breakthrough

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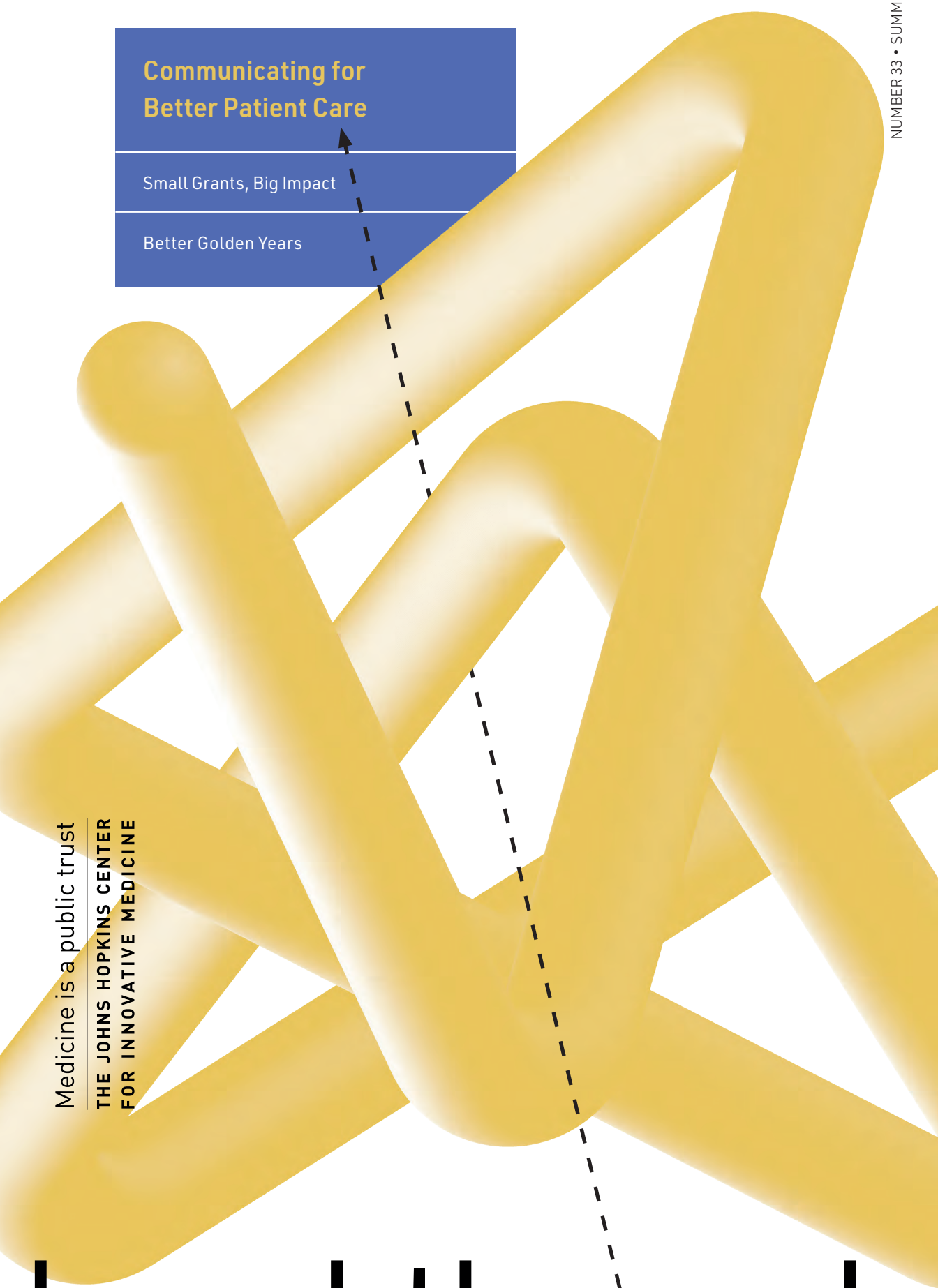
Communicating for Better Patient Care

Small Grants, Big Impact

Better Golden Years



Medicine is a public trust

THE JOHNS HOPKINS CENTER FOR INNOVATIVE MEDICINE

breakthrough

In this issue

David B. Hellmann, M.D., M.A.C.P.
Aliki Perroti Professor of Medicine

NURSES AS THE THROUGHLINE

If you or a loved one have spent any time in a hospital, you've experienced firsthand the indispensable role that nurses play in patient care. While physician time with patients is often limited, nurses are the throughline — they are there day in and day out, hour after hour, providing care, comfort and compassion for patients and their families. Nurses educate, advocate and empower. Nurses, in short, epitomize the ideal of getting to know patients as people.

So it's particularly fitting that nurses have come to play such a vital role in CIM's new **Initiative for Humanizing Medicine (IHM)**. As you'll read about in "Small Grants, Big Impact" (p. 6), in a project co-led by CIM's first nurse scholar, **Martha Abshire Saylor**, more than 70 clinical teams from across the Johns Hopkins enterprise submitted proposals for low-cost ways to boost the patient experience and improve care. Many of those creative proposals were spearheaded by nurses or nursing teams.

Of course, the crucial role that nurses play in leading innovation is nothing new. In "Tales of Joy in Geriatrics" (p. 14), we share insights that geriatrics legend **John Burton** gained over his long and impactful career — a career that saw the launch of paradigm-changing programs to provide home-centered care for older adults. In his CIM Seminar, John was quick to give credit to Johns Hopkins nurses, whose partnership was key to building innovative programs that serve older patients.

These and other stories — including "Communicating Our Way to Better Patient Care" (p. 2), about the research and findings of IHM co-director **Mary Catherine Beach** — affirm that the **Initiative for Humanizing Medicine** is flourishing. So, too, is the CIM-supported **Human Aging Project**, where leaders are blending the cutting-edge technologies of engineering with medicine's deep insights to dramatically improve the quality of life for older adults ("Restoring Luster to the Golden Years," p. 8).

I hope that these and other articles in this issue of *CIM Breakthrough* will prove inspiring reading!

David B. Hellmann, M.D.

The 21st Annual Miller Lecture

Tuesday, May 7, 2024

The featured speaker was Susan Magsamen, author of *Your Brain on Art: How the Arts Transform Us*, and the founder and executive director of the International Arts + Mind Lab: Center for Applied Neuroaesthetics, a pioneering initiative from the Pedersen Brain Science Institute at the Johns Hopkins University School of Medicine. The lecture illuminated how the arts help us explore, feel and understand what it means to experience joy, suffering and inspiration — in short, what it means to be human. As such this lecture complements well CIM's Initiative for Humanizing Medicine. This lecture, now in its 21st year, is made possible by the support of Sarah Miller Coulson, Anne G. Miller, Leslie A. Miller and Richard Worley.

