Faith and Food program seeks to improve health by reclaiming African heritage.

The aroma of home-cooked food drifts into the room. There will be no macaroni and cheese this evening, though. No hams, no potato salad, no lasagna. Instead, there’s plenty of spinach, beans and healthy, whole-grain dishes, prepared from recipes gathered specially for this occasion.

For the past six weeks, Adrian Mosley, administrator of Johns Hopkins’ Office of Community Health, has been a guest at Union Memorial’s weekly Bible study meeting. She has introduced this group to Faith and Food, a nutrition education program aimed at helping them improve their health by connecting their faith with their cultural heritage.

Members of the Harlem Park church are learning about, preparing and eating the wholesome foods their ancestors ate years—even centuries—ago in the American South, the Caribbean and Africa.

“You have to meet folks where they gather,” Mosley says. “The people we’re trying to reach are not going to come out...”
First-of-Its-Kind Program Opens Doors for Nurse Leaders in Saudi Arabia

Johns Hopkins Aramco Healthcare and Johns Hopkins charter Doctor of Nursing Practice program.

Orportunity. That word is often repeated by the 13 nurses from Johns Hopkins Aramco Healthcare who are enrolled in a new Doctor of Nursing Practice (D.N.P.) program.

The program—developed by Johns Hopkins Aramco Healthcare and the Johns Hopkins University School of Nursing—is the first of its kind to be offered in Saudi Arabia. The program enhances nurses’ clinical skills, develops their leadership skills and solidifies their role as an essential complement to physicians in delivering health care.

Not only will this new program change the career paths of the students, but it also has great potential to strengthen the delivery of patient-centered care at Johns Hopkins Aramco Healthcare and to develop the profession in the kingdom and across the region.

“This program is my dream,” says Leena Al-Mansour, a D.N.P. student who has been a clinical nursing specialist in wound care since 2002. “I want to improve my leadership skills and my clinical practice. This is a golden opportunity.”

To earn a D.N.P.—the highest degree possible in the profession—students must complete two years of academic, clinical, management and leadership studies, culminating in an independent research project.

While most coursework is done in the kingdom, the students come to Johns Hopkins’ Baltimore campus for two weeks each semester for required academic and clinical training. In Baltimore, the students take classes taught by experts from across Johns Hopkins’ institutions, as well as through shadow days, during which they can see best practices being implemented in real time.

“We see advanced practices while we are at Johns Hopkins,” says Maysa Al-Raban, a D.N.P. student who is a clinical educator at Johns Hopkins Aramco Healthcare. “I am very eager for this opportunity because I got a lot of ideas from The Johns Hopkins Hospital that we can apply at Johns Hopkins Aramco Healthcare.”

—Kristen Pinheiro

2017 Employee Engagement Survey

Once again, the Johns Hopkins Health System wants to know just how engaged its employees feel about their workplace. Participate in the Employee Engagement Survey from Monday, March 6, through Sunday, March 26, to share honest opinions about your work environment. Distributed to all employees of the health system, the survey includes 31 questions on accountability, career growth, respect, safety and diversity. The survey is administered by Gallup, which will email an invitation to employees with a random survey access code that ensures confidentiality. Following the survey, results will be distributed to work groups charged with developing action plans to improve engagement.

Learn more and find resources at bit.ly/hremployeeengage.
When Technology Fails

Disaster drill helps Johns Hopkins Medicine prepare for a systemwide outage.

A maternal-fetal medicine nurse Barbara Kennedy-Kosick realized how much she depended on the technology system of The Johns Hopkins Hospital in October when it went down for several hours. Without a central fetal monitoring system, she says, “you couldn’t see what was going on in the rooms unless you were there.”

Three months later, Kennedy-Kosick and three others in her department were among roughly 250 leaders and information system specialists participating in an enterprise-wide simulation of a technology outage.

The Jan. 24 discussion-based exercise included staff members from The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Howard County General Hospital, Suburban Hospital, Sibley Memorial Hospital, Johns Hopkins Home Care Group, remote outpatient clinics and Johns Hopkins Community Physicians, all linked through teleconferencing. The event was led by the Office of Critical Event Preparedness and Response (CEPAR), the Office of Emergency Management, and the MedStar Health hospitals in March 2016.

