Please see this week's announcements from the Johns Hopkins Medicine, Office of Diversity and Inclusion.

COVID-19 RESOURCES

As we face this unprecedented challenge of the COVID-19 outbreak, we would like to highlight available resources for our Hopkins community. Please share this information with those in your areas that do not have access to emails. Please also continue to pay attention to the updates from JHM leadership.

**JHM Internal List of Resources**

For a list of all of the JHM Staff Resources [click here](#).
For a list of all of the JHM Clinical Resources [click here](#).
For a list of Johns Hopkins Children’s Center resources for families [click here](#)

**JHM Food For Hopkins Program**

Breakfast and lunch/dinner bags can be picked up from the Armstrong Medical Education Building, 1st Floor Auditorium (1600 McElderry Street, inside the JHOC circle). A location at Bayview will be opened soon.

**Distribution schedule:**
- Monday – 7:30am to 11:30am (produce only)
- Wednesday – 3:00pm to 7:00pm
- Friday – 7:30am to 11:30am

We are in need of volunteer to assist with packing and distributing food. If you would like to assist, please [sign up here](#). If you would like to provide anonymous feedback about Food for Hopkins or to suggest other ways Hopkins can help their employees, please go to: [https://bit.ly/FoodforHop](https://bit.ly/FoodforHop). We will continue to make adjustments to the program weekly, as the needs evolve so please note those changes on this weekly newsletter.

**If you would like to make a donation to the Food For Hopkins efforts, click here**
- There is a drop down menu at the top to designate the location where the donation is going.
- At the very bottom of the drop down menu, choose “Other Medicine Department”.
- A free text box will appear on the right, marked “Other”.
  - Write in “Food For Hopkins”
  - Proceed to fill out the rest of the form and submit.

**Living While Social Distancing**

- Baltimore City Youth and Families Movie Night
  - May 2nd: 6pm to 8pm
ANNOUNCEMENTS

Celebrating National Asian and Pacific Islander American Heritage Month
This heritage month focuses on the long and rich history of contributions from Asian-Americans and Pacific Islanders in industries such as science, medicine, the arts, and many others. At Johns Hopkins Medicine, inclusion is in our DNA. Nearly 13% of our workforce identifies as Asian-American or Pacific Islander, with representation in our labs, among our student learners, at the patient bedside, in administrative roles, and everywhere in between. Meet a few of these employees who were nominated by their peers and selected to receive an Achievers Award this month and click here to read more about them.

Alice Lee, M.D.
Office Medical Director, Internal Medicine,
Johns Hopkins Community Physician

Debraj Mukherjee, M.D. M.P.H.
Assist Professor of Neurosurgery
Dir. of Neurosurgical Oncology
Johns Hopkins Bayview Medical Center

Asta Puskarich, BSN
RN, Cardiology, Ambulatory
Johns Hopkins Bayview Medical Center

Health Equity Fellowship Announcement
The University of Washington has established a Child Health Equity Research Post-Doctoral Fellowship. They will select their inaugural fellows to start in Summer 2020. See the attached announcement.

NEW: The Johns Hopkins Center for Health Equity Events
You are invited to attend a Clinical Research Grand Rounds lecture co-sponsored by the Johns Hopkins Center for Health Equity and the Welch Center for Prevention, Epidemiology, and Clinical Research, held next week on Wednesday, May 6, 2020 from 12:10 PM – 1:15 PM (EST) via Zoom (https://jhjhm.zoom.us/j/706457308).

Check out our website for a list of upcoming events.

NEW: National Clinician Scholar Program (NCSP) Applications Open Friday
National Clinician Scholar Program is seeking medical residents and doctoral-prepared nurse candidates who are looking for training in community-based, quality, outcomes and/or health policy research. The National Clinician Scholars Program is a two-year research training fellowship (that was formerly known as the Robert Wood Johnson Foundation Clinical Scholars program). There are sites at University of Pennsylvania, as well as at Duke University; University of California, Los Angeles; University of California, San Francisco; University of Michigan; and Yale University. See attached brochure.

