The MetroHealth System

Board of Trustees

Wednesday, March 27, 2024

1:00pm - 2:00pm

Virtual Only via Zoom

Health Equity & Diversity Committee

Regular Meeting

The MetroHealth System Board of Trustees

HEALTH EQUITY & DIVERSITY COMMITTEE

DATE: Wednesday, March 27, 2024
TIME: 1:00 – 2:00 pm
PLACE: Zoom:
https://us02web.zoom.us/j/83728485171

AGENDA

I. Approval of Minutes

Committee Meeting Minutes of December 20, 2023

II. Information Items

A. Opening Comments - *V. Whiting and A. Steed*

B. Introduction of new members on our Health Equity team - *A. Steed and C. Modlin*

C. Review of Enterprise Health Equity Strategy and Health Equity Dashboard – *N. Chehade and A. Steed*

D. Health Equity Marketing Overview - *B. Barrett and C. Modlin*

E. Health Equity Interventions - *C. Modlin*
- Men's Health Fair April 27, 2024
- Women & Children's Health Fair- August 17, 2024
- Health Equity Centers of Excellence

F. Update on Joint Commission and CMS Health Equity Accreditation - *N. Chehade and J. Golob*

EQUITY, INCLUSION & DIVERSITY COMMITTEE MEETING
December 20, 2023
4:00 – 5:00 pm
MetroHealth Board Room (K107) or Via Zoom

Meeting Minutes

Committee Members: Mr. John Corlett-I, Ms. Maureen Dee-I, Dr. E. Harry Walker-R, Ms. Vanessa Whiting-I, Ms. Inajo Davis Chappell-I

Other Trustees:

Staff: Airica Steed, I, Arlene Anderson-I, Laura Black-I, Jim Bicak-I, Dr. Richard Blinkhorn-I, Dr. Robert Bruce-R, Dr. Nabil Chehade-I, Karen Cook-R, Justin Gallo-R, Dr. Joseph Golob-I, Kim Green-R, Derrick Hollings-R, Dr. Olusegun Ishmael-I, Dr. William Lewis-I, Dr. Charles Modlin-I, Sonja Rajki-I, Dr. Aparna Roy-I, Dalph Watson-I Betty Halliburton-I, Dr. Doris Evans-I, Joseph Frolik-R, Kevin Chagin-R, Matthew Kaufmann-R

Guests:

Ms. Inajo Chappel called the meeting to order at 4:03 pm.

The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.

I. Approval of Minutes

The minutes of the April 26, 2023 Committee meeting were approved as presented.

II. Information Items

A. Charter Review & Committee Name Change

Dr. Steed stated she is excited to be back with this committee as it has been a few months since we last met. The first order of business is recommending that the name of this committee be officially changed to Health Equity & Diversity. We are transitioning from Equity, Inclusion and Diversity, which is a more of traditional type of committee, but given our emphasis and strategic priority on health equity, we felt that it would be wise to move in the direction of creating a namesake that is more in line with that. As stated in the proposed charter updates, the purpose and activities of this committee is meant to align

with the System focus on health equity and diversity. In part, the committee will be overseeing and championing our focus related to specifically targeting the eradication of healthcare disparities, which is the central focal point of our work. Along with the alignment of the community to zero out the death gap, to improve the life expectancy to those we serve, and to continue to break apart the barriers of access bringing to light the disparity in healthcare. Dr. Steed stated she is also proud to say from a strategic focal point that we believe that MetroHealth is going to be the first Board across the country to have a committee focused on health equity. This will position us to be a role model across the country.

Dr. Modlin highlighted some of the responsibilities of this committee, the first being monitoring metrics to effectively track the progress of reducing health disparities across our system. We will also monitor the effectiveness of the programs we have implemented to address the eradication of health disparities. Often overlooked is the financial impact of these health disparities but this committee will help to monitor that. Access to care is one of the major drivers of health inequities, but through the activities which will be reported to this committee we are going to monitor health access by working with Dr. Golob to monitor the patient, quality, and safety metrics along with racial and ethnic lines along with other demographic lines. This will carry over into recruitment and retention of minority caregivers, including our GME caregivers. We will also work with Arlene Anderson to monitor business contracts and alliances, as well as with Government Relations to help develop state and federal policies to be more effective in helping the system address health disparities.

B. Aligning our WHY and Strategic Focus on Driving Health Equity and Diversity

Dr. Modlin highlighted some common health disparities and focused his remarks on the African American population, the Hispanic population, and other minority multi-cultural populations experiencing disproportionate incidences of health disparities and outcomes. This year we have been able to create our inpatient data dashboard that is available to every staff member of MetroHealth. This shows the quality metrics and looks at every single one of them broken down by race and gender. There are not many hospitals doing this and the ability for us to do this is something that has been remarkable. We do see inequities when we look across our experience metrics. For example, communication about medication show that 76% of our white patients understand how and why to take their medications when they leave the hospital, but only 69% of the people of color feel that same. So, it is not just good to look at our overall number anymore, we must see it in this light and increase our ability to help close these gaps. We are also in the process of kicking off a Health Equity Fund and we will be one of the first hospitals in the country that is dedicating philanthropic funds specifically on eradicating healthcare disparities. Dr. Golob stated patient safety is a system goal and we are seeing a 40% reduction of our patient harms this year. We are also seeing some gaps broken down by race in care with 13 of the 18 metrics, and people of color

are significantly lower in pediatric immunizations before the age of two, but the inequities that we often find across the country is in colorectal cancer screening, and we are doing a great job with people of color getting colon cancer screening.

The next Minority Men's Health Fair is scheduled for April 27, 2024. This will be conducted at two locations simultaneously, Cleveland Heights, and the Tri-C Metro Campus. On September 30th we held our first annual multi-cultural Women's Health Expo which was a great success. We also held a children's event and are planning another children's event in the summer of 2024. Dr. Modlin stated that we are in the process of developing programs throughout the system called Multi-Cultural Health Centers of Excellence. This will be well received by the community and the goal is to develop greater clinical expertise throughout the system in every clinical department. Dr. Modlin stated this will be discussed in more detail at future meetings.

C. Review of Lown Institute Rankings

Mr. Chagin stated that he wanted to go over the Lown Institute Social Responsibility Index and where we currently scored this year in comparison to where we were last year. The Lown Institute is a non-partisan think tank that works on research in conversations around bridging the gap between current public healthcare. They created this index which they call the Social Responsibility Index to basically rank hospitals on how well they do at serving their communities on social responsibility. They look at this from an equity standpoint and hospital outcome standpoint. We currently ranked in 2023 a Grade A and ranked 325th nationally and 13th in Ohio. This score looks at is three categories, Health Equity, Value and Outcomes. Each of these areas is broken down into smaller components and then ranked. They then use this information to then put hospitals into grades A, B, C or D. This information comes from multiple locations, and we fall within the public non-federal hospitals, which they say is gathered from available public records. The information we are discussing today is from 2020 data. The Worker Compensation comes from CMS report information systems. The next area of equity is Community Benefit, and this looks at our financial assistance to provide free or discounted care provided to patients eligible for assistance based on their income as a share of total hospital expenses from the Centers for Medicare and Medicaid's Hospital Cost Reports. We did quite well and improved from last year. The last area of equity is Inclusivity, and this measures the degree to which a hospital's patient population reflects the demographics of its community area. This looks at race, ethnicity, and education within our patient population and how it reflects the community that we serve. We improved in this area and went from a Grade B to Grade A. The next section of the measurement is Value, and this looks at avoidance of use of low-value services and cost efficiency. This data is collected from Medicare claims FFS inpatient and outpatient claims from 2019 to 2021. We did well last year, and we continue to do well in 2023. The next value is Cost Efficiency, and this measures mortality outcomes over the cost

of care as a mortality cost ratio at 30- and 90-days after a hospitalization. We maintained our score of A from 2022 to 2023. The last value is Clinical Outcomes, and this measures mortality rates (in-hospital mortality, 30-day mortality, and 90-day mortality) and readmission rates (7-and-30 days). Again, we did well at maintaining our Grade A from 2022 to 2023. The next area of measurement is Patient Safety and uses indicators from the CMS Care Compare website for hospitalizations. CMS composite measures (PSI-90) that has 10 separate indicators for patient safety as well as five hospital acquired infections (HAI) measures from July 2019 to March 2022. We decreased quite a bit in this measurement where we went from a Grade of B to a D. The last measurement is Patient Satisfaction which uses the annual Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to give a rating of patient experience across 10 factors from July 2021 to March 2022. We maintained that same score from 2022 to 2023 of a Grade C. The overall assessment of this score is called Social Responsibility Ranking but health equity only accounts for about one-third of the total score and the hospital's performance makes up the remaining two-thirds. They cannot break this down by race or ethnicity, this is just the overall hospital score and in the area of health equity we do quite well, and we are improving from last year.