Electronic systems manage virtually all aspects of daily operations at Johns Hopkins Medicine. As dependency on technology increases, so does vulnerability to system breaches and failures.

“The exercise imagined a simple scenario with far-reaching impact: An electrical shortage in the Mount Washington data center severed service to technologies throughout the institution, including email, the Epic electronic medical record system and Kronos workforce management software. “Basically, most technology we use at Johns Hopkins Medicine is down, folks,” explained Dianne Whyne, CEPAR’s director of operations, at the start of the exercise. She led participants through the imaginary unfolding scenario, pausing frequently for discussion.

“As much as possible, we want you to behave as if this event is really happening,” she said.

Because emergencies come in many forms, Johns Hopkins locations regularly simulate disasters, such as large-scale motor vehicle accidents, earthquakes and pandemics. Last month’s exercise, which took the better part of a day, was the first of several planned exercises and drills, like recent ones that were based on the fictitious scenarios below.

A Pretend 100-Car Pileup: On Dec. 10, 2015, the Office of Critical Event Preparedness and Response led a drill at Al Rahba Hospital in Saudi Arabia, which is situated just yards away from a major highway. Participants transported and treated about 60 mock victims and then received a formal assessment.

STAYING PREPARED

Like death and taxes, crises are inevitable, and Johns Hopkins Medicine wants to be prepared. Much of the wisdom comes from analyzing events like the blizzard that blanketed Baltimore to a halt last winter or the civil unrest that followed the Freddie Gray verdict in 2015. “Every event is a learning experience,” says Howard Gwon, senior director of emergency management for Johns Hopkins Medicine.

Valuable lessons also come from exercises and drills, like recent ones that were based on the fictitious scenarios below.

A Fictional Patient with Ebola: On Dec. 15, 2016, an exercise tested how a patient with highly infectious Ebola virus disease would be transported from Johns Hopkins All Children’s Hospital partnered with the Tampa Bay Rays as well as city and federal officials to simulate the hospital’s response to an imagined terrorism act: an individual crashing a plane into Tropicana Field and dispersing radioactive material during a baseball game. In the hospital’s Emergency Center, “patients” were triaged and moved to departments for treatment.

IDEAS THE EXERCISE SPARKED:

- Know in advance how you will communicate. Who will be in charge of keeping track of the situation, and how will others in the department be alerted and receive updates?
- Make sure everyone knows how to do their jobs manually. That’s particularly important for younger staff members who have never worked without computers.
- Set up binders with all the forms and documents that will be needed; include written instructions for working without computers.
- Place laminated instructions where they will be easy to find.
- Keep a physical list of phone numbers and other contact information for equipment suppliers and anyone else who may need to be reached.
- Stock up on prescription pads, pens and paper.
- Have a plan in place for bringing in additional staff members.
- If outages last longer than a day, develop a system for prioritizing services, such as imaging, lab tests and surgeries.
- Keep all paper documents that were used during the outage in a secure location. The information will need to be entered into the electronic medical record system when the outage ends.
Returning to the Roots

(continued from page 1)

on a cold night just to learn about healthy food. But if they’re already coming to a Bible study meeting, then that’s where we’ll try to reach them.”

The cooking class curriculum was developed by Oldways, a nonprofit organization in Boston that aims to combat obesity and the toll it takes on health by promoting recipes and heritage foods from Mediterranean, African, Caribbean and Latin American cultures. Since last year, Mosley has incorporated faith into the program’s nutritional discussions in order to reach the large community of African-American churchgoers in Baltimore.

“A 38-year Johns Hopkins employee, Mosley is a social worker who works with researchers and clinicians on issues of health disparities in the neighborhoods and communities that surround the Johns Hopkins Hospital campus. A recent project was Safe in the Salon, a program that helps beauty salon workers identify victims of domestic violence among their clientele.

Supported by the Elizabeth B. and Arthur E. Rosswell Foundation and offered free to churches, Faith and Food combines Oldways materials with the faith-based approach of a healthy eating program at the Center for a Livable Future at the Johns Hopkins Bloomberg School of Public Health.

Sade Anderson, Oldways’ African Heritage and Health program director, says that Faith and Food has “really broken new ground.” She expects that churches in New York and Chicago will soon follow suit.