REMINDER: Join Our System-wide Employee Resource Groups
All Johns Hopkins Medicine employees are invited to join one of our three system-wide ERGs. Click here to learn more about them.

An LGBTQ+ ERG call is scheduled for Friday, May 15th at 3pm to 4pm via Zoom. If you are interested in participating in the call, email Karen Jones at kjones94@jhmi.edu and you will be sent the
invitation. We also plan to launch an **Asian American & Allies and Disability ERGs** in the new future. If you want to learn more about or join an ERG, or if you’d like to suggest a new ERG email us at Diversity@jhmi.edu.

**Follow Johns Hopkins Connects On Social Media**

Johns Hopkins Connects provides a source of information for the community. We have set up social media accounts with account name JHConnects (Johns Hopkins Connects) on Facebook, Instagram, Twitter and LinkedIn. Check them out, follow them and repost/retweet to help build our audience/followers.

**#EndTheDisparity**

Did you know that only 5.8% of All US Physicians Are Latinx. Be the change to help #EndTheDisparity. Watch [this fun video](#).

**Baltimore City 2020 Census Update**

The census period is still going on until August 14th. The current response rate in Baltimore City is 44% which is devastating. We all know the tremendous impact COVID-19 is having on residents, businesses and communities right now and that is with the funding that we do have. Imagine if we have less money and representation? **Please be advocates for the census with your networks, families, and communities.** Complete the U.S. census at [census.gov](http://census.gov) now. It takes only a few minutes, and you can do it online, over the phone or by mail.

The Baltimore City Planning Department has a [2020 Census page](#) with helpful information and resources on the 2020 Census, including how to complete the census.

**Contact Us**

Johns Hopkins Medicine, Office of Diversity & Inclusion  
1620 McElderry Street, Reed Hall, 4th Floor, Baltimore, MD 21205  
Website: [www.hopkinsmedicine.org/diversity](http://www.hopkinsmedicine.org/diversity)  
Email: diversity@jhmi.edu Phone: 844-JHDVRSTY (543-8778)  
If you would like to receive our weekly newsletter, [click here](#) and hit send.
Any Johns Hopkins Employee in need of food can come to:

**Johns Hopkins Hospital**
Armstrong Medical Education Building (AMEB)
1600 McElderry St | 1st floor Auditorium
Monday: 7:30 am – 11:30 am | Wednesday 3:00 pm – 7:00 pm | Friday 7:30 am – 11:30 am

to select one breakfast bag and one lunch/dinner bag while supplies last. Two bags have food for a family of four. If you are unable to come during this time, please call (443) -287-4432 or email diversity@jhmi.edu to set up an alternative pick up time.

**If you would like to provide anonymous feedback on Food for Hopkins, please go to:** https://bit.ly/FoodforHop

**There will be curbside parking allowed for food pick up only at AMEB.**
Todo empleado de Johns Hopkins que se encuentre en necesidad de alimentos puede presentarse a:

**Johns Hopkins Hospital**
Armstrong Medical Education Building
1600 McElderry St | Lobby en el segundo piso
Lunes 7:30 am – 11:30 am | Miércoles 3:00 pm – 7:00 pm | Viernes 7:30 am – 11:30 am;

Puede seleccionar una bolsa de desayuno y una bolsa de almuerzo o cena hasta agotar la existencia. En dos fundas hay comida para una familia de cuatro. Si no puede venir durante el tiempo indicado, ¡favor de comunicarse al (410) 614-7062 para así programar un horario alternativo de acopio! Si tiene alguna pregunta favor de enviar un correo electrónico a diversity@jhmi.edu.

***Habrá estacionamiento frente al AMEB para recoger comida.
Youth and Families

JOIN US FOR A VIRTUAL MOVIE NIGHT!

