

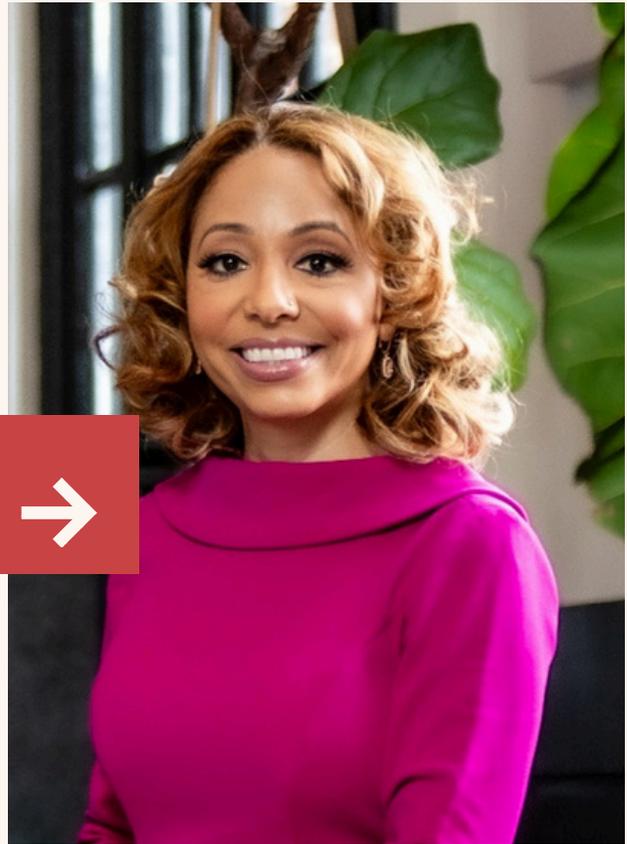
Q&A

WITH DR. RAMJOHN



IN CONVERSATION WITH THE NEW CHRC CHAIR

Destiny-Simone Ramjohn, Ph.D., is a nationally recognized health equity and community impact executive with decades of experience advancing care integration, community engagement, and population health strategies that strengthen coordination across the health care continuum. Following her Senate confirmation this month and nine months into her tenure as Chair, we sat down for a Q & A on advancing equity, strengthening community based primary care, and measuring what matters most.



By: CHRC Staff

Feb. 2026

Q

How is CHRC “meeting the moment” for the Maryland’s communities?

At the center of our work is a clear commitment to align resources with Governor Wes Moore’s equity agenda. This means directing investments to areas with the greatest unmet health and social needs through disciplined, data guided grantmaking, strengthening support for essential community providers, and advancing community driven solutions that expand access to care. We are also elevating measurement and accountability so every public dollar delivers meaningful impact. By pairing rigorous data with community expertise, CHRC is meeting the moment and helping build a more equitable, responsive health care ecosystem.

Q

How does your past service shape your leadership as Chair?

Serving on the Commission before becoming Chair gave me an enduring respect for both the mission and the people who bring it to life each day. I had the privilege of witnessing the CHRC grow from a \$7 million annual budget to more than \$100 million, while seeing firsthand the pressures facing essential community providers across Maryland. Most of all, it strengthened my admiration for Executive Director Mark Luckner and the exceptional staff. As Chair, my focus is simple and steady: to ensure this remarkable team has the clarity, alignment, and support they need to sustain and deepen their impact while positioning the Commission for its next phase of impact.

Q

What CHRC grantee story reminds you why this work matters?

With more than 160 active CHRC grants statewide, choosing just one example is no small task. I often highlight the University of Maryland School of Nursing’s West Baltimore RICH Collaborative, led by Dr. Yolanda Ogbolu, through our Health Equity Resource Communities program. The initiative has enrolled about 2,000 residents living with hypertension, pairing clinical care with outreach, faith partnerships, and social support. What makes this work especially powerful is that the program measures not only blood pressure improvement, but also hope, reminding us that when we invest in connection and community leadership, we can truly change life trajectories.