



# HOMeward

## Our new vision and plan

**S**trategic plans at Health Care for the Homeless guide our budgets and drive investments in staff, programs and models of care. They push the organization toward greater connection to community.

This year, we took time to reorient ourselves once again.

Our growing commitment to racial equity and inclusion was a driving force throughout the strategic planning process. Senior leaders recognize that we have failed to apply a racial equity lens to our work throughout our history and across all of the roles we play in the community: a non-profit, a health care provider, a housing developer and an advocate. This is clear when looking through our last strategic plan,

where race was not mentioned even one time, despite the glaring facts that Black and brown neighbors are disproportionately enduring more violence, jail time, lower wages, and limited options for where they live and work.

In every step of the process we worked to center the voices of the people most affected by the work of the agency: clients and staff. We believe that this overdue reorientation will make us a better, more effective organization and further our mission to end homelessness.



*Read our full Strategic Plan, including a deeper dive into the priorities, strategies and deliverables for each goal: [www.hchmd.org](http://www.hchmd.org)*

## 2022-2025 Strategic Plan



### New Vision

Everyone is healthy and has a safe home in a just and respectful community.



### Revised Mission

We work to end homelessness through racially equitable health care, housing and advocacy in partnership with those of us who have experienced it.



### Goals

#### **1. High Quality Care:**

We provide consistently excellent care for clients when and how they want it

#### **2. Supportive Workplace:**

We have a positive work environment where staff are valued, connected and can grow

#### **3. Strong Infrastructure:**

We build the systems and tools necessary for quality, consistency and agility

# Making racial equity and inclusion a reality

In 2021, Health Care for the Homeless created two new positions to support racial equity and inclusion (REI) work across the agency. REI Project Manager II Adedoyin Eisape, MPH and REI Health Specialist Arie Hayre-Somuah, LMSW, MPH reflect on the challenges, opportunities and progress in their roles so far.

You both earned master's degrees in the last year – Adedoyin in public health and Arie in social work. Following your programs, what led each of you to work at Health Care for the Homeless?

**Arie:** As both a public health practitioner and social worker, my goal has always been to improve the conditions of African American, Black and Brown communities. When looking for a new role, it was imperative that the organization that I would join systematically served these communities while actively working to be an anti-racist institution itself. Health Care for the Homeless was doing just that. I started January, 2022.

**Adedoyin:** I wanted to do work dealing with racism and power, serving people of color and communities that weren't receiving high-quality care due to structural failings. This passion has shaped my personal and professional career. My graduate work explored how racial erasure and power inequities in government, nonprofit, and health care spaces impede our ability to look at or understand how these problems shape life and care. I was looking for a place that would allow me to continue such exploration. I came here in July, 2021.

**What does it mean to be the REI Health Specialist vs. REI Project Manager II? How are your roles distinct?**

**Adedoyin:** I'm looking at interpersonal and agency-level change management as ways to embed REI in all processes. I'm a thought partner and capacity builder across the agency. I look at how staff are conceptualizing REI and how we can work together to support that culture shift at Health Care for the Homeless. The partnership aspect is important, because to be successful requires us all to show up, be fully present and take responsibility for advancing this work. This touches on how we engage with clients, staff, and other agencies.

**Arie:** My work is racial equity work with a clinical focus. I collaborate with dental, psychiatry, behavioral health, medical, pediatrics, performance improvement and quality



*Adedoyin (left) and Arie support racial equity and inclusion work across the agency.*

assurance to identify disparities in health, access, outcome and experience so that we are able to better understand how to achieve health equity. That manifests in different ways: Facilitating conversations with specific departments about health equity; working with the Quality team to look at data and determine best ways to visualize disparities data; determining the most appropriate language to use to describe disparities.

**Your positions are new within the last year. How has it felt to join the agency at this stage of our REI work? What's been challenging and what's been most invigorating? Where are you seeing opportunities?**

**Adedoyin:** Starting during the tail end of the initial information gathering work, I was trying to catch up and settle into this new role. Thankfully now I have been able to set a pace— but the role of accountability can sometimes be challenging. Personal responsibility must be equitably distributed to imbed the significance of this work. The time the agency has put into formalizing an REI approach through guiding principles and committees has been invigorating; we are setting ourselves up for intentional change. It's interesting to think about what the agency will look like in a year or two and how much we put out there to hold ourselves accountable.

