonly experienced by transgender individuals.

A related myLearning module on Unconscious Bias Awareness, customized for Johns Hopkins, explains that all people have bias. The module raises awareness of how powerful biases are and how to recognize them in yourself.

“Johns Hopkins is committed to providing world-class clinical care. In order to do this, we need to ensure that all patients and colleagues are seen, valued and respected,” McMullen says. “Both of these modules are working toward that goal.”





Pablo Celnik



Robert Higgins

## Dinner & Dialogue

Last year, faculty members from across the school of medicine joined together for dinner at the Center Club, a restaurant founded in 1962 as a diversity-based response to the segregated private clubs of the 1960s. The event, held in collaboration with the Office of Diversity and Inclusion, was part of the “**Dinner & Dialogue**” series — gatherings that offer opportunities for faculty members to engage in informal conversations about underrepresented faculty in medicine and to move from talk to action.

Dinner & Dialogue events have been hosted by prominent school of medicine faculty members, including **Robert Higgins**, surgeon-in-chief for The Johns Hopkins Hospital, and **Pablo Celnik**, director of the Johns Hopkins Department of Physical Medicine and Rehabilitation.



## Message of Unity

“Johns Hopkins Medicine remains steadfast in our commitment to oppose bigotry, discrimination, violence and intolerance toward any group. We are a world-class institution because of the dedication and invaluable contributions of our faculty, staff and students, who represent all races, ethnicities and faiths.”

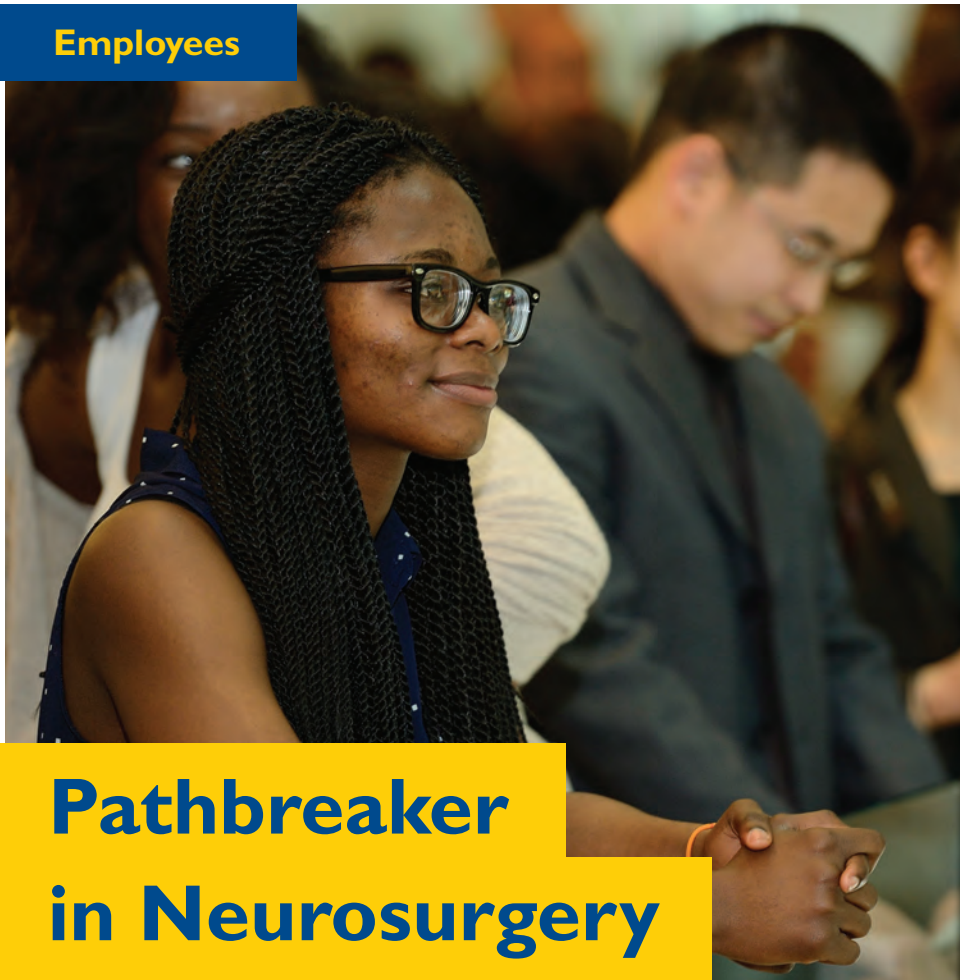
—from an August letter to the Johns Hopkins Medicine community, which was sent in the wake of the violence in Charlottesville and subsequent national turmoil, written by **Paul B. Rothman** (dean of the medical faculty and CEO of Johns Hopkins Medicine), **Ronald R. Peterson** (president of the Johns Hopkins Health System) and **James E. Page** (chief diversity officer for Johns Hopkins Medicine).

The letter, which noted that the institution’s core values today were established nearly a century and a half ago by founder Mr. Johns Hopkins, continued: “We are Johns Hopkins Medicine. We must continue to embody our founding values and stand together in support of each other, even during difficult times.”



Watch a video: “Inclusion is in our DNA | Johns Hopkins Founding Letter”

<http://bit.ly/2B8WNpo>



## Pathbreaker in Neurosurgery

On Match Day last March — the day when medical students from around the world learn the location and specialty of the U.S. residency programs where they will train for the next three to seven years — **Nancy Abu-Bonsrah** made Johns Hopkins history.

She became the first black female medical resident in neurosurgery at Johns Hopkins.

Born and raised in Ghana, she says, “I hope to be able to go back over the course of my career to help in building sustainable surgical infrastructure.”

As a child, Abu-Bonsrah moved periodically between small villages and big cities — wherever her father needed to be in his work for Adventist Development and Relief Agency, a nonprofit that helps small-scale business owners and farmers expand their businesses. When she was 15, that job

took her family thousands of miles away to Maryland, where Abu-Bonsrah quickly adjusted to American life.

“It was a little bit of a culture shock,” she remembers, “but we were very lucky because we came into a church community.”

While she rushed around at a harried pace Monday through Saturday, trying to make friends at her new high school, study in a language not entirely familiar and understand American cultural peculiarities, her Seventh-Day Adventist church family offered a welcome respite on Sundays. The familiar faces, food and rituals helped Abu-Bonsrah and her family ease into their new lives.

Members of her church family, she says, helped her navigate the U.S. education system, which offers considerably more freedom to students than the Ghanaian one. After graduating from Mount



Nancy Abu-Bonsrah



St. Mary’s University in Emmitsburg, Maryland, Abu-Bonsrah decided to attend medical school at Johns Hopkins for multiple reasons: proximity to family, excellent training and outstanding mentorship opportunities. She’s hoping to pay that mentorship forward by serving as a mentor to the next generation of neurosurgeons — particularly those searching for a role model who looks like them.

**She became the first black female medical resident in neurosurgery at Johns Hopkins.**

“I didn’t make it this far by myself,” she says. “I’m hoping I can use the positive attention I’ve received to help others make it just as far.”



## Employee Kudos



**Sherita Golden**, professor of medicine and executive vice chair of the Department of Medicine, was named the co-recipient of the prestigious Walter Reed Distinguished Achievement Award from the University of Virginia, which recognized her professional accomplishments, outstanding innovation and exemplary leadership in the field of medicine. She will be presented with the award by the dean of the UVA School of Medicine this April.



In January 2017, **Namandjé Bumpus**, associate professor in the Division of Clinical Pharmacology, was nominated by the mayor of the District of Columbia and confirmed by the city council as a science commissioner and the newest member of the Science Advisory Board in the District of Columbia. The board provides scientific oversight for the district's Department of Forensic Science (DFS) and advises the DFS director, mayor and city council on matters relating to the department.



**Damon Hughes**, manager of supplier diversity and inclusion, has been named one of the 2017 Maryland Minority Contractors Association Honorees for the Maryland Minority Contractors Association. Together with The Johns Hopkins University and the Johns Hopkins Health System/Johns Hopkins Medicine, Hughes will be recognized with the organization's Diversity Solution Award.

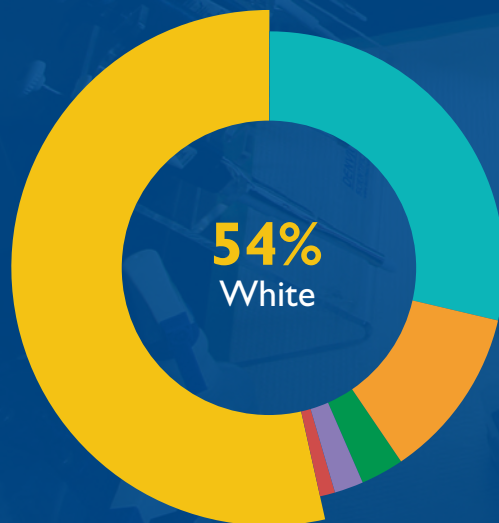


**Risha Irvin**, assistant professor of medicine in the Division of Infectious Diseases, was awarded a 2017 Herbert W. Nickens Faculty Fellowship by the Association of American Medical Colleges. The award recognizes an outstanding junior faculty member who demonstrates leadership potential in addressing inequity in medical education and health care; who has demonstrated efforts in addressing educational, societal and health care needs of racial and ethnic minorities in the United States; and who is committed to a career in academic medicine.



# Employees

## Race Johns Hopkins Hospitals



- 54%** White
- 29%** Black or African-American
- 12%** Asian
- 3%** Not assigned
- 2%** Two or more races
- 1%** American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander





## Ethnicity

Johns Hopkins Hospitals

96%



Not Hispanic or Latinx

4%



Hispanic or Latinx

## Gender

Johns Hopkins Hospitals



73% Women

27% Men

(Fiscal Year 2017)

## A Boon for Baltimore's Vision

The senior apartment building sits at a six-way intersection that few Baltimoreans travel anymore, towering over a neighborhood long blighted by abandoned and boarded-up row houses.

Its lobby is crowded today, though, as the Wilmer Eye Institute at Johns Hopkins brings its traveling eye screenings to the residents and their guests. As often as twice a week, the screening team sets up shop in locations around Baltimore.

Their work feeds into a Centers for Disease Control and Prevention study of glaucoma in the country's neediest and highest-risk populations. In Baltimore, the funding specifically targets African-Americans and Latinos age 50 and up. But the Wilmer team takes the screening several steps further, checking not only for glaucoma, but also for other eye diseases, like cataracts and macular degeneration — a gradual worsening of vision that may affect one or both eyes.

In three years, the Wilmer team has screened more than 3,000 people for eye disease, says team manager **Prateek Gajwani**. “We go anywhere in the city that people need us,” he says. “It doesn't have to be on the east side or near the Hopkins campus.”

Gajwani's group includes seven Johns Hopkins University students, both undergraduate and graduate, who work part time performing the screenings. The students are trained to use high-tech eye test devices and recognize eye abnormalities that go beyond corrective lenses. They also help arrange follow-up care at Wilmer for patients who need it.

The clinic helps find insurance and treatment for those who are subsequently diagnosed with eye disease.

At the screenings, the student team also tests patients' vision to determine whether they need glasses. Those who do can select frames from a tray of samples and have them fitted correctly. Wilmer then prepares the lenses, and patients receive their new glasses, free of charge, either in person or in the mail within three weeks.

**David Friedman** is principal investigator for the glaucoma research program and the director of the Wilmer Eye Institute's Dana Center for Preventive Ophthalmology. He reviews all patient records, making sure that those screened receive the best possible care. He says there is a “tremendous unmet need” to identify and screen for eye disease in Americans who are underserved by the health care system; about 20 percent of people who undergo the community screening get subsequent eye exams at Wilmer.

Known for its work around the world to prevent and treat blindness and eye disease, the Dana Center is also committed to improving vision in Baltimore. Much of the center's research is aimed at understanding the barriers to eye care faced by underserved people. “We are at a point where it is possible to screen remotely for glaucoma and other eye diseases using devices and relatively low-cost personnel rather than physicians,” says Friedman.

