

JOHNS HOPKINS MEDICINE • OFFICE OF DIVERSITY AND INCLUSION



ANNUAL REPORT 2016



JOHNS HOPKINS
MEDICINE

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To the Johns Hopkins Medicine community:

At Johns Hopkins Medicine, diversity and inclusion are key to our mission—crucial parts of our Strategic Plan and our statement of core values. And we are backing up this commitment with meaningful action, as you'll read in the stories that appear in the pages that follow.

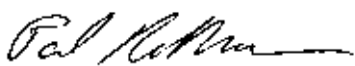
Over the past year, for example, our efforts to support and encourage women in leadership positions at Johns Hopkins Medicine have continued bearing fruit. We celebrated the appointment of Redonda G. Miller as 11th president of The Johns Hopkins Hospital, the first woman ever to fill that role, and were pleased to announce that females now make up 54 percent of executive/senior leadership positions—up from 43 percent in 2014.

Within the community, we have vastly expanded our STEM internship programs for youths from low socioeconomic backgrounds and have strengthened our training programs to support our increased hiring within Baltimore City. We also launched a series of community walks, where we encouraged faculty members, staff members and students to join us in meeting our neighbors who live in the communities surrounding the East Baltimore campus.

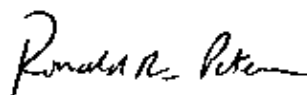
In partnership with the Department of Spiritual Care and Chaplaincy, we worked to create a religious and cultural observations toolkit. The goal: to better equip our employees to interact with fellow colleagues and patients. Already, the toolkit has opened up conversations across the institution and helped to convey a cultural humility that our increasingly diverse patient and employee population really seems to appreciate.

Of course, we still have a long way to go in our efforts to make Johns Hopkins a more diverse, inclusive and culturally competent place for our patients, employees and community. But as we look ahead to 2017, 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

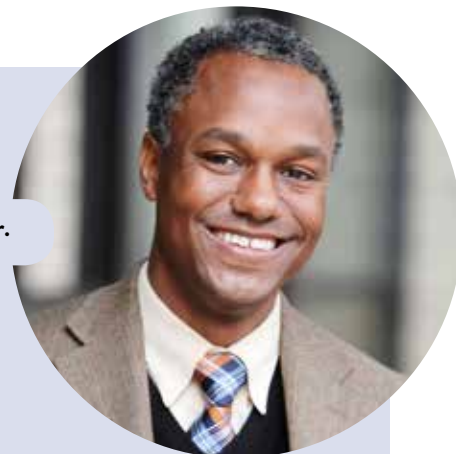


Ronald R. Peterson
President, Johns Hopkins Health System
EVP, Johns Hopkins Medicine



Paul B. Rothman and Ronald R. Peterson

James E. Page Jr.



JANUARY 2017

To the Johns Hopkins Medicine community:

Diversity and inclusion are integral to the excellence and success of any institution, but they are especially vital for academic medical centers like Johns Hopkins, where the promise of trust and healing is essential to the delivery of an extraordinary experience for each of our patients, employees, volunteers, trainees, suppliers and community members.

Similar to places of worship, academic medical settings are **places of trust**. They are places where our communities come to be mended and find healing. With trust, each patient visiting Johns Hopkins Medicine can rest assured that our health care providers will offer the best possible family- and patient-centered care. With trust, our employees, suppliers and trainees can expect to encounter a workplace where respect prevails and individual dignity is valued. With trust, our community members can count on outreach from Johns Hopkins Medicine that is aimed at strengthening families, individuals and neighborhoods.

Broken trust can take generations to restore. This past year, we have seen Johns Hopkins experience challenges and strife in response to tragic events happening across our nation, and together we

have worked to address these challenges. In June, after the Orlando nightclub shooting where 49 people were killed, we came together and flew flags at each of our affiliates to show support for our lesbian, gay, bisexual and transgender community. In July, faculty members, staff members, students and the community expressed continued concern over race relations after police shootings of black citizens in Minnesota, Louisiana and other states. We hosted meetings with groups to listen to concerns and suggestions for how to help one another develop a deeper understanding of differences and respect for those differences. Through these experiences, we have grown and become more resilient in our resolve. We have come to recognize, understand and appreciate our differences and, in the process, we have strengthened our relationships

with each other and positively impacted the quality of patient care.

On behalf of the Johns Hopkins Medicine Office of Diversity and Inclusion, I thank you for your commitment to diversity, inclusion and cultural competence, and challenge each and every one of us to continue to stand behind our promise of respect, dignity and trust for all.

Respectfully yours,

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

employees

In Solidarity with the LGBTQ Community

In the wake of the massacre at Pulse Nightclub in Orlando last June, Johns Hopkins Medicine leaders took a variety of steps to show Johns Hopkins' support for the lesbian, gay, bisexual, transgender and questioning (LGBTQ) community.

Rainbow flags were raised and flew throughout the month of June at all of Johns Hopkins' member hospitals: The Johns Hopkins Hospital, Johns Hopkins Bayview Medical Center, Johns Hopkins All Children's Hospital, Howard County General Hospital, Sibley Memorial Hospital and Suburban Hospital. The rainbow colors were also added to the Johns Hopkins Medicine logo on social media.

"The rainbow flag, created by artist Gilbert Baker in 1978, is recognized around the world as a symbol of LGBT pride. Its power and beauty come from its diversity of colors. The rainbow reminds us that the human spirit triumphs after even the darkest storm," wrote **Paul B. Rothman, Ronald R. Peterson** and **James E. Page Jr.**, in an institutionwide statement.

Leaders also issued a statement that reaffirmed Johns Hopkins' "commitment to assuring respect and support for our LGBT patients,

guests and employees." As part of this commitment, the statement noted, "Johns Hopkins has undertaken numerous steps in this and prior years to address the care, respect and dignity of LGBT individuals and allies." Among the efforts impacting Johns Hopkins Medicine employees:

- All Johns Hopkins Medicine and Johns Hopkins University nondiscrimination policies now include gender identity and gender expression.
- Johns Hopkins has expanded its health care benefits to cover transgender health services, including surgical procedures.
- The Johns Hopkins Hospital will join a growing number of leading academic medical centers in 2017 in offering gender-affirming therapies for transgender patients, including sex reassignment surgery and hormonal treatment, as part of a range of support options available. ■



Watch a video featuring Johns Hopkins participants in the parade at hopkinsmedicine.org/diversity/video.





More than 300 people from Johns Hopkins marched in the annual Baltimore Pride Parade in July, a celebration of the LGBTQ community. Led by a “scrubs rainbow” and accompanied by a Lifeline ambulance and a Blue Jay shuttle, the Johns Hopkins crowd’s enthusiasm earned it the Best Walking Group award in the parade.

Celebrating Diverse Faith Traditions

From Easter to Yom Kippur, from Ramadan to the Baha'i festival of Ridvan, members of the Johns Hopkins Medicine community celebrate an array of religious holidays.

To raise awareness, Johns Hopkins Medicine has created the **Religious and Cultural Observances Toolkit**—a collection of one-page guides to more than two dozen religious holidays that come with email reminders of the dates and a website where the information is stored.

The idea came out of a 2015 meeting of the 42-member Diversity Council at Johns Hopkins Bayview Medical Center, says **Paula Teague**, senior director of spiritual care and

chaplains for the Johns Hopkins Health System, who volunteered to research and author the guides.

“The striking thing is how much these traditions have in common,” she says. “I’ve learned a lot and had wonderful help—doctors, nurses, pharmacists, rabbis and staff members of different faiths willing to be experts, plus Karen Tong in our marketing department, who made the pages beautiful.”

More than two dozen sets of the holiday guides were distributed in 2015 to Johns Hopkins Bayview staff, and Teague says the response was so positive “the folks at Johns Hopkins Medicine said, ‘Gosh, this would be something for the whole system.’ So we spent a year

reworking the toolkit for the whole enterprise and launched with Ramadan in June.” The Religious and Cultural Observances Toolkit is co-sponsored by the Johns Hopkins Medicine Department of Spiritual Care and Chaplaincy and the Johns Hopkins Medicine Office of Diversity and Inclusion.

The idea is to improve patient care and support a diverse staff. The guides even include suggested holiday greetings, which Teague herself has begun to use. “When I said, ‘Ramadan Mubarak’ to one of my Muslim colleagues, her face just lit up. It opens up conversations and conveys a cultural humility people really appreciate.”



“THE STRIKING THING IS HOW MUCH THESE TRADITIONS HAVE IN COMMON. I’VE LEARNED A LOT AND HAD WONDERFUL HELP—DOCTORS, NURSES, PHARMACISTS, RABBIS AND STAFF MEMBERS OF DIFFERENT FAITHS WILLING TO BE EXPERTS.”

—PAULA TEAGUE

DEVELOPING WOMEN FACULTY LEADERS

The school of medicine's **Leadership Program for Women Faculty (LPWF)** has tallied impressive numbers in its seven years: 269 graduates—mostly at the senior assistant and associate professor level—from 29 school of medicine departments and many divisions of The Johns Hopkins University.

"It's a great opportunity for growth, networking and developing the skill set women faculty members need to be leaders," says LPWF founding director and pediatric nephrologist **Barbara Fivush**.

In 2008, she was tapped to lead the school of medicine's new Office of Women in Science and Medicine to address gender inequity in promotions and salary. One year later, Fivush, now associate dean for the office, inaugurated the leadership program. Today, it encompasses nine sessions on negotiation skills, public speaking and other leadership tools for women faculty members.

"The coursework was quite eye-opening, allowing me to see the diversity of management styles and recognize profound differences in how people communicate and perceive different work responsibilities, such as developing a plan of action," says **Andrea Cox**, who joined the 2014–15 LPWF cohort as an associate professor and was promoted in April 2016 to professor of medicine and oncology.