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Medicine belongs to the public. Our mission is to create a different kind of academic medicine, to tear down ivory towers, share knowledge and dedicate ourselves toward one goal – making life better for patients.

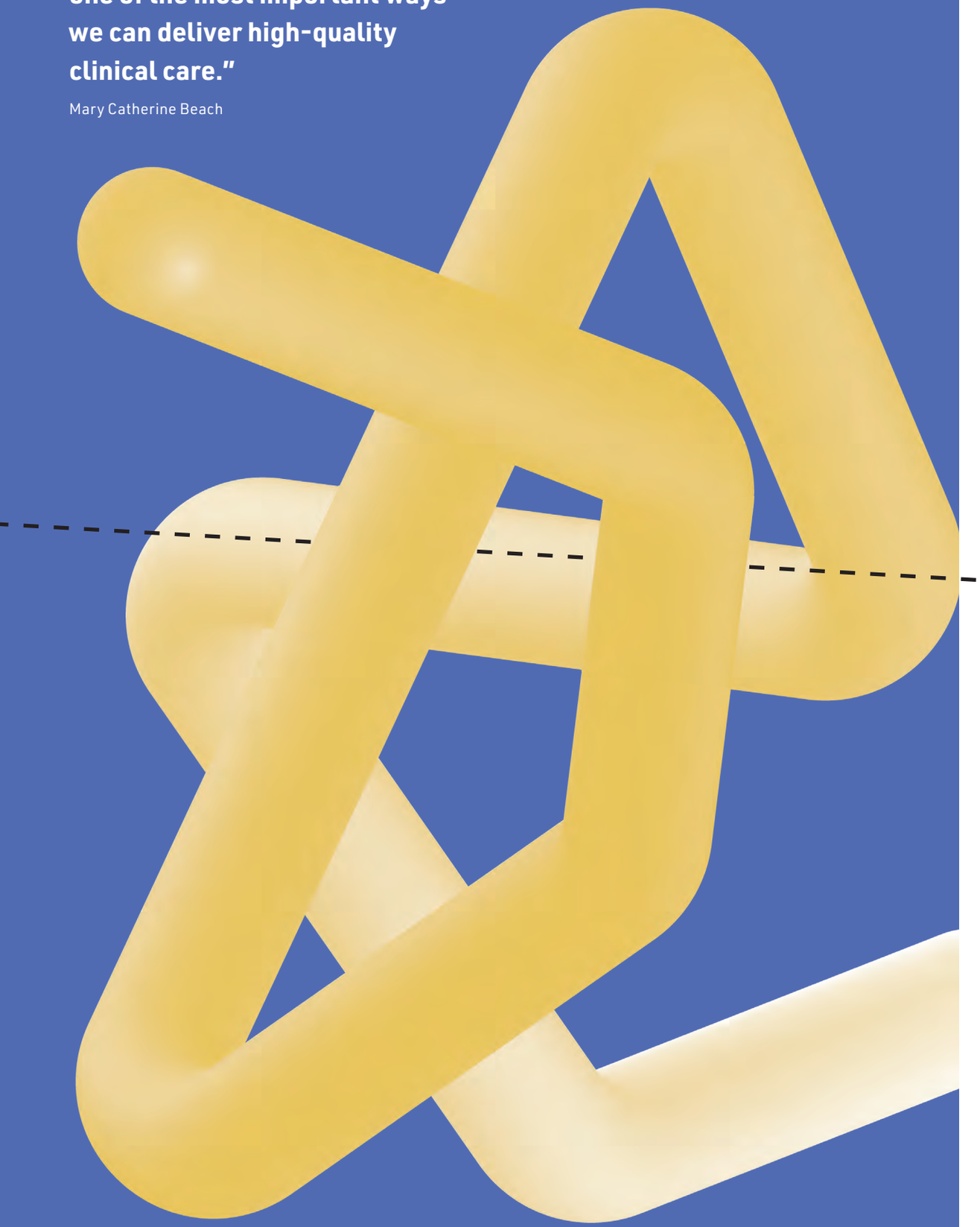
on the web

If you'd like to learn more about the Johns Hopkins Center for Innovative Medicine, please visit our website: hopkinscim.org

Communicating Our Way to Better Patient Care

"Not only is good communication the most important part of humanizing health care – it is one of the most important ways we can deliver high-quality clinical care."

Mary Catherine Beach



How are you?

It's a well-worn greeting and one that most often elicits the reflexive response:

"I'm doing well."

For that reason, notes Hopkins internist **Mary Catherine Beach**, doctors should not stop there when starting off a patient visit. The most effective follow-up?

"Is there anything in particular you want to discuss today?"

That's among the key findings of a recent study Beach and her team conducted to pinpoint the most effective communication for conducting patient exams. It's an increasingly important issue, given the time constraints facing today's doctors and the growing volume of topics they must cover in a visit.

"When it comes to 'agenda setting,' we found that doctors should elicit patient agendas by using direct language and solicit additional concerns using 'what else?' vs. 'anything else?' because patients are more likely to raise concerns to direct questions," notes Beach. Unfortunately, she says, her study found "the most effective agenda-soliciting questions are used least frequently by clinicians." The result? Patients leave their visit without getting important concerns addressed.

Beach, who is co-director of CIM's new **Initiative for Humanizing Medicine** and a *Mary Gallo CIM Scholar*, has been on a careerlong mission to improve the way clinicians communicate with patients. Her research, conducted in collaboration with dozens of researchers across Johns Hopkins, is probing issues such as: How can physicians best find out whether patients are taking their medications? What is the most effective way to achieve shared decision-making with patients? How should doctors demonstrate empathy?

"Not only is good communication the most important part of humanizing health care — it is one of the most important ways we can deliver high-quality clinical care," says Beach, who holds a joint appointment with Johns Hopkins' Berman Institute of Bioethics. "If we can't communicate accurately and make sure we've conveyed information in a way that is understandable, our patients won't be able to be healed because they won't take their medication correctly or we will get their diagnosis wrong."

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‘LET’S UNPACK THAT’

Much of Beach’s clinical work has focused on care for patients with HIV. Medication adherence is crucial for keeping the virus tamped down, but studies have shown that one-quarter to one-half of patients don’t take their antiretroviral medication consistently. Moreover, physicians often fail to detect the non-adherence, “which means lost opportunities for them to counsel their patients,” Beach says.