Ms. Vanessa Whiting asked for a motion to move into executive session to discuss hospital trade secrets as defined by ORC 1333.61; to consider the appointment, employment dismissal, discipline, promotion, demotion, or compensation of a public employee. Ms. Chappell made a motion, Ms. Dee seconded and upon roll call vote, the Committee went into Executive Session to discuss such matters at 4:55 pm.

Members of the public were excused.

Following Executive Session, the meeting reconvened in open session at 5:07 pm.

There being no further business to bring before the Committee, the meeting was adjourned at approximately 5:08 pm.

Dr. Airica Steed, President & CEO
THE METROHEALTH SYSTEM

MetroHealth
Devoted to Hope, Health, and Humanity

Health Equity, Institute for H.O.P.E.^{2} & The Health Equity Information Center

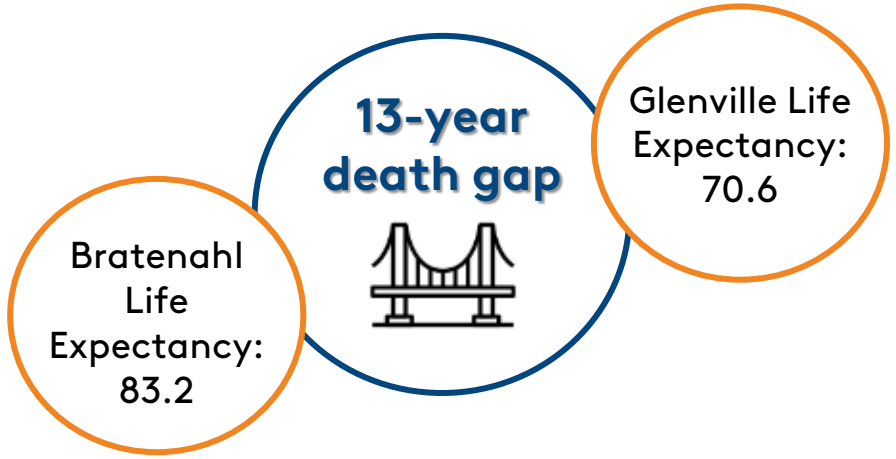
Airica Steed, Ed.D, MBA, RN, CSSMBB, FACHE, IASSC

Nabil Chehade M.D., M.S.B.S.

Where you live can carry more weight on your potential health outcomes than your genetic code"

Greater Cleveland has some of the best health care institutions in the world. Yet it also has some of the worst health outcomes across its population. We recognize that while quality medical care is essential, it's not nearly enough.

Experts believe that roughly 80% of a person's health depends on factors beyond medical care.

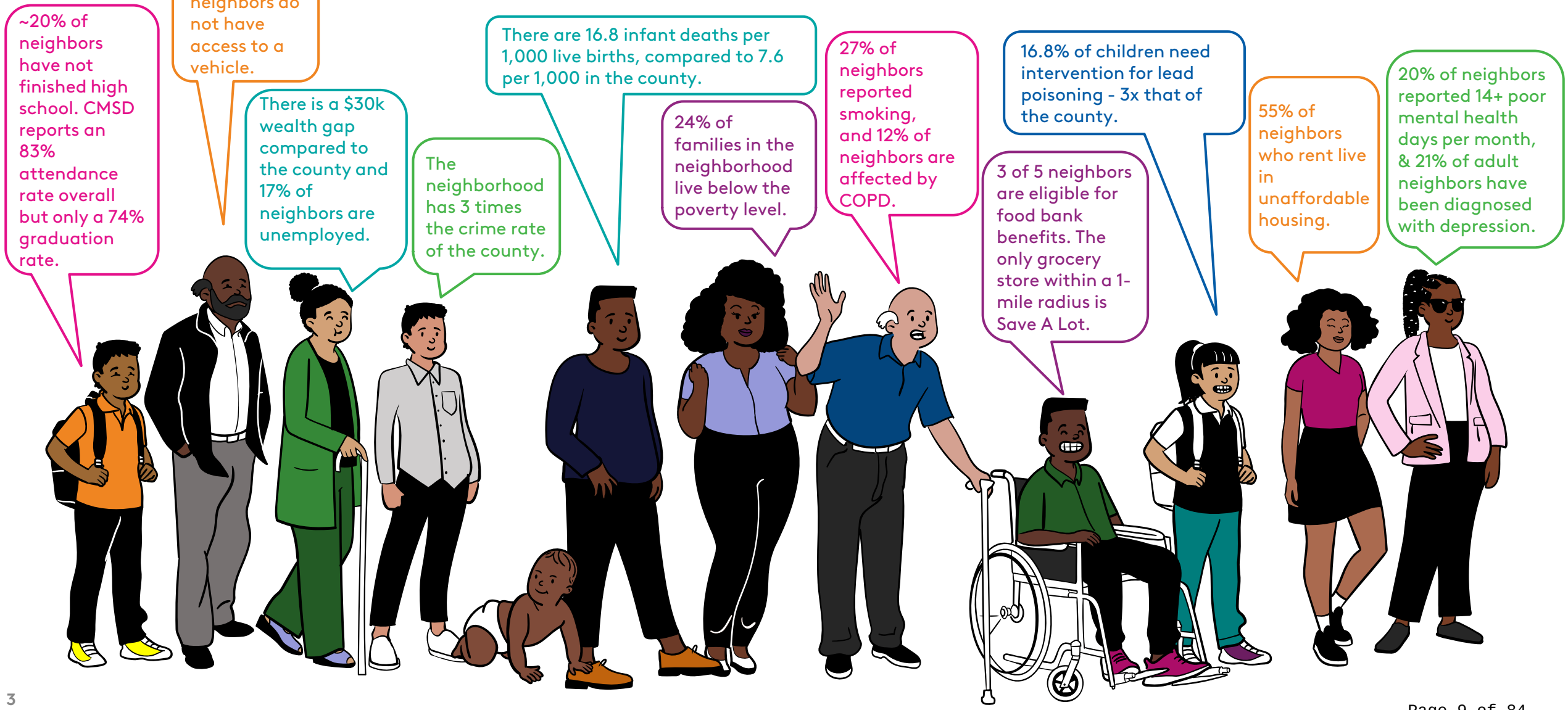


Social Drivers of Health	Glenville Neighborhood	Cuyahoga County	Bratenahl
Median Household Income	$26,400	$55,100	$141,250
Families Below Poverty	24%	12%	2.2%
Renter-Occupied Households in unaffordable housing	55.1%	46.8%	22.1%
Residential Foreclosure Filings	1.22%	.83%	N/A
People 25+ with a High School Diploma or Higher	80.3%	90.7%	99.2%
Crime Rate per 1,000 Residents	91.6	37.6	40.1
Juvenile Delinquency Offense Rate per 1,000 Youth	89.3	15.7	N/A
Blood Lead Levels in Children (>=5 micrograms per deciliter)	16.8%	5.5%	0%
Households Receiving SNAP w/ Children	45%	40%	0%
Households that Received Substance Abuse Medical Services	1.70%	1.40%	0.90%
Adults who Smoke	27.2%	18.0%	9.8%
Adults who visited a dentist	40.1%	48.5%	57.8%
Adults with Medicaid Health Insurance	19.9%	13.2%	5.8%

Outcomes	Glenville Neighborhood	Cuyahoga County	Bratenahl
% Babies born with low birth weight (under 5.5 lbs)	16.6%	11.0%	N/A
Infant Deaths, rate per 1,000 live Births	16.3	7.6	N/A
Adults with COPD	12.0%	8.5%	6.7%
Adults with Kidney Disease	5.2%	3.6%	3.7%
Adults who Experienced a Stroke	6.7%	3.8%	3.5%
Poor Physical Health: 14+ Days	18.3%	12.7%	10.1%
Poor Mental Health: 14+ Days	20.0%	15.8%	10.6%