The screening program aims to serve as a model that other institutions can use to identify and treat underserved minorities with eye disease. 🙏



David Friedman and Prateek Gajwani



Nationwide, minorities are far more likely than whites to leave poor eyesight uncorrected, according to the Centers for Disease Control and Prevention. African-American seniors are almost three times as likely to develop glaucoma, a pressure-related condition that can lead to blindness.

# Launch of the Center for Transgender Health

In an effort to reduce health care disparities and improve the overall health of the transgender community, Johns Hopkins launched the Center for Transgender Health.

The new center will facilitate all facets of transgender-related care for all patients — including children, adolescents and adults — and it brings together expertise from plastic surgery, mental health, primary care, endocrinology, pediatrics, Ob/Gyn, social work and case management, among other disciplines, says center clinical director **Paula M. Neira**.

“We know that the transgender community is a target for intense discrimination and harassment, which impacts patients’ health care,” says Neira, a nurse, lawyer and former naval officer

who is a nationally recognized advocate for LGBTQ equality. “With this new center, we aim to lead by action: to improve the ability for transgender people to get health care, to provide medically needed care, and to offer care in a supportive and affirming way.”

Transgender children and adolescents, as well as their families, can find “holistic support” at the center, including expertise in mental health, social work and primary medical care, says Neira. Care for young people may include pubertal suppression and hormone therapy, though gender-affirming surgery won’t be offered for patients under 18 years old.

Transgender adults do have the option of gender-affirming surgeries, which can include feminizing facial surgery,

breast reduction or augmentation, and genital surgery, such as phalloplasty or vaginoplasty. For adults, the center also coordinates Ob/Gyn care, primary medical care, hormonal therapy and mental health care.

**Devin O’Brien-Coon**, assistant professor in the Department of Plastic and Reconstructive Surgery, serves as medical director for the new center, which opened with a “soft launch” last spring, focusing on patients who had previously contacted the department to get information about gender-affirming surgeries and services. As it evolves, it will span the entire Johns Hopkins Medicine enterprise, including all affiliate hospitals and outpatient centers, according to Johns Hopkins leaders.



The Johns Hopkins Center for Transgender Health team. **Seated**, Devin O’Brien-Coon, medical director; **Standing, from left**, Melissa Noyes, medical office coordinator; Paula M. Neira, clinical program director; and Jennifer Rice-Assenza, social worker





## Sibley: Reaching Out to the LGBTQ Community

When **Suzanne Dutton** worked at a nursing home earlier in her career, she cared for a lesbian patient who had a partner of 50 years; the couple could not be together as the patient's death approached because they were not biological family members and were not considered to be spouses. "That experience has always stayed with me," Dutton says.

Now a geriatric advance practice nurse at Sibley Memorial Hospital, Dutton and her colleagues in nursing and beyond are leading the charge to make Sibley a welcoming hospital to Washington, D.C.'s LGBTQ community. She and **Matt Brown**, a geriatric nurse navigator at Sibley, co-lead the hospital's LGBTQ Committee, which has already made numerous strides toward this goal.

For example, the committee helped to implement several policies that played a key role in Sibley being named a leader in LGBTQ health care by a national civil rights advocacy organization.

“To be the most welcoming hospital, we have to be proactive and inviting to show the LGBTQ community that we’re working to provide them with the best care.”

The committee also recently created a new position, LGBTQ resource nurse, which was recently filled by **Clare Madrigal**, a nurse in Sibley's Emergency

Department and a member of the LGBTQ community. She will serve as a dedicated point of contact to help advocate for patients, educate staff and connect with the LGBTQ community.

Additionally, Dutton and her colleagues recently co-hosted an outreach and social event for LGBTQ seniors with two local retirement communities. LGBTQ seniors tend to face health disparities stemming from isolation, Dutton explains.

“To be the most welcoming hospital,” she says, “we have to be proactive and inviting to show the LGBTQ community that we’re working to provide them with the best care.”

# Improving Access to Care by Empowering Bilingual Staff

Research has demonstrated that patients in the United States who have limited English proficiency suffer from a wide range of health disparities and poorer health outcomes. They get fewer preventive services, receive less follow-up, have lower satisfaction and have a higher risk of being re-hospitalized for the same medical condition. Part of the problem is that interpreter services are often unavailable, misunderstood or underused.

At the same time, large urban health care systems, like Johns Hopkins, are often sitting on a tremendous untapped resource — namely, thousands of bilingual staff. In the case of Johns Hopkins Medicine, current staff members speak more than 100 languages and dialects.

For patients trying to navigate complex medical encounters, the ready availability of qualified interpreters can help immensely. Many patients look for help from family members — often children — to understand what practitioners are saying, frequently leading to miscommunication, misdiagnosis or a failure to fully understand medical instructions. Qualified staff members, certified to be able to handle medical vocabulary and real-time interpretation, can be the difference between illness and health and, sometimes, life and death.

Johns Hopkins clinical nurse case manager **Fernando Mena-Carrasco** can sympathize with those who feel torn between competing cultures. He was born in Iowa but raised in Chile,

and when he was young, his parents and older siblings would use English when they wanted to keep something from him. Now, he works to make sure language is a bridge, not a barrier.

Mena-Carrasco has been instrumental in helping develop Johns Hopkins' **Qualified Bilingual Staff program** and building the related Language Access Clinical Community. The program qualifies and trains staff members on interacting directly with patients and families who have limited English proficiency — allowing them to continue to reliably serve the patient in the absence of an interpreter. Qualified bilingual staff whose test scores are high enough can even act as interpreters themselves between patients and other providers within their clinical area.

“I feel like it has had a real impact. I've seen the changes.”

The Qualified Bilingual Staff program is open to a wide range of health care staff members, including nurses, medical assistants, students and intake staff. Physicians and nurse practitioners who want to operate bilingually with patients have a similar qualification, the Clinician Cultural and Linguistic Assessment. Johns Hopkins pays the examination fees, and a system of increased compensation is being developed for those who pass the rigorous testing. “The test is really hard,” Mena-Carrasco says, “and it is really fast. It is definitely a good test, I can tell you that. Being a native speaker, I struggled with it.”

Mena-Carrasco has been facilitating the program at every stage, piloting every test, contributing to the guidelines for qualified bilingual staff in clinical settings, serving on working groups for increasing interpreter utilization and acting as one of a handful of de facto consultants helping to make the program seamless in practice.

“I feel like it has had a real impact,” Mena-Carrasco says. “I've seen the changes.” The changes have been remarkable. In addition to the influx of newly empowered bilingual staff members, practitioners can also now flag patients' languages in Epic, and patients will have immediate access to their medical records, provider instructions, medication side effects and entire MyChart accounts in their preferred languages.

Working as qualified bilingual staff, Mena-Carrasco has had to accommodate the way he speaks to make his Spanish more pan-Latin and more flexible for regional differences. “In Chile, I would say *cuentas* for ‘medical bills,’ but I know that someone from Mexico might say *billes*, so I need to be able to accommodate that,” he says.

And that is perhaps the most important part of the change that is underway — rather than making patients bend to the system, Mena-Carrasco and Johns Hopkins are meeting linguistic needs where they find them. And they are making healthier patients in the process.





Fernando Mena-Carrasco



# Enhancing Language Services

The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Johns Hopkins Community Physicians have updated their medical interpretation policies that address how to provide services for patients with additional communication needs. The core requirements of these policies will extend to the rest of the entities within the Johns Hopkins Health System in the coming months.

The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and Johns Hopkins Community Physicians staff members can access enhanced tools to support interactions with patients, as well as their family members and friends who are deaf and hard of hearing, blind or partially sighted, or who have limited English proficiency (LEP) — including those who use sign language. Medical interpretation services are provided free to these patients and those involved in their medical care.

“Patients have a right to a full understanding of what’s happening and what’s needed during their care, and to participate in their own care,” says **Susana Velarde**, assistant director of operations for Language Access Services for Johns Hopkins Medicine International. Staff members who encounter LEP patients, family members and friends — for example, meeting with a hearing child whose parents are deaf or hard of hearing — must use one of the following medical interpretation methods during all medical conversations:

## 1 Over-the-Phone Interpretation

Using the phone to connect the patient and staff member to a qualified medical interpreter (non-English spoken languages)

## 2 Video Remote Interpretation

Using specially outfitted tablets to connect patients and providers with qualified medical interpretation through real-time video transmission (particularly important for sign language)

## 3 In-Person Interpretation

Using a qualified medical interpreter who comes to the patient’s hospital room or doctor’s appointment to interpret for the patient and the clinical team

Collectively, these interpretation methods enable qualified medical interpretation in more than 200 languages. Mandatory online training for all staff members — clinical and nonclinical — is underway and will eventually extend to all employees throughout the health system.







## Toward Better Understanding

For adult Medicaid patients to qualify for home nursing and other care provided by Johns Hopkins Home Care Group, they must meet certain requirements — including being homebound and having a caregiver they can rely on between nursing visits. Patients who have a limited ability to communicate in English often have a caregiver who can assist them. However, that's not always the case, says **Suzanne Havrilla**, clinical manager for the Home Care Group.

This communication barrier can hinder delivering effective care, she explains, particularly in situations in which patients need assistance after hours. Although there's always a triage nurse on call to attend to patients' needs at night and on weekends, it can be nearly impossible to help patients who need communication assistance to explain their needs.

A few years ago, the Home Care Group began distributing personal emergency response units — small devices worn as a watch or a pendant that can be used to contact Home Care Group staff members in urgent situations. What's more, the company that produced the wearable units, Critical Signal Technologies, also offers interpretation services — in 220 different languages — for patients who need them.

Each month, the service takes 300 to 400 calls from patients. Although only a fraction of callers use interpreter services, Havrilla notes, the service is invaluable to patients who need them. “Being able to fully understand our patients,” she says, “allows us to be infinitely more effective in the care we deliver.”



Suzanne Havrilla



# A Café for Patient Input



Members of the pediatric Patient and Family Advisory Council for The Johns Hopkins Hospital

There are more than 20 patient and family advisory councils in place across the Johns Hopkins Health System. However, the demographic makeup of the councils does not represent the diversity of the patients that the system serves, says **Nicole Iarrobino**, senior project administrator for patient relations and patient- and family-centered care at The Johns Hopkins Hospital.

Inspired by an idea from a council member, Iarrobino and her colleagues launched the first patient and family café, a lunchtime chat with a group of individuals who aren't currently part of advisory councils.

They extended an invitation to 900 patients living within a 5-mile radius of the hospital who have been seen at

The Johns Hopkins Hospital for diabetes or congestive heart failure. Although the invitation wasn't aimed at a particular race, all 20 respondents who chose to attend were African-American. They represented a variety of age groups — from children to grandparents.

On a Saturday last March, those attendees and a handful of staff members sat in a rectangle with catered lunches and drinks to discuss Johns Hopkins care experiences. Iarrobino and her colleagues are already implementing suggestions that came up at the café, including providing regular updates from triage when patients face long waits in the Emergency Department. Some patients from this first café have joined the main patient and family advisory council, and there are already

plans to implement more patient cafés across the system, Iarrobino says. "We're committed to actively engaging with patients who represent those we serve every day."

**Inspired by an idea from a council member, Iarrobino and her colleagues launched the first patient and family café, a lunchtime chat with a group of individuals who aren't currently part of advisory councils.**



# THE JOHNS HOPKINS MEDICINE DEAN'S SYMPOSIUM ON IMPROVING MINORITY HEALTH AND ACHIEVING HEALTH EQUITY



## Fostering Health Equity Through Increased Diversity

“We certainly don’t have all the answers. But until you ask the questions, you can’t have the answers. And we’re asking the questions.”