Saturday, May 2, 6-8PM

Students register via e-mail at: jhconnects@jhu.edu

Presented in partnership with Baltimore City Health Dept., Mayor’s Office of Children & Families, Johns Hopkins University and Johns Hopkins Health System.
Debraj Mukherjee has exemplified the Johns Hopkins Medicine core value of excellence and discovery through his excellent care of patient with complex neurosurgical conditions at Johns Hopkins Bayview Medical Center. Through his leadership at the Johns Hopkins Neurosurgical Oncology Outcomes Laboratory, his team has produced more than a dozen high impact clinical research papers within the last year.

Mukherjee’s research has focused on improving access to care and reducing disparities for minority patients undergoing neurosurgical procedures, including treatment of brain tumors, which is the core of his clinical practice. Using “big data” analytic techniques to investigate disparities on a national level, he has helped policymakers take steps to improve patient care for Asian Americans/Pacific Islanders.

As a native speaker, Mukherjee provides compassionate neurosurgical care to Bengali and Hindi speakers who seek his clinical expertise. He has a long history of contributing to the lives of the Asian American/Pacific Islander community. Mukherjee has led a universitywide intercultural festival to highlight the unique attributes and contributions of the South Asian/Pacific Islander community.

More recently, he hosted the Peace Education Program to help local Asian Americans tap into their inner resources of courage, hope and peace in their Hindi language.

The leader of a diverse clinical research team of over 30 undergraduate and medical students, residents and fellows, Mukherjee has received local and national attention for care of neurological patients and is highly respected among his colleagues.

Alice Lee’s compassionate care for others has earned the trust of colleagues, staff members and patients. Lee is welcoming to all providers and patients, and she strives to deliver excellent care for everyone. Lee speaks fluent Korean, so she can communicate with and educate Korean-speaking patients about the health care process, making them feel comfortable. Lee also informs staff members about heterogeneous needs and language/cultural differences so that staff members can more appropriately understand and care for the clinic’s patients.

Lee takes the lead in many initiatives within and outside of the practice. She is the first to sign up for new programs and often proposes and pilots new ideas. And she consistently acts as a preceptor for medical students and residents. Lee’s professionalism and care for others exemplifies the Johns Hopkins core values. She hopes to be a role model not just for Asian Americans and women but for anyone, regardless of race, gender or ethnicity.

Asta Puskarich serves as a resource for her co-workers by contributing her insights and knowledge about Asian American culture. She was born in the Philippines, was raised in a Thai American home (her mother is from Thailand) and she lived in Japan for eight years. Puskarich’s cultural experiences and knowledge help her and other employees provide culturally competent care to Asian American patients. She respects everyone and goes out of her way to help people and to make them feel better mentally, emotionally and physically.
National Asian Pacific Islander American Heritage Month

History

National Asian Pacific Islander American Heritage Month began as Asian/Pacific American Heritage Week, first observed in 1979 under President Jimmy Carter, who noted the “enormous contributions to the sciences, arts, industry, government and commerce” made by Asian-Americans and Pacific Islanders. In 1990, President George H.W. Bush expanded the celebration to cover the whole month of May. May was chosen by the organizers in recognition of May 7, 1843, the date the first Japanese immigrants arrived in the United States, and in recognition of May 10, 1869, which marked the completion of the transcontinental railroad, which would not have been possible without the contributions of Chinese-Americans.

Asian-Americans and Pacific Islanders in the U.S.
Asian-Americans and Pacific Islanders have a history in America that stretches back hundreds of years. The first record of Asians in North America dates to 1587, when Filipino sailors came to what is now California. The first Chinese people recorded in the United States were three sailors who came to Baltimore in 1785 as part of an interracial shipping crew.