Meet the Glenville Neighborhood, a typical MetroHealth neighborhood

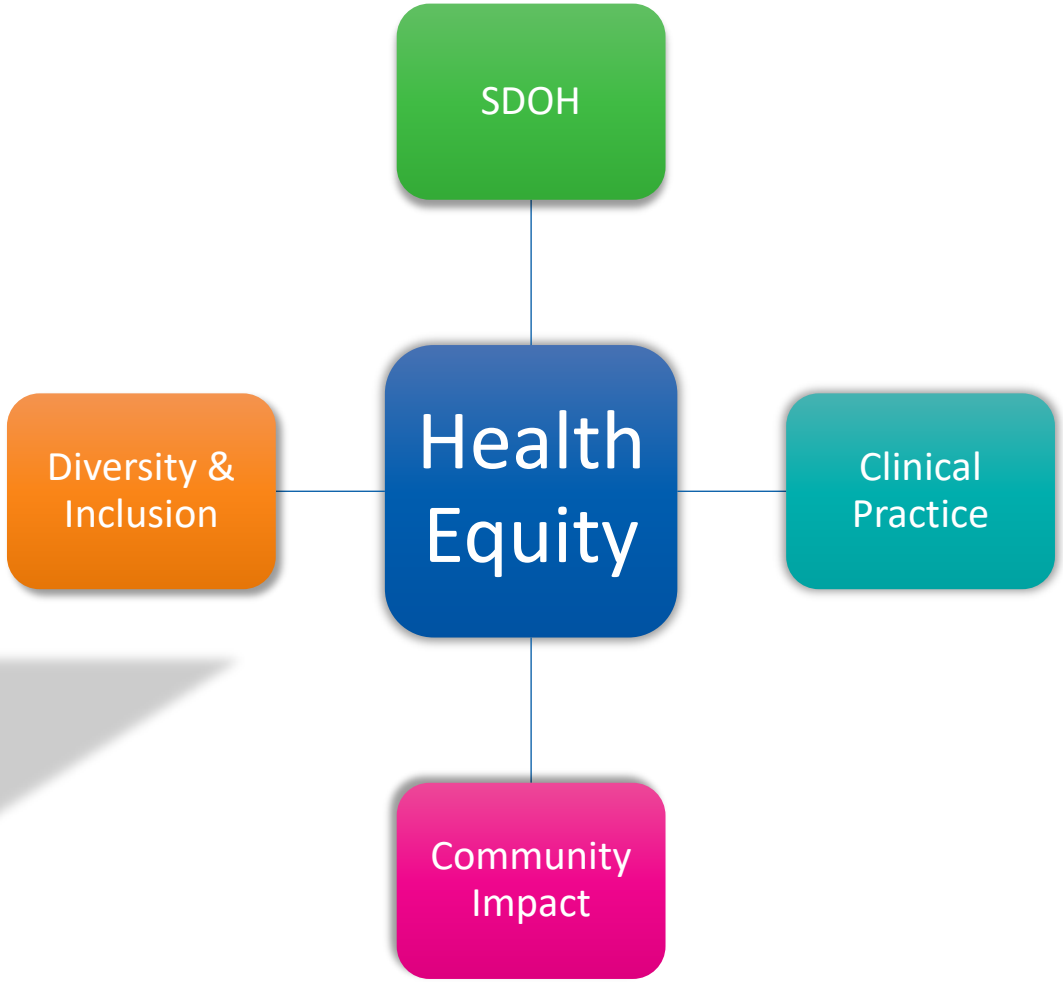
Diagnosing the community - the issues that neighbors face are not uncommon or unique.



A transformed Institute for H.O.P.E. is the cornerstone for achieving our health equity strategy

The new Institute for H.O.P.E.[2] **will:**

- Be a global model to address and eradicate health inequities
- Serve our patients and community through a data-driven, comprehensive approach to identify and resolve social drivers of health
- Work in concert with the development of clinical practices that expertly serve those most likely to experience health inequities
- Rely on community engagement to bring community voices and perspective directly into our work.



Evolution/Transformation; Institute for H.O.P.E.

MetroHealth

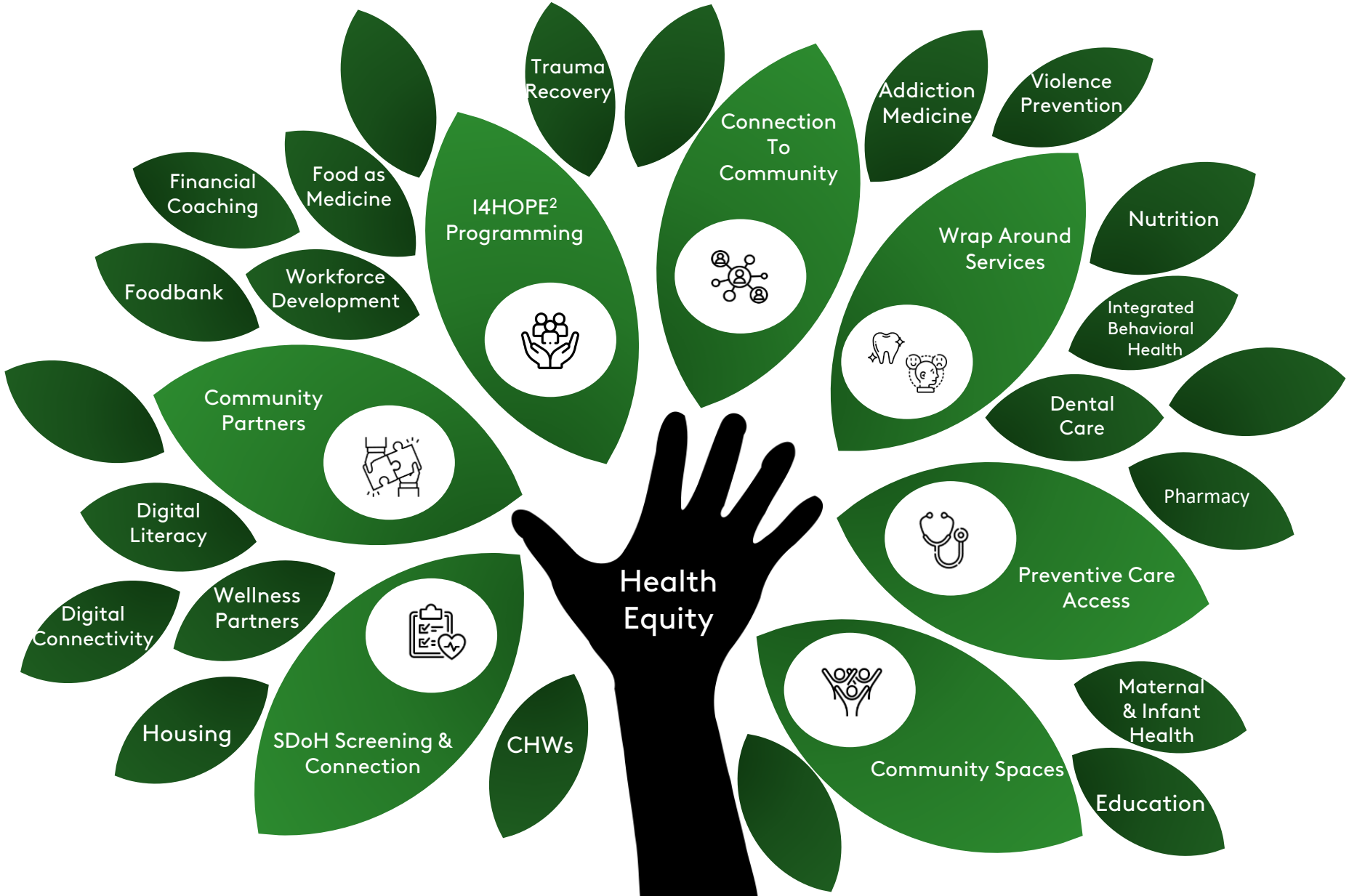
Institute for H.O.P.E.

- Health
- Opportunity
- Partnership
- Empowerment

Institute for H.O.P.E^2.

- Health
- Opportunity
- Partnership
- Empowerment
- **Equity**

Designing a proven community-based health equity model



Nurturing health equity starts at the roots

Public/ Private Partnerships

Faith Based Organizations

Government

Schools

Business Community

Grassroots Organizations

Community Organizations

Health & Wellness Events

MH Community Advisory Council

Councils identify issues that prevent good health and recommend solutions. Members of Community Advisory Councils represent the lived experiences of the diverse communities that we serve.

MHCHC Community Board (FQHC-LAL)

All Board members must be demographically representative of the community served by the health center. The majority of the Board is made up of patients served by the health center.

New Health Equity Information Center

The main function of the new health equity Information Center will be to connect existing and new information related to EDI within one convenient location.

SharePoint will be the platform that will bring this information together.

