

2015 State of the University Address

Renew the state. Repair the world.

May 28, 2015

3 p.m., Thursday, May 7, 2015 | School of Nursing auditorium

I thank all of you for being here today—our UMB family, our close partners and dear friends.

I thank the students of Southwest Baltimore Charter School for opening this afternoon’s celebration. It’s a terrific way to start a discussion about the communities we call home—the neighborhoods, the city, the state, the world.

Could we have one more round of applause for the students?

It’s fitting that children join us today. They remind us of our mission. They call us to our better selves.

But there’s something especially gratifying about being joined by students from Southwest Baltimore Charter School. We know the school. We know its families and its faculty. The middle schoolers just took silver and bronze medals at the Science Olympiad state finals. They were coached every Wednesday by some of our first-year medical students. It was a privilege for me to watch them work together. And Club UMB cheered them on at every competition. They are family.

And, finally, there’s a bit of symmetry to the selection. Students from the same school sang at my inauguration nearly five years ago. *A lot of people told me they were the best part of the ceremony—and I don’t doubt it.*

A Better Baltimore

Two miles north of Southwest Baltimore Charter School are the Gilmore Homes in Sandtown Winchester, where Freddie Gray was arrested on April 12. Seventy-five minutes later, he arrived at Shock Trauma across the street—where he would later die.

Many of you joined peaceful protests, seeking answers and justice for the young man laid to rest just 10 days ago. Many of you provided help and care to those suffering after peaceful protests turned violent. And many joined our neighbors in celebrating the solidarity of One Baltimore, a city united in hope and healing—in a vision of a future that’s better than our past.

We are rooted in this community. We are inextricably bound to our Baltimore neighbors. In my inaugural address five years ago, I talked about the University crossing Martin Luther King Boulevard—crossing the eight lanes that divide our community between wealth and want ... opportunity and isolation.

You cross that boulevard every day, marshaling your scholarship and service to work for justice, for peace, for access, for equity—for human strength and human dignity.

You know better than I how difficult it is, how long it takes, how setbacks can obscure progress. But you also know that it’s the only path to healing, and I’m deeply grateful for your tending it.

This is what we do. This is what scholars do. This is what activists and advocates and servants do.

The title of my address was serendipitously chosen the day after Mr. Gray’s arrest, when he was still clinging to life at Shock Trauma, and no one knew that he would become a catalyst for anger, for action, and, we hope—ultimately—for change.

But now the title is especially apt.

Renew the state. Repair the world.

It was inspired by a Hebrew phrase, *tikkun olam*. It suggests humanity’s responsibility to repair (*tikkun*) ... (*olam*) ... the world.

I don’t think it’s too lofty a notion, too noble. I think it’s what the people of this University do. Day in and day out. It’s certainly what our new mission statement compels us to do.

Mission statement

To improve the human condition and serve the public good—of Maryland and society at-large—through education, research, clinical care, and service.

Improve the human condition and serve the public good—there's no responsibility bigger. And it's one you've taken up with absolutely everything you have.

Workforce Development

I want to start with our mission to educate—to prepare the professionals who will improve the health and well-being of Maryland's citizens.

UMB is a noted research university. We're a great provider of care and service. But it's by design that these missions *serve* our mission to educate. Because it's education that sustains everything else. It's education that continually replenishes the deep pool of people curious and capable and compassionate enough to carry out our research, care, and service missions.

Right now, UMB confers 53 percent of the professional practice doctoral degrees awarded in Maryland. That's good. But it's not enough. I'd like to get that share to 60 percent. Not because we want other universities to do less—but because we want to do more.

And we should work toward comparable growth in other degrees as well. Because we see the grave effects of workforce shortages all around us.

Consider that Maryland has 47 Health Professional Shortage Areas specific to mental health—including much of Baltimore City, where nearly three in 10 high schoolers report feeling sad or hopeless almost daily. Or that 60 percent of the child welfare professionals working to protect children from abuse and neglect have NO social work training—a serious gap that the School of Social Work is shoring up through its child welfare services specialty.

Consider that we need significantly more advanced practice nurses in this state and this country to serve a growing population requiring care.