So what are the best questions to elicit truthful responses? In a study that involved analysis of dozens of audio recordings of physician encounters with non-adherent patients, she and her team found that one type of question clearly outperformed all others: negatively framed questions — that is, asking *when* (rather than *if*) doses had been missed (“*When was the last time you missed a dose? Do you remember?*”)

“The goal for doctors is not to make the patient feel worse by admitting they haven’t taken their medication or to put them on the defensive — but to open the conversation further,” says Beach. “With this and other ongoing studies, we’ve found that negatively framed questions, do that best, allowing doctors to follow up with neutral questions, such as: ‘What happened then?’ Or, ‘Tell me more about that.’ Or, ‘Let’s unpack that.’”

Beach has shared these findings with colleagues in the HIV ambulatory care practice at Johns Hopkins whose communications were analyzed for the study — and at a national conference. “I’ve found that clinicians are excited to learn about findings they can put into practice,” she says.

OBJECTIVELY SPEAKING

In the medication adherence studies and in the many other communication studies Beach has led or collaborated on, the science is rigorous and the analysis methods are complex, involving case control studies, surveys, and audio and statistical analysis.

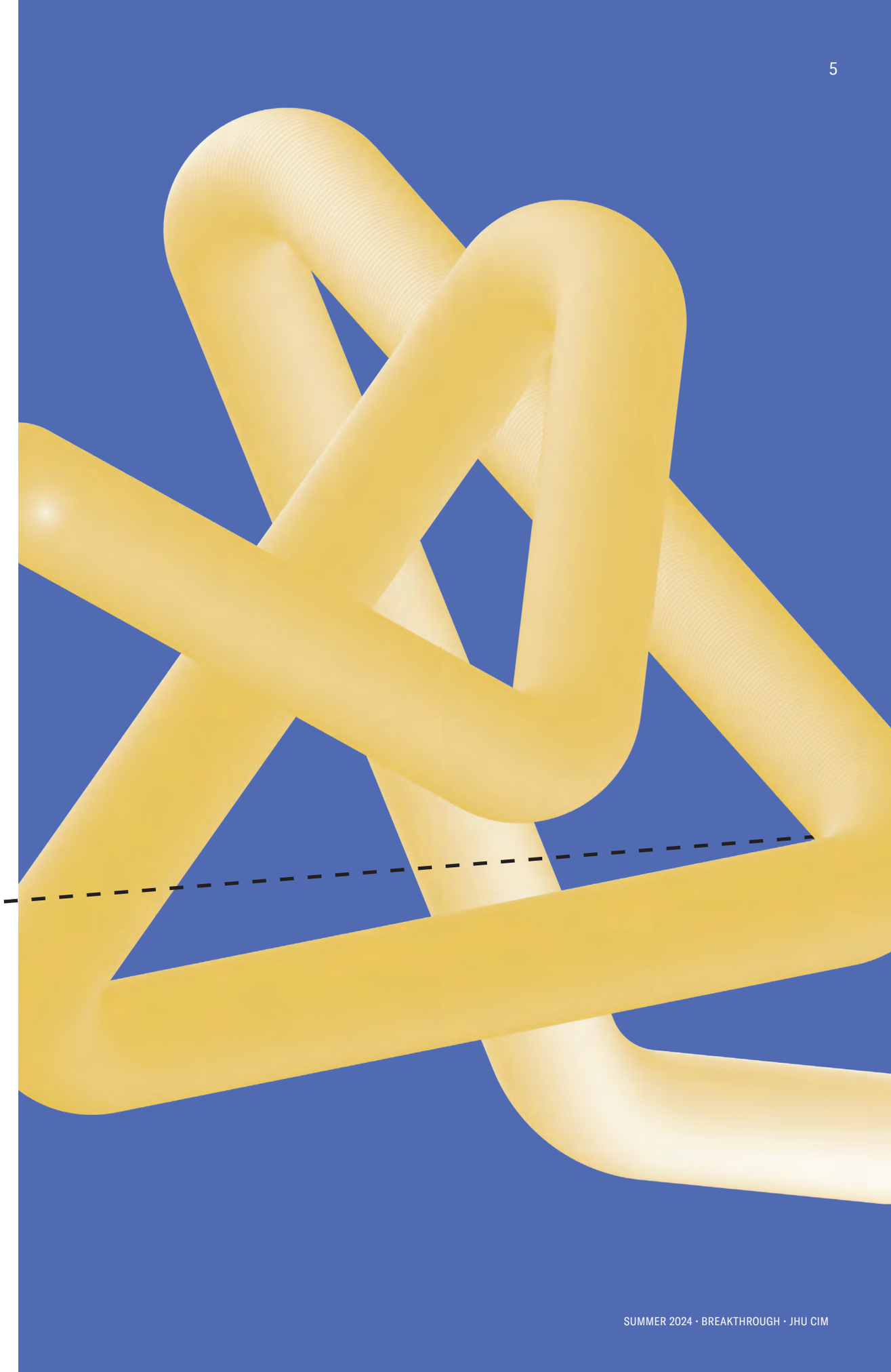
In the past, says Beach, “we tended to think of this general idea of ‘bedside manner’ as a vague, subjective concept that was ‘nice’ but not definable. That it couldn’t be evaluated in any kind of objective way.”

In fact, she emphasizes, effective doctor/patient communication *can* be measured and analyzed, resulting in definitive conclusions and actionable results — information valuable to clinicians at every stage of their careers.

“Teaching effective communication can’t just happen with a single course during the first year of medical school,” Beach says. “We need to reinforce a culture where it’s a constant source of learning throughout medical school and residency training, and it should be revisited in continuing medical education.”