—**Paul B. Rothman**, dean of the medical faculty and CEO of Johns Hopkins Medicine, spoke at the **Johns Hopkins Medicine Dean’s Symposium on Improving Minority Health and Achieving Health Equity** on April 12 at the Smithsonian National Museum of African American History and Culture. It brought together experts from across the Johns Hopkins Medicine spectrum to address how the institution is working toward solutions to these issues through collaboration and excellence in research, education, clinical care and community engagement.

Perhaps the most important tool in eliminating health disparities may be increasing diversity among those

delivering the care. That starts with focusing on diversity for aspiring doctors, such as **Zachary Obinna Enumah**, a fourth-year Johns Hopkins medical student, who has received several scholarships, including the Henry M. Seidel, M.D., Scholarship and the James F. Nabwangu, M.D., Scholarship.

“Diversity in appearance leads to diversity in experience,” he says. “If you want to elevate the emotional intelligence of students, residents and faculty, it’s important to bring that diversity to the classroom, because we will bring that to the clinic.”

### Watch a Video

Michelle R. Simmons is a patient, mother and grandmother who understands firsthand the impact of health disparity in her family and in her community. Her commitment to her own health and the health of her family and community makes her a powerful partner with Johns Hopkins Medicine to reverse the impact of health disparities.

Watch Michelle’s story:  
<http://bit.ly/2Di0yKs>



More than 70 providers will see and care for patients in the new John G. Bartlett Specialty Practice. About 170 patients are expected to come through the facility every day.

## Infectious Disease: Relieving the Burden



John G. Bartlett

Patients with a range of infectious diseases — including HIV and viral hepatitis — now have access to much-needed services in one convenient location, with the opening last May of the John G. Bartlett Specialty Practice at The Johns Hopkins Hospital.

The nearly \$24 million facility, opened in renovated space in the Park Building (the former location of the Emergency Department), includes more than two dozen exam rooms. In addition to housing various multidisciplinary subspecialists, the facility features a nutritionist, an on-site pharmacy, phlebotomy services, and a full complement of social workers and case managers.

The renovated Park Building will also house infusion services. Three units — the Sickle Cell Center, Adult Infusion

Services and Therapeutic Apheresis — will now be co-located on the first floor of the building. Patients will enter from the hospital's main loop to get to the infusion center.

“East Baltimore has a greater burden of infectious diseases than most other regions of the country. We are thrilled to provide the community the best possible care in the best possible location,” says **David L. Thomas**, director of the Division of Infectious Diseases.

The clinic honors **John G. Bartlett**, the former Johns Hopkins infectious diseases division director, who spent more than 25 years leading efforts to improve and develop treatments for patients with infectious diseases, including HIV/AIDS.



# Help for High Prescription Costs

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 afford 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. She 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, established in 2002, serves patients who are underinsured or have no insurance at all.

"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 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 Johns Hopkins patients who can't afford expensive medications. (For example, team members 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.

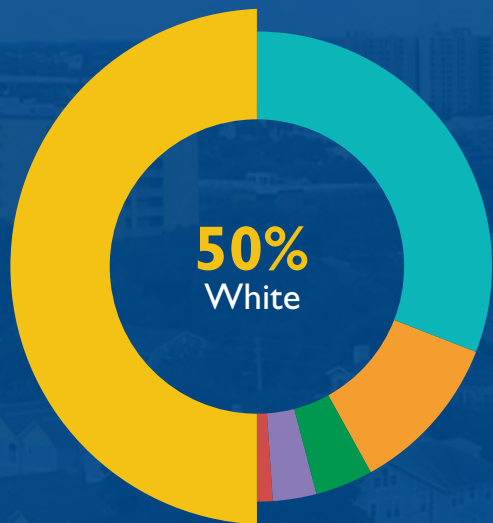
"We see a lot of patients who are struggling to make ends meet," Dowdy says. "But we're also seeing growing numbers of working families who just don't make enough money to cover some of these incredibly expensive medications."

28 million Americans were uninsured in September 2016, according to the Centers for Disease Control and Prevention. Millions more had insurance premiums, copays and deductibles they couldn't afford.



# Patients

**Race**  
*Johns Hopkins Hospitals*



- 50%** White
- 31%** Black or African-American
- 11%** Asian
- 4%** Not assigned
- 3%** Two or more races
- 1%** American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander

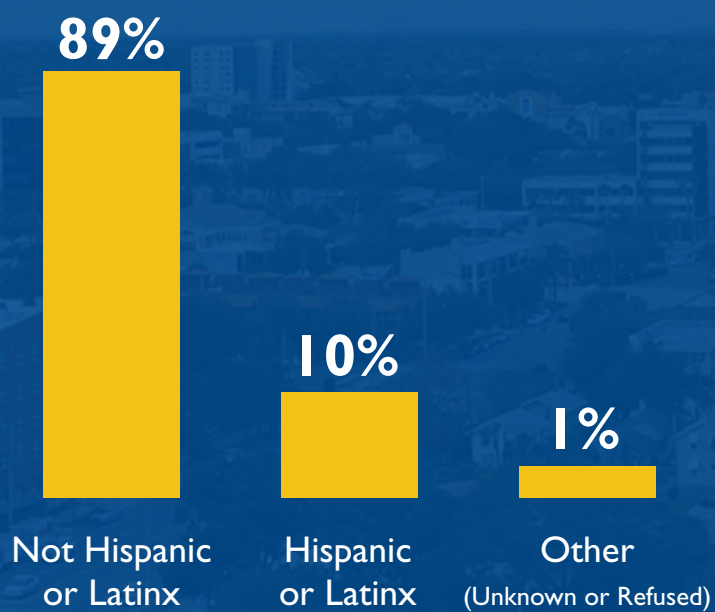






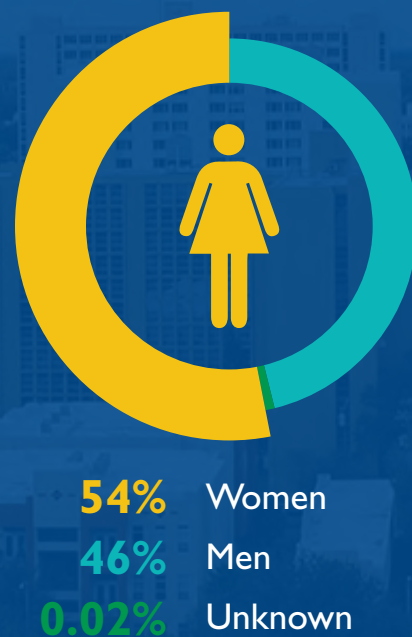
## Ethnicity

*Johns Hopkins Hospitals*

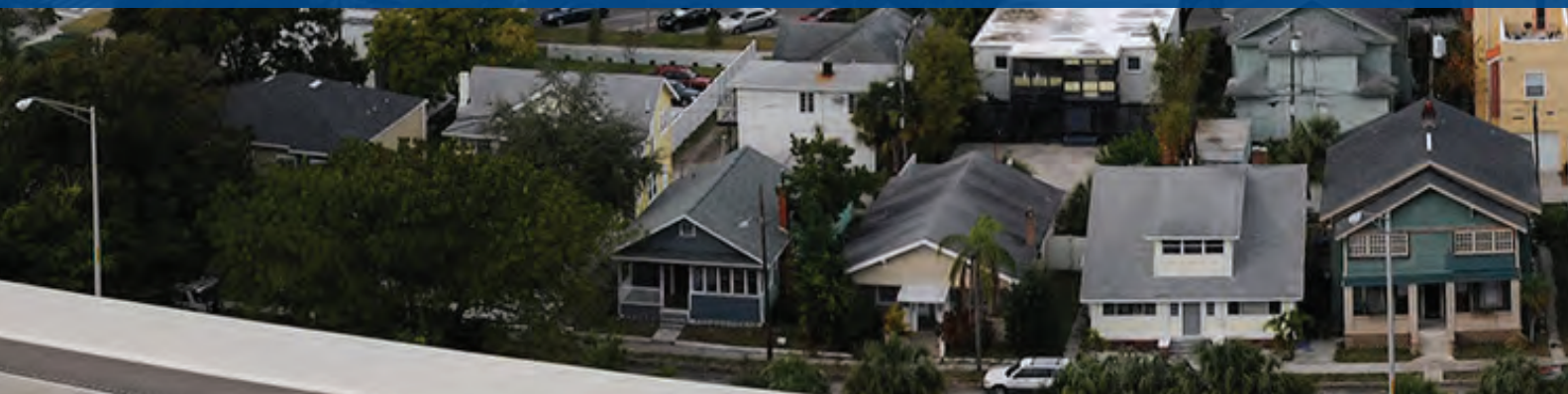


## Gender

*Johns Hopkins Hospitals*



(Fiscal Year 2017)



## Improving Access to Hearing Aids

Hearing loss has long been thought just a pesky part of aging — a mere inconvenience for the nearly two-thirds of seniors over 70 years old affected by this condition.

However, over the past several years, studies led by Johns Hopkins otologist **Frank Lin** have shown that hearing loss has more far-reaching effects than anyone had suspected. His work has linked it with dementia, cognitive decline, falls, risk of hospitalization, disability and increased health care costs.

But these problems may not be inevitable, Lin says. “We have every reason to think that if we intervene with hearing loss, we may directly affect and modify the pathways that lead to these poor health outcomes, potentially reducing the risk of their ever occurring.” Lin will soon be leading the Aging and Cognitive Health Evaluation in Elders (ACHIEVE) study, a recently funded \$16 million multisite clinical trial that will test this idea.

One issue, says Lin, is that hearing aids — the gold standard for correcting hearing loss — are currently unaffordable for many people who might benefit from them. A pair of hearing aids costs around \$5,000. Because of regulations set more than 40 years ago, there’s no coverage for these devices through insurance or Medicare, and they require distribution through a health professional rather than being sold over the counter.

That means people on tight budgets are effectively priced out, Lin says. He and his colleagues decided that in order to change public health, the law

needed to change first. Starting in 2014, Lin led a workshop and then a consensus study at the National Academies of Science, Engineering, and Medicine on the health effects of hearing loss in older adults. In parallel, he also helped advise the President’s Council of Advisors on Science and Technology on this issue.

Based on these efforts, both the National Academies and the President’s Council recommended new regulations for hearing aids. Last summer, the Over-the-Counter Hearing Aid Act — which will allow hearing aids to be sold over the counter starting in 2020 — was signed into law.

In the meantime, a recent study led by Lin and Johns Hopkins audiologist colleague **Nicholas Reed** shows that some personal sound-amplification products — volume enhancers that are currently available over the counter — can improve hearing nearly as well as hearing aids. These products could give consumers a bridge until the more accessible and affordable hearing aids hit the market in several years, or at least additional options.

“We don’t think it’s an either/or,” Lin says. “A diversity of choices could eventually offer consumers many different solutions to this problem.” 🙏





Frank Lin

“A diversity of choices could eventually offer consumers many different solutions to this problem.”

# Studying Women's Health — to Improve It

Carolyn Sufrin

**Carolyn Sufrin** studies female prisoners — women who live out of public view, without visibility or voice.

Sufrin, an Ob/Gyn in the school of medicine, leads the Pregnancy in Prison Statistics project, a collaboration that is collecting data on more than 600 pregnant women in 22 state prison systems and six jails.

She's working with mentorship from the Johns Hopkins Women's Health Research Group, which also helped her secure funding from the National Institutes of Health (NIH) through a program called Building Interdisciplinary Research Careers in Women's Health.

Last May, Sufrin discussed her work at the research group's annual symposium, telling an audience of about 150 that as many as 10 percent of incarcerated women are pregnant but receive inconsistent care behind bars. Sufrin's findings underscore the purpose of the research group: to study women's health in order to improve it.

Until very recently, most biomedical research was conducted on and for men, leaving women with less information about their diseases, symptoms and treatments. Only in 2015 did NIH require that researchers consider sex and gender in biological studies.

"Sex and gender research is a growing area," says internist **Wendy Bennett**, founder and chair of the Johns Hopkins Women's Health Research Group.