Consider that, in less than 10 years, nearly 8,000 of the new and replacement jobs coming online in Montgomery County and the surrounding region will require a master's degree. And consider, too, that employment data and projections point to health care and social services as the region's two biggest areas of opportunity. We must meet this need.

You'll notice there's no target year attached to these expansion goals. Not yet. In a few weeks, the deans and vice presidents will convene to begin studying workforce needs—identifying the critical shortages in Maryland and where enrollments must be enlarged to fill them; where new programs must be created to meet emerging demand; and how we innovate existing programs to make them more accessible, more flexible, and more responsive to change.

As we go into the planning process for FY17, we should have a robust proposal for developing Maryland's professional workforce.

Of course the challenge lies not only in identifying where we can justifiably expand. It's in securing the resources needed to support more students, faculty, and staff; more space; new equipment and facilities. It's in thinking broadly about how and where our programs are delivered, leveraging partners and technology to meet students where they are so that they're more inclined to serve in their same underserved communities.

The schools have taken up this place-based challenge with vigor. We've expanded the master of social work program at Shady Grove and added seats to the bachelor's in nursing. The master of health science we offer in conjunction with Anne Arundel Community College is expanding the pipeline of physician assistants. The School of Nursing just inked two dual admission agreements—with the College of Southern Maryland and Montgomery College—to allow students a seamless transition from an associate degree to a bachelor's.

We're innovating in other ways too.

This fall, Maryland Carey Law enrolls its first students in the master's program in law at College Park, giving professionals in a variety of fields new competencies in the legal and regulatory aspects of their jobs.

And the Graduate School is designing master's and doctoral programs for the growing number of graduate students

choosing a professional career in the biomedical sciences instead of an academic research path. We need to accept that there's a gross misalignment in this country between the number of PhD candidates we train and the number of faculty positions and federal grant funding available to them. As more biomedicine graduates enter careers in areas like policy and administration, grant review, and tech transfer, we need good programs in place tailored to their needs.

But here's the thing: This entire workforce development effort falls flat if we don't secure for students the financial aid that opens access to professional and graduate education. If we're going after the best and brightest students—as we always have—and if we're seeking out students where we seldom looked before—as we must—then we have to have a comprehensive plan around student aid.

Among my most important efforts is *building a culture of giving at UMB*. We must persuade our alumni and friends, our partnering foundations, that we're a good bet—that an investment in UMB and in our students is an investment in the vitality of this state and this nation.

This is a multi-pronged effort—for instance, we have to convince the legislature to provide tuition support for graduate students, as it has for undergrads, and push for better funding of state and federal loan forgiveness programs.

But part of this is on us—not the state, not the feds. The UMB Foundation has made scholarship support a priority, launching a match program on new and existing endowed scholarships. The program ends at the close of this calendar year, and so far it's yielded \$5.4 million in new scholarship support.

I'm deeply grateful to the UMB Foundation and to all of our donors whose generosity builds a community of scholarship, in which we value each other's aspirations and what those aspirations mean for our common progress and our common humanity.

And while we're on the theme of philanthropy, I have to congratulate Dean Kirschling on the School of Nursing's \$5.2 million gift from William and Joanne Conway—the largest gift in the School of Nursing's history, which will fully fund *157 new nursing students*, many of them at Shady Grove. That's impact.

Interprofessional Education

So once we've got students in our pipeline ... what then? Does the education we provide them have impact? Are we confident our students can build healthier communities—physically, socially, and emotionally healthier? Can they leverage their knowledge and experience working in interprofessional teams and thereby do better by the people in their care?

We've built the foundation for interprofessional education at UMB: We have a commitment to it at the highest levels—in me, in Jane Kirschling and her fellow deans, in our partners at the University of Maryland Medical System, where improving population health is an obligation. We've enshrined this commitment in our strategic plan. We've established a center to coordinate our work. We're engaging faculty on the front lines, providing seed grants for IPE projects and for professional development. And we're seeking philanthropic support to solidify our IPE leadership.

Let me be frank: Our national leadership in IPE isn't assured; it's predicated on many things. We have to engage more faculty in IPE. We need to build time and flexibility into the curriculum—and into the faculty workload—to allow everyone to pull in the same direction. We need to design progressive IPE experiences for students as they develop their professional identities. And we need a physical home for our center, where students can learn and practice in big groups and small teams.