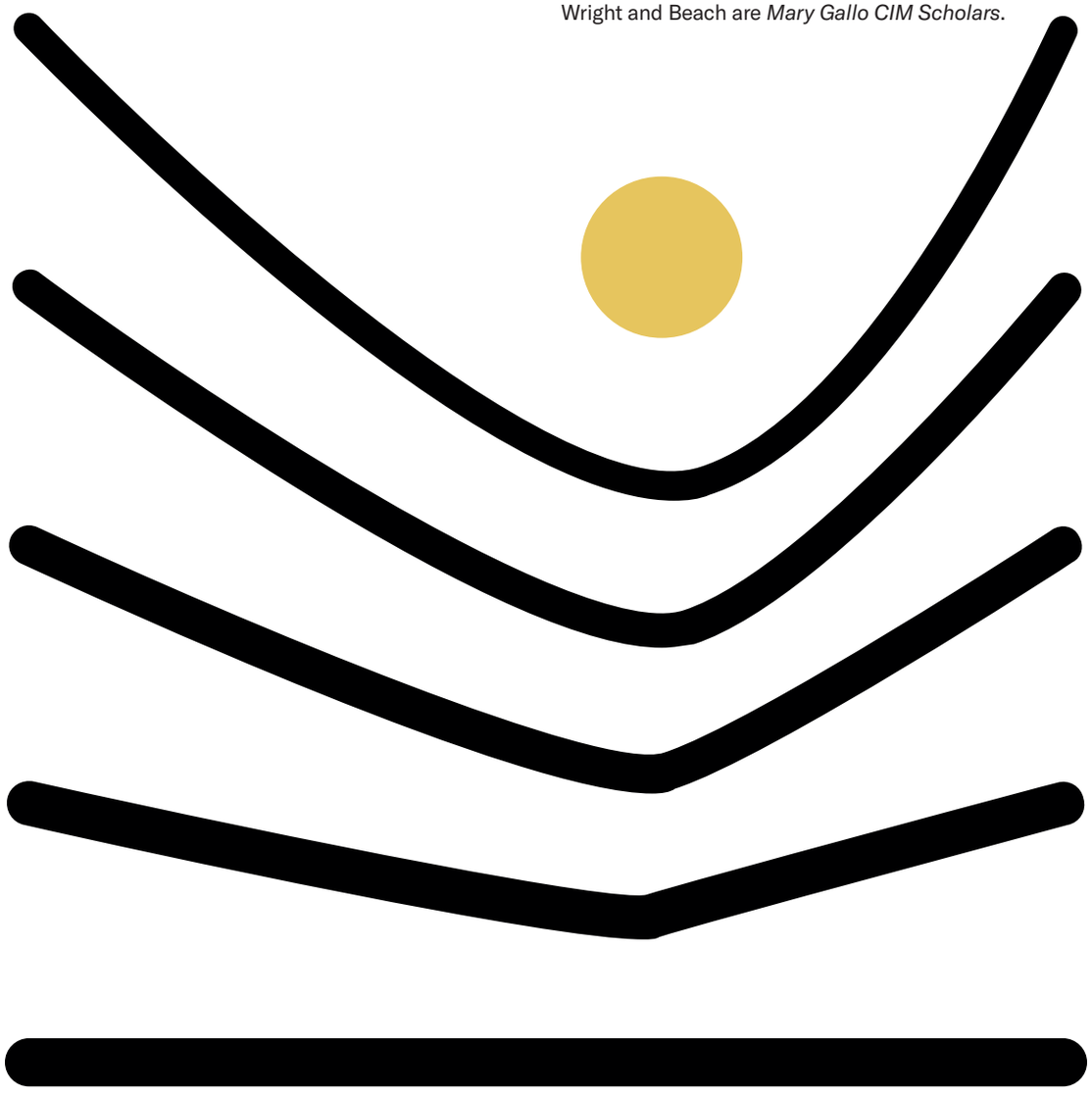
She continues, “It’s my life’s mission to conduct research to inform these efforts to forge more meaningful human connections — and better outcomes for patients.” ■

One type of question clearly outperformed all others: negatively framed questions – that is, asking *when*, rather than *if*, doses had been missed.
“When was the last time you missed a dose? Do you remember?”



Small Grants, Big Impact

Little ideas can have an outsized impact on patients' lives. That's the idea behind the **Initiative for Humanizing Medicine's** (IHM) recently launched "micro-grant" program.



"We put out a call for ideas aimed at humanizing the patient experience and we received close to 70 creative proposals from interdisciplinary clinical teams across The Johns Hopkins Hospital, Bayview Medical Center and Suburban Hospital," says **Martha Abshire Saylor**, the *Mary Ousley CIM Scholar* and the first CIM nurse scholar. She is stewarding the effort together with **Scott Wright**, director of the **Miller Coulson Academy of Clinical Excellence** and holder of *The Anne Gaines and G. Thomas Miller Professorship*, and **Mary Catherine Beach**, co-leader of the Initiative for Humanizing Medicine. Both Wright and Beach are *Mary Gallo CIM Scholars*.

"The idea is that it doesn't take a lot of money to inspire people to brainstorm ideas that can really be beneficial for patients."

Martha Abshire Saylor

Ultimately, 14 projects were chosen for funding of up to $1,500 each. Among them:

Newborn News: The hours and days immediately after birth are particularly difficult for families of infants born with serious health conditions, who often face complicated surgeries with uncertain outcomes. With the "Newborn News" initiative, parents of babies in the pediatric cardiac intensive care unit (PCICU) will be offered professional quality photos of their infants soon after their birth.

"Capturing the newborn and their family during this time can provide positive memories to last a lifetime, versus waiting until the postoperative period," notes Megan Gilmore-Hodnicki, a registered nurse in the PCICU, who plans to recruit other nurses and palliative care committee members to participate in photography training. Newborn News will also inform families of religious ceremonies/baptism opportunities at the Johns Hopkins Children's Center and support early family visits for siblings and extended family members before the infant is moved for medical stabilization.

Cooking with Care: Led by nurse practitioner Maureen Flood, who works with heart failure patients, the project will pull together recipes for healthy, nutritious meals from internal medicine clinicians (doctors, nurses and other staff members) from Johns Hopkins Community Physicians at Bayview.

"This project has the potential for improving the experience of nearly all of our patients, but the patients who will benefit most are those who have chronic illnesses such as hypertension and diabetes," the team notes in their proposal. "Currently, our providers do what they can to offer dietary advice to patients, but it can be difficult to put those recommendations into practice for many folks, especially those with food insecurity, limited access to fresh produce, limited means or knowledge for cooking, and limited exposure to healthy meal options."

Welcome to My World: The project is the brainchild of Gabriela Revesz, a registered nurse in the neurosciences critical care unit, whose team treats patients after they've experienced a stroke or other condition that impairs the patient's ability to communicate.

With funds from the grant, the team will install white boards in the room of every patient on the unit that will display key pieces of personal information — photos, names of their pets and hobbies, things that comfort them, and cultural or religious beliefs.

Noting "the importance of ensuring that all team members have access to information about the patient as a human being in conversing with and caring for them," Revesz adds, "it has been my experience that being able to communicate with patients on this human level at times de-escalates stressful situations that may otherwise end with the need for restraint and/or pharmacologic intervention."