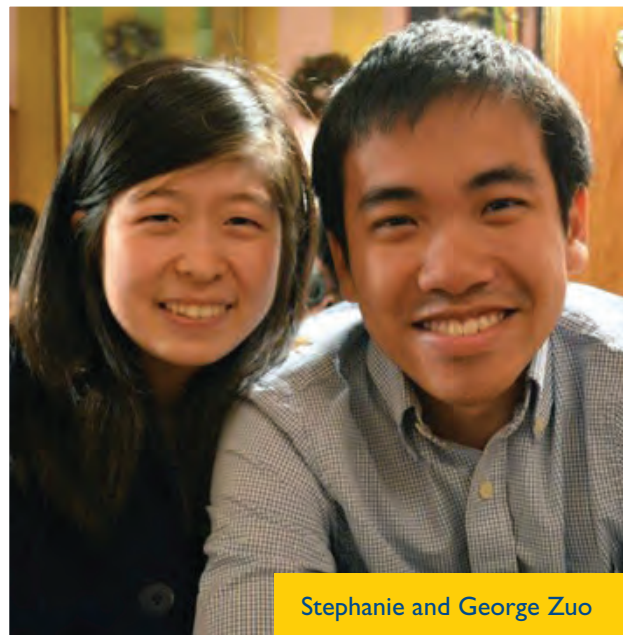
Accordingly, the group she helms is growing as well, and will become the Johns Hopkins Center for Women's Health, Sex, and Gender Research. Bennett announced the change at the symposium, saying it will provide more opportunities to attract funding and award seed grants to early-career researchers.

The research group began in 2007 as a journal club to promote and highlight research related to women's health. From the start, it spanned the schools of medicine, public health and nursing, receiving financial support from all three. It holds seminars, networking events and the annual symposium, plus provides mentorship and funding to investigators. About 30 Johns Hopkins faculty members, women and men both, are active in the group, Bennett says.

"One of the changes we're seeing is the recognition that women's health involves the whole person at all stages of life," says Bennett. "It's not all about reproduction. We need to look at pre-adolescents, older women, even sex differences in the fetus."

**Getting Specific:** At the research symposium last May, developmental psychologist **Kristin Voegtline** and cardiologist **Rosanne Rouf** discussed the work they've done as 2016 winners of \$25,000 grants from the Foundation for Gender-Specific Medicine, helmed by **Marianne Legato**, an adjunct professor of medicine at Johns Hopkins. Voegtline is learning that prenatal exposures, such as cigarette smoking, may influence male fetuses more than female ones. Rouf is studying mice with Marfan syndrome, a genetic disorder that often leads to heart damage, to better understand how heart disease progresses in human men and women. The foundation will offer two additional \$25,000 grants later this year.





Stephanie and George Zuo

## Breaking the Cycle of Youth Violence

For young people in Baltimore who are exposed to violence regularly, violent behavior can become a conditioned response to stressful situations, one that's not fully intentional.

A husband and wife team of researchers, **George and Stephanie Zuo**, have proposed a way to address these automatic responses in Baltimore youth through cognitive behavioral therapy. Their proposal aims to give young people in city schools and detention centers the tools to develop situational awareness and internalize new, healthier patterns of thinking and responding in stressful situations.

Their work has earned them the 2017 Abell Award for Urban Policy, which recognizes outstanding papers that analyze a major policy issue facing Baltimore and propose feasible solutions. Stephanie graduated from the Johns Hopkins University School of Medicine in May, and George just completed his first year as a doctoral student in economics at the University of Maryland, College Park.

"We wanted to work together, because we thought it would be an amazing way to use both of our skill sets to do something for Baltimore," says Stephanie, who is currently an

Ob/Gyn resident at the Albert Einstein College of Medicine/Montefiore Medical Center in New York City. The pair met as undergrads at Harvard University, married in 2014 and moved to Baltimore to attend graduate school. "We're both very much invested in urban, underserved neighborhoods and finding ways to improve the lives of those who live there," she says.

The duo is currently working to connect with Baltimore City officials, youth organizations and corrections facilities to help implement and administer a pilot program.



# Fostering Interracial Ties

Marco Grados

For Latino immigrants living in urban Baltimore, life is difficult. Many live far from loved ones and must grapple with gang violence, poverty, lagging schools, poor nutrition and language barriers — all of which can create a deeply stressful environment that leads to panic attacks, post-traumatic stress disorder and substance abuse, among other health problems.

“There’s evidence that Latinos in Baltimore feel isolated. We want to find out more about the causes of that isolation and try to directly counter it through civic participation,” says **Marco Grados**, a Johns Hopkins child psychiatrist with expertise in Latino mental health.

He is part of a team of doctors, sociologists and community activists who recently received a **21st Century Cities Initiative** grant from The Johns Hopkins University. They will use the grant to encourage greater participation of Latinos in neighborhood associations to foster interracial ties.

“We think a key to safer, more stable neighborhoods is civic engagement between Latinos and the community,” says **Christine Eith**, a Johns Hopkins sociologist who is the principal investigator for the project.

The group’s work started in 2016, with a program called *Unidos y Seguros* funded by the Johns Hopkins Urban Health Institute — a safe space for Latino immigrants where mental health experts helped participants share their experiences, receive safety tips from the police and learn about reconciliation with other disadvantaged communities in Baltimore. More importantly, those efforts offered a measure of healing and revealed a desire for greater contact between Latinos and non-Latino groups in Baltimore. “This 21st Century grant flowed out of that success,” says Johns Hopkins Bayview internist **Sadie Peters**, a member of the team.

The one-year, \$21,000 grant will kick off with a six-month information-gathering effort, including various one-on-one interviews and a series of intergroup

meetings. The second six months of the grant will see implementation of strategic recommendations based on the findings of the research. Already, the team has placed a liaison with the Latino affairs team of Baltimore City councilman Zeke Cohen.

“There’s evidence that Latinos in Baltimore feel isolated. We want to find out more about the causes of that isolation and try to directly counter it through civic participation.”

“In the end, we’d love to see Baltimore implement a formal policy that helps immigrants integrate in the community and dedicates funds to give them a way to express themselves,” says team member **Donna Batkis**, senior psychotherapist for the Hispanic Clinic at The Johns Hopkins Hospital. “These are issues that affect all Baltimoreans.”





Deidra Crews

“Disparities in kidney disease have not received the attention that they should,” says Crews, who is associate vice chair for diversity and inclusion for the Department of Medicine. “There are not very many people working in this area.”

## Confronting Disparities in Kidney Disease

Nephrologist **Deidra Crews**’ research is driven by many factors: her expertise in kidney disease, her calling to study issues affecting minority communities and her love of inquiry, to name a few. But this fact is at the center: African-Americans are at disproportionately higher risk for developing kidney failure than Caucasians.

Baltimore has one of the greatest disparities in the U.S., with African-Americans having up to four times greater risk compared with Caucasian residents of the city.

“Disparities in kidney disease have not received the attention that they should,” says Crews, who is associate vice chair for diversity and inclusion for the Department of Medicine. “There are not

very many people working in this area.” For her current National Institutes of Health-funded study, she is investigating whether access to healthier food — and knowledge about nutrition — can help control hypertension and prevent kidney disease from advancing.

She is partnering with Klein’s ShopRite of Maryland, a Baltimore supermarket chain, to bring healthier food choices to the city’s “food deserts,” areas where healthy food options are scarce. Research shows that African-Americans often live in such food deserts.

Beginning this year and continuing for five years, her study will recruit low-income African-Americans with high blood pressure and early kidney

disease to participate for one year. The first group will receive \$30 per week worth of fruits, vegetables, nuts and beans, plus coaching on food choices. A second group will receive a gift card for independent shopping at ShopRite. ShopRite will deliver all food chosen in the study to a neighborhood community center for easy access by participants.

“My hope,” says Crews, “is to examine this modifiable risk factor for poor health and determine if this method of delivering healthy foods improves outcomes for African-Americans with hypertension and kidney disease.”

# Data Reigns at Latino Health Conference



Morgan State University student José Domínguez is a whiz with a computer. Rather than create some new smartphone app or set his sights on Silicon Valley, however, he has become an expert in health informatics on the Baltimore Latino population.

He uses computers to draw meaning from a patchwork of available health data captured in surveys and hidden in social media and text messaging. His goal: to improve health in the Latino community.

Domínguez's skills were on full display when he was a featured Young Investigator at the daylong **Latino Health Conference** last May. The 2017 conference, hosted

by the Center for Salud/Health and Opportunity for Latinos — Centro SOL, for short — and the Johns Hopkins Urban Health Institute, focused on the value of Latino health research in changing times. More than 11 speakers from across the public health and political spectrums — plus Domínguez and five other young investigators from top universities — explored the value of gathering more and better data about Latino health in the Baltimore region and beyond.

“José has found a niche in health informatics and is helping Latino parents navigate a complex and challenging health system for their children. The conference provided a great exposure for him and the challenges of Latino health in general,” says Johns Hopkins pediatrician **Lisa DeCamp**, one of two co-directors of the conference.

The hurdles for Baltimore's Latino community are many. Poverty, low health literacy and the language barrier can make it tricky for scientists to gather the information they need. Even the most basic of data collection tools, the written survey, is a challenge when a large swath of the population is not literate. Thus, researchers often must rely on oral surveys — which are more difficult and expensive to conduct — to gather much of their data, DeCamp says.

“José has found a niche in health informatics and is helping Latino parents navigate a complex and challenging health system for their children.”

While data and research were the focus of the conference, the ultimate message was one of advocacy. Keynote speaker Baltimore City councilman Zeke Cohen, whose district encompasses much of Baltimore's Latino community, “talked about the importance of building partnerships to support the health and well-being of Baltimore's Latino community,” DeCamp says.

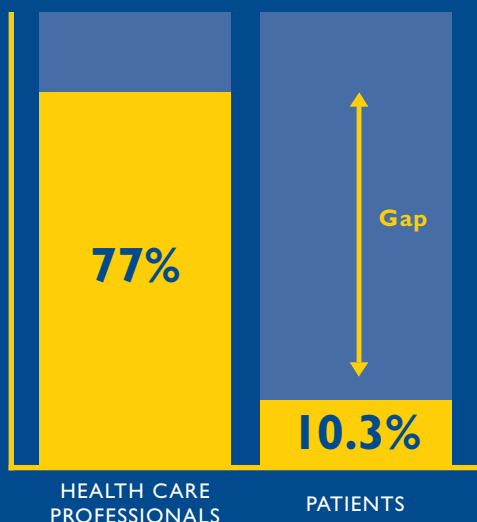
Anish Patel, a pediatrician at the University of California, San Francisco, described how better data revealed that many Latino children lack access to drinking water in school, often turning to sugary juices instead. That finding led directly to new legislation in California requiring water access in public schools. “Dr. Patel's work was a great example of how the ultimate outcome of data science is action,” DeCamp adds. “It's a real success story.”