‘Selling Ourselves Out’

The Johns Hopkins program is booked through the spring at St. Joseph Freewill Baptist Church in East Baltimore before returning to the west side at Central Baptist Church. Part of its success is due to the skills Baltimorean Nneka Shoulds, a certified Oldways Baptist Church. Part of its success is due to the skills of Baltimorean Nneka Shoulds, a certified Oldways instructor pursuing a career in community nutrition, and the Rev. Harold L. Knight, who serves as the Johns Hopkins program’s pastor.

Before the Bible study begins at Union Memorial, for instance, Shoulds leads a review of a workbook chapter on fruits and vegetables. As she talks, she chops fresh cabbages, scooping up the crisp leaves and dropping them into a shiny, 8-quart stock pot on a gas burner. She adds a little olive oil, some sea salt, onions, ginger and garlic. Finally, she tosses in a pinch of cayenne pepper and stirs it all together.

Meanwhile, Knight discusses Bible passages related to temperance. “The devil looks for the weakness in each of us,” he says, “and food is a way that he looks for a weakness.” The pastor offers “supersizing” as an example of a food-related temptation. He points out that for about 40 cents, a fast food customer can upsize a meal, overloading it with calories, sugar and cholesterol.

“When we supersize, we’re basically selling ourselves out for 40 cents,” Knight tells the group, as many nod in agreement. “Let the physical overcome the spiritual in making the decisions for us.”

“PEOPLE ARE ALREADY COMING TO A BIBLE STUDY MEETING. THAT’S WHERE WE’LL TRY TO REACH THEM.”

—ADRIAN MOSLEY
JOHNS HOPKINS SOCIAL WORKER

A Better Way to Eat, for Sure

According to 2014 statistics from the Centers for Disease Control and Prevention, the leading causes of death for African-Americans are heart disease, cancer and stroke. Life expectancy for black Americans is nearly four years shorter than for whites. And while Americans of all ethnicities have high rates of obesity, the percentage for African-American women stands at nearly 57 percent. Hypertension and diabetes are also disproportionately prevalent among African-American adults.

Central to Mosley’s Faith and Food program is the African Heritage Diet Pyramid, which Oldways describes as “a healthy eating model that celebrates the traditional eating patterns of African-American ancestors.” Those ancestors, says Mosley, ate a plant-based diet with far fewer animal products and no processed food.

At the pyramid’s base are fruits, vegetables, grains and nuts. Fish, chicken, moderate dairy products and occasional sweets top the diagram. Noticeably absent from the pyramid are red meats, fried foods and sweetened beverages.

Sade Anderson of Oldways says that while many of the foods in the pyramid are familiar to black Americans, the key to health lies in their preparation.

“For example, we know about greens,” she says. “Collard greens and other types of greens are traditional for African-Americans. But we’re teaching people how to prepare them without using fat or boiling all the nutrients out of them.”

As Knight finishes his Bible study presentation, Shoulds spoons the braised cabbage into small bowls, which Mosley distributes. The cabbage is perfectly wilted and seasoned, the ginger and cayenne leaving a little spice.

“Selling Ourselves Out”

Helen Copeland, 58, says that few cabbage recipes have come close to the braised version that Mosley serves. “We’ve eaten a lot of broccoli,” Brieana says. “Now I’m 6 pounds lighter!”

Weight loss isn’t the only goal, says Mosley. “We also pay attention to blood sugar, sodium, fiber—all kinds of things that can get lost when you’re not mindful of what you eat.”

As Helen Copeland gets her blood pressure checked, her daughter Briana says they’ve taken heart to what they’ve learned each week from Mosley, Knight and Shoulds.

“It’s a better way to eat, for sure,” she says. Her mother has tried new cooking methods as a result of the program.

“We’ve eaten a lot of broccoli,” Briana says. “Now we probably eat broccoli three times a week. We boil it until it breaks a little bit. We both love it.”

How does Helen’s blood pressure look? “Pretty good,” she smiles. “Must be the broccoli!”

—Patrick Smith

Learn more about the work Johns Hopkins Medicine does to benefit the communities it serves: bit.ly/jhcommbenefreport.