I'm thrilled to announce that Whiting-Turner has given us \$3 million toward establishing such a home. That might entail repurposing the Walterhoefer Building on N. Greene Street into a hub for interprofessional education, or perhaps redeveloping another property. I thank Whiting-Turner for the extraordinary gift.

But having a physical IPE home on campus isn't our only goal. Getting IPE off campus is equally important.

We sit in a system of 11 universities, many of which have outstanding health, allied health, and human services programs. If we bring these programs together thoughtfully and well, they could shape a forward-looking IPE model for Maryland, grounded in evidence and strengthened by inter-institutional collaboration.

The Universities at Shady Grove offers an obvious opportunity. We can expand collaborative course offerings there and scale up the work first undertaken by USG's Committee for Interprofessional & Interdisciplinary Education Strategies. We can invite students across USM into the state-of-the-art simulation clinic we want to build here at UMB and take advantage of existing standardized patient facilities systemwide to coordinate student preparation.

And because students must have opportunities beyond simulations and standardized patients, we can give them remote access to the clinical experiences we host here in Baltimore. We can use school-run programs as interprofessional platforms in the neediest communities—Nursing’s Wellmobile program, Medicine’s Area Health Education Centers.

And now we have a chance at unprecedented impact—an opportunity to build, from the ground up, a real-world teaching laboratory.

Prince George’s County and Southern Maryland have a deficit of primary care providers and a surfeit of chronic diseases that degrade population health—asthma, cancer, diabetes, heart disease, hypertension.

A study by College Park’s School of Public Health proposes a tri-part solution: 1) a high-quality, academically affiliated medical center; 2) a strong primary care network; and 3) integrated public health services. According to the study, in Prince George’s County alone, this solution could cut emergency department visits 16 percent and save 340 lives a year.

One part of this plan has grabbed a lot of press: a proposed regional medical center serving Prince George’s County and Southern Maryland. The hospital would be operated by Dimensions Healthcare and the University of Maryland Medical System. The project got a boost last month, when the Maryland Health Care Commission docketed the certificate of need.

But it’s two additional proposals that could make the region our test bed for large-scale interprofessional education, research, and care.

The first is a pilot program to evaluate an interprofessional care model in the region. It entails health care teams working collaboratively at the top of their licenses to deliver comprehensive care in coordination with physicians in the community. The teams—and the students training under them—would be based at local sites and serve patients suffering the dual burden of poverty and chronic disease.

The model mimics one promoted by the Affordable Care Act—health homes that integrate and coordinate all primary, acute, behavioral health, and long-term services. We’ve submitted our proposal to the Department of Health and Mental Hygiene.

If the model encourages us to embrace an expanded scope of practice, it demands that we have adequate programs in place to prepare these top-of-license practitioners. If the model asks us to explore the ability of different providers to deliver high-quality care, it asks, too, that we pay them appropriately for the care they deliver. The model challenges us to prove the compatibility of better care and lower costs.

Looking at the big picture, then, Prince George’s County and Southern Maryland offer us a clinical test bed for interprofessionalism, an educational test bed, and a policy test bed.

The second proposal in play—contingent on the new medical center and on funding—is a research institute run jointly by UMB and College Park (under MPowering the State), one that would perform real-time data analysis on the region’s health care indicators, clinical outcomes, and the functioning of the health care system.

Part of its work would be a rigorous analysis of the interprofessional care pilot program. This is how we’ll add to the evidence base around interprofessional education and care, which some rightly complain is too thin. This is how we’ll assess the efficacy of interprofessionalism—and use the data we collect to refine how we teach it to students and how we practice it with patients. And this is how we’ll make patient care measurably better.

It is a bold experiment—but that’s exactly the business we’re in. And given our commitment to rigorous evaluation, there’s no better place to conduct it.

We know there’s tremendous need in Prince George’s County and Southern Maryland. With that need comes extraordinary opportunity. We can lead the nation here. And we absolutely should.

Economic Development

I mentioned a few minutes ago that a key strategy for reducing the prevalence of chronic disease in Prince George’s County is a strong primary care network. In fact, the county needs an additional 61 primary care physicians and 31 dentists to meet minimum recommended ratios.

I want to talk briefly about what happens when professionals like these doctors and dentists locate in communities across Maryland—especially in underserved areas like Prince George’s County.