Allows multiple types of information including:

- Tableau and Epic Dashboards which can embed information into the SharePoint page
- Link out to existing and new reports
- Link to external and internal sites for additional information

New Health Equity Information Center

The dashboard will contain 6 areas which will cover:

Clinical Access
- Patient experience/safety (HCAPS)
- Timelines/availability of care
- Availability of diverse providers

DEI
- Supply Chain Reports (minority and women own businesses)
- Diversity breakdown of board/staff

SDOH
- Social driver gaps and % meaningful connection

Clinical Outcomes
- Health disparity outcomes
- Life expectancies

Community Benefits
- Community Benefit, Charity Care, and outreach/Lown Institute
- Philanthropic Support
- Other Accreditations/Certifications

Research/Education
- Access to research and clinical trials
- MH Educational Initiatives

PROTOTYPE - Not Real Data

New Health Equity Information Center

The MetroHealth System SharePoint Search this site

- Clinical Access
- Equity, Diversity, and Inclusion (EDI)
- Social Drivers of Health (SDOH)
- Clinical Outcomes
- Community Benefits
- Research
- Contact

Health Equity Information Center

MetroHealth

Social Drivers or Health (SDOH)

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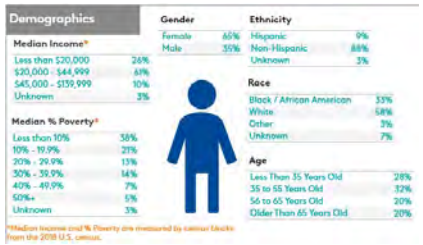
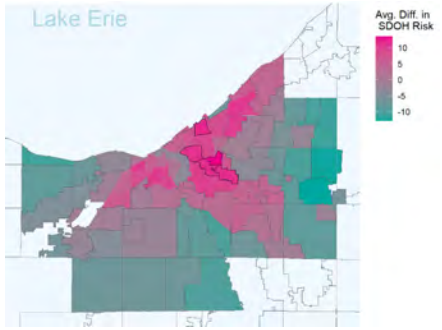
As of March 2023, there have been **272,297** SDOH screens for **143,467** unique patients

Risk by Demographics



Gaps in SDOH Risk by Location



Overall SDOH Risk

Link to Reports/Dashboards

References

SDOH Section Mock-Up:

Information in this section will include

1) Social driver gaps by demographic and location.
2) % meaningful connection by demographics.

Section Breakdown:

- Description of the information found in each tab.
- Links to reports and created dashboards that are important to each area.
- Quick highlighted views of analytics that are important to the section.
- List of reference information
  ex. Link to the Institute for H.O.P.E. for more information, Information on Unite Ohio and social need referrals, and Vizient/area deprivation index.

PROTOTYPE - Not Real Data

New Health Equity Information Center

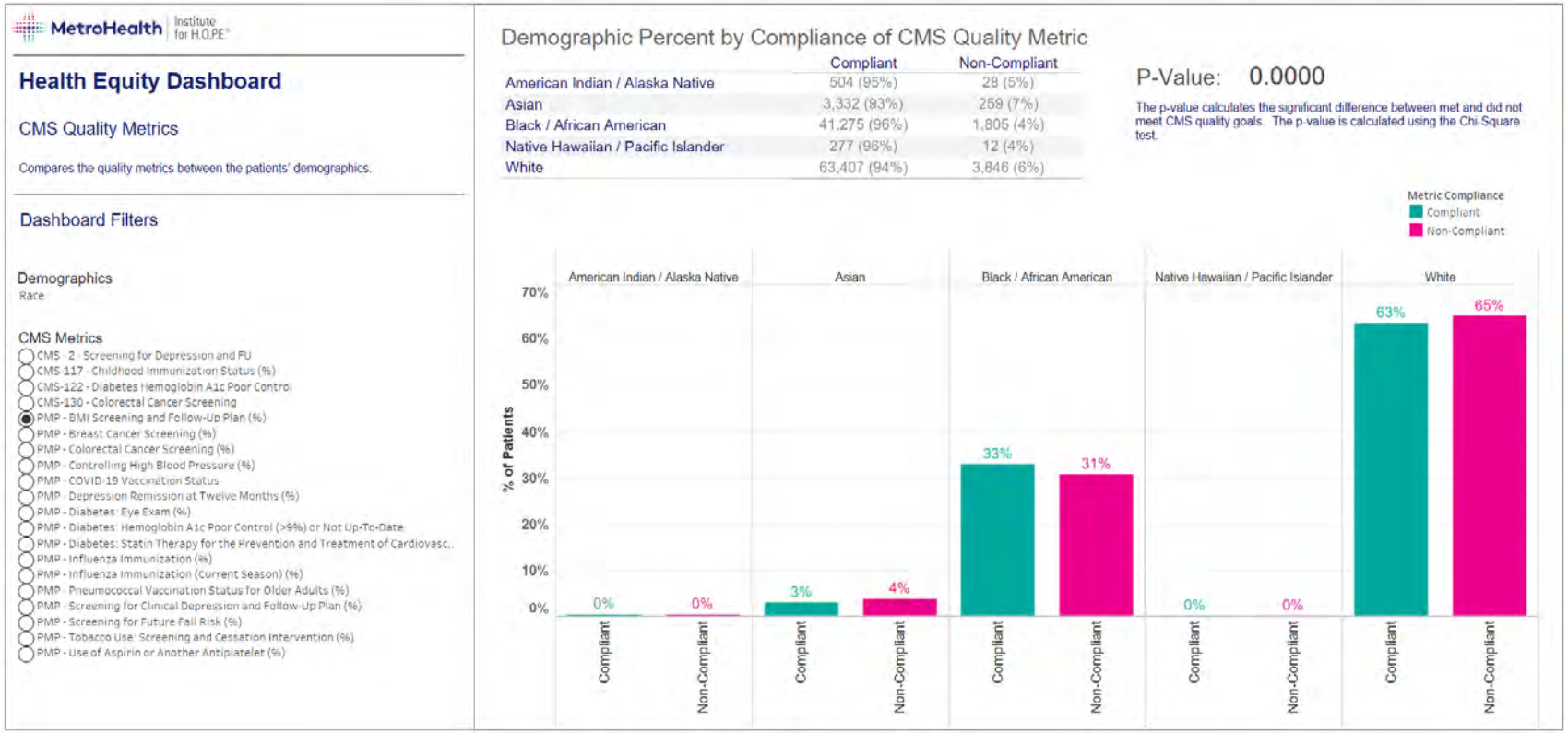
The MetroHealth System SharePoint Search this site

- Clinical Access
- Equity, Diversity, and Inclusion (EDI)
- Social Drivers of Health (SDOH)
- Clinical Outcomes
- Community Benefits
- Research
- Contact

Health Equity Information Center

MetroHealth

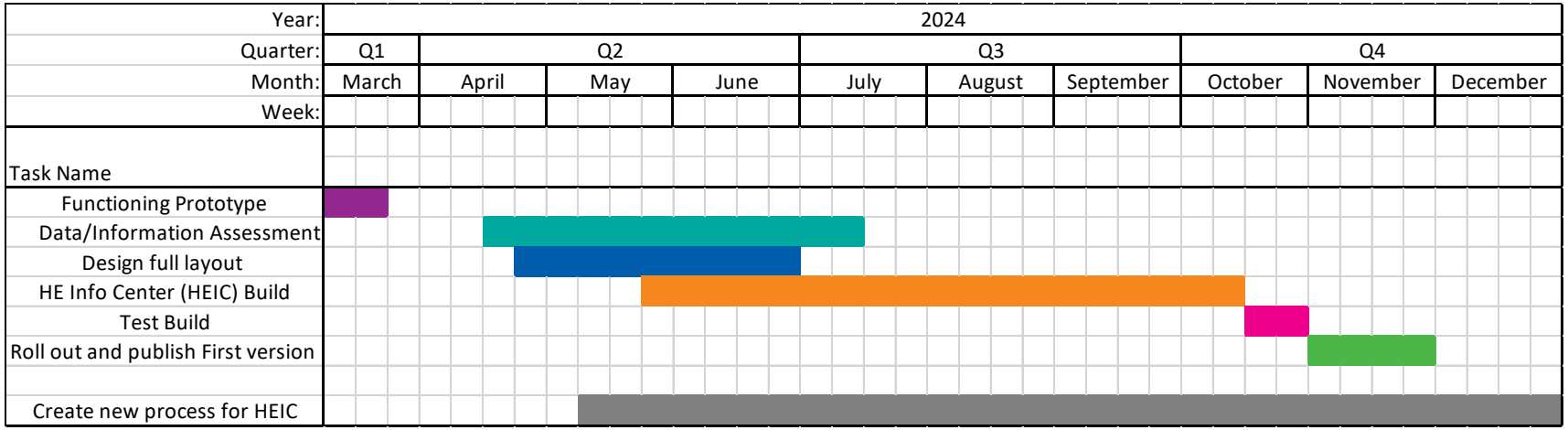
Clinical Outcomes



Link to Dashboard

New Health Equity Information Center

Timeline and Next Steps



Data/Information Assessment - Assessment of data and information needs for each of the 6 categories (clinical access, clinical outcomes, EDI, community benefits, SDOH, and research/education)

- Identify data/information owners and create a group to approve definitions and inclusion of information
- What data/information is currently available and where it exists
- What data/information does not exist and need to be build out
- What systems/dashboards need to be created to support the areas

Design Full Layout - Plan layout design for each section.