U.S. Population: Asian Alone or in Combination with Other Races
Asian-Americans and Pacific Islanders are a diverse group, making up more than 50 ethnic groups and speaking more than 100 languages. Asian-Americans and Pacific Islanders in the United States increased by 45 percent between 2000 and 2010, making them one of the fastest growing minority groups in the country.

Asian and Pacific Islander population in the United States

Rates of Limited English Proficiency
Roughly a third of Asian-Americans and Pacific Islanders have limited English proficiency (LEP), significantly more than the numbers for the U.S. population as a whole. Not surprisingly, LEP rates differ by ethnic group, with 53 percent of Vietnamese and 2 percent of native Hawaiians considered LEP.

Speak a Language Other than English at Home
Asian-Americans are more likely than any other minority groups to speak a language other than English at home.
Asian and Pacific American Innovators

Asian-Americans and Pacific Islanders have made tremendous contributions to medical science and innovation.

Dr. Anandi Gopal Joshi, born in India, was the first Hindu and first Indian female doctor to receive a medical degree in the United States, graduating at 20 years old in 1886.

Dr. Min Chueh Chang, born in Taiyuan, China, helped develop the birth control pill and was a pioneer of in vitro fertilization who paved the way for the birth of “test-tube babies.”

Dr. David Ho, a Taiwanese-American physician, developed foundational research for the modern “cocktail” antiretroviral therapy, of which Dr. Ho was an early champion.

Dr. Katherine Luzuriaga, a Filipino-American physician and pediatric immunologist, who, in conjunction with Johns Hopkins virologist Deborah Persaud, was recognized for work leading to the “functional cure” of an HIV-positive infant.

Improving Asian American Health

Cancer is the leading cause of death in Asian-Americans, unlike most demographic groups, with kidney cancer rates nearly three times and stomach cancer rates two times those found for non-Hispanic whites. The Asian American Cancer Program at the Johns Hopkins Bloomberg School of Public Health aims to reduce that disparity, using community-based participatory research to improve liver, breast and cervical cancer screening rates in the Asian community.

Overcoming a History of Persecution

Throughout American history, Asian-Americans and Pacific Islanders have been both a highly desired and deeply debased immigrant group, responsible for some of the nation’s greatest achievements and the targets of the nation’s worst instincts. Victims of both individual and institutional prejudice, Asian-Americans have faced a long history of inequality and exclusion. The Chinese Exclusion Act of 1882 was the only piece of immigration legislation to ever exclude a group based upon their nationality. Similarly, the World War II internment of Japanese-Americans in 1942 represented the only time since the end of slavery that a portion of the population was imprisoned solely because of their ethnicity. The vast majority of the 117,000 people interned were American citizens, and 17,000 of them were children under the age of 10.
National Asian Pacific Islander American Heritage Month

Health Disparities
Asian Americans and Pacific Islanders compared to Non-Hispanic Whites

- **TUBERCULOSIS**
  - 15x more likely to suffer from tuberculosis
  - 8x more likely to die from tuberculosis

- **LIVER CANCER**
  - 80% more likely to die from liver cancer

- **OBESITY**
  - 35% more likely to be obese

- **DIABETES**
  - 10% more likely to have diabetes
  - 60% more likely to have end-stage renal disease

- **STOMACH CANCER**
  - 2x more likely to die of stomach cancer

- **HEPATITIS**
  - 3x more likely to suffer from Hepatitis A
  - 4.5x more likely to suffer from Hepatitis B

- **CANCER**
  - 10% more likely to die of cancer

- **TUBERCULOSIS**
  - 15x more likely to suffer from tuberculosis

Source: Families USA
http://familiesusa.org/product/american-pacific-islander-health-disparities-compared-non-hispanic-whites

Resources

- **Asian Pacific American Heritage Month**
  www.asianpacificheritage.gov/

- **The Asian Pacific American Institute for Congressional Studies**
  http://apaics.org/apa-heritage-month/

- **National Association of Asian American Professionals**
  http://www.naaap.org/programs/asian-pacific-american-heritage-month/

- **U.S. Department of Health and Human Services Office of Minority Health Resource Center**
  https://minorityhealth.hhs.gov/

Johns Hopkins Resources

- **Asian American Cancer Program at the Johns Hopkins Bloomberg School of Public Health**
Advancing Health and Health Care Through Scholarship and Action
Leadership
Training the next generation of health care leaders, the program equips Scholars to understand interpersonal and organizational dynamics to constructively create change.