The impact is considerable—in more ways than you might think.

A healthier population is a more productive population. The Institute of Medicine puts the indirect costs associated with preventable chronic disease—in terms of depressed worker productivity and a lower U.S. economic output—at about \$1 trillion a year. You can't get a job—you can't *keep* a job—when you're unhealthy or when you're caring for someone who is—a parent, a child, a spouse. You can't go to work or to school when you're sick.

And so the graduates we put into our communities do more than cut the crippling costs associated with preventable disease or untreated conditions that exacerbate without care. Our graduates actually promote workforce productivity and fiscal strength.

And, more than that, our graduates, themselves, stimulate significant economic development in the communities they call home. For example, the AMA estimates that every physician working in Maryland today supports nearly 10 additional jobs. Every Maryland physician generates \$1.6 million a year in sales revenue, nearly \$1 million a year in wages and benefits, and about \$80,000 in state and local taxes.

Our graduates constitute our single biggest contribution to the state's economy. But they're by no means our only one.

Another huge opportunity to stimulate economic growth is to invest in the "power of place"—to invigorate the neighborhoods around the University, to turn our community into a vibrant center that people are clamoring to get into—a place where they want to live, work, raise families, and have fun.

We've begun this work, but there's much more to do. Like many other things in life, development never happens as quickly as we'd like.

Case in point: the UMB-owned Drovers property at N. Eutaw Street, whose fortunes have risen and fallen over the years. A few months ago, the Board of Regents approved our plan to redevelop the property's two historic buildings and two contiguous lots.

In all, it's nearly an acre of redevelopment—nearly a full city block. The developer attached to the project is proposing rental housing, retail space, offices, and parking—all within a three-year timeframe.

And two of the historic properties we own along W. Lexington Street are set to be renovated.

But the fact is we own a dozen buildings heading up to Lexington Market. As the market is remade, I want the block to become a vital, energetic corridor binding us more tightly to Downtown's Westside. And I want to replicate these corridors—to the Bromo Arts district, to emerging residential development on the Westside, down Greene Street to the plaza.

We can reimagine the spaces around us—green space, developed space, university and non-university space—and we can do it without displacing people, without wiping out neighborhoods.

Our strength is our diversity, and we can build on that until the Westside has a caché that no other city neighborhood can match.

We have a similar vision for the BioPark and West Baltimore. The BioPark should be a catalyst for community-building—a true innovation district, where the University connects with companies, with startups, with business incubators and accelerators; where housing, offices, restaurants, and retail fill in to serve the growing creative community and its neighbors.

Baltimore has an abundance of young talent—right here on campus, of course, but also at universities across the city. What if we gave this talent—homegrown and imported alike—a compelling reason to stay here, to apply their intellect and ambition right here in Baltimore? What if we gave them a place to collaborate with like-minded colleagues or start their own companies and firms—to build out well beyond our properties and make neighborhoods come alive?

That's what innovation districts do.

I watched a TED talk given by the author Steven Johnson on the Age of Enlightenment and the role that 18th-century coffee houses played in it. Coffee had just supplanted alcohol as the standard daytime drink. (Of course, that alone could explain the spiking intellectual output ...)

These new coffee houses were where people came together to discuss literature, religion, science, law, and politics. This was where radically new ideas—world-changing ideas—were hatched.

That's what we want the BioPark to be. (We want some actual coffee houses there, too ... and a grocery store, and a dry cleaner, and a shoe repair shop.) That's how you get the benefits of the BioPark spilling out well beyond Baltimore Street.

You cannot underestimate the power of proximity, when you bring people together across disciplines—working on important ideas shoulder-to-shoulder—when you have serendipitous encounters that incite whole new ways of thinking.

873 W. Baltimore Street—the BioPark's third commercial lab and office building—will be the heart of our innovation district. This is our 21st century coffee house. We want to model it on the best innovation centers in the world—and we've spent a lot of time studying the best, including models in Boston and Cambridge.

With 873 up and running and its tenant space filled—all 250,000 square feet—the BioPark could become the state's largest innovation district and a more diversified one. We're working closely with the city and the state and hope to start construction by the end of this year.