**Arie:** As the first person in this role, there's ambiguity to navigate and trial and error. That's also what's invigorating about it. When you take on a feat such as dismantling white supremacy and becoming a racially equitable institution,

it inevitably comes with growing pains, it comes with resistance, it comes with discomfort. We all benefit from the status quo in some way, myself included. It's taken grace in the way I engage in the work personally and the way I engage others in this work. There's opportunity to really call staff into the work of becoming racially equitable, because it affects clients and it's an agency priority.

#### **Rooted in our agency REI Action Plan, what are some of your primary goals or projects for 2022?**

**Arie:** A big goal is to bring the theoretical into practice. One focus area is changing our kidney function and diagnosis test. The test we currently use, eGFR, is standard practice that is rooted in racist thought. It controls for race—but only for African American/Black persons, based on the inaccurate assumption that Black people have a higher muscle mass which impacts kidney function. This has resulted in underdiagnosing Black clients for kidney disease, which has severe real-world implications such as ineligibility for kidney transplants. There are labs that do different kidney function tests, so it's a matter of doing our due diligence to find a non-biased replacement test and standardizing it across the agency.

**Adedoyin:** I have been supporting the implementation of Affinity Groups this summer, which is a priority in the Action Plan. Affinity groups are a space for staff who share common experiences, identities, or other REI-focused interests. Here, staff can support each other in developing safe spaces, maintaining equitable and inclusive practices, and addressing their REI concerns. So I have spent a lot of time engaging with 'best practices' and analyzing how to share information related to this initiative. Considering new ways to intentionally engage and rethink the REI training space is another priority for me—including highlighting the role of power and personal accountability in that work.

#### **Are there places we're seeing practical application of REI theories already?**

**Arie:** The Quality team is looking for disparities in every measure: levels of controlled hypertension, diabetes, breast cancer screening, cervical cancer screening and more. In each of these, they disaggregate data by gender and race. The next phase is using that data to inform interventions.

**Adedoyin:** Training and education have been an essential means to advance REI work at the agency. Some departments have started regular discussions in the REI space, bringing in materials from various trainings as a foundation. There has also been work in the hiring space to

leverage historic partnerships to encourage an REI approach and engage with new partners that embody our REI goals.

#### **What are you reading that you'd recommend or consider helpful for your own REI approach and knowledge?**

**Arie:** I started reading *Medical Apartheid*. Practices that founded modern day medicine are inherently racist in a lot of ways that contribute to disparities today. Black people are more likely to have high levels of medical mistrust than any group (rightfully so), which perpetuates health disparities. If you're less likely to trust your doctor, you're less likely to go to your doctor, more likely to get diagnosed later stage, more likely to die early.

**Adedoyin:** I just published a paper about anti-Black racism in health systems (*See Change: Overcoming Anti-Black Racism in Health Systems*), so I've been focused on different books, papers and journal entries in that space:

- *Decolonizing the Mind: The politics of language in African literature.* That's an older work that looks at the lasting impact of colonialism in language, as it affects one's ability to understand their own marginalization and move past it.
- *Chicago Beyond; Why Am I Always Being Researched?* A free guidebook that examines the relationships between race, power, and privilege in research and ways to support more authentic engagement in that space.
- *Dr. Rhea Boyd:* As a public health advocate, she offers nuanced understanding of how race, power, and privilege inherently shape our health systems.

#### **How and where do you find space for self-care?**

**Arie:** I am the queen of self care! I know what it's like to be burnt out. As a therapist, I preach self care to everybody. So I'm pretty intentional about not looking at emails when I leave work. I recently discovered that you can do fun things *after* work—not just wait for the weekend.

I dance Kizomba and Konpa, native to Angola and Haiti. I recently took up aerial yoga. I keep a running list of things I want to do like write a book, start a restaurant!