The micro-grants program was inspired by the earlier success of CIM's "pyramid grants" program, launched in 2011, which **Cynthia Rand** — the *Mary Gallo CIM Scholar* (2022) and an active member of the Initiative for Humanizing Medicine — oversaw at Bayview.

"The idea is that it doesn't take a lot of money to inspire people to brainstorm ideas that can really be beneficial for patients," says Abshire Saylor. She says the funding committee was particularly pleased to see so much interest from nurses at Johns Hopkins. "Nurses don't always have the experience with grant writing as physicians do, so we were intentional in creating an application that was accessible — and we made a push to communicate the opportunity to nurses in units across the divisions."

Abshire Saylor and colleagues were also thrilled to receive applications from such a broad variety of care areas — inpatient, outpatient, pediatric, adult — and from a vast array of different departments.

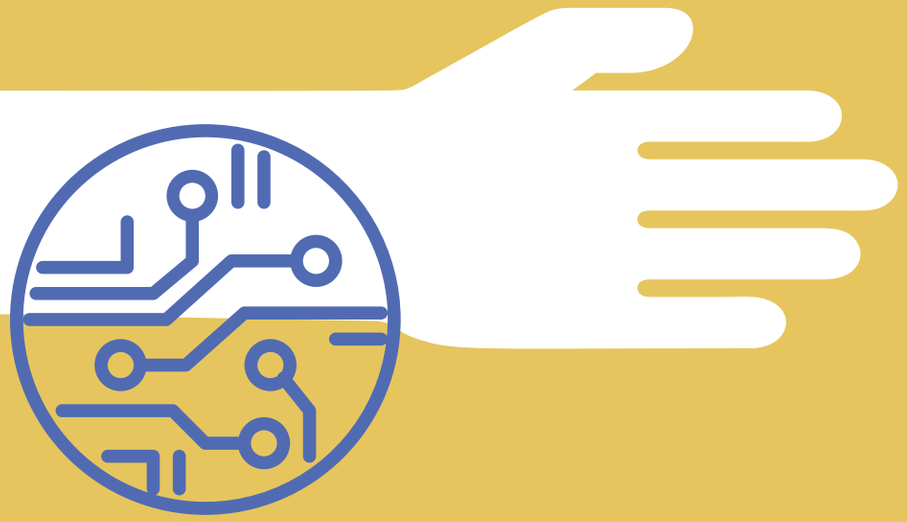
The hope is that after getting their projects launched with the initial funding boost from the Initiative for Humanizing Medicine, teams will find ways to maintain their efforts through additional grants or by building their projects into departmental budgets.

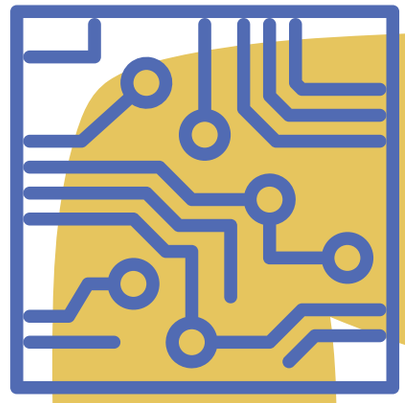
And there is the potential for a ripple effect. "While we were only able to fund 14 projects, there were dozens of others that have great merit," says Abshire Saylor. "Through collaborating to plan their proposals, we're hopeful all teams will find creative ways to pursue them. Our goal is nothing less than to change the culture and humanize the patient experience across Johns Hopkins." ■

Restoring Luster to the Golden Years

As adults progress into old age, many become physically frail, characterized by a slower gait, lack of appetite and low levels of physical energy. Often, they also begin experiencing cognitive decline: Words become trickier to find, or following the plot of a complicated novel proves futile. "I'm not as sharp as I used to be," is a common refrain.

Until fairly recently, says geriatrician **Peter Abadir**, the *2021 Salisbury Family CIM/HAP Scholar*, geriatrics researchers have been "siloed" in their efforts to get at the roots of decline in aging. Some scientists and clinicians have focused on the mechanisms behind physical frailty, while others have zeroed in on cognitive decline.





"While that may be useful for getting grants, the reality is that most older people will decline both physically *and* cognitively," he says, "and it is vital for us to gain a better understanding of central mechanisms that link both physical and cognitive decline – because they feed into each other."

"The goal... is to spur development of artificial intelligence devices to improve the health of older adults and help them live independently for longer."

Jeremy Walston

Abadir and other researchers affiliated with the CIM-supported Johns Hopkins **Human Aging Project (HAP)**, including HAP director **Jeremy Walston**, the *Salisbury Family Foundation CIM Scholar*, are at the vanguard of new research aimed at better defining "cognitive frailty" — the simultaneous presence of physical frailty and cognitive impairment without dementia. By building consensus around a definition of cognitive frailty, including criteria for diagnosis, the HAP researchers aim to create a pathway for earlier detection and prevention. The ultimate goal? Improved quality of life in our later years.

"It's important to start looking at the bigger picture," says Abadir.

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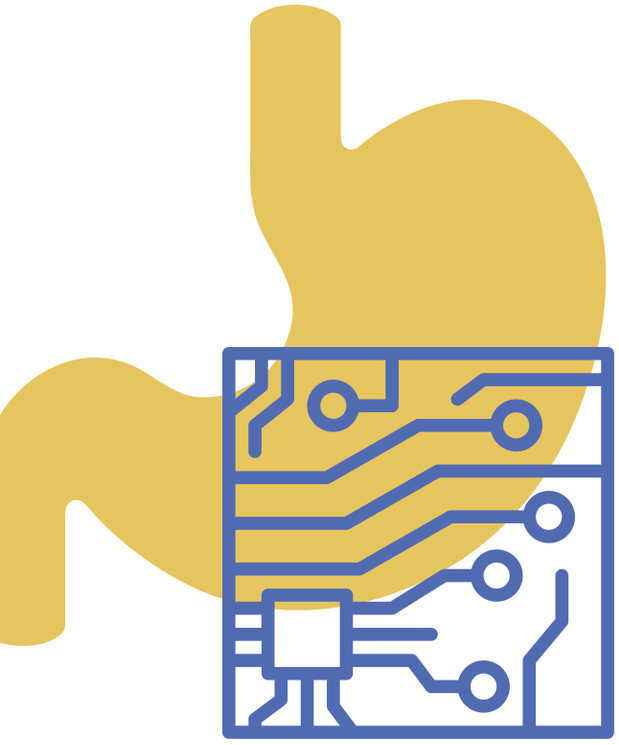


"By blending the cutting-edge technologies of engineering with the deep insights of medicine, this partnership heralds a promising future for the Human Aging Project."