This innovation center will join a dynamic community of existing tenants and University anchors with considerable R&D power. It joins our first clinical facility coming online at the end of this year, the Maryland Proton Treatment Center, along with a strong cadre of partners invested in West Baltimore's strength.

In fact, growing philanthropic engagement across Martin Luther King Blvd. is especially exciting. The Goldseker Foundation has emerged as a major supporter of the Southwest Partnership neighborhood association, which I'll talk about in just a few minutes. And the Abell Foundation has in the last five years become very involved in helping to build the technology community in Baltimore. It's been a critical investor in UMB startups and other BioPark companies, and in enterprises across the city.

The Abell Foundation owns two properties around the 1000 block of W. Pratt Street, just west of the B&O Railroad Museum. They're 40,000 square feet apiece—essential space given that the BioPark is currently maxed out. In fact, the UMB spinout Breethe—co-founded by Dr. Bartley Griffith, in our School of Medicine—is already located in one of the buildings.

We want to integrate these buildings into the BioPark community—"BioPark South," as it were—and deepen our relationship with the Abell Foundation, whose work on behalf of Baltimore, and specifically the communities surrounding our campus, is so very powerful.

And because I'm talking about the "power of place," I want to mention IBBR in Montgomery County—the Institute for Bioscience and Biotechnology Research. It's a partnership with College Park (under MPowering the State) and the National Institute of Standards and Technology. IBBR supports scientific exchange between academia and industry so that we can more quickly and safely bring new medical diagnostics and products to market.

At IBBR, place is critically important. It sits in the heart of Maryland's I-270 corridor, one of the biggest biotech hubs in the country. Our work with these firms and others is vital. Each year, UMB conducts 400 translational research projects and clinical trials on behalf of pharmaceutical and biotech companies. Last year, our corporate-sponsored research grew 39 percent to \$41 million.

But we see untapped opportunity. I'd like to double our representation at IBBR—and establish world-class programs in areas like immunovaccinology and drug development. With College Park, we should be THE partner to the state's thriving biotech community in Montgomery County, driving innovation and commercialization.

The Big Ideas

But why? To be able to say we're growing disclosures, licenses, and revenues? Noble goals, which we *are* achieving.

But what matters most is growth in the discoveries that have a consequential impact on health and well-being—like galeterone, the drug compound discovered by Dr. Angela Brodie and Dr. Vincent Njar in the School of Medicine, considered one of the most promising treatments for prostate cancer in trials today; like the Ebola vaccine developed by Profectus BioSciences, cofounded by Dr. Robert Gallo, which now moves to human trials, after studies show success against the same strain of the disease that's killed 10,000 people in West Africa.

In every school, there's scholarship and innovation going on right now that could change the indices we care about most. Let me mention just a few examples.

The new UMB Center to Advance Chronic Pain Research is directed by Dr. Susan Dorsey in the School of Nursing and Dr. Joel Greenspan in the School of Dentistry. The center brings together pain experts and research from

different disciplines so that we might fulfill the most basic promise of clinical care—to relieve patients’ pain, to unburden them of the suffering that’s—at best—debilitating and—at worst—utterly devastating.

The School of Social Work is a leader in the Community Schools movement, fast becoming the standard model for urban schools, which must address complex community trauma like regular exposure to violence and loss. Children don’t learn when they’re hungry, or sick, or scared, or angry. So Community Schools wrap their students and families in a safety net of services that ultimately enables success.

Dr. Robert Ernst in the School of Dentistry and Dr. David Goodlett in the School of Pharmacy are using mass spectrometry to create a bacterial library so that physicians can more quickly and accurately diagnose a patient’s infection. Fast and accurate pathogen identification is sorely needed in hospitals and clinics with patients who have potentially lethal infections. A library of chemically bar-coded bacteria will make diagnosis quicker, cheaper, and better.

Dr. Sunjay Kaushal in the School of Medicine discovered robust regenerative capacity in the cardiac stem cells of infants with congenital heart disease. In rodent models, the cells sped recovery and strengthened heart function. Now Dr. Kaushal’s team has gotten FDA approval to transplant the cells he harvests back into the hearts of his young patients, the first clinical trial with children. Ultimately, Dr. Kaushal hopes the procedure will delay the need for more surgeries.