Interprofessional
The program fosters team-based collaborations among physician and nurse Scholars, who have received training in diverse clinical disciplines, to address our most pressing health problems.

Scholarship in Action
Scholars conduct high-quality research, supported by faculty mentorship, creating actionable evidence that can be used to inform and improve health and healthcare delivery.

Stakeholder Engagement
Scholars work with local, state, and national leaders and policy makers to collaboratively assess community and policy health priorities and identify opportunities to partner on positive health changes, from community-partnered research to practice innovation to health system redesign.
The National Clinician Scholars Program (NCSP) and the Department of Veterans Affairs (VA) Office of Academic Affiliations have partnered to offer a two-year interprofessional fellowship to physicians and postdoctoral nurses. The program provides health services and policy research training, as well as leadership and communication skills training, to create the next generation of change agents.

The goal of the program is to equip our Scholars to effectively partner with community leaders and policy makers to cultivate health equity, eliminate health disparities, invent and evaluate new models of care delivery, and innovate and implement programs to achieve higher-quality health and health care at lower costs. Program alumni are leaders and collaborators embedded in communities, health care systems, academic medical centers, government, foundations, and think tanks in the US and around the world.

There are six sites, along with their affiliated VA Medical Centers, offering this unique training opportunity: Duke University; University of California, Los Angeles; University of California, San Francisco; University of Michigan; University of Pennsylvania; and Yale University.
Curriculum

Scholars participate in a robust, interprofessional core curriculum that is tailored to their specific training needs. Scholars acquire and hone a diverse set of skills in organizational and social change, applied translation research methodology, community engagement, program development and evaluation, team management, communication, implementation science, innovation, and policy analysis. The curriculum also emphasizes principles and methods of social and behavioral science applied to health services, intervention design, measuring quality of care, health policy, assessment of community engagement, survey design, qualitative and quantitative data, biostatistics, and scientific writing. Scholars also have an opportunity to matriculate in a master’s degree program.

Leadership

Nurse and physician Scholars learn concepts of leadership and teamwork and have the opportunity to apply them in the context of community-partnered efforts, government, and complex health and research organizations. The curriculum draws on models and methods from elite leadership training in health care, business, and public administration. Off-site internships with health systems leaders and policymakers at the federal, state, and local level are also available. Many Scholar projects are embedded in real-world organizations, allowing Scholars to learn from leaders of governmental agencies, VA Medical Centers, private health systems, and community-based organizations.

Partners

A consortium of community and academic partners comes together to offer this important training program, including VA Medical Centers in each city, as well as local public health institutions, grassroots community organizations, and everything in-between. Our consortium not only contributes guidance and resources to the program, but also works directly with Scholars on identifying projects and partners for their work. Program oversight is provided by a National Program Board, consisting of the deans from each site’s schools of medicine and nursing, local partners, and national leaders who both advise and advance the program while supporting the careers and aspirations of the Scholars.
Scholarship

Developing skills and expertise to conduct creative, high-quality health services and policy research, including both quantitative and qualitative work, is a central component of this two-year training program. Through mentored research, Scholars work closely with partners tackling our most pressing health and healthcare challenges, leading work at the community, state, national, and, in some cases, global level. Scholars are trained to conduct timely research that addresses real-world, highly relevant problems, providing actionable information that can influence positive change. Throughout the training experience, mentorship is provided for Scholars by teams that include program faculty, other university faculty, and engaged partners from health systems, government, and community organizations.