Peter Abadir

One promising strategy involves leveraging the power of technology. Abadir is principal investigator for the Johns Hopkins Artificial Intelligence & Technology Collaboratory for Aging Research (AITC), which was established in November 2021 with $20 million in funding from the National Institute on Aging. The goal of the AITC, which falls under the umbrella of the Human Aging Project, is "to spur development of artificial intelligence devices to improve the health of older adults and help them live independently for longer," notes Walston.

Abadir says that it can be difficult for geriatricians to detect and measure decline in their patients in the earliest stages: "Changes in grip strength or in patients' verbal abilities can be subtle." That's where technology comes in.

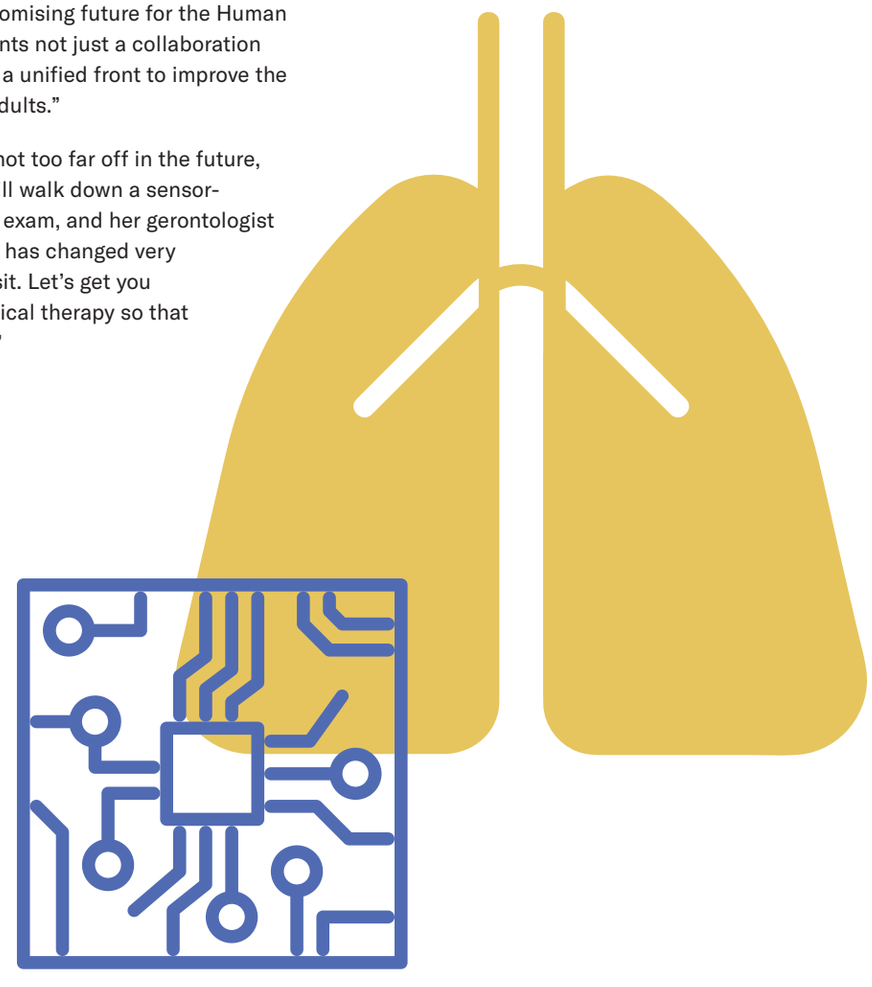
Research teams within the AITC are tapping into advances in wearable devices and sensor technology to create devices aimed at catching and measuring minute changes in a person's gait or cognitive acumen. The researchers will soon be able to begin testing these devices with older patients and their caregivers at a new 10,000-square-foot hub on the Bayview campus. It will be jointly operated by the Johns Hopkins University School of Medicine and the Whiting School of Engineering, and allow AITC-affiliated engineers to work closely with clinicians and other researchers to come up with technology-driven solutions to some of the biggest challenges older people face.

This new engineering–medicine alliance, co-led by Abadir from the School of Medicine and **Najim Dehak** (a *HAP Scholar* and co-director of the JH-AITC pilot core) from the School of Engineering, "marks a pivotal moment in our quest to redefine aging," says Abadir.

He adds, "By blending the cutting-edge technologies of engineering with the deep insights of medicine, this partnership heralds a promising future for the Human Aging Project. It represents not just a collaboration between disciplines but a unified front to improve the quality of life for older adults."

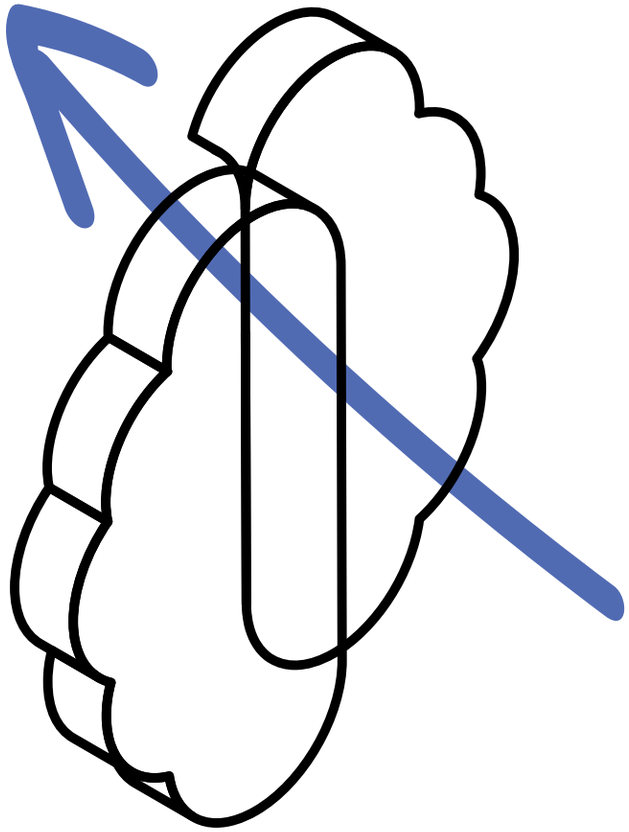
Abadir envisions a day, not too far off in the future, when an older person will walk down a sensor-equipped hallway to her exam, and her gerontologist will say, "Mary, your gait has changed very subtly since your last visit. Let's get you signed up for some physical therapy so that we can keep you active."