Health Equity Information Center (HEIC) Build - Build out first version of each area with available planned information, this will include building out all data processes and analytics.

Test Build - Testing the build and functionality of the HEIC with key stakeholders.

Roll out and Publish First Version – Once tested and approved roll out first version of the HEIC for system use.

Create New Process for HEIC – Continue to work with key stakeholders and data/information owners to create new processes and improvements to the HEIC.

Appendix

The How & What for our patients

MetroHealth

SDOH Screening: We will screen our Patients for SDOH Proactively and at the time of an encounter, using a variety of methods to ensure we reach patients in the ways that are most accessible to them.

Connecting to Services and Resources: We will act on our findings and connect our patients to internal programs and services to address their health-related social needs, as well connect them with a range of community resources through the Unite Ohio e-referral network and other established partnerships.

Data, Analytics & Research: We will use advanced data analytics and research to study the relationship between SDOH and Health conditions, utilization, and the impact of our efforts in improving outcomes.

Program Design: We will design coordinated and effective plans, programs and partnerships to address SDOH and health inequities

Community Health Workers: We will grow our team of Community Health Workers to build trust and engagement with patients, addressing health-related social needs and providing care coordination.

Sharing our Findings: We will use our data and research to inform and expand best practices in the field, through presentation at national meetings, publishing in peer reviewed journals, securing philanthropic support and advocating for solutions at the local, state and federal level

The How & What for our clinical practices

MetroHealth

Data, Analytics & Research: We will leverage our data and information to identify and understand inequitable outcomes that may exist across our clinical practices.

Adopt Best Practices: We will support our provider/clinical practices to design plans, provide tools and align their work around best practices to provide the type, level and quality of care needed within their specialty for populations experiencing inequitable outcomes. We will leverage our Community Health Workers to help them engage with their patients.

Recognizing Excellence: We will develop tiered Health Equity Centers of Excellence to recognize and promote effectiveness in closing equity gaps. This will include certifying our clinical practices for 1. training and deployment; 2. closing of equity gaps; and 3. top 10% performer in closing equity gaps.

Staff Training: We will train in best practices for equitable care, meeting national CLAS (Culturally and Linguistically Appropriate Services) standards for healthcare, addressing unconscious bias, and more.

Access to Care: We will increase access to clinical services to some of our most vulnerable residents, through clinical mobile units and school health clinics.

The How & What for our communities

MetroHealth

Data, Analytics & Research: We will leverage our data and information to understand the community conditions impacting health for every community and Zip code we serve

Voice of the Community: We will organize Community Advisory Councils to bring the voices of experience to inform us in this work

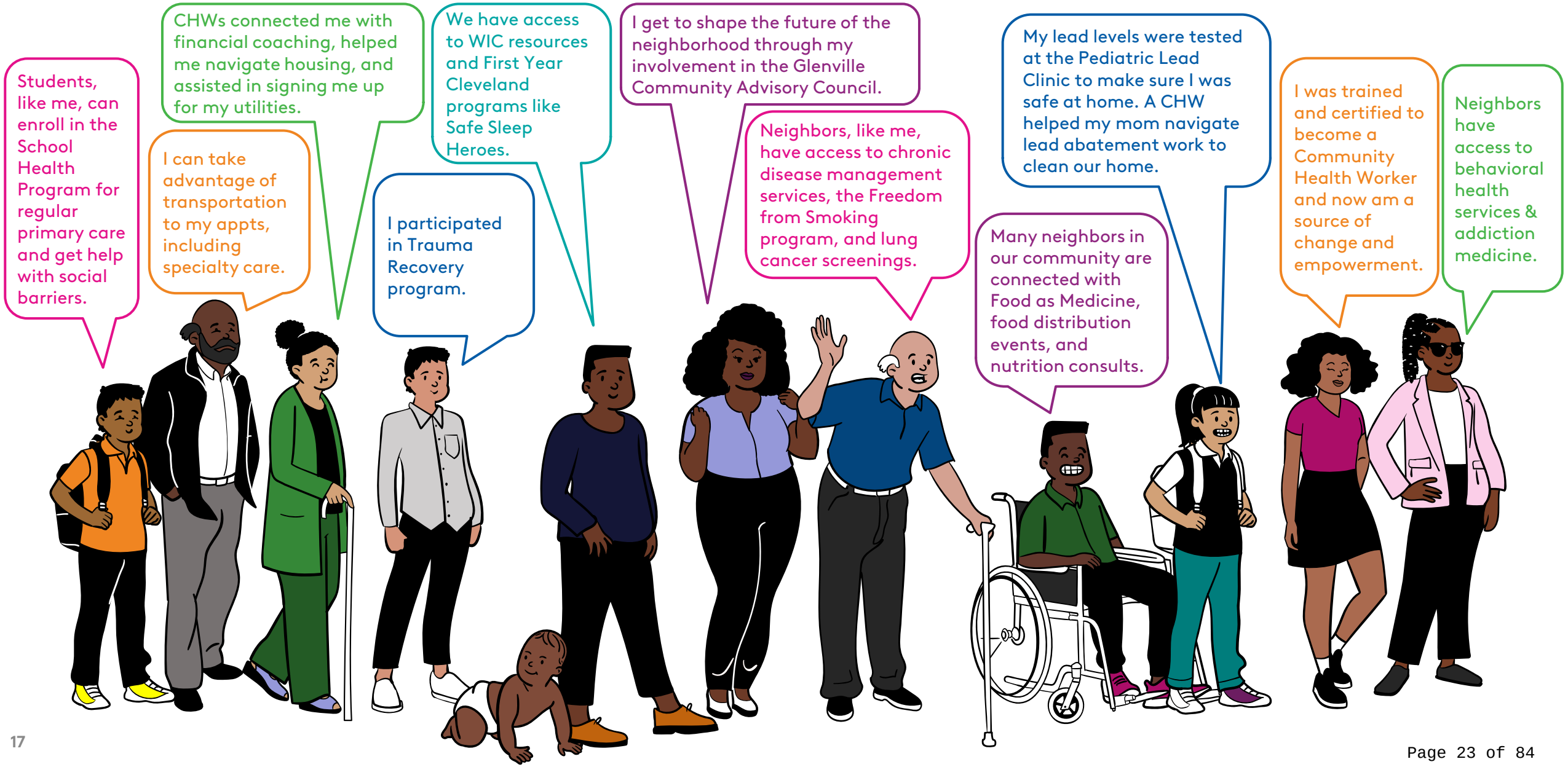
Health Events: We will host large-scale health events tailored to populations most likely to experience health inequities, providing a wide front door for health screening, accessing health services, and engaging in total health and wellness.

Aligned Support: We will align our Community Sponsorships and event participation with our health system priorities for equity.