# Closing the Disclosure Gap

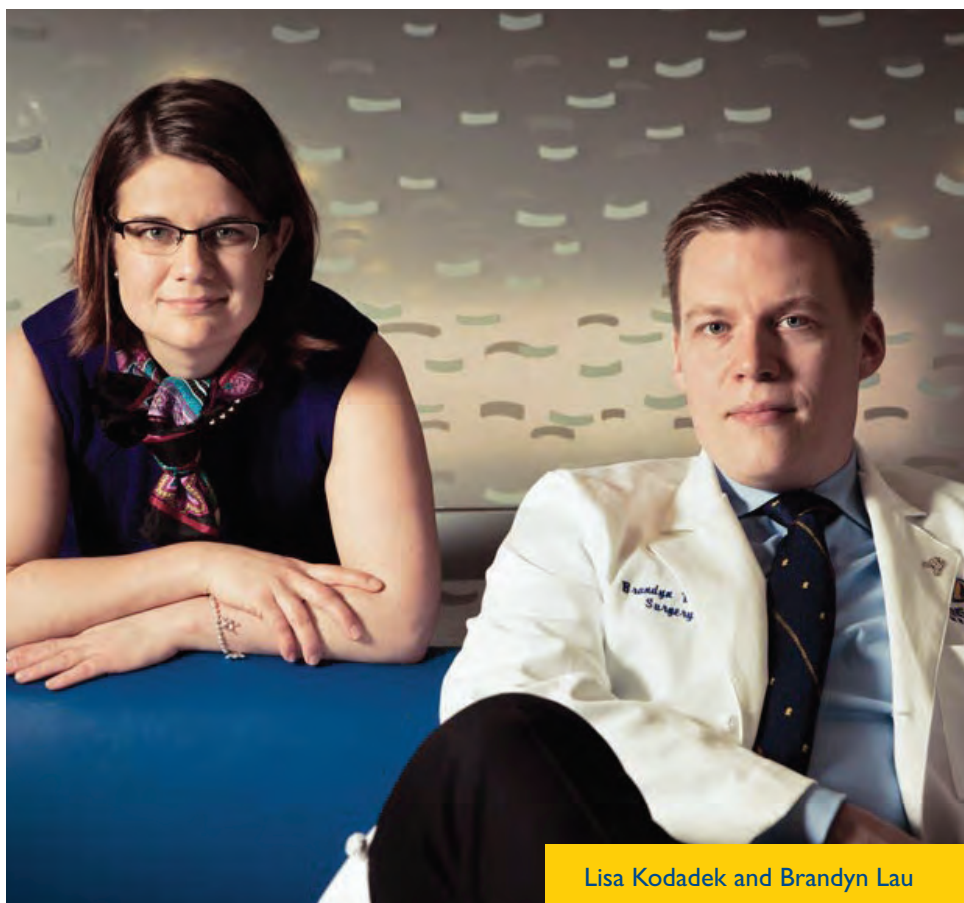
## Sexual Orientation Disclosure Gap

Percentage of surveyed emergency department health care professionals who reported patients would refuse to provide their sexual orientation if asked **VERSUS** percentage of surveyed patients who reported they would refuse to provide their sexual orientation if asked.



Closing that disclosure gap has the potential to improve the care of lesbian, gay and bisexual patients — a population with historically poorer overall health and less access to health care and insurance compared with the straight population, conclude Johns Hopkins researchers, whose study was reported in *JAMA Internal Medicine*.

The new research, part of the EQUALITY Study, is a collaborative effort among researchers at the Johns Hopkins University School of Medicine, Brigham and Women's Hospital, and Harvard Medical School.



Lisa Kodadek and Brandyn Lau

“Unlike racial/ethnic and age data, information about sexual orientation and gender identity has not been collected routinely in health care settings, which limits the ability of researchers and clinicians to determine the unique needs of the lesbian, gay and bisexual communities,” says Johns Hopkins’ **Brandyn Lau**, the report’s senior author. “Health care providers haven’t collected these data, at least in part due to fear of offending patients, but this study shows that most patients actually would not be offended.”

Adds Lau, “We need to make collecting sexual orientation information a regular part of our practice, similar to how other demographic information, such as age and race, is collected. And because I don’t think providers will start consistently collecting these data on their own, clinics and hospitals need to mandate it.”

As a next step, the research team will test different approaches to data collection, also as part of the EQUALITY Study.

# Improving Participation in Clinical Trials

In medicine, clinical trials are crucial to testing medical advances and pushing them forward as safely as possible. For decades, most trials included only the largest available pool of patients, namely white men. In recent years, however, the research community has put a bigger emphasis on mirroring the demographic makeup of the wider community.

Since women and men, and people of various races and ethnic groups, might respond differently to medical interventions for many different reasons, it is vital for scientists to broaden the pool of those involved in clinical trials, says Johns Hopkins nurse **Dina Lansey**.

She is among those who are working to increase African-Americans' participation in cancer clinical trials. In Maryland, one in five residents is African-American. "We have struggled, as many large academic cancer centers do, to increase diversity among participants as well as overall participation rates," she says.

To widen the pool of available study participants, she first looked at the barriers to recruitment to clinical trials. She found that in patient surveys, most were marked "patient not interested" by the surveyor. Lansey pressed for better data. When asked for more detail about why they chose not to participate, African-American patients listed factors such as too many visits, too much travel and the high costs of getting to and from appointments.

"This was a key finding. On top of their diseases, these patients had to worry about day-to-day issues like child care and lost work for every visit to see us," Lansey explains. "These are barriers that can result in a patient declining a trial they might otherwise have joined."

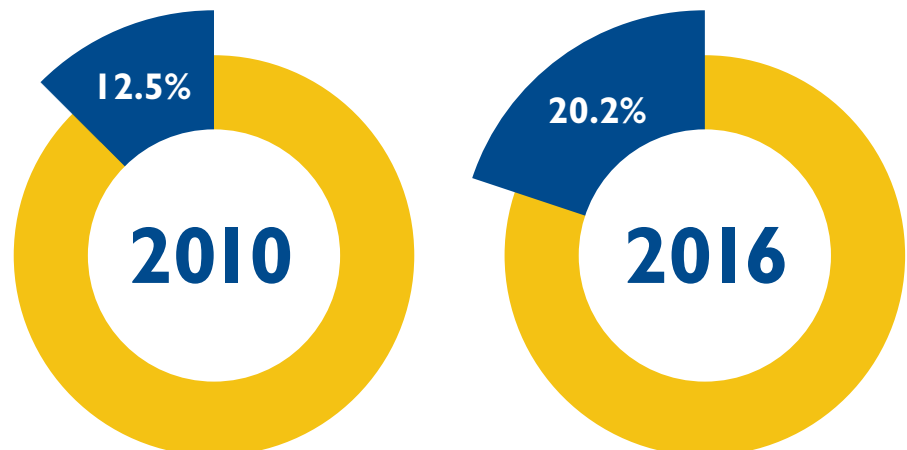
With that nugget in hand, Lansey set about devising programs to increase participation, including an award-winning trio of videos for patients that explains how clinical trials work, the importance of diversity in participation and how other patients made the decision to join.

She also devised a program to assist clinical trial participants with transportation expenses to and from The Johns Hopkins Hospital. The program

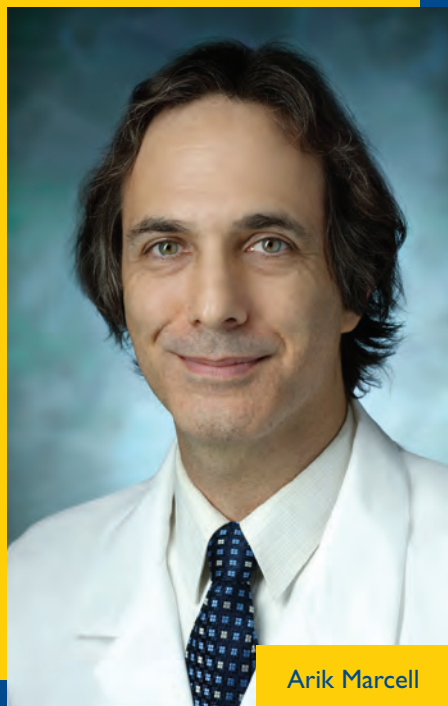
pays for parking for clinical trial visits for up to one year; for those living in Baltimore City without access to a car, it covers taxi fare to and from the hospital.

"The program has been well-received and it, along with other Cancer Center efforts to understand and address barriers patients face, is improving participation," Lansey says. The numbers back her up. In 2010, African-Americans represented 12.5 percent of trial participants at the Johns Hopkins Kimmel Cancer Center. At the end of 2016, that figure was 20.2 percent.

## Percentage of African-American trial participants at the Johns Hopkins Kimmel Cancer Center







Arik Marcell



## Reproductive Health Care in Context

“This study tells the story of how the health care system is not well set up to serve young men’s sexual and reproductive health care because it’s often viewed as women’s domain.”

—Johns Hopkins pediatrician **Arik Marcell**, who led a study based on a dozen focus groups with 70 straight and gay/bisexual Hispanic and African-American males ages 15 to 24. The goal: to document young men’s direct perceptions about sexual and reproductive care. Among common barriers to such care: fears of sexually transmitted infections testing, concerns about having a choice in the provider they see, and a lack of clear messages about why to access the sexual and reproductive health care that young women receive.

Marcell and his colleagues, who reported their findings in the *Journal of Adolescent Health*, concluded that gaining a better understanding of the context in which young men grow up will allow health care providers to improve this population’s use of sexual and reproductive health care.

## Scholar of Public Health

When Ecuador native **Monica Guerrero Vazquez** moved from Spain to Baltimore in 2011, she found her place volunteering, and then eventually working full time, for **Centro SOL**. This Johns Hopkins nonprofit focuses on promoting health in the local Latino community through clinical care, advocacy, education and research.

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Among her responsibilities, Guerrero Vazquez has helped with Centro SOL's research mission in recruitment and translation, using her bilingual and program coordinating abilities. But she longed to answer research questions more directly.

So she applied to the master's of public health degree program at the Johns Hopkins Bloomberg School of Public Health — and got the opportunity of a lifetime. Guerrero Vazquez is one of the first fellows of the **Bloomberg American Health Initiative**, a program that supports public health work in five key areas, in part by funding full master's or doctoral programs for public health scholars like her.

**Michelle Spencer**, associate director of this initiative, explains that putting a public health lens on the initiative's five targeted areas — addiction

and overdose, environmental challenges, obesity and the food system, risks to adolescent health, and violence — will lead to advances over time that will have enormous impacts on health and well-being.

The initiative requires all of its fellows to be currently working for organizations that support any of these five areas. In order to transfer learning from graduate education to public health programs, the organizations agree to rehire the fellows for at least one year after graduation.

"People are always looking for opportunities to do what they enjoy and have a passion for, and I've found it. I'm doing what I love," Guerrero Vazquez says. "This scholarship is allowing me to be able to do it even better by getting a master's degree from one of the best schools in the world." 🙏



Monica Guerrero Vazquez

Mueveteón  
The fun is waiting  
**Move-it-on!**

Guerrero Vazquez is one of the first fellows of the Bloomberg American Health Initiative, a program that supports public health work in five key areas, in part by funding full master's or doctoral programs for public health scholars like her.





Panagis Galiatsatos

## Building Bonds in the Islamic Community

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

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 the **Lay Health Educator Program (LHEP)** organized by nursing and medical students from The 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.

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 has been stuffed with school supplies, like crayons and rulers, and 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 Johns 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 The Johns Hopkins University and The Johns Hopkins Hospital, and executive director of the Muslim Social Services Agency, a Baltimore nonprofit he founded in 2003 serving more than 2,000 people a year, including about 250 refugees.





Paula Teague

## A Pastoral Approach to Better Health

By partnering with local religious leaders and congregations, **Paula Teague** and her spiritual care team are pushing to improve the health of residents living in neighborhoods around The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center.

“We want to build continuity of care within the community, to address health disparities and health literacy, and to increase access to health care,” says Teague, senior director of spiritual care and chaplaincy for the Johns Hopkins Health System.

Now in its seventh year, the **Medical-Religious Partnership** provides health care assessments in churches, synagogues, mosques and temples, and develops customized intervention programs on congregation-specific issues, such as chronic heart problems, diabetes or addiction.

In establishing the partnership program — part of the Health Community Partnership program begun at Johns Hopkins Bayview under **Dan Hale** — Teague and her team looked for buy-in from key community influencers in Baltimore: congregational leaders across several faiths. “If a parishioner hears from a clergyperson that health care is important, he or she is more likely to continue interventions,” she explains.

What started with six congregations in 2010 has grown to 60 in 2017. Other components include quarterly gatherings with congregational leaders to form a larger interfaith network and to learn more about health issues important to community members—from advanced care planning to youth programming to health assessments.

The partnership’s newest initiative, **Caring for the City (C4C)**, began in fall 2016. So far, 36 religious leaders

have attended six sessions to learn tools to better integrate health and well-being with spiritual care.