As Abadir and his HAP colleagues continue their efforts to tease out the characteristics of cognitive decline, he says he is inspired by the potential to dramatically improve life for many older adults. "We have a golden opportunity to identify individuals in the earliest stages of cognitive frailty and to stop or slow decline *before* it progresses," he says. ■



Moving the Needle on Brain Tumor Treatment

In four decades on the Johns Hopkins faculty, **Henry Brem** has built one of the largest and most distinguished brain tumor research and treatment centers in the world. He has transformed the field of neurosurgery by pioneering the use of navigational imaging, and by inventing and developing Gliadel wafers, which use biodegradable polymers that deliver chemotherapy directly – and with more potent therapeutic impact than systemic chemotherapy – to malignant tumors in the brain.



Brem is the Harvey Cushing Professor of Neurosurgery, director of the Department of Neurosurgery and neurosurgeon-in-chief of The Johns Hopkins Hospital. He is professor of oncology, ophthalmology and biomedical engineering. He has mentored numerous neurosurgeons — at least 20 are chairs of neurosurgery departments around the country. And he resurrected and runs Harvey Cushing's Hunterian Neurosurgery Laboratory, where he has trained researchers who have gone on to further advance the most promising approaches to treating brain cancer.

Yet, for Brem, it is all "good, but not good enough." The median survival for glioblastoma has doubled since he joined the Johns Hopkins faculty in 1980, but today it is still less than two years.

In a moving talk he delivered recently as part of CIM's series of seminars on humanism in medicine, "Research as an Imperative for Clinical Excellence," the renowned neurosurgeon made a powerful case for the importance of the role of physician-scientist in humanizing medicine — for providing the best available treatment while working persistently in the lab (and sometimes even in Congress to get Medicare to pay for vital new therapies like Gliadel) to pursue the holy grail of more effective treatment.

OVERCOMING EMPTINESS

Brem said that he discovered the joys of research as an undergraduate at New York University. The summer after his freshman year, he worked in a molecular biology laboratory while also getting up at 5:30 a.m. to accompany medical residents at Columbia on rounds. He avidly read up on their cases and could often answer questions they couldn't. So they invited him to join them in the operating room. "It was very exciting to do so," he says.

He chose neurosurgery because he wanted to have maximum impact on patients' lives, and he spent his years in medical training mastering neurosurgical medicine and technique. "And I was very nervous," he said. "I'd wake up early before I operated, I'd restudy the anatomy, the technique." Brem was delighted and relieved when he quickly built up a large practice, offering his patients "the best that was available in medicine at the time."

Yet he felt what he described as "a huge emptiness." Patients were coming great distances with malignant brain tumors, and "we formed these incredible bonds, and then they died." When he apologized for letting them down, they reassured *him*. "'We know that you're working on making it better... we want to be part of that process.'" So he felt, and continues to feel, a great moral obligation to honor them by finding better treatments.

PROMISE ON THE HORIZON

When Brem decided to specialize in brain tumors, at least one mentor tried to discourage him. "The FDA had not approved any new therapy for brain tumors in over 20 years, and the median survival [of 9 months] had not changed from Cushing's time," Brem said.

But, inspired by his patients, he worked tirelessly to pioneer new therapies and improvements in imaging and surgical techniques. Clinical research led by Brem and other physician-scientists has more than doubled median survival and increased long-term survival. "On the one hand, that's very satisfying because it shows that with scientific approaches, we could change something that had never been changed before," he said. "On the other hand, it's terrible. Twenty months is still dismal."

Yet his hope is that by persisting in the lab, "we will eventually, with incremental improvements, see this turned into a chronic, manageable disease." Inspired, for instance, by a glioblastoma patient who has survived for decades without recurrence — possibly because a serious post-operative infection stimulated his immune system — his team at Johns Hopkins has launched clinical trials to test a promising combination of his trademark localized delivery of chemotherapy and an immunotherapy drug.

"It's not a one-man show like it was in Harvey Cushing's time," said Brem as he concluded his talk with a slide emblazoned with a single word: *Gratitude*. Gratitude, not only for "the privilege I've had in working with great people, both as a student and all through my career," but for the patients "who give me the stimulation to help move the needle forward." ■

Inspired by Family

Henry Brem's parents were Holocaust survivors. They came to New York when they were 20 years old after every member of their respective families had been murdered by the Nazis. They had little education; the Nazis invaded their native Poland when they were both 14. And yet, "they came with a joy to this country in 1949, and a tremendous ambition," he said.

They had a passion for learning and imbued their four children (two professors of neurosurgery, one a professor of surgery and one a periodontist) with the Jewish ethical values of *tikkun olam,* or making the world a better place, of love for all of mankind, and of the value of life.

Throughout his career, Brem said his love for family — especially for his wife of 46 years, breast cancer specialist and radiologist Rachel Brem, and their three daughters — has had an enormous impact on the way he thinks about his patients and their families.

Tales of Joy in Geriatrics

"When I think of the words 'humanizing medicine,' the image that immediately pops into my head is a picture of **John Burton**," says **CIM Director David Hellmann**, describing the legendary clinician who helped establish and shape the practice of geriatric medicine, not only at Johns Hopkins but across the country.

Now a professor of medicine emeritus, Burton "has had an extraordinary impact on generations of physicians," said Hellmann in introducing Burton before his recent **CIM Seminar**, "The Humanization of Medicine: Tales of Joy in Clinical Practice."

"Caring for patients has been so incredibly rewarding," said Burton, who for many years served as director of the Johns Hopkins Division of Geriatric Medicine and Gerontology, where he promoted the revival of the house call for homebound older patients (see sidebar box). "I loved every day of it, particularly geriatrics." He went on to talk about the rich experience of letting patients and colleagues teach *him*.

THE WHITE COAT STORY

Burton's first tale of joy was what he calls "The White Coat Story," when as a new intern he was told to "cover the geriatrics center.... I'd never heard the term 'geriatrics,'" he said. But he dutifully reported to the center, albeit with purple dye on his coat because he'd just spilled it on himself doing a gram stain on a patient in the ER.