Serves 6

Calories: 100, Fat: 5g, Saturated fat: 1g, Sodium: 45mg, Cholesterol: 0mg, Carbohydrates: 9g, Fiber: 3g, Sugars: 7g, Protein: 3g

BRAISED CABBAGE

Ingredients:
2 medium-sized yellow onions, halved and thinly sliced
2 garlic cloves, minced
1 tablespoon fresh ginger
2 tablespoons extra-virgin olive oil (palm or coconut oil will work, too)
1 bird chili pepper, whole (also called cayenne pepper, finger chili or Guinea pepper)
Sea salt to taste
1 tablespoon water
1 medium-sized green cabbage, shredded

1. Chop the onions, mince the garlic and cut two small rounds off of the ginger root.
2. Heat the oil in a large pan, sauté the onion over medium heat.
3. Add the onion, garlic, chili pepper and salt. Cook, stirring occasionally, until the onion starts to brown.
4. Add the shredded cabbage and the water. Cook for 15 to 20 minutes until the cabbage is soft, stirring occasionally.
5. Serve hot.

SUGGESTED DRESSING

2 tablespoons extra-virgin olive oil
1 tablespoon red wine vinegar
1 tablespoon honey
1 teaspoon Dijon mustard
1/4 teaspoon Dulse flakes
Salt and pepper to taste

1. In a small bowl, whisk together all of the ingredients. Use as a dressing or drizzle over cabbage.
Taking a Psychiatric Pulse

By assessing the mental health of newly admitted patients to The Johns Hopkins Hospital, the Behavioral Intervention Team improves outcomes.

One day last winter, Pat Triplett received an urgent page: A patient who’d been on a medical unit for two weeks started lashing out at everyone in his path. By the time the Johns Hopkins psychiatrist arrived, it was too late to connect with the patient. Security staff members had already restrained him. “It exacted a huge toll on the unit,” says Triplett, “and struck in my mind as just what we are trying to avoid.”

That incident—and others—moved Triplett to fast-track a plan to screen all newly admitted inpatients—not just those headed for psychiatric units. The idea, he says, is for a psychiatrist, nurse practitioner or psychiatric social worker to assess medical unit patients for mental health concerns early on, “before they escalate.”

The need is urgent, he adds. Roughly 58 percent of medical admissions to The Johns Hopkins Hospital have psychiatric disorders such as depression, bipolar disorder or schizophrenia. Also, up to 20 percent of the hospital’s admissions are linked to opioid addiction. These patients can demonstrate disruptive behavioral problems as well as physical symptoms.

Now, however, with the debut of the hospital’s Behavioral Intervention Team (BIT) last spring, at least one team member sees a patient, sometimes within hours of admission to a medical unit. “Not everyone will need psychiatric assessment,” Triplett says, “but some will, and the sooner they’re identified, the quicker they will be treated.”

The Johns Hopkins BIT model is still a work in progress. Currently, the team covers three medical units—about 70 beds. Triplett aims to expand coverage by introducing two more teams.

Here’s how the approach, developed by Hochang Lee, a former psychiatric fellow at the hospital, works: Every weekday morning, one BIT member meets to review patient charts that medical-surgical staff members have prepared. Afterward, all three BIT members—each trained in psychiatric evaluation—decide which patients will be seen by whom.

Triage is tiered, says Triplett: Patients arriving after a suicide attempt, for example, are seen immediately; those who have schizophrenia as well as a medical condition with a poor prognosis, such as emphysema, are also assessed more rapidly.

BIT nurse practitioner Maureen Lewis begins each visit by scanning the electronic medical record for any history of psychiatric illness or substance abuse. When necessary, she arranges transfers to inpatient psychiatry.

Signs of depression on medical units aren’t rare, often surfacing after a major medical event, such as a heart attack. But they can be subtle, says BIT psychiatric social worker Deborah “Sunny” Mendelson. “She describes an elderly patient admitted after a massive stroke. “Everything was swirling around for him,” she recalls. “Though he’d lost major abilities, he felt especially vulnerable and sad about not seeing well enough to read the whiteboard or adjust his bed. I told him that it takes a while for the brain to adapt, but you have the ability to communicate.”

The conversation cheered the man, as did the vision consult she recommended, which led to new eyeglasses.