Maryland Carey Law is teaming up with the School of Social Work to tackle long-standing issues of social justice in our homes, our communities, our schools, our prisons. By combining social work and legal expertise, the schools aim to dramatically improve the delivery of services to those suffering injustice and to effectuate groundbreaking policy reforms at the state and national levels.

Dr. Eleanor Perfetto in the School of Pharmacy has joined a national project focused on improving patient value in the delivery of health care. By combining large amounts of genomic data with data on the environments in which patients live and receive their care, Dr. Perfetto and her colleagues can begin to understand how the interplay of a patient’s genetics and behaviors can inform interventions that support precision medicine—getting the right treatment to the right patient at the right time.

The scholarship and activism of Danielle Citron in Maryland Carey Law is poised to change the way we look at cyber harassment and abuse. She’s working with national leaders to strengthen legislation and law enforcement around aggressive cyber behavior and to promote greater privacy protections online. Ms. Citron visits the country’s biggest technology companies—Google, Facebook, Microsoft—and talks about the challenges of harnessing media that hold so much promise and yet often cause so much pain.

The School of Medicine’s new Institute for Global Health leverages the school’s deep expertise in vaccine development and malaria research to prevent and treat the diseases that decimate communities around the globe.

This is you repairing the world.

Community Engagement

You’re repairing the world right here, too. Our world. The world that circles our campus. We have a tradition of community service here at UMB, and there has been no deficit of school-led, student-led, employee-led outreach.

What we *didn’t* have was a coordinated approach at the University level to consolidate our considerable assets—to move the needle on health, wealth, and social indicators and to hold ourselves accountable for doing just that.

We needed a localized, “place-based” community engagement strategy to bring more robust and better coordinated services to our neighbors, and to more clearly articulate to students, faculty, and staff where community-based service and scholarship might have the greatest impact.

Last summer, we established the Office of Community Engagement to align these efforts, and we hired Ashley Valis, a graduate of our School of Social Work, as executive director.

There were two areas that needed to be defined if we were to have the impact we wanted—the physical area in which we’d concentrate our activities, and the areas of need that we’d address.

The physical area is about 1 square mile bounded by North Ave. to the north, Monroe St. to the west, Pigtown to the south, and Howard St. to the east. The neighborhoods in this catchment area have significant challenges—in some, a life expectancy 20 years shorter than Roland Park’s. But, of course, they have significant strengths as well.

The areas of need on which we're focusing are health and wellness; education and workforce; and community and neighborhood revitalization.

Localized engagement isn't something we're doing in isolation. The Baltimore Integration Partnership, for instance, is a group of nine Baltimore anchor institutions—universities and hospitals—sharing resources and expertise so that we can knit together neighborhoods of strength, so that it takes less work to do more good for more people. And of course we're engaging our community partners to make sure the "good" we're doing is actually the "good" they want.

So, for instance, we'll track our progress on indicators that promote neighborhood prosperity—local hiring, local procurement, local business development. Moving these needles means many things—like providing *job* training that gets more West Baltimore residents employed at UMB, and providing *company* training that gets more West Baltimore businesses into our pipeline of vendors.

Let me tell you about some of the projects UMB is working on.

Last fall, I announced that we'd won a grant from the National Cancer Institute—a grant to get talented, curious students from West Baltimore into a pipeline of careers in cancer-related health care and research. With the University of Maryland Greenebaum Cancer Center, we've committed to a continuum of support following students from middle school all the way through high school.

It's critically important that we get students of color and students in poverty into biomedicine—not only because access to good-paying jobs lifts up families and transforms neighborhoods, but because cancer and other chronic diseases devastate communities like West Baltimore. Pipeline programs like this one—the UMB CURE Scholars Program—are key to shrinking health care inequities, closing the yawning gap we have in this city in terms of health care delivery and health outcomes.

The goal is to systematically expose students to the science and the scientists associated with cutting-edge cancer research and care and to get the students to fall in love with the field—the same way many of you did years ago. We'll enroll our first class of about two dozen middle school students this fall.

We're partnering with the Center for Urban Families on a grant proposal to the Weinberg Foundation to help fund a job skills training program at the Historic Samuel Coleridge-Taylor Elementary School, where we have several support programs already.