It's the program's "safe space," though, which has had perhaps the greatest impact. "People can have effective mentors and role models of both genders, but there are common experiences we share as women, and this is a good place to talk about that," notes Cox, who directs the school of medicine's M.D.-Ph.D. program.

Fivush was expecting collaboration and camaraderie, but the candid conversations have been a welcome surprise. "Women have revealed things here that they never have in a professional setting before," Fivush says. "This unexpected sharing is such a gift for women."

JOHNS HOPKINS MEDICINE EXECUTIVES/ SENIOR LEADERSHIP

FEMALES

2014

43%

2015

51%

2016

54%

"There are common experiences we share as women, and this is a good place to talk about that," says **Andrea Cox** of the Leadership Program for Women Faculty.



Ensuring an Inclusive Workplace

Never underestimate **A.J. Nanayakkara's** drive.

Paralyzed from a martial arts accident 22 years ago, he since has competed in wheelchair races, has been a standout wheelchair rugby player for 14 years and currently coaches the Kennedy Krieger Institute wheelchair rugby team. In 2005, Nanayakkara won a team gold medal playing for the United States National Wheelchair Rugby team in the World Wheelchair and Amputee Games.

Nanayakkara's determination not to let his disability define what he can do is equaled only by his passion for helping others.

In November 2015, Nanayakkara joined the Johns Hopkins Health System's Organizational Equity Office as the Americans with Disability Act and accessibility compliance consultant. In addition to assisting with individual accommodations, he and his colleagues provide guidance and training on equal employment opportunity matters—discrimination, harassment, affirmative action and the ADA—and oversee the health system's compliance with federal, state and local EEO laws.

"I help people maximize their potential to do their job the best they can," says Nanayakkara, who also travels to health system sites in Florida and Washington, D.C., to evaluate accessibility.

The Organizational Equity Office guides management in understanding an accommodation request from an employee or patient—which may involve everything from restructuring the work environment and creating checklists for an employee with attention-deficit hyperactivity disorder to scheduling dog walkers for patients with service animals.

New initiatives, including training on service animals, disability etiquette and accommodating mental health conditions, are tailored to a variety of audiences—from directors and managers to front-line staff members.

"I show managers what they can do to make sure that we have an inclusive workplace," says Nanayakkara, who has handled 282 disability-related accommodations since joining Johns Hopkins. "All of us have so much ability, and I have an opportunity to help people tap into that."

"I HELP PEOPLE
**MAXIMIZE
THEIR
POTENTIAL** TO
DO THEIR JOB THE
BEST THEY CAN."

—A.J. NANAYAKKARA





“I REMEMBER CELEBRATING THE 100-YEAR ANNIVERSARY OF THE JOHNS HOPKINS HOSPITAL DURING MY SECOND YEAR IN MEDICAL SCHOOL. I **NEVER WOULD HAVE GUESSED** THAT I WOULD BE PRESIDENT.”

—**Redonda G. Miller '92**, who assumed the presidency of The Johns Hopkins Hospital on July 1, becoming the first woman president in the hospital's history. Her appointment has made a stir in the medical community, she says, prompting a flurry of invitations for her to speak at events. “People are excited about a woman being president,” says Miller. Only 18 percent of hospital chief executives are female, according to a 2013 report from Rock Health.

A Recruitment Pipeline

When the Division of Geriatric Medicine and Gerontology at Johns Hopkins Bayview Medical Center launched its **Mosaic Initiative** in 2010, the plan was to create a pipeline to recruit physician faculty members from underrepresented minority communities.

With a \$25,000 grant from the Office of the Provost matched by division funding, leaders began to reach out to nearby Howard University, Florida International University and Morehouse College schools of medicine.

But under the leadership of **Samuel Durso**, division director; **Matt McNabney**, fellowship program director; and **Carolyn Robinson**, medical training program administrator, the Mosaic Initiative became something more deeply transformative.

“We knew we had to create a fertile and nurturing environment within the division to support our recruitment efforts,” Durso says, “so we conducted a survey of faculty and staff members. We were dismayed to find that, while an overwhelming majority of the faculty found the division inclusive and nurturing, only about half of the staff agreed.”

Following a division retreat that focused on the survey results, the Mosaic committee launched a host of initiatives: an annual Mosaic Initiative lecture, a town hall meeting and awards to recognize staff excellence in everything from creativity to patient care. To encourage social engagement between faculty and staff members, the committee members organized a hugely popular annual picnic at Oregon Ridge Park in Cockeysville and an annual multicultural feast, where division members bring food from their respective traditions to share. They created bimonthly “lunch and learn” sessions to talk about everything from unconscious biases and hurtful stereotypes to the shootings in Orlando. And they carefully pen “Mosaic Messages” that are distributed throughout the Johns Hopkins Medicine system, such as “Greet each other—everybody, every time,” to promote respect..

The success of the program is reflected in survey results. Between 2011 and 2015, staff satisfaction jumped from 55 to 88 percent.

And McNabney is thrilled with the growing effectiveness of the recruitment pipeline. “We are creating incredible connections—and every connection creates more connections—including a new outreach effort with the University of Puerto Rico,” he says. “We’ve had many more minority applicants for our summer medical student program, and we’ve had four fellows from Howard University, including an amazing second-year fellow, **Thomas Cudjoe**, who is an outstanding candidate for transition to faculty. And that would be a huge success because a diverse faculty further strengthens the pipeline.”



Co-founders of DPAC, an organization founded to create a “sense of community” for basic scientists here. From left, **Dionna Williams**, molecular and comparative pathobiology; **Marc Edwards**, cell biology; and **Stan Andrisse**, pediatric endocrinology.

Transforming the Culture for Basic Scientists

“Pay it forward” guides every step of the new **Diversity Postdoctoral Alliance Committee** (DPAC), which was launched in February 2015 to create a clear, consistent voice for and to support the development of postdoctoral fellows and trainees who are African-American, Latino, Native American and Pacific Islanders.

“The numbers of Ph.D.s who look like us are very small”—just 7 percent of school of medicine postdocs and faculty members (based on DPAC’s extensive climate survey of fellows, residents and students in these underrepresented minorities), says cell biologist **Marc Edwards**, DPAC co-founder and current co-

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>>>

chair. “A sense of community is essential. We want to create exemplars of people like ourselves for young graduate students coming up.”

DPAC, a subcommittee of the Johns Hopkins Postdoctoral Association, centers on research, mentoring/networking and professional development [see sidebar]. Programs range from a trainee welcome event to collaborating with the Johns Hopkins Office of the Provost on the first-ever universitywide Postdoctoral Diversity Fellowship program.

The fellowship is an award aimed at transitioning outstanding postdoctoral fellows to faculty members. “Johns Hopkins was already putting money toward this issue, thus the timing was ideal,” says **Stan Andrisse**, DPAC co-founder and co-president of the Johns Hopkins Postdoctoral Association. “DPAC was able to help create this transformational postdoctoral-to-faculty transition award that supports five fellows a year,” adds the scientist, who studies polycystic ovarian syndrome, a leading cause of female infertility. Along with Edwards and **Dionna Williams**, DPAC co-founder and co-chair, Andrisse is among the five inaugural fellows in 2016.

Expanding DPAC’s breadth and reach is a top priority in the year ahead. “We’re interacting with other Johns Hopkins schools and divisions even more, particularly to expand the Mentoring Families Program,” says Williams, a scientist with expertise in immunology and neuroscience.

A speaker series kicked off last spring, with Cato Laurencin speaking on regenerative engineering. In late September, DPAC’s first annual Excellence in Diversity Symposium showcased and celebrated the research of Johns Hopkins University underrepresented minority scholars—from undergraduate students to faculty members—with high school summer trainees invited to present as well. The event featured keynote speaker Hannah Valantine, chief officer for scientific workforce diversity at the National Institutes of Health.

“Diversity is tied to excellence,” Edwards notes of DPAC’s far-reaching impact in only 18 months. “We’re creating an environment where we are no longer isolated and are helping to transform the culture.”

DPAC BY THE NUMBERS

90

MENTEES

“The Mentoring Families Program brings confidence and a sense of belonging,” notes Dionna Williams of the “work families” created by matching more than 30 postdocs/fellows/residents with 60-plus graduate/medical students, all of whom are underrepresented minorities.

“Mentees can openly discuss the unique challenges they face in graduate and medical school as a racial/ethnic minority.”

310

ATTENDEES

In their first year, quarterly Town Hall Meetings sponsored by DPAC have garnered nearly 70 participants per meeting, with 100 people attending the women in science program. DPAC uses interactive clicker discussions to gather data and guide ongoing topics.

A WISH Come True

The inaugural Women in Surgery at Hopkins (WISH) annual dinner, held in September at McCormick and Schmick's Seafood Restaurant in Baltimore, celebrated the accomplishments of women faculty members in the department and provided an opportunity to network and build mentoring relationships.

Robert Higgins, department director and surgeon-in-chief, and **Nita Ahuja**, division chief of surgical oncology and department vice chair of research and academic affairs, provided welcome remarks and highlighted the importance of the occasion. **Janice Clements**, vice dean for faculty, and **Martha Zeiger**, associate vice chair of faculty development, offered inspiring words to the attendees. The event also celebrated the recent promotions of **Jennifer Lawton**, chief of cardiac surgery, and **Gina Adrales**, division chief of minimally invasive surgery.