"So I went to the nurse, who was about my age, and said, 'I'm Dr. Burton, and I'm here to help you with any problems.' And she looked at me, frowned and said, 'Young man, you are not seeing any of my patients. You are not seeing anybody looking like that.'" She told him the head of the institution, Mason Lord, not only always wore a clean, starched white coat, he wore it with a fresh carnation in the lapel "out of respect for the patients."

"But then she smiled and said, 'Sit down. You look awful. Let me get you a cup of tea and then we will see my patients together.' That was my introduction to geriatrics and the humbling experience of how you present yourself to patients," Burton said.

'HOW I LEARNED TO GROW DAHLIAS'

Burton received a call from a mentor, asking if he could help a vibrant, 88-year-old photographic artist who had given up hope. She had no family and lived alone, except for a caregiver, and she rarely left the hospital bed set up in her living room.

Burton started by making a house call, where he found "her home adorned with the majesty of the photographic artistry she had created" and her bed situated in front of a bay window with a curtain long closed. After the two chatted for a while, he told her he could see better to examine her if they opened the window shade. "Outside was a remarkable garden with a large plot of dahlias," said Burton. "I told her, 'I've tried to grow dahlias for years and I just can't do it.' She lit up. At each visit she taught him a little more about growing the spectacular flowers, saying, "I have a lesson for you."

At her funeral, the mentor asked:
"'John, what medicine did you find that gave her those extra four years?' And we both cried as we talked about dahlias."

"Caring for patients has been so incredibly rewarding. I loved every day of it, particularly geriatrics."

John Burton

LEARNING FROM A LONGTIME SECRETARY OF DEFENSE

Former U.S. Secretary of Defense Clark Clifford had advised five U.S. presidents and, at 88, was eager to finish some important writing projects. But his doctors had confined him to his bed, largely due to severe inflammatory heart disease. Burton paid him a house call, and the two soon became "great friends." Slowly, said Burton, "we were able to get him mobilized a little bit and back to where he could work on his books."

A Golden Career in Geriatrics

As the longtime director of the Johns Hopkins Division of Geriatric Medicine and Gerontology, John Burton promoted the revival of the house call for homebound older patients, as well as a team-based approach to their care, which helped lead to programs like Johns Hopkins Home-Based Medicine (JHOME) and Hospital at Home. He promoted geriatric research and geriatric education across specialties, leading to the Orthopedic–Geriatric Medicine Hip Fracture Service. He was director of the Geriatric Education Center and Consortium, and developed the fellowship program in geriatrics. He won countless awards for his pioneering work, and the Johns Hopkins Health System renamed the Johns Hopkins Care Center the John R. Burton Pavilion in 2003.

During his "Tales of Joy" CIM Seminar, Burton talked about collaborating for 40 years with Johns Hopkins Bayview nurse Jane Marks, now associate director of the Johns Hopkins Geriatric Workforce Enhancement Program. Their demonstration project providing hospital-level care for patients at home — an initiative supported by the John A. Hartford Foundation — became, under the leadership of geriatrician Bruce Leff, Hospital at Home, an innovation now used in 150 places around the country and in countries around the world. "It was a terrific partnership," Burton said. "She certainly made me a much better physician."

Clifford even participated in a Grand Rounds presentation with Burton, given before 150 doctors, nurses and students in Carroll Auditorium at Bayview, on how best to treat a patient. "I said, Secretary Clifford, you've had a lot of complex experiences with the health care system in recent years. What advice would you give these people here?" recalled Burton. "He thought a minute, and he looked up like he was advising the president in a cabinet meeting." Then Clifford shared these pearls: "Know your patient well. Ask the patient what they think, and then listen more than you talk. Explain clearly your thinking. Make house calls. Never take a phone call when you're with a patient."

"Patients," said Burton in concluding his talk, "are our best teachers." ■

IN MEMORIAM

Paying Tribute to a Visionary Philanthropist

Last fall, the CIM lost one of its most loyal supporters when **Charles Salisbury** died on October 30, 2023, at the age of 83.

Salisbury enjoyed a highly successful career with global investment management firm T. Rowe Price, where he guided creation of the Fixed Income Division, launched two fixed income funds, and led management of the firm's large institutional assets, pension funds and endowments.

"Charlie personified the meaning of serving our clients," says Brian C. Rogers, former Chair and CIO of T. Rowe Price Associates. "He treated the individual investor with the same thoughtfulness and care as he did a billion-dollar client. Over the years, Charlie spent a lot of time on the road telling the T. Rowe Price story; traveling with him wore you down. He never stopped moving."

While he had many passions, Salisbury's highest priority was giving back through education and medical philanthropy. "While Charlie dressed with the reserved, elegant and formal manner of a successful business executive, he was beloved for his dry wit, generosity and deep interest in the lives of others," says **CIM Director David Hellmann**. "His wisdom, smarts and philanthropy had a profoundly beneficial impact on multiple professors and research programs at Johns Hopkins."

In 2008, Salisbury funded the Salisbury Family Professorship in Neurosurgery at The Johns Hopkins Hospital, where **Henry Brem** is director of neurosurgery. "Charlie was an extraordinary visionary and philanthropist," says Brem. "He had a profound sense of gratitude of the exceptional care that he and his family had received, and dedicated his resources to being sure that such high-level care was available to others and indeed that there would be resources to continue to improve lifesaving medical treatments. He strove through his dedication and philanthropy to make the world a better place for everyone."

At the CIM, Salisbury was among the among the earliest supporters of the CIM-supported **Human Aging Project (HAP)**, which launched in 2021, when he and his family funded HAP Director **Jeremy Walston** as a *Salisbury Family Foundation CIM Scholar*.

"This early seed money from the Salisbury family and other donors has been crucial to the success of HAP," says Hellmann. "It has allowed our researchers to embark on projects that have subsequently garnered millions of dollars in grant funding from the National Institutes of Health and other funding agencies." The Salisbury family subsequently went on to support clinician-researchers, including **Peter Abadir** and **Sean Leng**, as *Salisbury Family CIM/HAP Family Scholars*.

Most recently, notes Hellmann, Salisbury's generous support was key to the establishment of the **David B. Hellmann M.D. Endowed Professorship**. "I was thrilled to be honored with this endowed chair," says Hellmann, "and I will forever be grateful to Charlie for believing in me."

In addition to his wife of 57 years, Edith O'Donovan Gans, Salisbury is survived by two daughters, Anne O'Donovan Staley of Baltimore, Maryland, and Katherine Gans Ryan (Kevin Ryan) of Severna Park, Maryland: two grandchildren, Franklin E.W. Staley Jr. and Josephine O. Staley; and one brother, Thomas Salisbury. ■

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