Family members and community members would be able to come into the school and get started on a path to employment, or better employment. We'd identify potential obstacles—behavioral health issues, transportation challenges, a criminal record—and then connect the client to help. We'd engage community partners to prepare clients for the job search and for pre-apprenticeship programs offered by local nonprofits. And we'd have a keen eye on getting clients into jobs right here at UMB or at one of our affiliates—where, professionally, they can grow, advance, and thrive.

We're working on a Community-Based Cooperative to help residents start businesses based on what local companies need and what they buy—especially anchor institutions like us.

This is something begun last year by students in our School of Social Work and Maryland Carey Law, together with students from the University of Maryland Smith School of Business. The students spent last semester studying West Baltimore to determine what enterprises would have the best shot at success there—what do businesses in the communities buy right now; what would they buy if it were available; and what products or services might draw more businesses in.

It's a great opportunity for local entrepreneurs to tap into our purchasing power and keep OUR dollars in THEIR neighborhoods.

We've also become deeply involved in the Southwest Partnership, an association of seven neighborhoods included in our catchment area: Poppleton, Franklin Square, Hollins Market, Union Square, Pigtown, Barre Circle, and Mount Clare.

UMB sits on the partnership's board. We financially support the nonprofit, as do several local anchor and philanthropic institutions.

Our collaboration with the Southwest Partnership means we've signed on to their priorities. We'll help develop residents' capacity to advocate for their own interests and to be effective leaders on behalf of their neighborhoods. We'll match neighborhood businesses to our procurement needs and support job training and placement programs.

We'll improve residents' access to health care resources, lobby for better schools and better school models, and encourage local home buying.

It's an extraordinary group of residents and organizations passionately invested in revitalization, who understand the area's history and challenges—but see its potential better than anyone else.

And this neighborhood is where we want to be. We're working on a proposal to establish an urban extension center in West Baltimore, within walking distance from campus. That might mean developing a new site, redeveloping an existing site, or leasing space in the building of one of our partners.

The point is to have a physical presence dedicated to community engagement in the neighborhoods that mean so much to us. We've seen what putting the BioPark across Martin Luther King Blvd. has done; we see how the park's leadership and tenants engage with their neighbors and have a vested interest in their success.

An urban extension center would give West Baltimore's residents a convenient place to access some of the services I just talked about. And it would give our students, faculty, and staff more chances to work in a community setting.

This should be a highly trafficked community hub. Maybe on Mondays, the law school's Just Advice Clinic or Community Development Clinic has walk-in hours. Maybe on Tuesdays, Paul's Place on Ward Street—a close partner of ours—offers one of its GED prep classes in our building. And on Wednesdays, aspiring entrepreneurs get advice from people who've started their own businesses and know how to navigate the challenges.

Imagine having health and wellness services, clinical care, tutoring, mentoring, job skills training—all in one spot. Imagine students from every school bringing their expertise and compassion to bear on ONE community.

That's how you renew the state. *That's* how you repair the world. *That's* how the communities in which we work become crucibles of change.

I want to tell a quick story in reference to the last point. A few years ago, I was at Lexington Market with the Mayor. We were talking about introducing healthy foods to the market—which is especially important for the hundreds of children who go there every weekend with their parents. I was paired up with a group of children on an art project, trying to make apple slices and grapes look like a race car. I wasn't very good at it.

So I started talking to the boy sitting next to me, Xavier, 8 years old, who offered to help me with the art. I asked him what he wanted to be when he grew up. He mentioned the NBA and the NFL ... and when I didn't look too impressed, he said ... "Or maybe I'll have your job."

I ask myself every day: "Why not?!"

With everything you do, you make Xavier's words more prophetic. You make his dreams real.

And every day you join others to our cause. Because talent is a magnet. Talent wants to *be* where talent *is*. Creativity attracts creativity. Ingenuity attracts ingenuity.

And when our excellence shows, people notice. And they want to be with us—on the front lines dismantling structural poverty and inequity; applying their scholarship and their service to solving the most challenging problems we confront as a society; making Maryland and the world more just, more enlightened—healthier and more humane.

Thank you all for your extraordinary work this year.

I think it's fitting that we end today by bringing back the Southwest Baltimore Charter School 6th Grade Dancers.

Please join me in the Campus Center for refreshments and conversation.