“At institutions where there aren’t many women residents or faculty members, it’s hard for a female medical student to say, ‘I could pursue that career,’” says **Dawn LaPorte**, the second woman to hold a full professorship in the Department of Orthopaedic

Surgery. “Johns Hopkins has outstanding female faculty members, and we also have five female residents in the program.” Women in the department include, from left to right, LaPorte, Lynne Jones, Miho Tanaka, Carol Morris, Janet Crane, Casey Humbyrd and Mei Wan.

NOTABLES



Eloiza Domingo-Snyder, senior director and deputy chief diversity officer for Johns Hopkins Medicine,

was named one of the 100 Most Influential Filipina Women in the World by the Filipina Women's Network.



Shari Lawson, director of the Division of General Obstetrics and Gynecology at The Johns Hopkins Hospital,

has been appointed assistant dean for medical student affairs and director of medical student diversity. In the latter role, she will work to enhance the recruitment and success of a diverse medical student body.



James E. Page Jr., vice president and chief diversity officer for Johns Hopkins Medicine, has been named by

Becker's Hospital Review as one of the nation's 15 hospital and health system chief diversity officers to know.



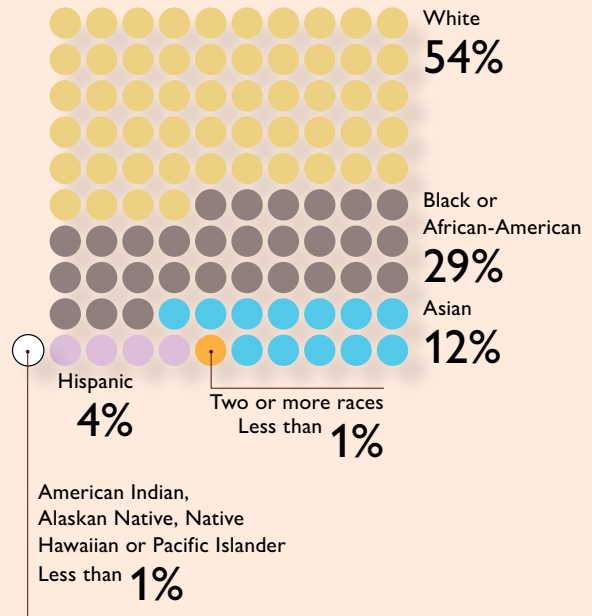
Paula Neira, a nurse educator in the Department of Emergency Medicine, will be among the first

group of honorees cited by the nonprofit OutServe Servicemembers Legal Defense Network for her work ensuring equal treatment in the military of lesbian, gay, bisexual and transgender (LGBT) members. Neira has also been selected by Secretary of the Navy Ray Mabus to sponsor the USNS Harvey Milk—an oiler that will be named for the iconic LGBTQ civil rights leader and former naval officer.

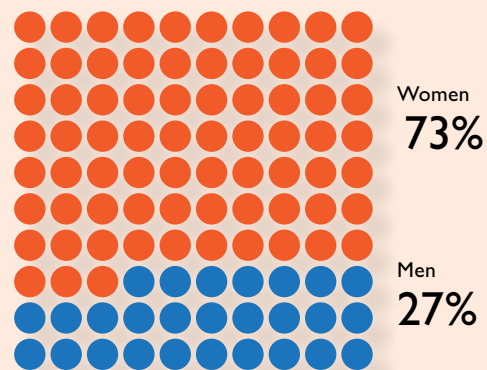
Employees

Johns Hopkins Medicine (All Entities)

Race/Ethnicity



Gender



by the numbers

patients

A Mobile Solution to Better Health

For 17 years, Johns Hopkins physician assistant **Pat Letke** has been caring for some of the poorest of the working poor—uninsured families, mostly Latino immigrants—out of a mobile clinic in southeast Baltimore.

In the Johns Hopkins Bayview Medical Center **Community Care-A-Van**, Letke travels four days a week with just a driver/patient registrar and an interpreter, serving some 2,000 clients a year in the neighborhoods around Johns Hopkins Bayview—community members who couldn't otherwise afford medical care.

“Our target population is children and pregnant women,” says Letke, who has extensive experience in pediatrics and emergency medicine, and has worked with families in Papua New Guinea and with the homeless in Washington, D.C. “We provide kids with school physicals, see them when they're sick, administer vaccines, and screen for lead poisoning and other issues. We connect uninsured women with prenatal care. We've been out in the community so long that we have long-standing relationships with a lot of families.”

The biggest issue for her clients is lack of resources—prescription drugs

and even food are often beyond their means. But lack of education is also a problem. “About 70 percent of my patients have a sixth-grade education or less,” she says.

The great thing about a mobile clinic is that “we can change locations as the neighborhoods' needs change,” says Letke, who in 2007 received Baltimore City's first annual Dr. Sebastian Russo Award, named for a doctor legendary for treating the city's disadvantaged.

Last fall, the aging Care-A-Van was replaced with a new model.

“Our current unit has served us very well, and we've taken excellent care of it, but it's getting hard to find replacement parts, which can impact delivering care,” says Letke. “The new 39-foot van has two examination rooms, a patient registration area, a patient wait space, a bathroom and a laboratory/work area. It ensures uninterrupted care for those who greatly need it.” ■





Pat Letke examines a young patient inside the Care-A-Van.

Inset: The new Care-A-Van



ADVOCATING FOR BIG CAUSES

Colleen Gioffreda has achondroplasia, a form of dwarfism that is one of the most common skeletal dysplasias—disorders of cartilage and bone growth. The same disease that has marked her life has inspired her job as senior program coordinator for the **Greenberg Center for Skeletal Dysplasias** in the McKusick-Nathans Institute of Genetic Medicine.

It has also motivated her achievements as the national adoption coordinator for Little People of America, where she has helped place more than 220 children with skeletal dysplasias since 2004.

Gioffreda was invited to Capitol Hill in June 2015 to testify about the discrimination faced by people with disabilities who wish to adopt. Later, she traveled to the White House to participate in a celebration of the 25th anniversary of the passage of the Americans with Disabilities Act.

Gioffreda, who first visited the Greenberg Center as a patient when she was a child, recognizes the special challenges her young patients face. “Sometimes kids need surgeries or special care, such as screening for sleep apnea and physical accommodations at school. Then, when they get older, the main concerns are social issues, such as bullying. We provide parents with resources and information to overcome these problems,” she says.

In her advocacy work for adoption, she is pushing to overcome barriers. “Little People of America found 12 children who remained in the foster care system, even though we had many families who were ready and willing to adopt them,” she says.

“Many times in the adoption process, we depend on the perspectives of social workers. And if they are not open-minded, it makes the process hard. I try to work with one case at a time, to get each child home to a family.”

A Grand Plan to Help Elders Thrive

As people in our country age, it's more important than ever that they get the right health care services when they need them. A program at **Sibley Memorial Hospital's Grand Oaks assisted living community** is one example of how Johns Hopkins is making sure that the community's eldest members are able to thrive.

One Johns Hopkins nurse practitioner is stationed full time at Grand Oaks, and a geriatrician and geropsychiatrist spend one day a week at the 172-apartment complex,

ensuring care management plans for residents in partnership with their primary care providers, families and Grand Oaks staff.

"We hope to effect change throughout the facility to keep residents physically and mentally healthy. Our ultimate goal is to serve as a role model in an interdisciplinary care approach for other assisted living facilities," says **Milap Nowrangi**, medical director of the Memory and Care Program at Grand Oaks.



Dolores Nolan credits nurse practitioner Beth Abate, center, and geriatrician Kanwal Awan, right, for helping to improve her health. Nolan now works out twice a week on a treadmill at Sibley Memorial Hospital's assisted living complex.

Intensive Attention for High-Needs Patients

The figures are sobering: Just 5 percent of Medicaid patients account for 50 percent of the program's expenditures nationwide.

A new pilot program, launched here in East Baltimore less than two years ago, is pushing to keep such patients out of the Emergency Department (ED) and the hospital by providing very intensive primary care services that are integrated with behavioral health care and social services.

The approach is working: Since the start of **Priority Access Primary Care** (PAPC), the 70 patients enrolled in the program have seen their ED visits drop by 30 percent and their hospital admissions by 41 percent.

Participating patients have “incredibly complex medical and psychosocial needs,” says internist **Laura Sander**, medical director of the PAPC pilot, so the behavioral health care component is key. “We have more patients with depression than with hypertension. Thus, we're really focusing on mental health care alongside traditional primary care. For us, they're inextricable,” she says.

When patients come to East Baltimore Medical Center for a primary care visit, they spend 45 minutes with Sander or nurse practitioner **Kate Shockley**, then another 45 minutes with licensed clinical professional counselor **Laura Fukushima**. The health care team also includes certified medical assistant **Sherrell Byrd-Arthur**, who serves as a “health navigator” to help patients negotiate the health system, and community health worker **Brian Adams**, who connects



Watch a video:

Internist Laura Sander explains the aims of the Priority Access Primary Care pilot program: hopkinsmedicine.org/diversity/video

patients to community resources—applying for housing vouchers, for example—and coaches them in disease self-management.

Patients have direct access to their PAPC providers. They can call, text or video chat with them 24/7 for acute needs. In addition, PAPC providers carve time out of every day for home visits. New program participants receive a home visit as part of their introduction to the program. Patients with chronic conditions will receive periodic visits to help with medication reconciliation. Those with acute needs will be treated in the home, if appropriate, or sent to the ED. All patients discharged from the hospital receive a home visit as well.

Set to run through the end of 2016, PAPC is showing a 2-to-1 return on investment, says Sander: “We're happy to say that by doing exactly what we set out to do, which is reconnect high-cost patients to primary care, we've improved their health and saved money.”



Internist and preventive health care specialist **Laura Sander** examines **Marcella Baker**, who is enrolled in the **Priority Access Primary Care** pilot.