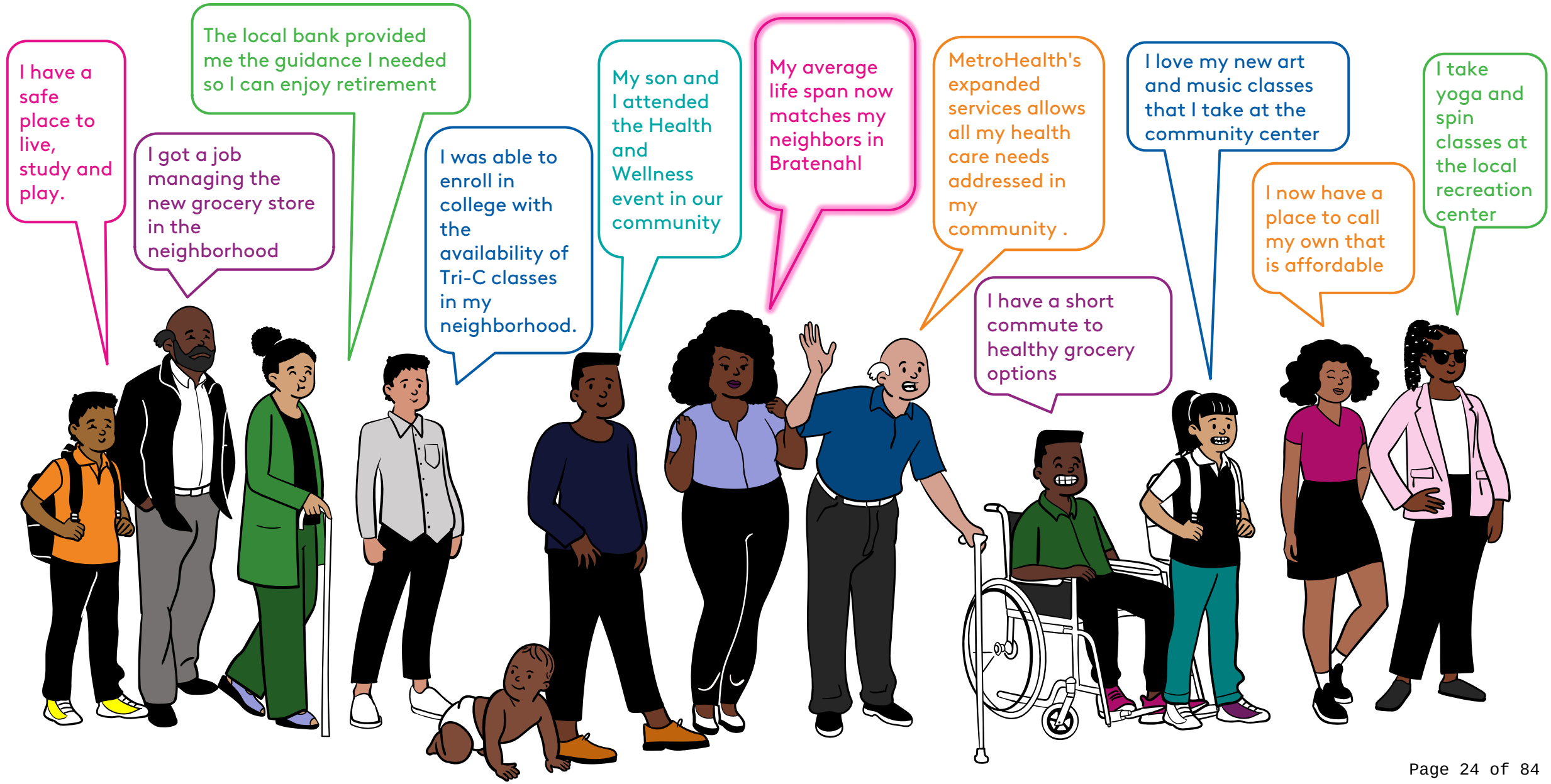
Revitalize Communities: We will be an engaged and trustworthy partner in community coalitions that support collective action towards health equity. We will work together to create a healthier thriving communities. We aim to integrate sustainable development and social equity in overall planning efforts revitalizing entire communities.

What this looks and feels like to our patients

MetroHealth



Through collaboration our collective vision will be realized



Health Equity Strategy

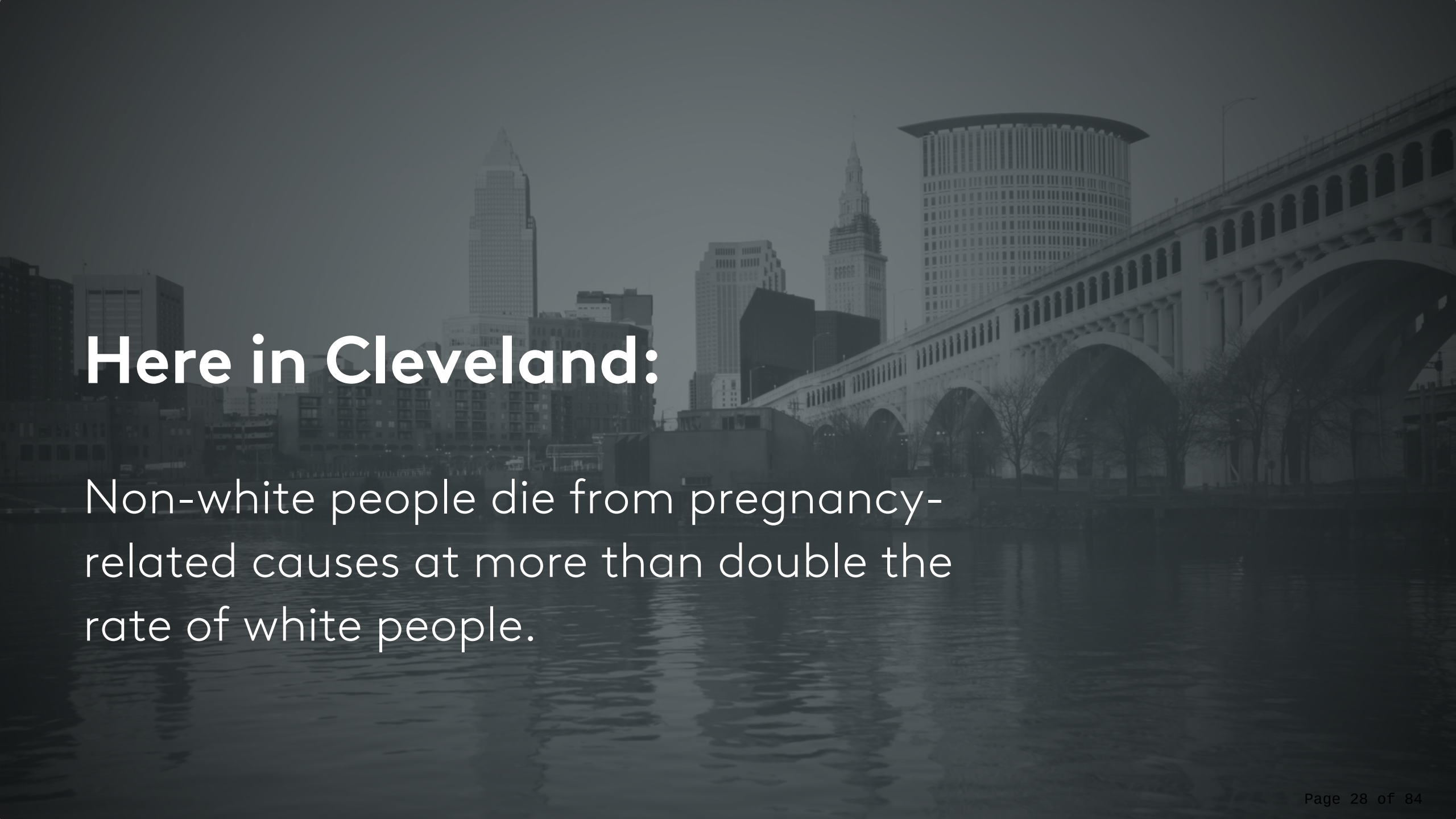
Here in Cleveland:

Cleveland is the worst city in the U.S. for Black women in terms of health outcomes, educational outcomes, and livability.

Source: Bloomberg

Here in Cleveland:

Black babies die at nearly 4 times the rate of white babies.



Here in Cleveland:

Non-white people die from pregnancy-related causes at more than double the rate of white people.

Here in Cleveland:

42.3% of Black people are obese, compared to 38.3% nationwide.

Here in Cleveland:

16.8% of adults are diabetic, but 23%-37% of people are in 30 east-side census tracts.