Led by **Christopher Brown**, director of Clinical Pastoral Education and Community Chaplaincy, C4C soon will include “town hall” meetings to gather the community with clinically trained chaplains and health care professionals. In September 2017, C4C inaugurated Community Partners Clinical Pastoral Education, a 400-hour course aimed at both clergy and lay leaders. Accredited by the Association for Clinical Pastoral Education, the course addresses how trauma, grief and structural racism influence health.

Says Teague, “In the past, Johns Hopkins has struggled to build trust with the community, and along with many other Hopkins efforts, we are building trust one relationship at a time with congregations in ways that impact the health and well-being of our neighbors.”



## Rallying to Support Immigrants and Refugees

About 200 students, staff members and faculty members, some carrying signs and some wearing down jackets over their white coats, gathered outside The Johns Hopkins Hospital in bitter cold and wind last January for a rally supporting immigrants and refugees. A similar scene played out at Johns Hopkins' Homewood campus and at colleges and universities across the United States.

The nationwide event was in response to the Jan. 27 executive order from President Donald Trump, which suspended U.S. admission of refugees and of immigrants from Iran, Iraq, Libya, Somalia, Sudan, Syria and Yemen.

At the event in front of the Armstrong Medical Education Building, several speakers told of their experiences working alongside people of all ethnicities, religions and nationalities in labs, classrooms and clinics across Johns Hopkins. Participants also spoke of their own concerns as immigrants and refugees.

"There is a lot of enthusiasm because there is a lot of emotion involved," said **Shiva Razavi**, who spearheaded organization of the rallies. "There are lives that are falling apart." When she

was 18, Razavi left her home and family in Iran to come to America as a refugee. She wanted to go to college, but she was born in a Baha'i family, and members of that minority religion are not allowed to pursue higher education in Iran. Razavi is now close to completing her Ph.D. in biomedical engineering at the Johns Hopkins University School of Medicine.

As a U.S. citizen, she is not affected by the executive order, but she knows of many foreign students who worried that travel restrictions would make it difficult to see loved ones or even attend overseas conferences. Also, she said, the presidential action could harm refugees by making it harder for them to flee severe circumstances.

Razavi pulled together a committee of 15 students, ranging from undergraduates to postdocs, to organize the event and invite speakers. Medical student **Awa Sanneh** volunteered to emcee. "I'm a black female Muslim immigrant," said Sanneh, who is from The Gambia. "It's important for my voice to be heard and for me to support causes that stand up for minorities in this country."

On Feb. 1, more than 60 national health care organizations issued a joint letter to President Trump, urging his administration to "consider the potential impact of the executive order on the health of the nation that will result from turning away patients, health professionals and researchers."

**"In this historic moment ... we cannot stand by."**

—**Johns Hopkins University President Ronald J. Daniels**, sharing his personal diversity story in a message to the Johns Hopkins community. In his powerful and moving statement issued just five days after President Donald Trump's executive order was issued, Daniels discussed his father's escape from Nazi Germany, the deaths of his own and his wife's family members in the Holocaust, and his own experience as an immigrant to the United States.

Read the full text of his message at: <http://bit.ly/2BKXaaE>



# Launching Careers in Science and Medicine

Never doubt that a dinner conversation can change the future. It has for 145 (and counting) young scholars who have participated in the nine-year-old **Hopkins Initiative for Careers in Science and Medicine (CSM)**.

In 2009, **Douglas Robinson**, professor of cell biology, and his family sat down to dine with teens in the Baltimore chapter of Boys Hope/Girls Hope, which offers stable living environments for disadvantaged minority teens. “During dinner, kids asked where I worked,” Robinson recalls. “When I said Johns Hopkins, they said that they wanted a job there.”

“We’re changing lives by changing the way our scholars think about themselves, how they feel about themselves and how they envision their future.”

Inspired, he secured funding for two student stipends for summer research. When his lab discovered that the students needed math and reading tutoring, his colleagues pitched in to help. Since that simple start, the CSM program, now funded by a U.S. Department of Health and Human Services grant, has grown by leaps and bounds, and now serves high school, college and post-baccalaureate students. Over the last two summers, approximately 60 of these scholars worked in a Johns Hopkins lab under the umbrella of CSM, honing their academic and professional skills.

High school students participated through one of two programs: the Summer Academic Research Experience (SARE) or Biophysics Research for Baltimore Teens. College students completed their work through the undergraduate CSM Summer Internship Program, while post-baccalaureate participants pursued the Doctoral Diversity Program (DDP) — a two-year, year-round program for recent STEM graduates that provides mentorship, science writing coursework and full MCAT or GRE prep.

Participating CSM scholars all share a genuine interest in health care and STEM, and are intent on overcoming their economic and educational disadvantage. Many scholars’ family history includes addiction, abuse, incarceration or homelessness. Of the 2016 SARE scholars, for example, 40 percent live in households making less than \$8,000 annually.

Statistics herald the success of the pipeline being created by the CSM program. Of the 48 SARE Scholars to date, 100 percent have matriculated to college, and more than half are choosing STEM majors. Two of the first 15 DDP scholars are now in medical school — Stanford and Vanderbilt — with several others applying this summer, notes **Deidra Crews**, associate professor of medicine and director of the DDP.

“The DDP is not a grade-improvement program for students pursuing medical school but a research-intensive, personal growth program for high-achieving students,” says Robinson. “We’re changing lives by changing the



Douglas Robinson

way our scholars think about themselves, how they feel about themselves and how they envision their future.”

“Real diversity comes when you cross over socioeconomic barriers, when people, regardless of race or economic status, can find a path forward,” Robinson says of the pipeline program. “They need to know that a career in a medical or biomedical field is a possibility for them.”



Watch a video: “Johns Hopkins Initiative for Careers in Science and Medicine”

<http://bit.ly/2CNEGFV>

# Dancing with the Hopkins Stars



Cindy Delinski  
and Stephen Yang

**Cindy Delinski**, executive assistant in the school of medicine, and thoracic surgeon **Stephen Yang** took home the mirror-ball trophies for best dance performance and highest fundraising couple in the **2017 Dancing with the Hopkins Stars** competition.

Leading up to the event on March 29, all eight participating dance couples chose a United Way program or nonprofit organization to support. As of the night of the

event, more than \$53,000 had been pledged for the causes. Delinski and Yang alone raised more than \$15,000 for United Way's Project Homeless Connect.

After a spectacular show of performances ranging from a Disney-themed waltz, a modern dance with a live cellist, a human wrecking ball, a senior prom re-enactment, a Broadway special from *Hairspray*, a swinging foxtrot and two hip-hop dances, the audience voted for its favorite couple.

## Dancing for Great Causes

In addition to Delinski and Yang, seven other couples danced in the 2017 competition:

- **Miho Tanaka** and **Ed Nguyen**, who danced for Community Partnership of Howard County
- **Staci Roberts** and **Panagis Galiatsatos**, who danced for Access to Healthy Food
- **Jim Brasic** and **Marisa Patti**, who danced for On Track 4 Success
- **Silvia Albanez** and **Bish Bates**, who danced for Emerging Leaders United
- **Jules Jung** and **Leslie Cope**, who danced for Moveable Feast
- **Mary Jo Holuba** and **Allen Chen**, who danced for the Ulman Cancer Fund for Young Adults
- **Eloiza Domingo-Snyder** and **Ty Crowe**, who danced for BUILD





ElderPlus participant Lillian

“With all of the bad news we hear on television, it’s a nice breather to hear someone tell us a good story.”



## The Power of a Good Story

“A story is only as good as its audience,” says storyteller Selma Levi, as the group of elderly people who surround her in a semicircle — some in wheelchairs, others with walkers — respond with a smile.

These participants in the **ElderPlus program** run by Johns Hopkins Bayview Medical Center have taken a field trip to Johns Hopkins Bayview’s Harrison Medical Library for a monthly storytelling hour. Many of the day program’s participants have few opportunities to get out and socialize, aside from the time they spend in their own residences and at the Mason F.

Lord East Tower ElderPlus facility. They clearly enjoy Levi’s stories and songs, and the colorful felt boards she uses to engage them and make them laugh.

“With all of the bad news we hear on television, it’s a nice breather to hear someone tell us a good story,” says Lillian, one of the ElderPlus participants.

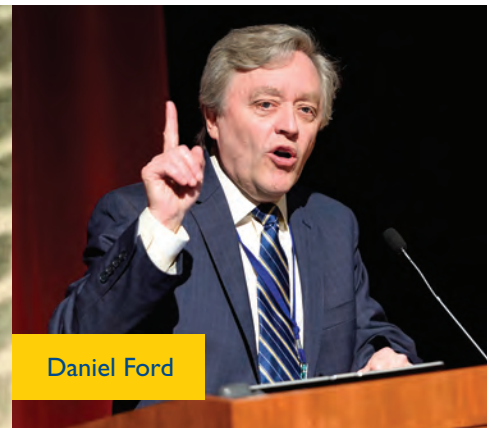
That’s the type of feedback that library director **Linda Gorman** is hoping for. Gorman first met Levi — a children’s program manager at Enoch Pratt’s Central Library — at a storytelling class. She quickly realized that ElderPlus

participants could benefit from Levi’s narratives. The Harrison Medical Library began partnering with ElderPlus on a monthly reading program more than a year ago.

“Stories help older adults use their imaginations and stimulate parts of the brain that help them stabilize their cognitive functioning,” says **Paul Kowzan**, recreation therapy supervisor at ElderPlus. “Before our participants developed their ailments, many visited libraries and were [avid] readers. Unfortunately, when people develop health problems, they’re sometimes unable to do what they used to enjoy.”



## The Lacks Legacy



Daniel Ford

HeLa cells have propelled scientific advances that have saved millions of lives, including cancer therapies and the polio vaccine.

About 200 Baltimore students attended the fifth annual **Henrietta Lacks High School Day** last April 26 to learn about a woman who was nearly lost to history.

Henrietta Lacks was just 31 when she died of cervical cancer at The Johns Hopkins Hospital on Oct. 4, 1951. Her cancer cells were taken by a Johns Hopkins researcher who had been searching for cells that would live and multiply outside the human body. He had collected cells from hundreds of patients, black and white, before finding success with those of Lacks, an African-American mother of five. The cells came to be known as HeLa cells.



Watch a video: Learn about the legacy of Henrietta Lacks and the ways Johns Hopkins Medicine honors her contributions.

<http://bit.ly/2DoVcNM>

HeLa cells have propelled scientific advances that have saved millions of lives, including cancer therapies and the polio vaccine. But Lacks and her family didn't know her cells were replicating and living in laboratories around the world. The consent form Lacks signed, typical for the time period, gave doctors permission to treat her but did not mention research.

The 2010 bestseller *The Immortal Life of Henrietta Lacks*, written by Rebecca Skloot, brought Henrietta Lacks into public view and explored the complex scientific, legal, societal and emotional issues surrounding her story. On April 22, 2017, HBO released a movie based on the book, produced by and starring Oprah Winfrey as Lacks' daughter Deborah. The 2017 Henrietta Lacks High School Day took place at Turner Concourse a few days later.

"This is a Baltimore story," **Daniel Ford**, vice dean of clinical investigation for the Johns Hopkins University School of Medicine, told the assembled students. "We want you to really know and think through how you interpret that story."

As part of the daylong event, students broke into groups for several smaller sessions. In labs, they stained live cells to learn how to diagnose liver disease, employing a technique that was used in 1951 and is still followed today. They participated in discussions about research protocols and ethics, and heard how Johns Hopkins scientists are working with local leaders to improve public health.

Logan Cary urged his fellow teens to stay focused on their goals. Cary — this year's recipient of the \$40,000 Henrietta Lacks Dunbar Health Science Scholarship that Johns Hopkins gives to one Paul Laurence Dunbar High School senior each year — plans to attend Temple University in Philadelphia and hopes to become an anesthesiologist.

Three descendants of Henrietta Lacks spoke from the stage: grandson David Lacks and great-granddaughters Aiyana Rodgers and Veronica Robinson. "[Henrietta Lacks] is the reason we're all here," Rodgers told the students. "It's a long list of what she has done. She cured polio and helped with other medical advances. I want her name to be embedded in your memory."