Improving Transgender Care

Being transgender means facing significant health care disparities, and health care providers may be hampered by their own discomfort and lack of knowledge, noted **Paula Neira**, nurse educator in the Department of Emergency Medicine, at last summer's second annual **LGBT Pride Lecture**, sponsored by the LGBT Allies Employee Interest Group and the Johns Hopkins Bayview Medical Center Diversity Council.

The goal of the lecture series: to help Johns Hopkins health care providers learn to better care for LGBTQ patients and their families.

Transgender people have a gender identity different from the one assigned at birth. They often face discrimination and violence, Neira said, which increases their risk for suicidal thoughts, substance abuse and mental health issues. In studies, up to 71 percent of transgender people reported discrimination in medical settings, and 50 percent said they had to educate clinicians about transgender care, she noted.

Neira urged clinicians to call patients by the name or pronoun they prefer and counseled against asking which bathroom they use, how they have sex and when they "chose" to be transgender. "Being transgender is not a choice," she said. "I challenge all of you to tell me the date and time you chose your gender identity."

Each transition is different and involves complex medical, legal and social decisions, Neira said. Not all transgender people opt for gender-affirming surgery, for example. "The standard of care is patient-centered," she said. "What is most appropriate for each patient involves a conversation between the patient and provider."



Left, Paula Neira, nurse educator

LGBTQ patient care initiatives at Johns Hopkins include:

- In the past year, two Johns Hopkins Medicine task forces on LGBTQ health care have been charged with developing new paths for our institutions to further approaches to evidence-based, patient-centered care for LGBTQ individuals.
- The Johns Hopkins Hospital will join a growing number of leading academic medical centers in 2017 in offering gender-affirming therapies for transgender patients, including sex reassignment surgery and hormonal treatment, as part of a range of support options available.



Watch a video of Paula Neira's presentation at the second annual LGBT Pride Lecture: hopkinsmedicine.org/diversity/video.

A Medical Model to Treat Opioid Addiction

At a time when some 2.2 million people in the United States are addicted to heroin or prescription painkillers, and overdoses claim tens of thousands lives every year, **Kenneth Stoller** feels the urgency.

As director of the **Johns Hopkins Broadway Center for Addiction**, he champions a structured yet compassionate approach to opioid use disorder—one that destigmatizes medication-assisted treatment.

In 2015, the center was cited by the U.S. Office of National Drug Control Policy for its successes. Now Stoller aims to fill in the gaps and help cement patients' gains nationwide. Focusing on coordination with community physicians trained to provide buprenorphine in-office, Stoller wants to increase access to the comprehensive, tailored help offered by opioid treatment programs (OTPs) like the Broadway Center.

For two decades, as one of the nation's 1,400 OTPs, the center has offered adults with opioid use disorder methadone, buprenorphine or naltrexone maintenance therapy. But as The Johns Hopkins Hospital's ambulatory addiction treatment program, the center focuses more attention on provision of other services, like counseling and housing. Notably, the center

“ONCE PEOPLE UNDERSTAND WHAT LED THEM TO VEER OFF, THEY’RE MORE LIKELY TO CHOOSE A BETTER TRACK.”

— **KENNETH STOLLER**

requires addictions counseling and participation in group classes—only a few for stable patients, but more for those struggling with ongoing use. Instilling self-understanding and a hopeful attitude are key to helping clients.

“Once people understand what led them to veer off,” he says, “they’re more likely to choose a better track.”

The center's adherence to counseling tops 60 percent. For most other centers offering psychosocial support, Stoller notes, literature reports around 25 percent adherence.

Still, a major problem surfaces as people seek care—a basic shortage of maintenance therapy. It troubles Stoller that many community physicians licensed to provide buprenorphine choose not to. He believes there is great opportunity for OTPs to encourage buprenorphine prescribing by offering physicians support and improving the chance of a positive experience.

To streamline that help, he's created a collaborative model he calls Co-OP (Collaborative Opioid Prescribing), which makes OTP expertise available. Patients are concurrently enrolled at the center while receiving buprenorphine from their primary care or psychiatric physician, extending to them the reach of a Johns Hopkins-tested rewards approach to recovery.

At the Broadway Center for Addiction, Kenneth Stoller, left, sees patients and mentors newly minted addictions psychiatrists Ann Ruble and Vinay Parekh.





Addiction Treatment for Teens

The **Addiction Treatment Center (ATC)** at **Suburban Hospital** has been helping teens fight substance use since the 1980s, says its director, **Beth Kane Davidson**.

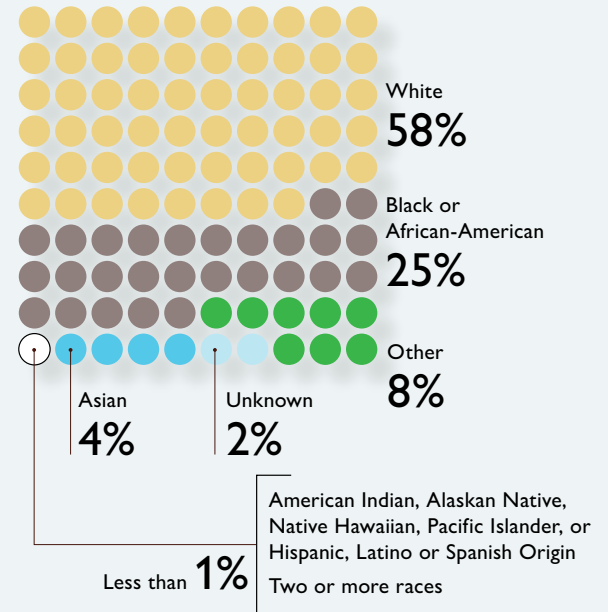
To reach adolescents who are experimenting with alcohol and drugs, ATC offers four-hour and nine-hour education programs highlighting the risks of substance use and avoidance strategies. Teens with more serious substance use behavior are eligible for ATC's treatment program. It lasts four to six months, starting with counseling sessions two to three times per week and becoming less frequent over time. Clients are expected to transition to a support group, such as Narcotics Anonymous.

A key part of the program, says Kane Davidson, is helping teens find alternatives to the euphoria of drug use. One took up skydiving, she says. Others find more down-to-earth pleasures, such as a weekend hike. "We want our patients to fully engage in their daily lives," says Kane Davidson. "That's what sobriety is about. Alcohol and drugs disengage them."

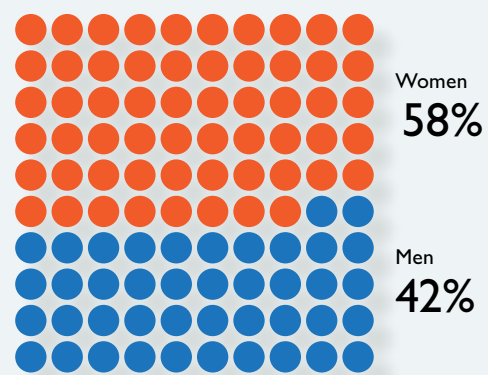
Patients

Johns Hopkins Medicine (All Entities)
January–October 2016

Race/Ethnicity



Gender



by the numbers

Dementia in Korean-American Elders

Ethnic minority elders in the United States have a higher prevalence of dementia than their white counterparts—yet are comparatively underdiagnosed and at greater risk of not receiving appropriate care, notes **Hae Ra Han**, co-director of the Center for Cardiovascular and Chronic Care at the school of nursing.

Building on 10 years of collaborative, interdisciplinary research within the Korean-American community—one of the fastest-growing minority populations—Han and her team have conducted a study estimating the prevalence of dementia within this population. Moreover, she says, “We’ve successfully trained bilingual community health workers and obtained evidence to support the feasibility and efficacy of using them to assess dementia in community-residing Korean-American elders.”

Now, continuing their work among elders at the Korean Community Service Center of Greater Washington, Han and team are developing and pilot testing a dementia literacy training and navigation support intervention plan. The goal: Community health workers could use the plan to help transition affected Korean elders into the health care system for adequate diagnostic follow-up and evaluation.

“Early detection of dementia allows for a transition to early dementia care that may delay or slow deterioration of cognitive functions and functional disabilities,” says Han, “and enable families to adequately plan for the potential challenges of dementia caregiving.” ■



Though ethnic minority elders experience dementia at higher prevalence than their white counterparts, they are comparatively underdiagnosed and at risk of inappropriate treatment. Hae Ra Han and her team are working to change that.



Ending the Stigma in Organ Donation

After receiving approval last February from the United Network for Organ Sharing to be the first hospital in the United States to perform HIV-positive to HIV-positive organ transplants, The Johns Hopkins Hospital did just that last March—becoming the first in the nation to execute an HIV-positive to HIV-positive liver transplant and HIV-positive to HIV-positive kidney transplant.

The lifesaving surgeries were possible thanks to surgeon **Dorry Segev**, whose advocacy and groundbreaking research into ways to expand organ allocation are changing the lives of thousands of people around the world. His research and government advocacy led in 2013 to passage of the HOPE (HIV Organ Policy Equity) Act, legislation that also allows more people to donate organs.

At that time, medical centers were forbidden to transplant any HIV-positive organs; people with HIV who were waiting for transplants could only receive organs that were HIV-negative. Segev's research estimated that each year, roughly 1,000 HIV-positive patients would be eligible for lifesaving kidney and liver transplants from 500 HIV-positive donors. Those transplants would also shorten wait times for all patients. Their addition could bump HIV-negative patients up the waiting list if HIV-positive patients who were ahead in line opted for them.

Additionally, the HOPE Act allows people living with HIV to sign up as organ donors—an important step toward ending the stigma associated with the infection.

The next step, Segev says, is HOPE in Action—a Johns Hopkins-led initiative to help other medical centers qualify to perform HIV-positive transplants. “We didn’t want to just stop with the bill or limit the work to Johns Hopkins,” he says. “We’re sharing what we’ve learned with everyone else in the country.”



Watch a video interview with Dorry Segev at: hopkinsmedicine.org/diversity/video

A New Center for Hearing Research

Over 35 million people are affected by hearing loss, and 15 percent of Americans ages 20 to 69 have high-frequency hearing loss due to noise exposure. Now, thanks to a \$15 million gift from philanthropist **David Rubenstein** to the Department of Otolaryngology–Head and Neck Surgery, a new hearing center has been established to focus on restoring hearing loss. Building on existing efforts, the center will integrate patient care and explore novel research approaches to help restore functional hearing in people with congenital and acquired hearing loss.

A key research area for the center will be system-based hearing restoration. Researchers will explore novel approaches to protect and repair the inner ear, and to ensure effective connectivity with the brain. This research will proceed in parallel with clinical care that provides a wealth of patient resources—from care



David Rubenstein

coordination, to patient and family education, to trials of new hearing devices, to enhanced patient access and outreach.

“Scientific breakthroughs that can be translated to benefit those who experience hearing loss are greatly needed, and we are highly motivated to make these advances with the possibilities afforded by this generous gift,” says **David Eisele**, director of the Department of Otolaryngology–Head and Neck Surgery.



“SCIENTIFIC BREAKTHROUGHS THAT CAN BE TRANSLATED TO BENEFIT THOSE WHO EXPERIENCE HEARING LOSS ARE GREATLY NEEDED, AND **WE ARE HIGHLY MOTIVATED TO MAKE THESE ADVANCES WITH THE POSSIBILITIES AFFORDED BY THIS GENEROUS GIFT.**”

—DAVID EISELE

Reaching Young Black Gay Men

Smartphone apps could be a powerful new tool for reaching out to young black gay men at risk of contracting HIV and other sexually transmitted diseases.

“For young people, social network apps are often their first introduction and access to the gay community,” says pediatrician **Errol Fields**, whose research has shown that mobile apps have become more popular than clubs for meeting other gay men among the youth he studies. “We want to know how to reach people in these virtual spaces to educate them about prevention, get them tested, get them on PrEP (pre-exposure prophylaxis) or, if necessary, treat them for HIV.”

When Fields started doing HIV research, he was struck by a startling disparity. Though young black gay, bisexual and other men who have sex with men are no more likely to engage in high-risk behaviors than their white, Latino and Asian peers, they are at a significantly higher risk for HIV.

“Growing up in rural South Carolina, I’d always wanted to have an impact on racial disparities in

health,” says Fields, who in 2009 earned his M.D. at The Johns Hopkins University and his Ph.D. from the Bloomberg School of Public Health. “And as a black gay man, I recognized the impact of this disparity on my community.”

Fields has authored or presented nearly 20 papers on gay black adolescent male attitudes and behaviors. But with a new four-year grant from the Centers for Disease Control and Prevention and a supplemental grant from the Johns Hopkins University Center for AIDS Research, he is now zeroing in on how and where HIV transmission is occurring and how to most effectively intervene, including on social media.

“There are a lot of theories—poverty, discrimination, stigma, racial segregation of inner cities, other health disparities—about why HIV prevalence is higher among African-American gay and bisexual men,” he says. “But now that it is higher, it’s perpetuating itself. Figuring out where and how to intervene is critical to addressing this disparity.”

“WE WANT TO KNOW HOW TO **REACH PEOPLE IN THESE VIRTUAL SPACES TO EDUCATE THEM** ABOUT PREVENTION, GET THEM TESTED, GET THEM ON PREP (PRE-EXPOSURE PROPHYLAXIS) OR, IF NECESSARY, TREAT THEM FOR HIV.”

—ERROL FIELDS





Pediatric psychiatrist Rheanna Platt is researching ways to improve life for Latino parents and their children.

Clues to Latino Parents' Anguish

When pediatric psychiatrist **Rheanna Platt** meets with Latino children grappling with behavioral problems, she's often pondered: Could the ways their parents adjust to life in America be playing a role?

Current psychosocial research on U.S. immigrants is scant, she says, and studies of Latino families even rarer. Yet more than 80 percent of Johns Hopkins Bayview Medical Center's pediatric patients and 45 percent of its obstetric patients are Latino. Anecdotes from the medical center's pediatric social workers attest to traumatic events in these parents' countries of origin, as well as discrimination locally. Such experiences, she says, likely trickle down emotionally to the children.

Fortunately, Platt spotted a prime opportunity to follow Latino parents: well-baby visits. Parents' being there is nearly guaranteed, she explains. "They may

neglect their own health, but most bring their children for the requisite six visits during the first year of life."

So in 2015, with psychiatric researcher **Elisabet Arribas-Ibar**, Platt launched a necessary first study of 100 parents of the youngest children—newborns to age 5—to examine possible risk factors and mental health symptoms.

Their findings point to a host of stressors for these parents. Chief are financial struggles, documentation status, fear of violence and relationship discord. Health problems like obesity and asthma may complicate matters, says Platt. Among patients referred to community psychiatry's **Latino Family Clinic**, other learning disruptors, like ADHD, are common.

In families where parents immigrated years before their children do and have sent hard-earned money back home, tensions can mount. It's not uncommon to hear parents, their resentment bubbling up, ask a struggling adolescent, "How can you be depressed after everything we've done for you?"

Though many Latinos are beginning to tap the hospital's health seminars and social services—three Spanish-speaking therapists are available at Johns Hopkins Bayview's pediatric clinics—"lots of folks are afraid to do so or don't know where to turn," Platt says.

"Our best hope," Platt says, "is to learn more about Latino parents' struggles and design programs to promote their well-being—and in turn, their children's."

Ending Disparities in Hypertension Control

Eliminating racial disparities in the outcomes of programs to control blood pressure can be accomplished with a few one-on-one coaching sessions delivered by health professionals—but not if the program requires people to get to a clinic, according to results of a Johns Hopkins Medicine study released last August.

The findings add to mounting evidence that health and wellness programs work best when medical practitioners go out to people in their communities.

“For people who can come to a clinic-based program, that program may work really well, but it’s not enough in and of itself to eliminate the racial disparities we see in efforts to reduce blood pressure and other chronic diseases,” says **Lisa Cooper**, vice president of health care equity for Johns Hopkins Medicine. “Success requires a broader and more comprehensive strategy.”

In a commentary accompanying the study, which appeared in *Ethnicity & Disease*, Cooper lays out the scope of the problem: Compared with whites in the U.S., African-Americans are 80 percent more likely to die from stroke, 50 percent more likely to die of heart disease and suffer from a 320 percent higher rate of end-stage renal disease. Each of these conditions is fueled by uncontrolled hypertension, especially among urban, poor populations, where geographic wealth and racial inequities are stark.

“To stay healthy or to treat chronic illness is not just about what happens in a 15- to 20-minute office visit to the doctor. What really matters is a person’s ability to follow through on recommendations regarding changes in diet, lifestyle and medication use the rest of the time as they go about their daily lives at home, at work and in the community,” says Cooper.

“In addition to addressing medical needs, health system programs should also address patients’ social, cultural and financial needs, using partnerships with other sectors of the community to enhance program effectiveness and outreach to those most in need,” she says.



Lisa Cooper

BUILDING ON LESSONS LEARNED

In a new ongoing study that builds on the lessons learned from the previous work, **Lisa Cooper** and her team decided to focus on people who have high blood pressure in conjunction with other common ailments, such as diabetes or depression. “Primary care physicians were reluctant to refer patients to the program because of the singular focus of the study on blood pressure,” she explains.

Specially trained nurses have replaced dietitians and pharmacists because of their ability to address a variety of clinical and social issues. And the program includes a community health worker, who can, if necessary, visit patients at home or in their own communities to reinforce education provided in the clinic and assist patients in accessing other health services, social services and community resources.

The studies are part of a community-engaged research program established and sustained by the **Johns Hopkins Center to Eliminate Cardiovascular Health Disparities**, with grants from the National Institutes of Health and the Patient-Centered Outcomes Research Institute since 2010.

New Hope for Restoring Hand Function

Last February, physicians and biomedical engineers from Johns Hopkins reported what they believe is the first successful effort to wiggle fingers individually and independently of each other using a mind-controlled artificial “arm” to control the movement.

“This technology goes beyond available prostheses, in which the artificial digits, or fingers, moved as a single unit to make a grabbing motion, like one used to grip a tennis ball.” says senior author and neurologist **Nathan Crone**.

The proof-of-concept feat, described online in the *Journal of Neural Engineering*, represents a potential advance in technologies to restore refined hand function to those who have lost arms to injury or disease, the researchers say. According to the Amputee Coalition, more than 100,000 people living in the U.S. have amputated hands or arms, and most could potentially benefit from such technology.



Watch a video showing the mind-controlled prosthetic arm in action:
hopkinsmedicine.org/diversity/video

NOTABLES



Psychiatrist **Geetha Jayaram** has received the 2016 Kun-Po Soo

Award from the Council on Minority Mental Health and Mental Health Disparities of the American Psychiatric Association. The award is given for significant contributions toward understanding the impact of Asian cultural heritage in areas relevant to psychiatry.



Pharmacologist **Namandje Bumpus** was among 105 young scientists selected

to receive **Presidential Early Career Awards**.

Bumpus' lab works to define the details of how drugs used to prevent and treat HIV infection are metabolized, and to determine whether genetic differences between people might play a role in observed differences in drug efficacy. The team's goal, she says, is to help physicians choose the right drug at the right dose for a given patient by leveraging the knowledge of the molecular details of how these drugs are metabolized.

community

Forging Connections for the Greater Good

Panagis Galiatsatos roams the cavernous community room of Poe Homes, a public housing complex in West Baltimore. A couple of months ago, he was here with advice about heart health. Now, he's explaining how to treat sprains and concussions.

His audience, again, is about 25 children and teens, the drummers and dancers of the Christian Warriors Marching Band. Again, they sit on folding chairs arranged in a circle around Galiatsatos, a pulmonary and critical care fellow in the Johns Hopkins University School of Medicine.

"Do you remember me?" he asks.

"Yeeesss," comes the drawn-out chorus of a reply.

"Do you remember my name?"

"Nooooo."

Galiatsatos chuckles, tells his young audience to call him Dr. G. He knows his name is hard to remember. He also knows he's forming relationships. Maybe some of the young people here will remember his advice for treating a sprain. Or maybe they'll remember, the next time they visit a doctor, that this doctor made them smile.

That connection is the reason Galiatsatos helped found and still directs Medicine for the Greater Good (MGG), which began in 2011 as a series of workshops that encouraged trainees and experts to discuss nonclinical

topics, like health policy, behavioral counseling and social determinants of health. In 2013, it expanded to include a requirement that all internal medicine residents at Johns Hopkins Bayview Medical Center complete at least one project that benefits the community. Many do more.

The program also attracts undergraduate and graduate students from across Johns Hopkins, even though they are not required to participate. Together, 82 trainees and students have launched, led and learned in nearly 300 programs. They bring asthma education to local schools, operate blood pressure cuffs at health fairs, and challenge churchgoers to eat more fruits and vegetables. They attend palliative care workshops and push policy changes to benefit lesbian, gay, bisexual and transgender people.

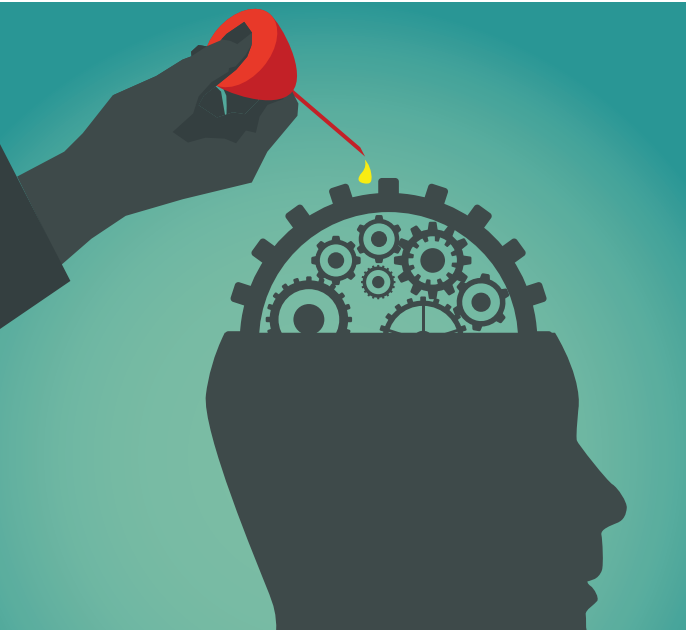
"More than 50 percent of what we do when we're taking care of patients is not strictly medical," says **Ariel Green**, assistant professor of medicine, who started the workshop series when she was an internal medicine resident. "It's confronting other issues, like poverty. That's why it's important for doctors to get beyond the walls of the hospital." ■

Kathleen Littleton and Panagis Galiatsatos answer questions about sports injuries during a visit to Poe Homes.





Watch a video about
Medicine for the Greater
Good and its mission:
[hopkinsmedicine.
org/diversity/video](https://hopkinsmedicine.org/diversity/video)



Living Life to the Fullest

Two Wednesdays each month, dozens of members of **Sibley Memorial Hospital's Club Memory** get together for light refreshments, board games, sing-alongs, trivia challenges and conversation.

The social club—for people with early-stage Alzheimer's disease, mild cognitive impairment or other forms of dementia, and their spouses, partners and caregivers—aims to help participants live life to its fullest in the face of a dementia diagnosis. Club members can also participate in weekly outings—to museums, restaurants and public gardens—and support groups.

Since its launch in 2011, Club Memory has grown quickly and most recently has been expanded to meet the needs of community members in African-American communities across Washington, D.C.—a group whose needs were not being met by existing Alzheimer's organizations. With funding from a federal grant, obtained in collaboration with the District of Columbia, Club Memory is now available in all eight wards in the district.

An LGBTQ Community Event at Sibley

Last June, **Sibley Memorial Hospital** in Washington, D.C., hosted an LGBTQ community event to gather ideas around the question: “How can Sibley better serve the LGBTQ community?”

Participants attended a world cafe-style event where there were discussion questions at five separate tables. Some questions included: “What does welcoming look like?” and “What change would make the most impact?” After people circulated to each table and wrote comments, a graphic facilitator captured the ideas generated at each table.

Sibley's LGBT Committee has started to work on several of the recommendations that grew out of the event, including education, inclusive forms, staff pins, community partnerships and welcoming signage. In November, the committee hosted a lunch-and-learn with a speaker on transgender 101.





Teen Testimonios: Helping Teens Cope

When a surge of unaccompanied children from Central America crossed the border in 2014, the immediate issue seemed to be getting them out of detention and reunited with family members living in the United States.

But the issues for those children did not end with reunion. “They’ve been through so much—the violence that drove them to come here, the unimaginably dangerous journey—and many show symptoms of post-traumatic stress disorder,” says **Sarah Polk**, co-director of **Johns Hopkins Centro Sol**, a center of excellence dedicated to improving health care and other opportunities for Baltimore’s Latino population.

“Most are adolescents, don’t speak English well and have come to live with mothers they haven’t seen in a decade. We already had a successful program, Testimonios, which provides mental health support for adults. We needed something similar for these kids,” she says.

With an Urban Health Institute grant, **Teen Testimonios** was launched in the fall of 2015 by

Centro Sol and Baltimore City Public Schools. The plan was to use a 10-week curriculum that had been studied and found effective in treating trauma-exposed children in schools in California. “We’ve had to adapt it to the special needs of our kids,” says Polk. “We found right away, for instance, that we needed at least 14 weeks, not 10, to make a difference.”

Results so far are gratifying, she says. The 28 adolescents at three different high schools and a middle school who participated last year in groups led by bilingual school social workers reported fewer symptoms of stress and better coping skills.

“But we need to reach more kids and extend the program to at least six more schools,” says Polk. “And because home is often a source of stress, we got funding from the Blaustein Foundation to run a Teen Testimonios summer program.” Last summer, some 25 teens participated in the program, which included mindfulness exercises and field trips to the Walters Art Museum and Goddard Space Flight Center.

The Complicated Legacy of Henrietta Lacks

Although Henrietta Lacks died 65 years ago, her cells live on, propelling scientific advances around the world.

About 200 Baltimore high school students learned about her life and contributions during the second annual **Henrietta Lacks High School Symposium** in Turner Auditorium last May. The event attracted students and teachers from Paul Laurence Dunbar High School, the National Academy Foundation School, Mercy High School and the Vivien T. Thomas Medical Arts Academy.

Lacks, who lived in the segregated Baltimore community of Turner Station, was a 31-year-old mother of five when she died of cervical cancer at The Johns Hopkins Hospital on Oct. 4, 1951. Cancer cells taken from Lacks were the first to live and multiply outside the human body. Their remarkable ability to keep dividing means HeLa cells can be used in investigations across the globe and even in space.

The consent form signed by Lacks, typical for the time period, gave doctors permission to treat her but did not mention research. Lacks never knew her cells had been harvested. Her family was not told that HeLa cells propelled scientific advances, including the polio

About 200 students from four Baltimore high schools learned about Henrietta Lacks and her HeLa cells at the Henrietta Lacks High School Symposium in the Thomas B. Turner Auditorium last May.

vaccine, cancer therapies and in vitro fertilization.

Speakers at the symposium included bioethics professor **Nancy Kass**. Now, she said, “research has to be voluntary,” with subjects deciding whether to participate based on conversations with researchers.

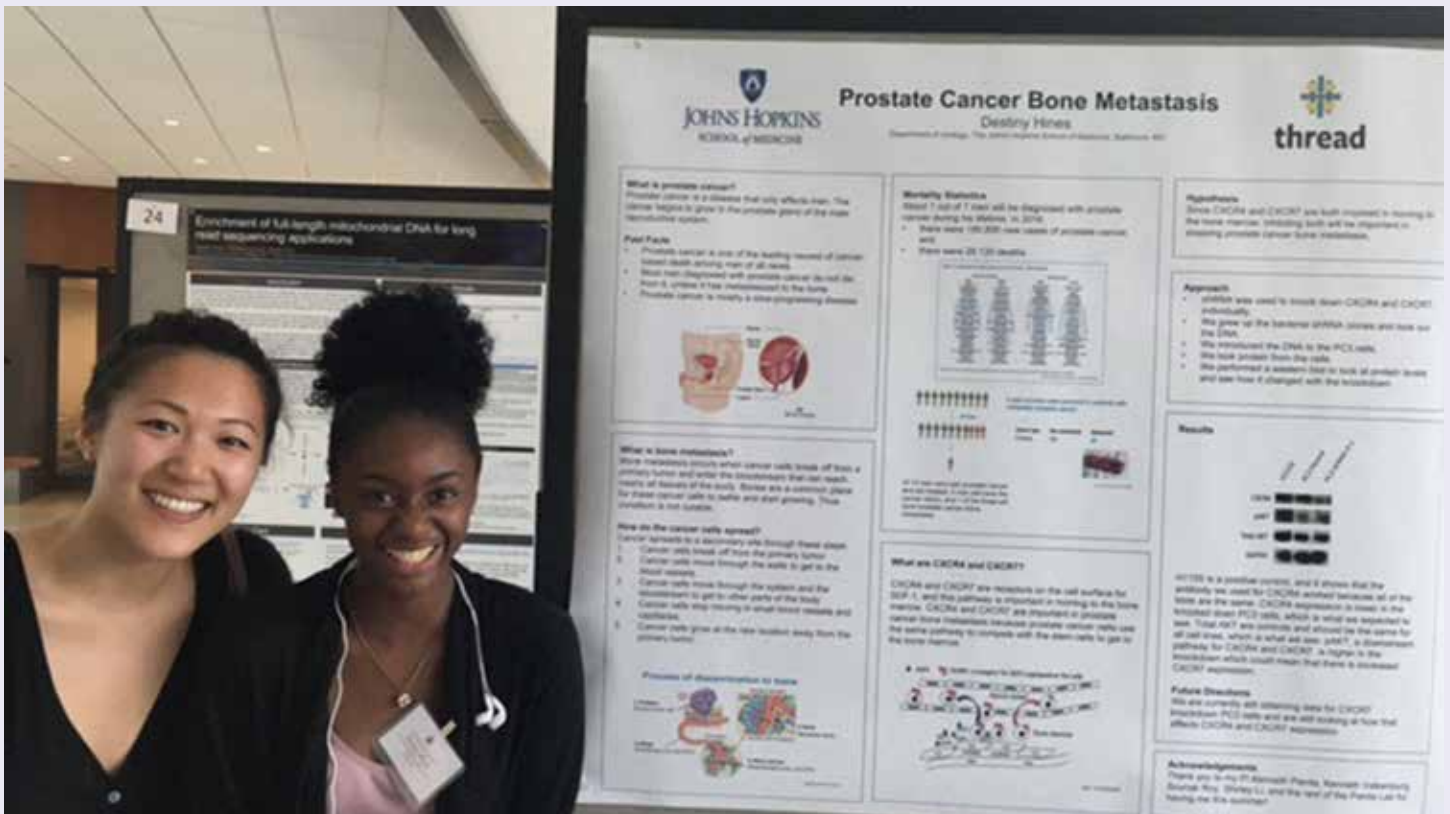
Students discussed how factors including race, gender and income may have harmed Lacks and still contribute to health disparities in Baltimore. They were encouraged to lessen those disparities by pursuing careers in science and medicine.

Kahlid Fowlkes, a Dunbar High School senior, spoke of his plans to become a surgeon. “On television, I never saw a person who looks like me wearing a white lab coat,” he said. Fowlkes will attend Morehouse College with financial help from a \$40,000 Henrietta Lacks scholarship from Johns Hopkins, given to one Dunbar student a year.



Kahlid Fowlkes





Shirley Li, left, from Johns Hopkins is among the team mentoring Destiny Hines, who participated in last summer's Diversity and Academic Advancement Summer Institute.

A Radical Redefinition of Family

One winter day 12 years ago, a Johns Hopkins University biomedical engineering graduate student named **Sarah Hemminger** was on her way to the East Baltimore campus, sitting at a stoplight watching students mill around Dunbar High School.

She thought of her husband, Ryan, who after a series of family tragedies had been empowered and supported by a remarkable group of teachers who took it upon themselves to supply him with food, rides to school, tutoring and anything else he needed—they even paid his family's utility bills—to provide that sense of safety children need to succeed.

"I realized that if I could reach out to those students at Dunbar, wonderful things could happen," she says.

The result was **Thread**, a now nationally celebrated program that identifies academically underperforming ninth graders and assigns them as many as five volunteer "family members"—led by a volunteer head of family—to provide unconditional support, 24 hours a day, for the duration of high school and six years beyond. Thread's ambition is a radical redefinition of family. Volunteers become deeply invested in a

mutually nurturing relationship, and no matter what students do, the volunteers never give up on them.

Of students who have been in Thread for five years, 92 percent have graduated from high school, and 90 percent have been accepted to college. And 80 percent of alums have completed a four- or two-year degree or certificate program.

Today, Thread boasts 255 students and alums, more than 800 volunteers, 175 collaborators—who act as an extended family in Greater Baltimore—and a paid staff of 20.

About 30 percent of Johns Hopkins medical students are Thread volunteers, and Thread has partnered with the school of medicine's Office of Student Diversity to create the **Diversity and Academic Advancement Summer Institute**, which enrolls Thread high school students and recent graduates in five-week paid summer internships in laboratories, clinics and offices at the school of medicine and Baltimore businesses. This year, the institute found jobs for 34 Thread students in Johns Hopkins Medicine labs and offices.



Johns Hopkins psychiatrist Denis Antoine leaves the 500-bed Helping Up Mission in East Baltimore, where he oversees the Cornerstone Program.

On a Mission to Treat Addictions

At the height of his career, Tom Bond had a prestigious job, a house, a company car and a big salary. But then the Harford County native turned to drugs and alcohol, cocaine and heroin. Eventually he became destitute and homeless, and landed in jail.

There, his cellmate told him about the Helping Up Mission, a nonprofit, faith-based mission that offers a residential addictions recovery program. Bond perked up. “I didn’t want to spend another winter without a shower or a roof over my head,” he says.

Today, 13 years since that encounter, Bond is not only clean, but as director of programs for the mission, he’s helped thousands of other homeless men reclaim their lives through the shelter’s 12-step recovery program, daily classes, and career and spiritual guidance. And for the past several years, Bond and treatment coordinator Michael Gray—another recovering addict—have shored up the mission’s efforts through a partnership with Johns Hopkins addictions experts, who come to the site daily to provide supplemental care.

Launched in 2012, in response to the mission’s request for Johns

Hopkins addictions expertise, the **Cornerstone Program** merges Johns Hopkins’ established clinical addictions treatment with the mission’s spiritual supportive community. “The program enables both organizations to draw from each other’s strengths in a novel way,” says Cornerstone Director **Denis Antoine**, who also directs Johns Hopkins’ Motivated Behaviors Unit, an eight-bed inpatient psychiatric program. “You meet the people where they are. If that includes spirituality and church activities, that’s incorporated.”

Staffed by a clinical supervisor, patient coordinator and three counselors, Cornerstone is a five-days-a-week program that uses individual and group psychotherapy and an evidence-based system of evaluation and reward.

About 85 percent of the men are referred for psychiatric counseling beyond the mission’s program. And some will require inpatient detoxification. “Many clients have comorbidities like depression, bipolar disorder and HIV—making it important to get the person better now, but also for the long term,” says Antoine.



Watch a video featuring Tom Bond and Denis Antoine, who together oversee the Cornerstone Program, at: hopkinsmedicine.org/diversity/video.



#TIME FOR BALTIMORE

hopkinsmedicine.org/diversity/video

Watch a video series that showcases the efforts of Johns Hopkins Medicine employees who are making a difference in the community, including:



JaSina Wise, a project coordinator in the schools of medicine and public health, who leads weekly

prayer walks through neighborhoods plagued by crime and poverty.



Abby Ferretti, art director in the Marketing and Communications Department, who volunteers with

Back on My Feet, a nonprofit organization that combats homelessness through running, community support, and help with employment and housing.



Ede Taylor, a project coordinator in the Office of Community Health. A longtime

Northeast Baltimore activist, Taylor mobilized dozens of volunteers to build a playground at her neighborhood elementary school.



Front row: Kekoa Taparra, April Holmes, Lee Keagle and Carla Beckford. Rear: Joe Smith, Corey Williams, Annie Umbricht and Jelani Zarif.

2015 MARTIN LUTHER KING JR. COMMUNITY SERVICE AWARD WINNERS

Four university and four health system employees were honored with Martin Luther King Jr. Community Service Awards at the 34th annual commemoration of the civil rights leader on Jan. 8, 2016, in Turner Auditorium on the East Baltimore campus.

Speakers at the event included world-renowned opera singer Denyce Graves and Levi Garraway, nephew of the event's founder, civil rights activist and medical pioneer Levi Watkins Jr., who died in April 2015.

Honoring MLK at Johns Hopkins All Children's Hospital

Johns Hopkins All Children's Hospital honored the legacy of civil rights leader Martin Luther King Jr. at the second annual Johns Hopkins All Children's Martin Luther King Jr. Celebration: Our Past, Our Present, Our Future on Jan. 15, 2016. As the hospital celebrated 90 years of providing care to all children, regardless of race, creed or ability to pay, leaders honored King's vision of equality, respect and justice, and how those principles guide their actions. Paul Rothman, dean of the medical faculty and CEO of Johns Hopkins Medicine, delivered the celebration's keynote address.

economic opportunity

Homegrown Talent

Jessica Waters has her heart set on driving a forklift at The Johns Hopkins Hospital. The 23-year-old East Baltimore native has numerous relatives employed across the medical campus and hopes to join them. “I love Johns Hopkins,” she says. “I’ve seen what it’s done for my family.”

Under her teacher’s careful instructions, she climbs into the driver’s seat of a bright yellow forklift truck, disengages the parking brake and shifts the beast into reverse.

She and eight classmates are the first-ever students of the **Supply Chain Institute**, a job training partnership between Johns Hopkins and Baltimore City Community College. They’ll all take a turn on the forklift today, though not all share Waters’ enthusiasm for industrial machinery. Instead, they can choose to pursue other tracks the program offers, such as logistics and occupational safety.

The institute is located several blocks from the Johns Hopkins Hospital campus. Over eight weeks in spring 2016, nine men and women between the ages of 18 and 23 spent six hours a day learning the complexities of the different disciplines within supply chain. At the end of the course, Johns Hopkins and other employers interviewed the new graduates for possible positions.

Graduation from the institute is intended to serve as the first step on a career path, rather than mere training for an entry-level job.

Desmond Jackson, director of patient accounts in Johns Hopkins Medicine’s

Patient Financial Services Department, says the Supply Chain Institute idea was inspired by the **HopkinsLocal** initiative to hire more city residents from underserved neighborhoods. “We have such a constant need for good employees in our supply chain,” he says. “We’ve always wanted to get folks trained and ready to go. But it wasn’t practical to start our own school for it.”

Jackson initiated conversations with Baltimore City Community College. Each supplied instructors for the institute, with Johns Hopkins staffers handling the hospital-specific topics and community college faculty members teaching the rest of the program, such as “bridge” classes, which help students brush up on basic computer skills and other job readiness categories.

The institute offered training to two cohorts of students in 2016 and is hoping to expand in 2017, Jackson says.

Johns Hopkins is also developing a Certified Logistics Associate training program for current supply chain employees, which will provide instruction in global supply chain logistics, safety principles, logistics and transportation, material handling equipment, and workplace communication. ■



Jessica Waters practices her skills on the forklift through a job training program offered by Johns Hopkins' Supply Chain Institute. Upon completing the program last spring, Waters was hired by Johns Hopkins as a supply coordinator.

SECURING A BETTER FUTURE

When **Casandra Jaramillo** was a senior at Oakland Mills High School in Howard County, she learned about a paid internship opportunity in the security department at **Howard County General Hospital**—and quickly jumped on board.

The internship is part of the **Start on Success** program, a partnership between the hospital and Humanim, which provides educational and employment services to students with disabilities. The 16-week program includes job readiness training, job development and coaching after graduation.

“Casandra was such a rising star, and after graduation, she accepted a full-time position in the security department. She is the youngest officer in our department,” says **Andrew Hall**, administrator of security at Howard County General.

Hall notes that Jaramillo often serves in the office’s communications center, and “she has been instrumental in the integration of several security applications, including our recent security system upgrade.”

Jaramillo is excited to be part of the security team—and particularly proud to be the only Spanish-speaking member of the security staff. The experience and mentoring she’s gained at Howard County General—first as a paid intern, and now as a security officer—has inspired her to continue climbing the career ladder: “I want to go into law enforcement,” Jaramillo says.





BUSINESSES PARTNERING
FOR BALTIMORE

AN ECONOMIC ENGINE IN BALTIMORE

Last April, nearly a year after Baltimore was rocked by the death of Freddie Gray and its aftermath, Johns Hopkins and 24 other Baltimore-area businesses unveiled a sweeping plan to harness their collective influence to help create more economic opportunities.

With the launch of the **BLocal** initiative, the founding companies are pledging to expand existing programs or launch new ones to build, hire, invest and buy locally. They will spend more on design and construction contracts with local and minority- and women-owned businesses, hire residents from Baltimore's most distressed communities, and spend more purchasing dollars with local vendors and women- and minority-owned businesses.

These commitments—including **HopkinsLocal**, which launched in September 2015—will infuse at least \$69 million into local and minority-owned, women-owned, and disadvantaged businesses over the next three years.

As a group, the BLocal companies expect to invest an initial \$53 million in renovation and construction projects, and \$16 million in goods and services purchased from businesses headed by local and minority- and women-owned businesses through 2019. That investment is expected to grow as more of the BLocal partners determine exactly how much they will invest in the initiative and in what areas.



Toward Many Happy Returns

For Baltimore citizens returning to the community after incarceration, the challenges—finding a home, a job, social support—can be overwhelming.

“These individuals are often marginalized in our community,” says **Darius Graham**, who is co-leader of a 2016 challenge, issued by Johns Hopkins University President **Ronald J. Daniels**, aimed at making the post-incarceration return more successful. Among the winning ideas—selected after online crowdsourcing on the Johns Hopkins Idea Lab—to receive funding:

Hop Back Home: Proposed by three undergraduates (**Laura Bou**, **Nicita Mehta** and **Fernando Vicente**), this project will give selected returning citizens housing grants for six months in combination with connections to existing community resources for health, education and employment.

Build. Develop. Empower: This program, proposed by Johns Hopkins students **Charlie Wang** and **Sam Randall**, focuses on providing returning citizens with tutorial sessions, seminars and training focused on both hard and soft skills, and assisting them in securing jobs. The program will work in partnership with existing training programs while offering additional small-group experiences led by members of the Johns Hopkins community.

The winning teams will partner with community organizations, including the Center for Urban Families and BUILD, in order to implement their plans.

BUILDing Business Savvy

In an important step forward in hiring more local and minority- and women-owned construction firms in Baltimore, Johns Hopkins and other BLocal partners offered a series of free classes in summer 2016 known as **BUILD College**.

The goal of the 13-session program: to help small companies grow and navigate the process of working with larger organizations, such as The Johns Hopkins University and the Johns Hopkins Health System.

Participating businesses not only learned tools of the trade and ways to grow their companies, but also gained opportunities to network and develop contacts with peers, industry experts and **BLocal** partners, which include some of the largest organizations in the city (see p. 41).

BUILD College offered two tracks: one for design consultants, and the other for construction trades and general contractors. Sessions focused on topics including how to read architectural drawings, bidding and legal/contracting considerations, project management, financial management/banking, human resources, bonding/surety, insurance and safety/quality management.



“THE P-TECH MODEL OFFERS **TRANSFORMATIONAL OPPORTUNITIES** FOR BALTIMORE’S YOUTH AND A CHANCE TO PREPARE OUR CITY’S WORKFORCE FOR THE JOBS AND CAREERS OF THE FUTURE.”

—*Johns Hopkins University President **Ronald J. Daniels**, announcing in June that Paul Laurence Dunbar High School in East Baltimore will become a Pathways in Technology Early College High School (P-TECH)—in partnership with The Johns Hopkins University, The Johns Hopkins Hospital, Kaiser Permanente and the University of Maryland—beginning in fall 2016.*

Participating students at Dunbar can pursue health science degrees in areas of concentration such as health information technology, respiratory care or surgical technology.

The P-TECH program was developed in Brooklyn, New York, by tech giant IBM, the New York City Department of Education and the New York City College of Technology. In addition to learning traditional core subjects, students receive two years of free college-level instruction and advanced training in STEM-based fields so that, upon graduation, they will be first in line for attractive jobs in the tech industry.

“We are delighted to expand our long-standing relationship with Dunbar High School, working with this important public-private partnership to bolster the future growth of Baltimore,” says Daniels of the P-TECH partnership, which also includes Baltimore City Public Schools and Baltimore City Community College.



A PRODUCTIVE SUMMER FOR BALTIMORE TEENS

Like most teenagers, **Kayla Washington** and **Jevaugh Anderson** have watched a lot of videos on YouTube and recorded their own quick clips using their smartphones. But they had never handled a professional video camera, written a script or conducted an interview until they spent the summer at Johns Hopkins.

The video they went on to create is the result of their hard work over eight weeks as summer student interns in the university's Office of Communications. **Watch it at: hopkinsmedicine.org/diversity/video**. It's just one of the many mutually beneficial projects completed last summer by Baltimore City high schoolers and young adults working with mentors across the university and health system through the **Johns Hopkins Summer Jobs Program**.

Last summer, the university and health system welcomed more than 300 city residents ages 15 to 21 for paid internships across the institutions, thanks to a partnership with Baltimore City's YouthWorks and Hire-One-Youth programs.

Johns Hopkins' young hires spent eight weeks, Monday through Thursday, working closely with faculty and staff members, learning to do everything from creating budgets to manipulating DNA, all while getting a feel for office life. The interns then came together at the end of every week for "professional Fridays," daylong workshops covering topics such as workplace etiquette and diversity and inclusivity.

Clayton Smith, left, and Joenathan Long met while taking a class sponsored by the Skills Enhancement Program.

Enhancing Skills at Work

One day last winter, about two months after **Clayton Smith** began working as a Johns Hopkins Hospital linen transporter, a flyer posted on a bulletin board caught his eye. It listed opportunities to sharpen math and English skills during work time through the **Johns Hopkins Skills Enhancement Program**. Intrigued, Smith tore off a phone number strip and called that day.

His decision would prove transformative—not only because Smith would excel in his fractions class, taught by **Pat Cowley**, in the Skills Enhancement Program, but because of a conversation with classmate **Joenathan Long**. During a break, the two men discussed opportunities for advancement at the hospital. Smith, 53, told Long about his lifelong dream to become a nurse. "I desperately wanted to find a job that involved patient contact," says Smith, who drove a truck for 17 years.

That's when Long, a radiology transport associate, told Smith about an opening in his department for another patient transport associate. Things moved quickly

from there. Aided by Johns Hopkins Project REACH career coach **Bobbi Rossiter**, Smith spruced up his resume and bid for the job. Meanwhile, Long gave his manager, **Corey Rhames**, a heads up about Smith. Rhames was immediately impressed with Smith and offered him the job on the spot.

Now, both classmates are transporting patients. They will also study medical terminology together soon in Phipps 362, taught by **Marianne Demsky**, once a week. Long, who's pursuing a career in materials management, says the class has helped him become more comfortable with numbers, "and it's led to a great new friendship."

Roughly 100 people enroll in about eight classes per semester, says **Barbara Edwards**, who has directed the program since 1995. Small class sizes and "jump-start" tutorials inspire diligence and confidence, she says, not to mention rapport among employees and teachers. "Students are often surprised at how well they're doing," she says. "It's magical."



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