Here in Cleveland:

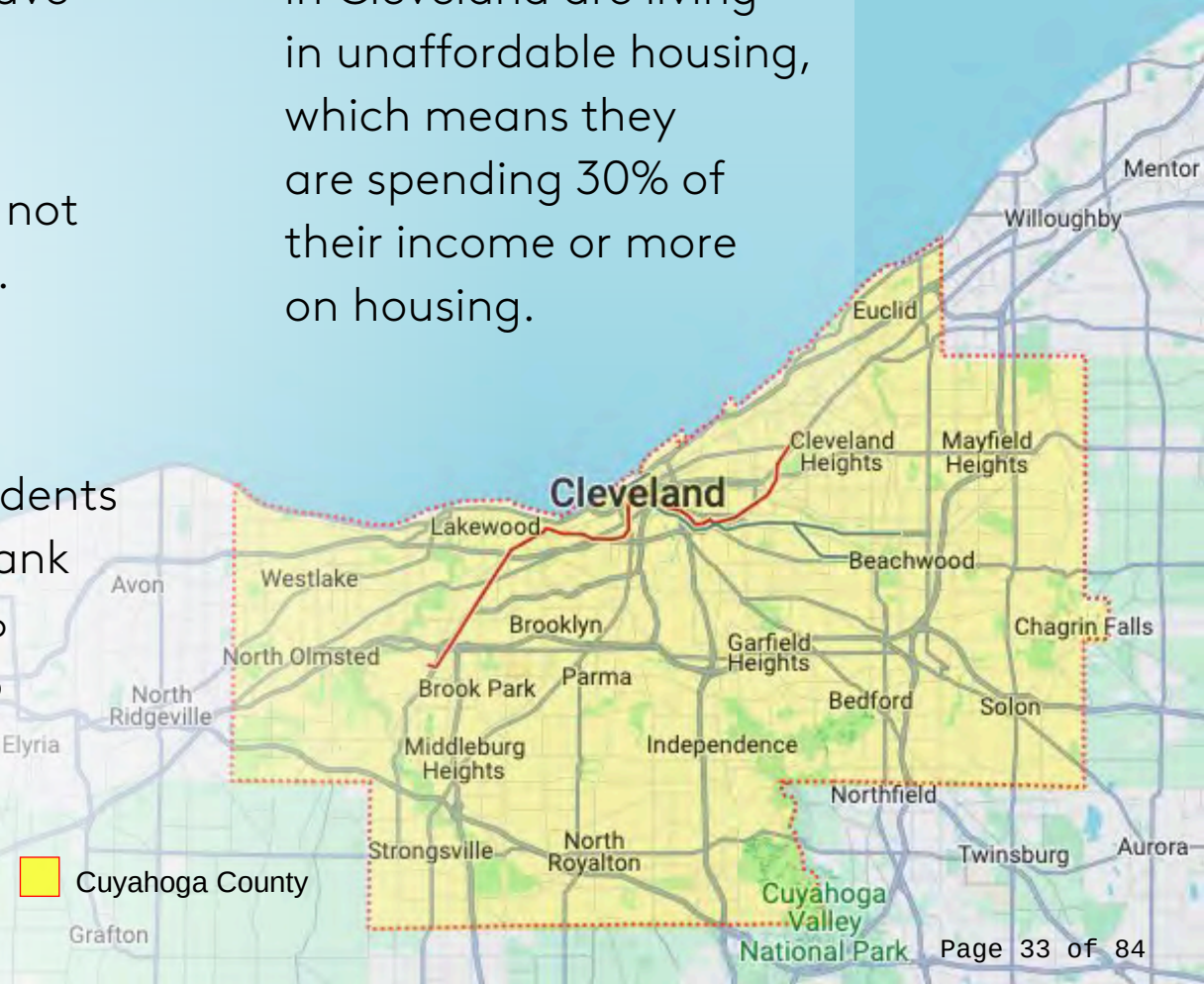
35% of people in Cleveland smoke,
compared to 11% nationwide.

Here in Cleveland:

New HIV diagnoses in Black people occur at 4x the rate of white people.

Cleveland's Social Drivers of Health Landscape:

- Cleveland households have a median income of $30,000.
- Almost half of Cleveland's children live in poverty, compared to 15.3% of children nationwide.
- In Cleveland, almost 90% of the housing stock was built before lead paint was banned in 1978.
- 83% of Cleveland residents do not have a college degree.
- 54% of adults are not proficient readers.
- In Cleveland's 5th Ward, 80% of residents qualify for food bank benefits, and 40% of homes have no internet.
- Almost 80% of adults in Cleveland are living in unaffordable housing, which means they are spending 30% of their income or more on housing.



Source: The Center for Community Solutions

Nationwide:

In 1915, Black people were twice as likely to die from pregnancy-related complications as their white peers. **Today, it's 3-4x as likely**.

Source: Legacy: A Black Physician Reckons with Racism in Medicine

Nationwide:

Hispanic children are 1.8 times more likely to be obese when compared to non-Hispanic white children.

Source: US Department of Health and Human Services Office of Minority Health

Nationwide:

Hispanics have the highest uninsured rates of any racial or ethnic group within the United States.

Source: US Department of Health and Human Services Office of Minority Health

Nationwide:

Life expectancy for Black men in 2021 was 66.7 years, as compared to 73.7 years for non-Hispanic whites.

Source: US Department of Health and Human Services Office of Minority Health


We are in a health equity crisis.

How we define health equity

Health equity means every person has the resources they need to live their healthiest life, thanks to eliminating obstacles to care and providing paths to opportunity.

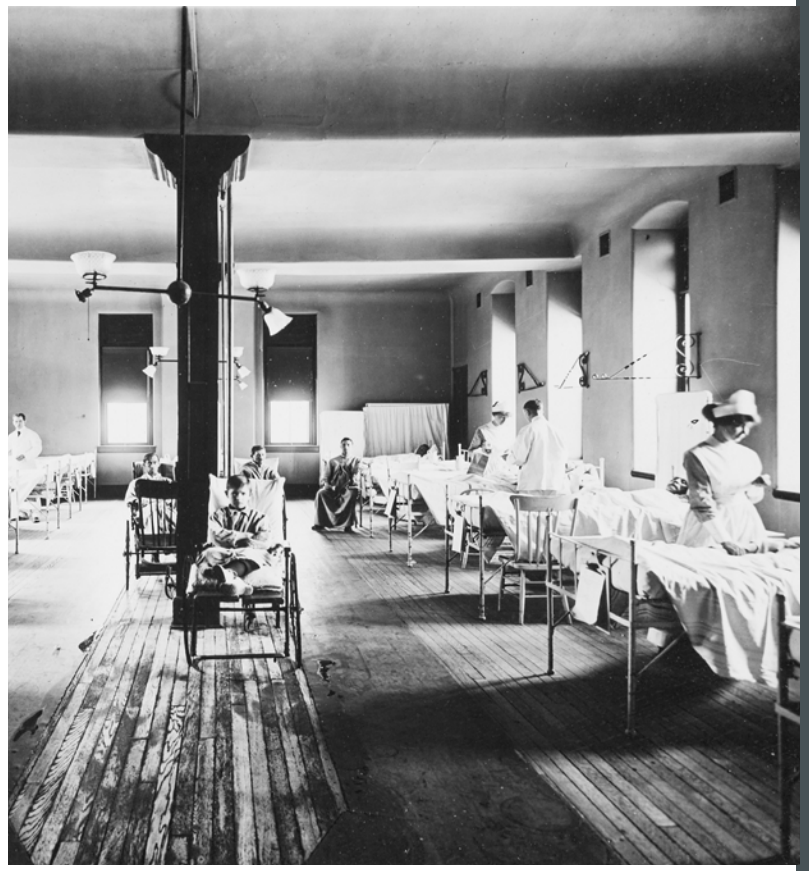
Access › Support › Welcoming & Listening › Action


Addressing health equity is our past, present, and future.

HISTORICAL DEVOTION TO EQUITY

1837:

MetroHealth was founded, with centralized healthcare services for people suffering from physical and mental distress associated with poverty, smallpox, and cholera.



HISTORICAL DEVOTION TO EQUITY

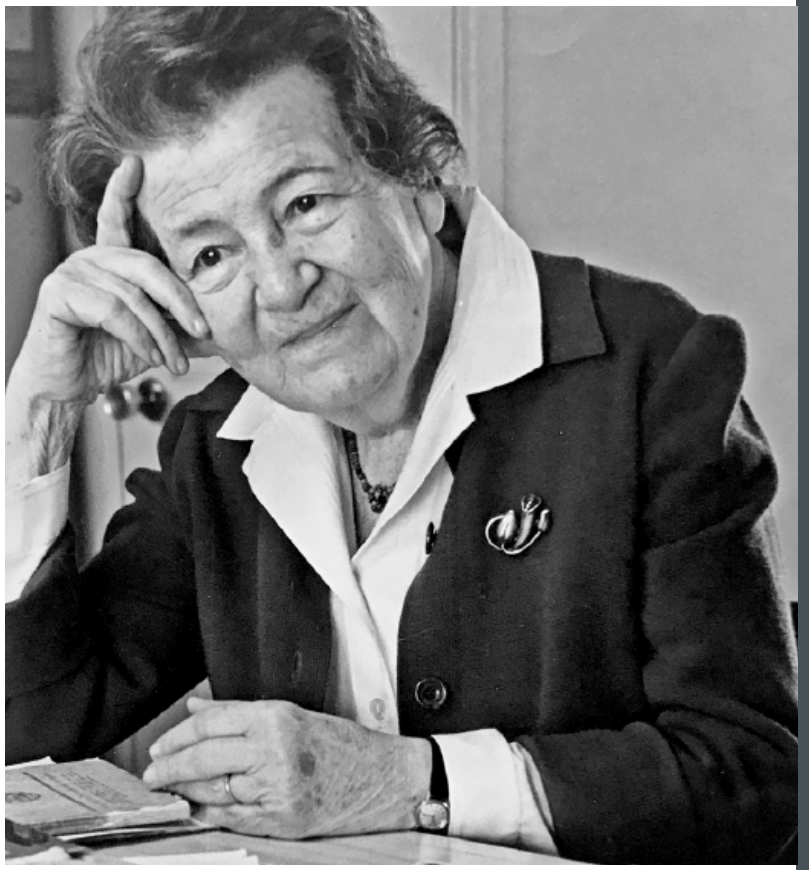
1954:

City Hospital designated as a National Respiratory Care Center, the third largest of 13 polio centers in the country. Physicians at City Hospital were among the first in the nation to prescribe physical therapy for polio patients to help maintain movement and muscle tone and aid in the recovery of paralyzed limbs.