# Influencing the Next Generation

**Robert Higgins**, surgeon-in-chief of The Johns Hopkins Hospital and the hospital's first African-American department head, delivered the keynote address at the 35th annual Martin Luther King Jr. Commemoration last January to an audience that nearly filled the 759-seat auditorium.

Higgins talked about his family and his upbringing with a mother who, after his father died in a car accident in 1964, raised Higgins and his two brothers. Through tears, he recalled his mother's sacrifices as she provided for her sons. "Would I be here if I didn't have such a strong family? Or would I, like so many African-American men, have lived life with problems of

incarceration, joblessness and a reduced life expectancy?"

Citing a decline in the number of African-American doctors and medical students, Higgins urged increased recruitment of underrepresented minorities at Johns Hopkins and throughout the medical community.

"There are explanations for the decrease," he said. "But reversing the trend depends on our response as leaders. We all have a responsibility to be role models and mentors, and to influence the next generation, especially the underrepresented minorities of that generation."



Robert Higgins



Eight recipients of the 2016 Martin Luther King Jr. Community Service Awards were honored at Johns Hopkins' annual Martin Luther King Jr. Commemoration on Jan. 13, 2017. **From left**, Leigh Goetzke, Alexia Camm, Jessica Havern, Panagis Galiatsatos, Yvette Hicks, Charles Odonkor, Daniel Pham and Carlisa Jones.





## Mothers Bring Cease-Fire to the Streets

Last Mother's Day weekend, a gathering at North Avenue and Broadway showed signs of a celebration: lots of hugs, smiles and even a little dancing to music emanating from a DJ's sound system. But the signs the women carried were grim: Mothers of Murdered Sons and Daughters. Moms Demand Cease Fire. Baltimore, Put Down the Guns.

The occasion was a "Cease Fire Peace Walk" the day before Mother's Day to honor Baltimore mothers who have lost children to violence in the city. In brief remarks, Baltimore City State's Attorney Marilyn Mosby thanked the organizers of the rally and march. "And I also want to thank Johns Hopkins," she added, "for treating this [problem of violence] as it should be treated, as an epidemic, as a public health crisis."

One of the organizers of the march was the late Johns Hopkins employee chaplain **Sandy Johnson** (see sidebar). Dressed in white to symbolize peace, she joined several dozen women and supporters who marched down Broadway, past the historic façade of The Johns Hopkins Hospital to Orleans Street to call attention to the high rate of homicide in Baltimore.

The marchers were joined by **Paul Rothman**, CEO of Johns Hopkins Medicine and dean of the medical faculty, who was also dressed in white. "We are of this community," Rothman said. "Everyone out here today is outraged by the senseless killing and violence. We need to support people in our city and in our neighborhood to help this community heal."

### Remembering Sandy Johnson

Sadly, just over a month after the march, Sandy Johnson died suddenly on June 23. She was 62.

"In nearly 30 years at The Johns Hopkins Hospital, Sandy brought tremendous joy to all who knew her," wrote Paul B. Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine; Ronald R. Peterson, president of Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine; and Redonda G. Miller, president of The Johns Hopkins Hospital, in sharing news of Johnson's death with the Johns Hopkins community.

Johnson joined The Johns Hopkins Hospital as a general clerk in 1988 and served in many roles: orientation coordinator for human resources from 1996–2009 and training and educator coordinator for the Department of General Services from 2009–2015.

In 2015, Johnson joined the Johns Hopkins Clinical Pastoral Education Residency program and, in 2016, became the hospital's first employee support chaplain, a role that was created with her in mind. She helped general service employees cope with stress and sadness, even when that meant attending the funerals of employees' family members.

"With her dazzling smile and generous spirit, Sandy radiated positive energy and love," noted Rothman and Peterson. "Walking the halls of The Johns Hopkins Hospital, she stopped constantly to talk with her many friends and dispense her trademark hugs. She had a way of making everybody she met feel like the most important person in the world."



# Combating Toxic Stress in St. Petersburg

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, research shows.

Pediatric residents at Johns Hopkins All Children's Hospital 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. 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*.

“The goal is for residents to screen for these events just as they might for high blood pressure, anemia, lead exposure and developmental problems.”

Fortunately, early intervention to reduce adversity and to help caregivers serve as a buffer can make a big difference. During the Partnering for Resilience Week, a group of medical 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.

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. 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,” says **Zach Spoehr-Labutta**, a second-year resident who helped lead the outreach program.





## Striding Toward a Unified Future

The **Unified Steps Community Walk** — a 30-minute, 1-mile walking tour of the East Baltimore community — has become a popular way for Johns Hopkins Medicine faculty members, staff members and students to connect with community members and Johns Hopkins leaders.

More than 70 people braved the cold late last March for a walk led by **Robert Kasdin**, senior vice president and chief operating officer for Johns Hopkins Medicine; **Inez Stewart**, senior vice president of human resources for Johns Hopkins Medicine; and **Antony Rosen**, vice dean for research for the school of medicine.

During the walking tour, participants had the opportunity to interact with these and other Johns Hopkins Medicine leaders, and with community partners — including the Bea Gaddy Family Center, Caring Active Restoring Efforts Community Association and Commodore John Rodgers Elementary/Middle School — about ongoing efforts to improve the surrounding neighborhoods. Launched by Johns Hopkins Medicine leaders in fall 2016 as a step toward improving the connection between Johns Hopkins and the surrounding community, the walking tour “is important not just as a gesture, but as an opportunity to physically indicate that we want to get

“It’s really important for our community to see Hopkins outside the ivory tower. We need to be in the community.”

to another place with the community,” says **Landon King**, executive vice dean for the school of medicine.

In August, the Unified Steps walk got an early 7:30 a.m. start, before the Baltimore heat set in, and was led by **Tina Cheng**, director of the Department of Pediatrics, and **James Page**, vice president and chief diversity officer for Johns Hopkins Medicine.

“It’s really important for our community to see Hopkins outside the ivory tower,” says Page. “We need to be in the community.”







## Turning Things Around

Independence. It's what our nation was built on. But when it means finding your own housing and paying your own bills, it can be a scary thing. That's what **Collie Thomas** felt the day she gained her independence: Sept. 27, 2013.

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For the previous 10 years, her needs had been met by the Maryland House of Corrections for Women. Now, she was on her own, with a felony conviction on her record. The jail had set her up with a job before she got out, working at a truck stop restaurant. But the clientele were unsavory and the money poor. Looking for a better job seemed futile. Most potential employers would scrap her application and never learn about the years of therapy that had "brought her home" to the person she really was.

About a year later, her daughter told her about an ad she had seen for a program called Turnaround Tuesday. She started going each week to the basement of Zion Baptist Church in East Baltimore for classes on leadership, conflict resolution and interviewing skills. Eight months later, she had a job in housekeeping at The Johns Hopkins Hospital. Eight months after that, she was promoted to unit associate. Last April, she started renting a townhouse on her own, and now she's

working toward the credentials she needs for a peer counseling position at Johns Hopkins where she can speak one-on-one with people and give them hope. Fortunately, Thomas' story is not entirely unique. Last fiscal year, the Office of Workforce Planning and Development at Johns Hopkins Medicine, part of HopkinsLocal, helped to hire 354 "returning citizens" like her.

"Because of the experiences they've had, returning citizens tend to be very loyal, dedicated employees," says office director **Yariela Kerr-Donovan**. "By partnering with community-based organizations like Turnaround Tuesday, we identify individuals who have the attitudes, skills and customer service needed to work in the health care environment."

Last Aug. 17, Thomas celebrated her two-year anniversary at Johns Hopkins. She hopes to remain here until she retires. That's a win for her, a win for Johns Hopkins and a win for Baltimore. 🙏



Collie Thomas

“Because of the experiences they’ve had, returning citizens tend to be very loyal, dedicated employees. By partnering with community-based organizations like Turnaround Tuesday, we identify individuals who have the attitudes, skills and customer service needed to work in the health care environment.”



Economic Inclusion

# Supporting Suppliers and Creating Community Jobs

Damon Hughes at Up-To-Date  
Laundry's new East Baltimore facility





**Damon Hughes** grew up in the Park Heights neighborhood of Northwest Baltimore. Now, as the manager for supplier diversity and inclusion within Johns Hopkins Medicine, he is helping bring employment and opportunities to Park Heights and similar neighborhoods through **HopkinsLocal** and the related **BLocal** initiative.

“We exceeded our expectations so much in the first year that we used that year as a new baseline, and now we have increased the goal for years two and three.”

HopkinsLocal reflects an institutionwide commitment to use Johns Hopkins’ economic power to spur development and bring jobs to neighborhoods throughout Baltimore. “It is a program designed to leverage the buying power between the university and the hospitals to build locally, buy locally and hire locally,” says Hughes. “And the end game is creating jobs and opportunities.”

HopkinsLocal focuses on 15 targeted ZIP codes within Baltimore. “I grew up in the ‘one-five’ — 21215 — and went to high school there, at Northwestern

High,” says Hughes, “and now that is one of the ZIP codes where I am working to build minority and women businesses and increase the number of local jobs. It feels good to reach back and help out a neighborhood I grew up in.” Working to advance the goals of HopkinsLocal, Hughes recently helped Up-To-Date Laundry, a local, woman-owned business that washes linens and other supplies for The Johns Hopkins Hospital and Johns Hopkins Bayview Medical Center, expand operations into East Baltimore. Up-To-Date Laundry’s new facility will create 40 to 100 new jobs in a neighborhood down the street from Bayview.

Hughes is also partnering with national companies to spur development. Recently, Johns Hopkins successfully encouraged Office Depot to commit up to \$100,000 a year for the next three years to support local initiatives. As part of that effort, Office Depot will be using a local Baltimore, minority-owned business, RGH Enterprises Inc., to supply recycled printer cartridges to Johns Hopkins.

During its first year of operation, HopkinsLocal was so successful that it was able to more than double its local spending goal from \$6 million to \$15 million.

“We exceeded our expectations so much in the first year that we used that year as a new baseline, and now we have increased the goal for years two and three.” Hughes’ aim is to continue to surpass the program’s targets.

A former small business owner of an IT company himself, Hughes used to sit on the board of the Maryland Minority Companies Association, and he understands the challenges faced by local businesses. “By being on the board, it gave me perspective on some of the hurdles that local, women- and minority-owned businesses had, not just in starting their business, but in building capacity, maintaining demand, accessing capital and expanding operations,” he says.

Tasked with leveraging Johns Hopkins’ buying power for the good of local communities, Hughes is now working to overcome the obstacles that small businesses face, he says. “I feel like I can be a voice and an advocate for local, women and minority businesses looking to enhance their communities and create jobs.”

# HopkinsLocal at the One-Year Mark

The Johns Hopkins University and the Johns Hopkins Health System hired 304 workers from Baltimore's distressed neighborhoods and campus-area communities, and committed \$55.5 million of construction project spending with minority- and women-owned or disadvantaged businesses in the first year of the **HopkinsLocal** initiative, according to a progress report released last March.

In that same period, Johns Hopkins increased by nearly \$5 million the amount of money it spent on goods and services from Baltimore-based businesses, the report said.

Johns Hopkins launched HopkinsLocal in September 2015 as a way to use its purchasing and hiring power to help

expand opportunities for Baltimore's businesses and residents, especially those living in city neighborhoods with high poverty and unemployment rates, and in neighborhoods around Johns Hopkins campuses.

Each of the new employees was hired into a targeted position, accounting for 43 percent of all new employees in those positions — 3 percentage points more than the level Johns Hopkins committed to reach in three years.

"As the city's largest employer, it is not only our desire but our responsibility to have a positive impact on our neighbors," said **Ronald R. Peterson**, president of the Johns Hopkins Health System and executive vice president of Johns Hopkins Medicine. "Helping

to strengthen Baltimore's economy through purchasing, contracting and hiring opportunities is a win-win solution, and working closely with our community, we hope to see even more progress in the years to come."