**Adedoyin:** I'm trying to build a better work-life balance. I'm trying to sew more, give myself spa days, and advance my yoga practice. I'm trying out roller skating and hoping to improve my swimming. I'd love to get some more sun and water around me this summer.



Keep up with our racial equity work at  
[www.hchmd.org/rei](http://www.hchmd.org/rei)

# PASS the MIC

with WOODROW MCCOY

People have always told me I have the gift of gab. I put folks at ease—I talk to them, I ask questions. I meet people where they are to get a better understanding of *who* they are.

Growing up in East Baltimore with nine siblings, I've always had that family bond. Life back then was good. There were plenty of parties, sports, and one thing we never argued over was food. It didn't matter what neighborhood you were from or what you need. If you fell on hard times, someone was always ready to lend a hand. It wasn't hard to see how quickly life can change, but I also learned what it takes to get your life back.

***"No one knows what you've been through, or what got you to that place; instead they make up a story about who you are."***

I believe that good comes when you do good; that when God opens your eyes every morning it's time to put in that work. And anyone who knows me knows that I'm a diligent man, an educated man, and a researcher. Even when I fell on hard times, I didn't waste any time looking for where I could find clean clothes, shelter and health care in the city. At the time I was living and working as a head cook at the Salvation Army and was always ready to share those bits of wisdom with anyone needing a leg up.

It was through that same bit of research I first discovered Health Care for the Homeless at their site in West Baltimore. They saw my drive, and gave me the tools I needed to get myself housed and put my health back on track. They saw me for the well-rounded person I am, which is more than I can say for most people who



*Woodrow is committed to helping friends and neighbors in the community.*

walk by someone experiencing homelessness. When you're homeless out in those streets, society looks at you different. They don't view you as a person, you're just an object there on the ground. But no one knows what you've been through, or what got you to that place; instead they make up a story about who you are.

The truth is you never know if that moment of empathy could be the turning point in someone's life. I'll never forget being at Lexington Market a few years ago and a man from New York came up to me, just so hungry. I didn't have much myself, but went to get him a bite to eat and left him with a few dollars. Some time later I was back in the Market, and a well-dressed man taps me on the shoulder. It was him. He had cleaned himself up, found a job, and held on to that memory of us meeting there, to that single act of kindness. For those few dollars he wanted to thank me with a crisp \$50.

There's a saying I like that goes: *I used to complain that I didn't have any shoes until I saw a man with no feet.* I've had my hard times, sure, but I know there's always someone with that little bit less. I don't want to forget that someone, and at 66 years old I'm still looking for new ways to give back. It isn't about the titles or the money, but having that compassion.



*Watch this space for more voices and stories from people with a lived experience of homelessness as we continue to "Pass the Mic."*

# Training the next generation

This past year was the first time Behavioral Health Coordinator Arianne Jennings, LCPC, D.Ph. supervised a social work student.

"The pandemic has taught us that everyone needs support for their mental health no matter what they look like or where they live," she explains. "We need more therapists out there. So it's important that we're a part of helping the next generation of therapists the same way someone did it for us."

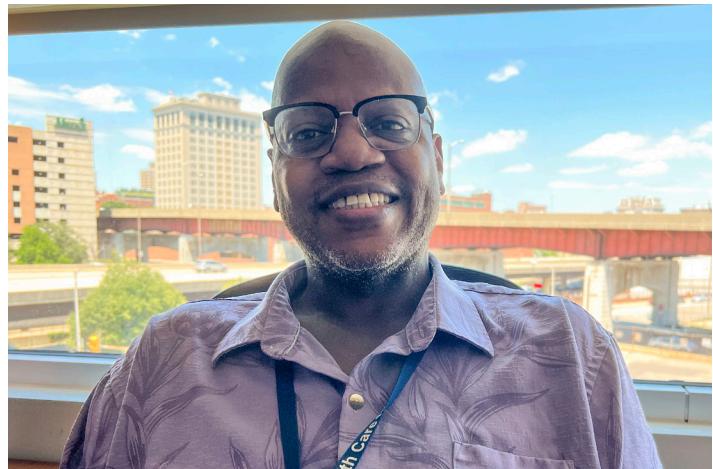
Undergraduate and graduate students in clinical fields come to Health Care for the Homeless to shadow and learn from staff anywhere from a few days to a full calendar year. Arianne and other clinicians provide hands-on training for these future therapists, social workers, nurses and doctors.