Often, Mendelson digs deeper. She asks how patients cope with new perceptions of themselves, particularly if they’ll need more surgery or have advanced cancer. Simply the chance to talk about their situations, she says, “can be liberating.”

But challenges abound. Triplett notes that many inpatients have a complex mix of medical and psychiatric problems, such as those who develop delirium after joint replacement surgery. New medications can also make a huge difference in mood.

The BIT program has won praise from staff members for reducing psychiatric crises and length of stay. In addition, it has raised morale, especially among nurses. Having the psych team nearby frees nurses from concerns about patients’ psychiatric needs and allows them to concentrate on their medical work.

The biggest payoff, says Triplett, is that the Behavioral Intervention Team approach improves patients’ peace of mind.

Number of medical admissions to The Johns Hopkins Hospital who have a PSYCHIATRIC DISORDER

38%

Number of hospital admissions linked to OPIOID ADDICTION

UP TO 20%

New Center to Unite Outpatient Services

The John G. Bartlett Specialty Practice, a new clinic at The Johns Hopkins Hospital, will co-locate services for patients with an array of infectious diseases, including infections obtained after transplantation or on medical devices, HIV, and viral hepatitis. In addition to housing various multidisciplinary subspecialists, the facility will feature a nutritionist, an on-site pharmacy, phlebotomy services, and a full complement of social work and case managers. The clinic honors Bartlett, the former Johns Hopkins infectious disease division director, who spent more than 25 years leading efforts to improve and develop treatments for patients with infectious diseases, including HIV/AIDS. Located at 1717 E. Monument St., the renovated space in the Park Building (the former entrance to the Emergency Department) will officially open to patients on May 8. The building will be dedicated on May 1.

Learn more about the new clinics and services at bit.ly/infectiousdiseasecare.
Johns Hopkins Community Health Partnership

Four-year program aimed to improve community health and reduce health disparities.

A local woman living in public housing was not adhering to medical care and needed thyroid surgery yet was distrustful of male doctors and the medical facility where she received her care. Beyond the health issues, a Johns Hopkins-affiliated community health worker who visited the woman at home noticed something: a significant fire hazard. The woman had electrical extension cords running from a single socket through the house and out the window to a neighbor’s residence. Working with the woman, the health worker got the housing authority to fix the electricity, reassigned the patient to a female medical provider and got her surgery scheduled. With the woman’s health care and housing needs met, she has since graduated from school as a certified medical assistant.

It’s just one of many patient success stories achieved through the Johns Hopkins Community Health Partnership (J-CHiP). The four-year program, completed last year, brought multiple stakeholders together to improve community health and reduce health disparities for those receiving care at The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center and surrounding areas. Funded with support from a $19.9 million innovation award from the Centers for Medicare and Medicaid Services, the program—which included caregivers at Johns Hopkins; two grassroots, community-based organizations; and five neighboring skilled nursing facilities—enrolled over 80,000 residents, typically with complex health care needs. Johns Hopkins HealthCare was a close partner in this effort.

J-CHiP included both community- and acute care-based interventions to improve health. The community-based component targeted local Medicare and Medicaid residents with average annual health care costs totaling between $30,000 to over $55,000 prior to enrollment. Among this population, 60 percent had six or more chronic conditions, at least 32 percent had depression or another mental health condition, and 45 percent of the Medicaid patients had substance use disorders. Each patient enrolled was assigned to a team that included a primary care provider, clinic-embedded case manager and community health worker. Some also had a health behavior specialist or a neighborhood navigator. Initial patient contacts, often done in participants’ homes, noted barriers to care. J-CHiP provided low-cost bus tokens, cab or shuttle support to about 550 patients in need of transportation to medical appointments; a pharmacy assistance program to make medications more affordable for nearly 400 patients; and cellphones preprogrammed with provider phone numbers to 113 patients to keep them engaged.

Some of the program’s ambulatory efforts will be sustained through the Johns Hopkins Medicine Alliance for Patients, an accountable care organization, and much of the program components will continue through other hospital initiatives and the Community Health Partnership of Baltimore. Through this new initiative, supported by the Health Services Cost Review Commission, six Baltimore hospitals, including The Johns Hopkins Hospital and Johns Hopkins Bayview, will collaborate with HealthCare for the Homeless and continue to work with community organizations, such as Sisters Together and Reaching and the Men and Families Center, to improve care for high-risk Medicare and Medicaid patients in Baltimore.