Johns Hopkins has pledged to direct 20 percent of its construction funds to these underrepresented businesses by fiscal year 2019.

Beyond procurement spending, Johns Hopkins executed new contracts to purchase goods and services from vendors who have committed to moving to Baltimore or hiring local residents.

At the same time, Johns Hopkins spent considerable time building and implementing the purchasing and hiring infrastructure needed to ensure sustained focus on the city's economic growth. Specifically, HopkinsLocal leaders worked closely with their partners to create a pipeline of candidates for job openings (See "BUILD College," p. 61).



For more information about HopkinsLocal, including how to become a Johns Hopkins vendor, please visit us at: **[HopkinsLocal.jhu.edu](https://HopkinsLocal.jhu.edu)**.





## Highlights of HopkinsLocal at the One-Year Mark

**\$55 million**

in design and construction spending with businesses certified as minority-owned, women-owned or disadvantaged.



**15 local minority-owned/  
women-owned/  
disadvantaged construction  
businesses**

expanded their skills and connections through the BLocal BUILD College — a 13-week educational college designed to bolster the skills associated with the architectural and construction enterprise. BLocal BUILD College was established through the coordination of Johns Hopkins and local firms.



**304  
hires**

from city neighborhoods with the highest rates of unemployment, hired into targeted positions (Eager Park, Penn North, Brooklyn, Cherry Hill).

**119  
“returning  
citizens”**

hired at Johns Hopkins Baltimore City locations.



**\$5 million  
increased  
goods &  
services**

purchased from Baltimore-based companies. (Original target was \$6 million over three years.)

## Creating Opportunity

“I applaud Johns Hopkins for having a program that provides opportunities for 400 diamonds in the rough.”

—Gordon Thompson, the president and CEO of Westnet, a medical and laboratory equipment supplier that sponsored the placement of eight

students in STEM internships across Johns Hopkins last summer through an \$18,000 donation to the Summer Jobs Program. Overall, some 400 Baltimore City students participated in paid summer internships at Johns Hopkins during the eight-week program, now in its 23rd year here.

Westnet, based in Massachusetts, moved its operations to Baltimore four years ago to strengthen its relationship with

Johns Hopkins by participating in the HopkinsLocal initiative, which aims to provide economic support to Baltimore by partnering with city-based businesses to build, hire and purchase locally (see p. 58).

“It was opportunity that created the relationship between Westnet and Johns Hopkins,” says Thompson. “That’s all we can ever ask for in life — an opportunity.”

## Investing in Baltimore

In a conversation about the role the private sector can play in uplifting Baltimore, the word “intentional” came up repeatedly.

Intentional efforts for local recruiting. Intentional spending goals with minority-owned businesses. Intentional partnerships with nonprofits led by people of color. Ultimately, Diane Bell-McKoy, CEO of Associated Black Charities, cut to the core of what “intentional” means in these contexts: “Be accountable, be transparent, be measurable,” she said.

Bell-McKoy and other CEOs and leaders took part in a discussion titled “Investing in Baltimore” at The Johns Hopkins University last May. The event was presented by the university’s **21st Century Cities Initiative**.

Bell-McKoy and other participants agreed that this approach — setting tangible benchmarks for progress on equity and inclusion — has come into heightened focus in Baltimore in the past few years. She suggested that in the wake of the death of Freddie Gray, the tone of the Baltimore’s conversations about wealth equity has changed.

Calvin Butler, CEO of Baltimore Gas & Electric Co., said that although his organization has long engaged in community partnerships in Baltimore, “we weren’t intentional, and we weren’t communicating our intentionality to others.” Now, Butler said, the utility company can point to a host of programs and commitments that aim to help Baltimore residents directly, like spending 25 percent of its contracting money with businesses owned by minorities, women and veterans with disabilities.





Graduation photo from spring 2017 BUILD College class

## BUILD College

“There are a lot of different things that I need to go back and tweak now that I know more about human resources and business development. Small things can make a huge difference for a small business.”

—Kat Sabo, one of 17 business leaders who completed the **BUILD College program** last May. The program is designed to help local minority- and women-owned businesses excel. BUILD College is part of BLocal, an initiative spearheaded by Johns Hopkins and 24 partner organizations designed to increase economic opportunities in Baltimore.

The free 12-week program is composed of three-hour sessions taught by representatives from larger local businesses, including Whiting-Turner Contracting Company, Turner Construction and First Mariner Bank. Participants study topics including bookkeeping, managing projects and reviewing architectural drawings.

Sabo said she had been struggling to make professional contacts in Maryland since relocating from Atlanta two years

ago with her husband and business partner. In addition to the practical tips on running a business, she said she appreciated the chance to connect with leaders in the field. “When you’re hearing from someone you hope to work with one day, it means so much more,” she said.

Sabo was among the second crop of graduates of BUILD College; the first cohort finished in fall 2016. The third class convened in September.

# Johns Hopkins to Host \$10 Million Initiative

Over the past year, The Johns Hopkins University has played an integral role in bringing a nationwide program designed to boost small businesses to Baltimore and helping it flourish. In August, program partners Goldman Sachs and Bloomberg Philanthropies announced a five-year, \$10 million commitment to continue the program in Baltimore and named Johns Hopkins the host site.

The Goldman Sachs **10,000 Small Businesses** program aims to increase economic opportunities by giving entrepreneurs a practical business education, support services and access to capital. To date, more than 6,300 small-business owners have participated in the program at 14 sites across the U.S. The Johns Hopkins site, which was slated to welcome a new cohort of 30 small-business owners in November, is the first in Maryland. The closest current program site is in Philadelphia.

Johns Hopkins has hosted two special sessions of a 10,000 Small Businesses pilot program over the past six months. Some 59 participants, selected from an applicant pool of 150 candidates, were recognized during an event at Baltimore's Center Stage theater in August. Baltimore program graduates included owners of restaurants and food service businesses, architectural firms and construction companies, apparel shops, and beauty services.

Program organizers cited the success of the special sessions as a factor in the decision to formally launch the program in Baltimore. It has the potential, they say, to play a critical role in the success of the city's small business ecosystem.



Ronald J. Daniels

In Baltimore, the program will be co-administered by Johns Hopkins along with educational partners from Morgan State University and the Community College of Baltimore County. These partners will work with local organizations to encourage owners of small businesses to apply.

The 10,000 Small Businesses program is offered free of charge. The 100-hour curriculum, which consists of 11 full-day class sessions, includes instruction on identifying and capitalizing on growth opportunities, setting goals and measuring progress, stepping out of day-to-day operations to assume a leadership role, and understanding financing options, among other topics. The program also features one-on-one business advising and accounting workshops.

Approximately 70 percent of participants in the 10,000 Small Businesses program report increasing their revenues just six months after graduating, and approximately 50 percent of participants report creating new jobs in this same time period.





## Diversity and Inclusion Kudos

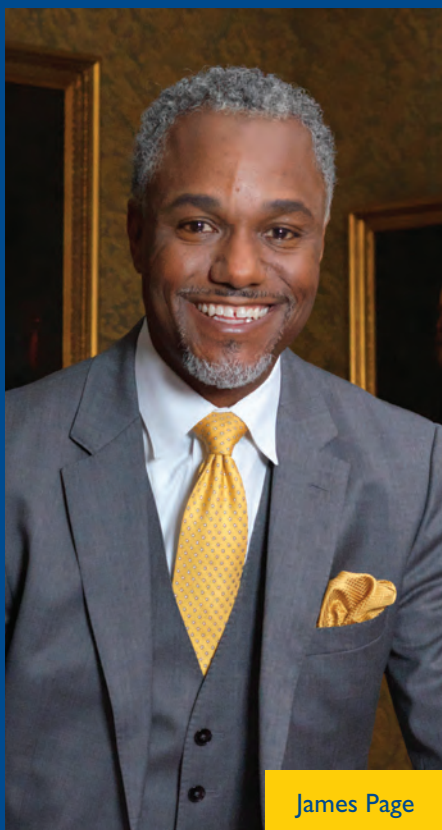
**Diversity Beat:** James Page visits entities to discuss concerns related to diversity, inclusion and cultural competency.

Johns Hopkins Medicine received the 2017 Innovations in Diversity & Inclusion award from *Profiles in Diversity Journal* for the new Johns Hopkins Center for Transgender Health. More than 300 patients have already sought treatment since the soft launch of the center in spring 2017.

**James Page**, vice president and chief diversity officer for Johns Hopkins Medicine, garnered the 2018 Diversity Leader Award from *Profiles in Diversity Journal*.

**Eloiza Domingo-Snyder**, senior director and deputy chief diversity officer for Johns Hopkins Medicine, has been named to the “Women Worth Watching” list by *Profiles in Diversity Journal*.

Page and Domingo-Snyder were also jointly honored with the 2017 Senior Executive award from the National Association of Healthcare Executives.



James Page



Eloiza Domingo-Snyder





**Did we miss a story, or do you want something included in next year's report? Please let us know. Email us at [diversity@jhmi.edu](mailto:diversity@jhmi.edu).**



# Johns Hopkins Medicine Diversity and Inclusion Core Team Members

## Howard County General Hospital

**Kursten Jackson**  
Sr. Director, Human Resources

## Johns Hopkins All Children's Hospital

**Joe Conrod**  
Director, Diversity and  
Employee Relations

**Ashunta Thornton**  
Human Resources Specialist

## Johns Hopkins Bayview Medical Center

**Karen Jones**  
Director, Diversity, Inclusion and  
Career Development

## Johns Hopkins Community Physicians

**Melissa Helicke**  
Vice President, COO

**Tina Kumra**  
Office Medical Director

**Alissa Putman**  
Organizational Development and  
Training Consultant

**Leslie Rohde**  
Director, Human Resources

## Johns Hopkins HealthCare

**Anthony Coleman**  
Sr. Human Resource Generalist

**Joseph Rammacca**  
Sr. Director, Human Resources

**Kijon Renfroe**  
Project Coordinator

## Johns Hopkins Health System

**Damon Hughes**  
Manager, Supplier Diversity

**Paula Neira**  
Clinical Program Director, Johns Hopkins  
Center for Transgender Health

**Michelle Plummer**  
Diversity Recruitment Specialist

**Paula Teague**  
Sr. Director, Spiritual Care and Chaplaincy

**Maura Walden**  
Director, Organization  
Development Services

## Johns Hopkins Home Care Group

**Denise Lannon**  
Executive Director

## The Johns Hopkins Hospital

**Ty Crowe**  
Assistant Director, Spiritual Care  
and Chaplaincy

**Nicole Iarrobino**  
Sr. Project Administrator, Patient  
Relations and Patient and Family  
Centered Care

## Johns Hopkins Community Division

**Queenie Plater**  
Vice President and Chief Human  
Resources Office

## Johns Hopkins Medicine International

**Mini Malhotra**  
Sr. International HR Generalist

## Johns Hopkins University School of Medicine

**Namandjé Bumpus**  
Associate Professor/Sr.  
Consulting Strategist: Academic  
and Research Diversity

**Gerri Cole**  
Program Manager, Student  
Pipeline Programs

**Deidra Crews**  
Associate Professor/Director, Doctoral  
Diversity Program

**Lisa DeCamp**  
Director of Diversity, Inclusion  
and Health Equity

**Barbara Fivush**  
Associate Dean of Women

**Shari Lawson**  
Assistant Dean for Student Affairs and  
Director of Medical Student Diversity

**Damani Piggott**  
Assistant Dean, Graduate Bio Medical  
Education/Graduate Student Diversity

**Kristina Weeks**  
Health Equity, Program Manager

## Sibley Memorial Hospital

**Shelley Baker**  
Sr. Director, Human Resources

**Katie Mancusi**  
Sr. Talent Management Specialist,  
Human Resources

## Suburban Hospital

**Charmaine Williams**  
Director, Recruitment and Retention

# Annual Report

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