Like Arianne, many staff feel a responsibility to support the development of thoughtful, informed clinicians. And many educational programs offer limited instruction in harm reduction modalities, care for under-served populations, or racially equitable and inclusive approaches to clinical care. These skills are extremely beneficial for anyone in a health care field, regardless of their career path.

Research tells us that people experience better patient-provider communication—including visit length, respect and participatory decision-making—when seeing someone of the same race or ethnicity. With only 4% of therapists, 5% of primary care doctors and 2% of psychiatrists identifying as Black across the US, this impacts the quality and experience of care available to clients.

As an agency, we can do our part by examining our practices as a clinical learning site. Students who train here are sometimes interested in working here upon graduation, making this program a "pipeline" into direct care positions. So what does it mean if we are not ensuring that African American, Black, and Hispanic/Latinx students are represented among student placements?

Volunteer Manager Marc Bowman, MSW sees opportunity here. "My goal is for our clinical learners to more closely reflect the clients we see," he says. He is cultivating formal partnerships with social work and nursing programs at Historically Black Colleges and Universities (HBCUs). There are four within an hour of us: Morgan State University, Coppin State University, Howard University and Bowie State University.



*Marc is creating more opportunities for students of color to train and learn here.*

Marc believes that because we have long-standing relationships with local Predominantly White Institutions (PWIs), we can use this as an opportunity to have critical conversations with them around racial equity and inclusion. How is a placement at Health Care for the Homeless framed by the PWI? What do students and program staff know about the needs of the community and our approach?

"It is important to underscore that nearly 63% of Baltimore City residents identify as African American, and 8% identify as Latino/Latina," says Marc. "We want to get to a place where clients can see providers who look like themselves, feel more at ease in treatment and get better health outcomes."

## In the last year:



**18** clinical learners, ranging from 2-week rotations to full year practicums

- Primary Care
- Pediatrics
- Behavioral Health
- Performance Improvement
- Housing Services

## Our Goal:



At least **25%** of clinical learners will identify as Black, Indigenous or People of Color.

# MARK YOUR CALENDAR

## ROCK YOUR SOCKS 5K

**Saturday, November 5**

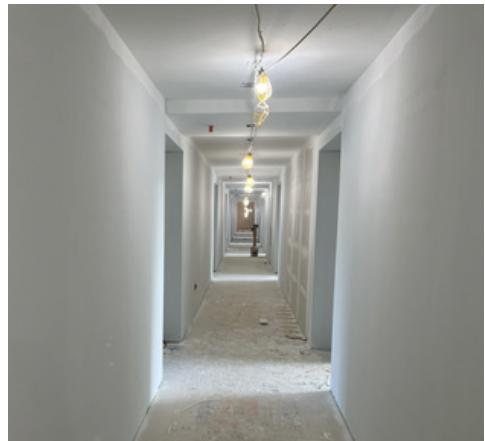
Our sock-rocking 5K is back in Patterson Park this year—with plenty of swag up for grabs! Register at [giving.hchmd.org/5K](http://giving.hchmd.org/5K)



## Building new homes in Baltimore

If you drive or walk by the cross street of Harford and Preston in East Baltimore's historic Oliver neighborhood, you'll see that our first affordable housing development is coming to life.

Drywall is up, kitchen countertops are in, and freshly poured sidewalks lead to the welcoming entrance of Sojourner Place at Oliver.



Hundreds of residents lined up for our first “lease-up” event in June—applying for one of 35 apartments. At the same time, we’re working with the Mayor’s Office of Homeless Services to match 35 additional households who are currently experiencing homelessness. This is a powerful demonstration of the need for quality affordable housing in Baltimore.

In October, one, two and three-bedroom apartments will welcome 70 individuals and families home.



See more photos of progress at [hchmd.org/photos](http://hchmd.org/photos) and stay tuned for an invite to our grand opening this fall.