SCOTT BERKOWITZ
SENIOR MEDICAL DIRECTOR, ACCOUNTABLE CARE

IN BRIEF

Upgraded Handbook for Patients and Their Families

For most people, even a short hospital stay can feel overwhelm-
ing. A patient handbook can help ease that stress by providing the information patients and their families need about services, policies and how to reach departments. But, as Podge Reed discovered as an inpatient, the long-standing Johns Hopkins Hospital handbook wasn’t exactly user-friendly. Reed, who now directs the Johns Hopkins Hospital Patient and Family Advisory Council, took notes and recommended updates to Jane Hill, the hospital’s patient relations director. Those efforts, aided by the Johns Hopkins Medicine Marketing and Communications Department and volunteers on the advisory council, informed the updated, visually engaging Johns Hopkins Hospital Patient and Family Handbook. The 33-page booklet features easy-to-digest lists, diagrams, and a chart explaining the care team’s roles and the colors of their scrubs. Other features include a central phone directory, an illustrated guide to a typical hospital room, and instructions on preventing infections and falls.

Learn about upcoming observances at bit.ly/ReligiousCalendar. You can also download the 2017 Multicultural Calendar at bit.ly/MulticulturalCalendar.
In Brief

Patients may want to light an electric candle. When medically appropriate, adult patients and it may be helpful to reschedule nonemergency procedures so that patients can participate in their religious observances.

Tips for Supporting Patient Care

Special prayers called puja may be used. It is traditional to light small clay lamps (divas); in modern times, electric lanterns may be lit. Some share meals with family and friends. Homes are cleaned and then decorated with colorful artwork. It is common to wear new clothes for the festival.

Diwali

Diwali is the joyous five-day festival of lights celebrated of the Diwali festival. The actual day of Diwali is the third day of the festival. Children over 13 may want to fast during some parts being with family.

Cordner was struck by a study co-authored by Johns Hopkins psychiatrist Peter Rabins indicating that spouses of Alzheimer’s disease patients were at a twofold risk of developing the condition themselves.

“The spouses were facing an incredible amount of stress day in and day out providing care, but exactly how that led to an increased risk of Alzheimer’s disease was entirely an open question,” says Cordner.

When he joined Johns Hopkins’ M.D./Ph.D. program and the lab of stress expert Kellie Tamashiro a couple of years later, he decided to investigate the effects of stress on the aging brain using mouse models.

Lab mice live for about two years, says Cordner. To simulate the unpredictable stresses faced by spousal caregivers of Alzheimer’s disease patients, he and Tamashiro exposed both young adult and aged mice (18 months old) to two weeks of chronic, variable stress: One day, the lights might be left on overnight, or another day, the mice might be placed in an overcrowded cage. Memory tests given to the mice after the two-week period demonstrated that while stress exposure led to some cognitive impairment in all of the mice, the aged mice were profoundly more affected.

The work, published in Translational Psychiatry, also found that stress exposure was associated with increased expression of a gene called beta-secretase, or Bace1, which is involved in the development of plaques that build up in the brain during Alzheimer’s disease. In young mice, there was a 1.5- to twofold increase of Bace1 in the hippocampus, the center of learning and memory; in aged mice, Bace1 was increased not only in the hippocampus, but also in the prefrontal cortex and amygdala, areas that regulate thoughts, actions and emotional behavior.

“Our work suggests that the aging brain appears to be more susceptible to the cognitive effects of stress, and stress may increase the risk of Alzheimer’s disease, especially in aging individuals,” says Cordner.

What we found was we were able to prevent all of these negative effects of stress on learning and memory through environmental enrichment,” says Cordner. “The tricky part is there is probably a lot going on in the brain from environmental enrichment, and exactly how that prevented the effects of stress in our study is a big question,” he says. Studying this is his next step.

Our Work Suggests That the Aging Brain Appears to Be More Susceptible to the Cognitive Effects of Stress, and Stress May Increase the Risk of Alzheimer’s Disease, Especially in Aging Individuals.”