The NCSP aims to transform health care by preparing nurse and physician leaders together to meet the growing demand for accessible, accountable, high quality care.
Apply

Physicians and doctoral trained nurses are eligible to apply. Prior relevant research experience is preferred, but not required. A commitment to teamwork, collaborative learning, and conducting high-quality research to improve patient health and health care is a must!

To learn more about the program and the application process, please visit:

nationalcsp.org

Contact Us

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Stay connected @NationalCSP
We are pleased to invite applications for the inaugural class of the
Child Health Equity Research Program for Post-doctoral Trainees
at the University of Washington School of Medicine.

This is a 2-year (optional 3rd year) research fellowship program in child health equity research, funded by NICHD, that provides trainees with didactic training in rigorous health services and clinical research methodologies, and in community-partnered approaches to research, experiential research training, career development, and access to a long-term network of mentors, collaborators, and partners for child health equity research. Graduate level coursework can be taken at the UW School of Public Health and can lead to a master’s level Public Health degree, if desired.

The fellowship is housed within University of Washington’s Department of Pediatrics, Division of General Pediatrics. Doctoral level trainees (e.g., MD, DO, PhD) will complete the program with the skills and experience necessary to successfully engage in an independent research career focused on reducing disparities and achieving health equity. For trainees with clinical degrees, up to 20% of trainees’ time will be spent in outpatient or inpatient clinical work, typically at one of the Division’s clinical sites, most of which provide care for substantial numbers of underserved children.

This fellowship is unique in that one of its primary goals is to increase the number of underrepresented racial/ethnic minority (URM) researchers who are independently funded scientists in child health equity research. Applications from URM trainees are strongly encouraged, but applicants of any background are welcome.

Our first two fellows will be selected in Spring 2020, to start in summer 2020 (start date is flexible). To apply, please submit a CV, personal statement and three letters of recommendations at this website: https://sites.uw.edu/cherppt/
For more information, please contact us at cherppt@uw.edu.

FELLOWSHIP DIRECTORS

Tumaini R. Coker, MD, MBA
Associate Professor of Pediatrics | University of Washington
Director of Research, Center for Diversity and Health Equity | Seattle Children’s Hospital

Jason A. Mendoza, MD, MPH
Professor of Pediatrics; Adjunct Professor of Health Services | University of Washington
Professor & Associate Program Head, Cancer Prevention Program | Fred Hutch
Associate Director of Community Outreach and Engagement | Fred Hutch/UW Cancer Consortium

The University of Washington is an affirmative action and equal opportunity employer. All qualified applicants will receive consideration for employment without regard to, among other things, race, religion, color, national origin, sex, age, status as protected veterans, or status as qualified individuals with disabilities.

CHERPP-T Fellowship University of Washington, Seattle April 22, 2020
Hello -

I know these are difficult and challenging times for everyone and filling out the 2020 census form and encouraging others to do so may be last on your mind, but WE ALL NEED TO BE ADVOCATES RIGHT NOW. The current response rate in Baltimore City is 44% which is devastating. We all know the tremendous impact COVID-19 is having on residents, businesses and communities right now and that is with the funding that we do have. Imagine if we have less money and representation? Please be advocate for the census with your networks, families, and communities.

The Baltimore City Planning Department as a 2020 Census page with helpful information and resources on the 2020 Census, including how to complete the census:
https://census2020.baltimorecity.gov/

What's At Stake?

Four Reasons that the Census Matters to Baltimore:

1. Financial Resources - $900 million annually to Baltimore through Federal Assistance Programs.
2. Planning and Policy Guidance - population data used by almost every City Agency to set priorities.
3. Social and Racial Equity - Baltimore must continue to ensure that the most vulnerable residents are counted - so that the city does not miss out on critical programmatic funding.
4. Updating Council Boundaries - Ensure fair and equal representation across all 14 districts.

The graph below documents the programs affected by the Census: