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**Johns Hopkins Institutions Diversity Leadership Council**  
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Post Halloween Disclaimer: I am not Bill Brody in disguise!

Now I offer that unexpected thought for your consideration because every once in awhile, people will mistake one of us for the other. Case in point: Earlier this week, I attended an Arthritis Foundation dinner and some guy came up to me and started chewing my ear. Within a minute or so, I realized as he was going on about some esoteric higher education question because he thought I was Bill Brody. I don't know whether it's the nose, the eye glasses, the dark suit, the serious demeanor, but the mistaken identity happens.

Of course, we do have some things in common. You have probably heard Bill Brody tell the joke about the definition of a University President: Someone who lives in a big house who has to beg for a living. That would be Bill Brody.

Well, the definition of a hospital CEO is someone who lives in a somewhat smaller house who also has to beg for a living . . . That would be me.

Of course, there are differences between the University president and the Hospital CEO. University presidents travel a lot more.

Bill was telling me the other day about his recent trip to China. A big travel day for me is a trip to Highlandtown to visit Greg Schaffer at Bayview or a trip to Glen Burnie to visit Patty Brown at Johns Hopkins HealthCare.

Bill is a concert pianist. I am an aging rock drummer.

I enjoy riding a bike for exercise. Last time I checked, Bill was still doing roller blades.

So we do have our differences, but we share a common love and respect for the Hopkins Institutions and we are both committed to our diversity initiative.

More than a century ago, Mr. Johns Hopkins envisioned a new type of American hospital that “would be a model of its kind” in the cutting-edge health it would provide.

He also envisioned a place of healing that welcomed all. In fact, he stipulated in his 1873 letter to the trustees that the new hospital would be open to, and I quote, the indigent of “all races without regard to their sex, age, or color.”

Mr. Hopkins' legacy of diversity and inclusion continues to this day, not only among the patients we serve, but also among our workforce.

It might surprise you to learn that The Johns Hopkins Hospital's workforce is almost 90% women and minorities. That's right, only 11% of our employees are white males. In many ways we have come far.....but journey is far from over.

Some patterns of inequality persist. While our workforce in many respects reflects the diversity of our nation, that diversity is less apparent among our faculty in the School of Medicine and in leadership positions in both the Health System and the School of Medicine.

In these areas we continue to see a more traditional clustering of employees. Minorities and women continue to be under-represented among our full professors, department chairs and top leadership positions.

We are aware of these discrepancies *and we are doing something about them.*

Let me review with you some of the actions we have already undertaken.

- In 2005, we established the Johns Hopkins Medicine diversity initiative, which was kicked off with the senior executive level diversity retreat in November 2005, followed by a series of retreats throughout 2006 and 2007.

What we set out to do was nothing short of transforming the culture of Hopkins -- reaffirming the ideals embraced in its founding, but expanding these ideals to include all.

- To help accomplish this transformation, we expanded our mission statement to unambiguously assert our commitment to diversity. It now states that the mission of Johns Hopkins Medicine is to be the leader in education, research and clinical care, **as a diverse and inclusive institution.** We educate medical students, scientists, health care professionals and the public, conduct biomedical research and provide patient-centered medicine for prevention, diagnosis and treatment of human illness to improve the health of the community and the world.

This was more than an institutional call to action – it was a restatement of our purpose and our principles.

- We know that words, no matter how strong, are not enough. So, we also integrated diversity and inclusion as one of our strategic priorities. These priorities are standard and cascade down to all JHM entities and departments.

One of the hallmarks of the Hopkins culture is our decentralization, so the expectation was made clear to the leadership of each department that they must review their current diversity status and develop plans locally to address any issues their self-examination revealed.

The result of this introspection? Departments throughout the Hospital and School of Medicine have responded with innovative diversity committees, training awareness programs, and cultural events. Equally important, these same departments continue to be passionately involved in not only maintaining our diverse employee population but ensuring the retention of employees – our most important asset – through cultivating a work atmosphere of positive engagement and inclusion.

The goal of diversity, equity and inclusion, is now one of only four strategic priorities for FY08 and has been approved by the JHM Board of Trustees.

A genuine workforce diversity initiative is based upon respect for one another and the recognition that each person brings his or her own unique attributes to each endeavor in life.

A diversity initiative is a commitment to provide equal opportunity for all employees, faculty, and students to reach their full potential. Without action, however, this vision remains only a vision.

Appreciating diversity also means appreciating and understanding cultural differences. This cultural competency must be an equal partner to diversity awareness.

Normative cultural values represent the beliefs, ideas, and behaviors that a particular group values and expects to encounter in their everyday life.

Cultural competence allows an individual to function effectively amongst diverse cultures and groups. For example, research – some of it conducted by our own faculty – shows us that culture influences the way patients respond to medical services and health care.

Patients who have an unpleasant experience as a result of cultural insensitivity (even if the treatment is successful or the insensitivity

unintended) may not wish to return to the hospital. They will share their unpleasant experience with others.

Lisa Cooper, M.D., M.P.H., Liberian-born Johns Hopkins internist and epidemiologist, has conducted landmark studies designed to understand and overcome racial and ethnic disparities in medical care and research. She was recently named a 2007 Fellow by the John D. and Catherine T. MacArthur Foundation.

At Hopkins, Dr. Cooper's research has sought to better define barriers to equitable care across ethnic groups. She is also trying to identify ways for medical science to address a growing awareness of racial and ethnic disparities in disease prevalence, disease risk and care delivery.

For example, in one study, she and her colleagues found that African-American patients treated by African-American physicians were far more assertive and felt more involved in their own care than those treated by white physicians. This finding suggests that providing patients with access to a diverse group of physicians may indeed lead to better care and better health.

Understanding the diverse cultures of patients, employees, and students -- their values, traditions, history and institutions -- is important for another reason...it is our reality.

Increasing globalization, international visitors, the changing community demographics and the broadening of our employee profiles create an imperative to understand and respect the multitude of cultures that enter our hospital, as employees, patients or visitors.

Culturally competent employees are able to respond effectively to the cultural and linguistic needs that emerge during the health care experience. They can foster an atmosphere of respect, understanding and trust. In doing so, they enhance the delivery of health care.

We can talk about diversity. We can encourage it. We can list its benefits. But at the end of the day, it's up to us as individuals to share the responsibility for fostering an environment of mutual respect and support. It is only when each of us incorporates diversity and inclusion as our own personal mission statements that true organizational transformation occurs.

Instead of responding to rising diversity with fear and insecurity, we must view our diversity as a strength and asset.

The Johns Hopkins medicine and university environments will continue to serve as a magnet for different cultures and different peoples.

We must always strive to make these encounters positive experiences – not just for our visitors, but for ourselves.

We can experience the greatest engagement in active, creative thinking when we enthusiastically interact with others who are unlike ourselves.

By valuing and leveraging differences to fuel innovation, we can all become champions of diversity, equity and fairness. As we do so we will be recognized as thought leaders not only in our institution but in our communities.

Hopkins expects every member of our diverse family to embrace these underlying values.

We are giving actions to our words. I mentioned earlier that the hospital employees already reflect diversity. Our challenge is to improve the feelings of inclusion and to give everyone equal opportunity to reach their full potential.

I had the honor on September 25<sup>th</sup> of this year, to accept the United States Equal Employment Opportunity Commission's Freedom to Compete Award on behalf of the Johns Hopkins Health System.

We were given the award for a series of programs that help **all** employees enter and flourish in our organization.

These programs include:

- The Start On Success at The Johns Hopkins Hospital, or SOS for short, which helps students with disabilities in Baltimore Public Schools make what for them could be a difficult transition to a workplace environment. We do this through internships and by carefully mentoring and coaching these individuals on how to succeed at work in a hospital setting. Deborah Knight-Kerr deserves credit for this program's success.
- Thanks to the work of Laurice Royal, the Hopkins EEOC mediation process helps us deal fairly and more responsibly with charges of discrimination. We have been using the EEOC mediation program since its inception. 90 percent – think of that – 90 percent of all discrimination cases are now resolved without an investigation.
- Project REACH – short for Resources and Education for the Advancement of Careers at Hopkins Hospital and throughout the Health System. We know it is very hard for entry-level workers to get the training they need, so Yariela Kerr-

Donovan and her staff hold programs on site and make arrangements enabling participants to receive training during their work shifts.

Over 250 employees throughout the health system have completed skills training and have moved into new positions as a result of this program.

- Finally, what began with a Department of Education Grant 14 years ago has blossomed into The Johns Hopkins Hospital Skills Enhancement Program. Each year, more than 500 individuals, many of whom are repeat participants, take part in the over 60 classes offered on site in GED preparation and basic skills. Barbara Edwards and the teachers for skills enhancement have done a wonderful job.

Last July, I attended a very special event on our East Baltimore Campus –

We held our first-ever high school graduation recognition ceremony.

Some 60 men and women who work at the Hospital were “eligible for graduation”, and 35 of them donned blue caps and gowns for the first time.

They had earned their GEDs or external high school diplomas.

I must tell you, it was an emotional moment.

I am proud of each of the individuals who persevered.

In addition to these organization-wide initiatives, several major departments within Johns Hopkins Medicine – lead by our Department of Medicine – have established vibrant working diversity committees and programs. Examples include the departments of Pathology, Radiology, and Informational Technology. Others are following suit.

Other members of the Hopkins family, including Howard County General Hospital, Johns Hopkins Home Care Group and Bayview Medical Center have recognized the importance of diversity and cultural competency awareness with ongoing and planned training for all their employees.

A new partnership between Johns Hopkins International and our Diversity/EEO Officer will create a three-part cultural competency awareness program consisting of online interactive instruction, intermediate and advanced cultural competency presentations. An

all- day workshop is anticipated to be launched in 2008. This is particularly relevant as we see a measurable increase in patients from other countries.

Within their own communities many employees are involved with service and cultural programs. For example, Hopkins' Martin Luther King, Jr. award recipients continue to make remarkable contributions to their local communities.

Our own Diversity/EEO Officer, John Fuller, has been heard on over 50 radio stations across the country discussing inclusion and prevention of sexual harassment in the workplace. He also has developed a partnership with a Native American organization, Spirit Rising, which helps Native Americans.

These are just a few examples of outreach activities from our employees that demonstrate their commitment to understanding and developing cultural competency as part of the Johns Hopkins community.

Diversity awareness, cultural competency, and other inclusion aspects of equal employment opportunity continue to be presented throughout the hospital in many forums. Over 3,500 employees in The Johns Hopkins Hospital alone have received training during the last two fiscal years. This number is expected to grow

significantly as additional training is scheduled through diversity committees and other developing programs.

In closing, I want to thank you for the interest you are showing by being here today and for your continued commitment to diversity and inclusion.

As I mentioned earlier, The Johns Hopkins Hospital was “a model of its kind” when it was established more than a 100 years ago. It was the prototype modern academic medical center, combining the tripartite mission of education, research and patient care.

For the new century, let us make Hopkins a model of its kind for diversity and inclusion.

Thank you