—ZACHARY CORDNER

New Community E-Newsletter

When The Johns Hopkins Hospital opened 128 years ago, its goals were to serve the community and, to quote its founder, provide care for “the indigent sick of this city and its environs.” That part of the hospital’s mission hasn’t changed—except to expand those efforts in East Baltimore and across affiliate hospitals. Now, a new e-newsletter showcases just how Johns Hopkins Medicine supports the communities it serves. Called Connections, the quarterly online publication, compiled by staff members in the Dean’s Office, the Office of Government and Community Affairs, and the Marketing and Communications Department, provides community engagement updates and opportunities. The debut issue features Howard County General Hospital’s efforts to help those devastated by a flood last summer and Sibley Memorial Hospital’s focus on impoverished areas east of the Anacostia River, among other stories.

View the newsletter at bit.ly/JHMCConnections.
New Senior VP

Peter Hill, M.D., associate professor of emergency medicine, surgery and oncology, has been appointed senior vice president for medical affairs for The Johns Hopkins Health System and vice president of the Johns Hopkins Hospital. An Emergency Department faculty member since 1999, Hill has held a number of key leadership positions, including as medical director of the emergency acute care trauma unit, which he co-founded, and as clinical director and then chair of clinical affairs for the department. In his role with the health system, he will work closely with each hospi-
tal’s leadership and medical staff to strengthen efforts to provide safe, efficient, cost-effective health care. Hill will also serve as The Johns Hopkins Hospital’s chief medical officer.

National Capital Region Surgical Oncology Appointment

Nita Ahuja, M.D., professor of urology, surgery and oncology, has been appointed director of surgical oncology for the national capital region, encompassing Sibley Memorial Hospital, Suburban Hospital and Howard County General Hospital. Ahuja also remains chief of surgical oncology for The Johns Hopkins Hospital, director of the Sarcoma and Peritoneal Surface Malignancy Program, and co-director of the Sarcoma Cancer Pro-
gram. Ahuja also heads a cancer research laboratory and has made breakthrough discoveries in early detection of pancreatic cancer and in treating both it and colorectal cancer. A graduate of Duke Uni-
versity School of Medicine, she completed her surgical training at The Johns Hopkins Hospital and then joined the faculty in 2003.

Damon Runyon Award

Xintong Dong, Ph.D., a neurosci-
entist with a talent for following the light, has been awarded a 2017 Damon Runyon Fel-
lowship from the Damon Runyon Cancer Research Foundation. She is among 16 recipients of the four-
year, $231,000 fellowship that will underwrite her studies of how injury and pathogens invade trig-
gers of inflammatory and repair responses that result in de-
fects in wound healing.

Healthy Community Partnership Recognized

Johns Hopkins Bayview Medical Center’s Healthy Community Partnership has received the Bal-
timore City Health Department’s Healthy Community Leadership Award. The award is presented to indi-
viduals and organizations working to implement effective community health programs in Baltimore City. The Healthy Community Partnership aims to improve the health of the commu-
ity by working with faith-based organizations and to offer educational programs on health topics, equip individuals with the needed resources to reduce health disparities and to become stronger advocates for good health and medical care, and address health care disparities.

Howard County General Hospital Honor

Howard County General Hospital has received a 2017 Distinguished Hospital Award for Clinical Excellence from Healthgrades, a Denver-based hospital and physician rating and comparison company. The award recognizes Howard County General’s high-
quality care across a wide range of procedures and for multiple conditions. The hospital is one of 258 the company ranked as being in the nation’s top 5 percent of health care institutions.

Sibley Memorial Hospital Voted Best Local Hospital to Give Birth

Bethesda Magazine readers have voted Sibley as the best local hospital to which to have a baby. A total of 3,412 women gave birth at Sibley last year—4% of them delivered twins. With the Septem-
ber 2016 relocation of the Center for Babies and Families to two floors in the new patient tower, childbirth capacity has grown substantially. It includes 18 labor, delivery and recovery rooms; three C-section suites, two a dedicated lactation area; eight private triage rooms; and services for high-risk pregnancies.

EAST BALTIMORE

Felicia Hill-
Breefi, Ph.D., pro-
fessor of medicine and senior director of population health re-
search and develop-
ment for Johns Hop-
kins HealthCare, has been named president-elect of the American Diabetes Association. She will as-
sume the presidency in 2018. Hill-Breefi is also a member of the Welch Center for Prevention, Epidemiology and Clinical Re-
search, where she studies diabetes self-management, behavioral inter-
tervention trials, health dispari-
ties, neuropsychology and func-
tional impairment disability.

Namandje Bum-
pus, Ph.D., phar-
macologist and asso-
ciate professor of medicine, has re-
cently named science commissioner and the newest member of the Science Advisory Board in Washington, D.C. The board provides scientific oversight for the district’s Depart-
ment of Forensic Science and ad-
vises the department’s director, the mayor and city council on matters relating to the depart-
ment.

Daniel O’Connor, Ph.D., as-
sistant professor of neuroscience, is among 102 winners of President’s Early Career Awards for Sci-
entists and Engineers. The award is the highest honor bestowed by the federal government on science and engineering professionals in the early stages of their independent research careers. O’Connor’s research focuses on neural circuits for touch perception, and his work is revealing the neural circuit foundations of sensory perception and provide a frame-
work to understand how circuit dysfunction causes mental and behavioral aspects of neuropsych-
aric illness.

Peter Pronovost, M.D., Ph.D., direc-
tor of the Armstrong Institute for Patient Safety and Quality, senior vice president of patient safety and quality for Johns Hopkins Medi-
cine, and professor of anesthesiol-
ogy and critical care medicine, has been awarded an honorary Doctor of Medicine from New-
castle University in the U.K. for his outstanding work in critical care medicine.

Dorry Segev, M.D., Ph.D., pro-
fessor of surgery, was named to Foreign Policy Journal’s list of 100 Leading Global Thinkers for his work on HIV-positive to HIV-positive organ transplants. Also recog-
nized for such efforts was Peter Stock, of the University of California, San Francisco. Those who make the list are considered to have made great impacts within their fields and around the world. In 2011, Segev’s research showed that HIV-positive individuals, previously banned from donating organs to HIV-positive transplant patients, could do so. In 2013, he successfully lobbied Congress to change the law.

JOHNS HOPKINS BAYVIEW MEDICAL CENTER

Wendy House-
knecht, B.S.N., M.S.N., has been named the new di-
rector of nursing for ambulatory services. House-
knecht, who has been acting as an interim director for several months. Nationally certified in electronic fetal moni-
tor monitoring and as an obstetric nurse, she has many years of ambulatory care experience and will be re-
ponsible for overseeing the clini-
cal nursing function for ambula-
tory care and ensuring safe and ef-
cient patient care practices.

Kerri Huber, M.D., N.R.N., C.I.C., has been named director of planning for the De-
partment of Interpro-
essional Practice and Patient Safety. Huber will provide oversight of clinical practice, edu-
cation and patient safety activi-
ties. She came to Johns Hopkins Bayview in 2007 as a registered nurse in the Burn Center. In 2011, she joined infection control as an infection prevention expert, becoming the manager of infec-
tion control in 2013.

IN BRIEF

“Dancing with the Hopkins” Stars Returns

Riding on the success of two years of fierce competition and fundraising for United Way, Dancing with the Hopkins Stars returns on Wednesday, March 8, at 7 p.m. The event will feature the Baltimore Orioles, the Baltimore Ravens, the Towson University Turner Auditorium on the East Baltimore campus. This year’s cast of seven couples will represent The Johns Hopkins Hospital and Health System Corporation, the Johns Hopkins University School of Medicine, Johns Hopkins Bayview Medical Center, Johns Hopkins Community Physicians and Johns Hopkins Home Care Group. Each couple will perform an elaborate dance routine before a live audience, competing for the mirror-ball trophy—all in support of United Way. Visit hopkinsmedicine.org/dance/ to find out which couples and find out which United Way program they’ve chosen to support at this year’s event.

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Kerri Huber, M.D., N.R.N., C.I.C., has been named director of planning for the Department of Interprofessional Practice and Patient Safety. Huber will provide oversight of clinical practice, education and patient safety activities. She came to Johns Hopkins Bayview in 2007 as a registered nurse in the Burn Center. In 2011, she joined infection control as an infection prevention expert, becoming the manager of infection control in 2013.

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