HISTORICAL DEVOTION TO EQUITY

1955:

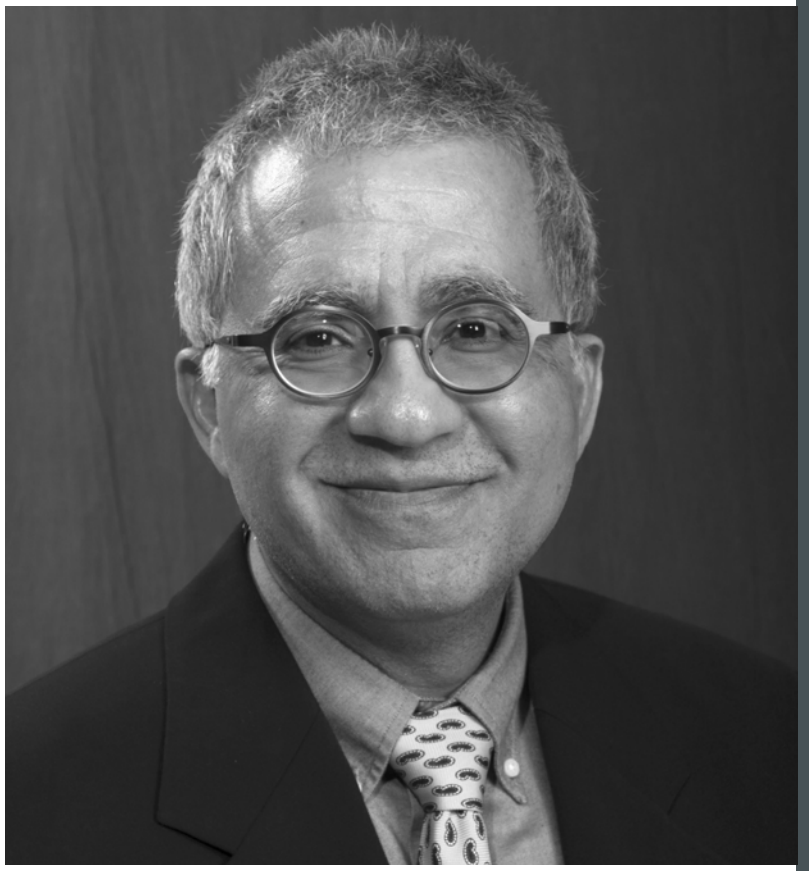
Emma N. Plank starts the first formal university-affiliated Child Life and Education program in the US, addressing the educational, social, and psychological needs of children receiving long-term care.



HISTORICAL DEVOTION TO EQUITY

2004:

The Center for Health Equity, Engagement, Education, and Research (CHEEER) was created by Dr. Ashwini Sehgal—as a joint venture between MetroHealth and Case Western Reserve University—to achieve health communities through engaged research, education, and advocacy.



HISTORICAL DEVOTION TO EQUITY

2007:

MetroHealth opened the Pride Clinic, the first in the region devoted to serving the health needs of the lesbian, gay, bisexual and transgender (LGBT) community.

HISTORICAL DEVOTION TO EQUITY

2019:

The Institute for H.O.P.E. was created to identify and address the health-related social needs of MetroHealth patients, improve social drivers of health, and provide access to care and targeted clinical services for people who experience health disparities. This year, Equity becomes the second E and a key pillar of the mission.

2020:

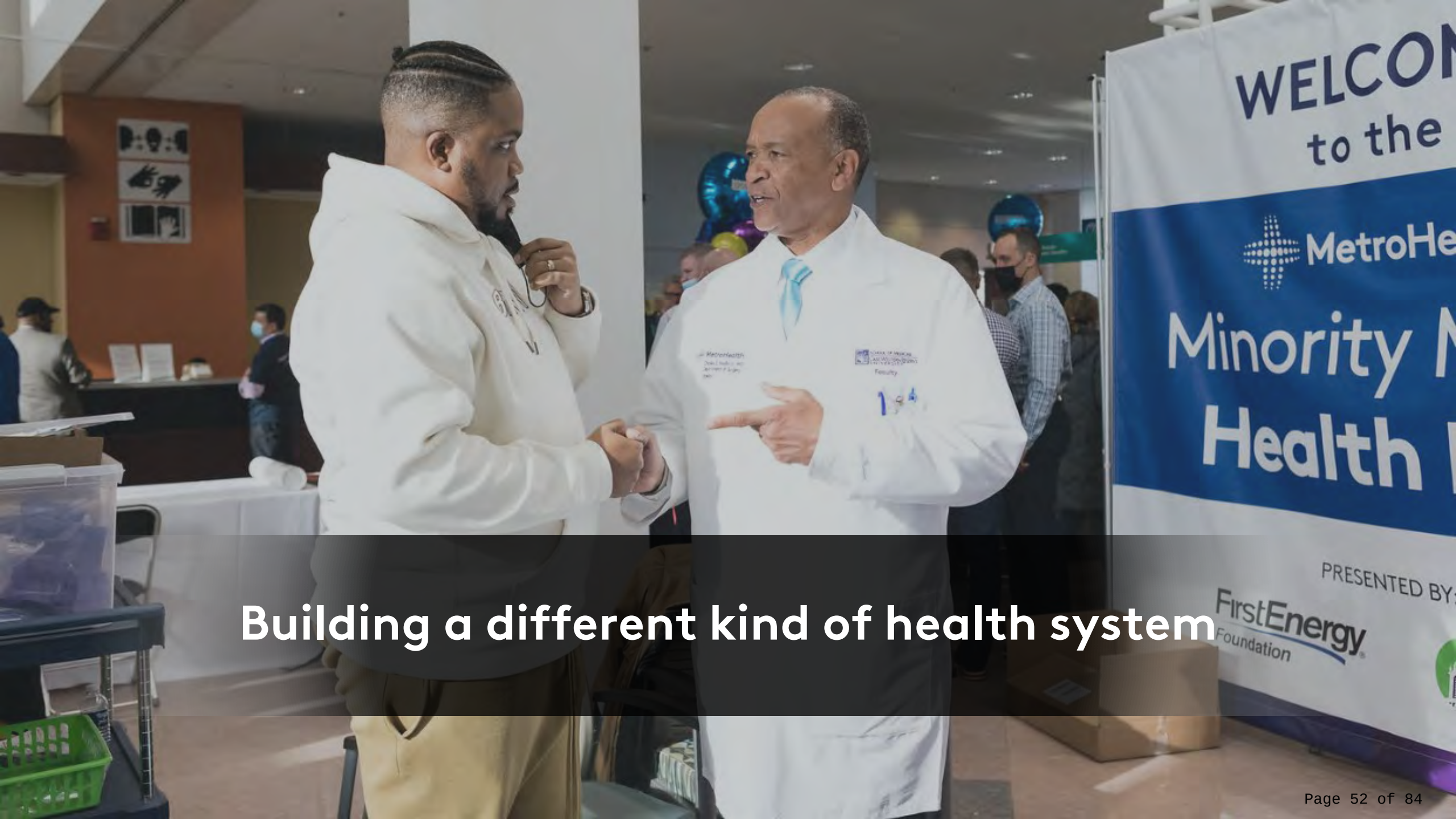
MetroHealth's response to the COVID-19 pandemic included the creation of a hotline that handles more than 66,000 calls; conducting more than 80,000 tests at houses of worship, group homes, homeless shelters and other locations; and the implementation of a COVID-response plan at the Cuyahoga County Jail.

HISTORICAL DEVOTION TO EQUITY

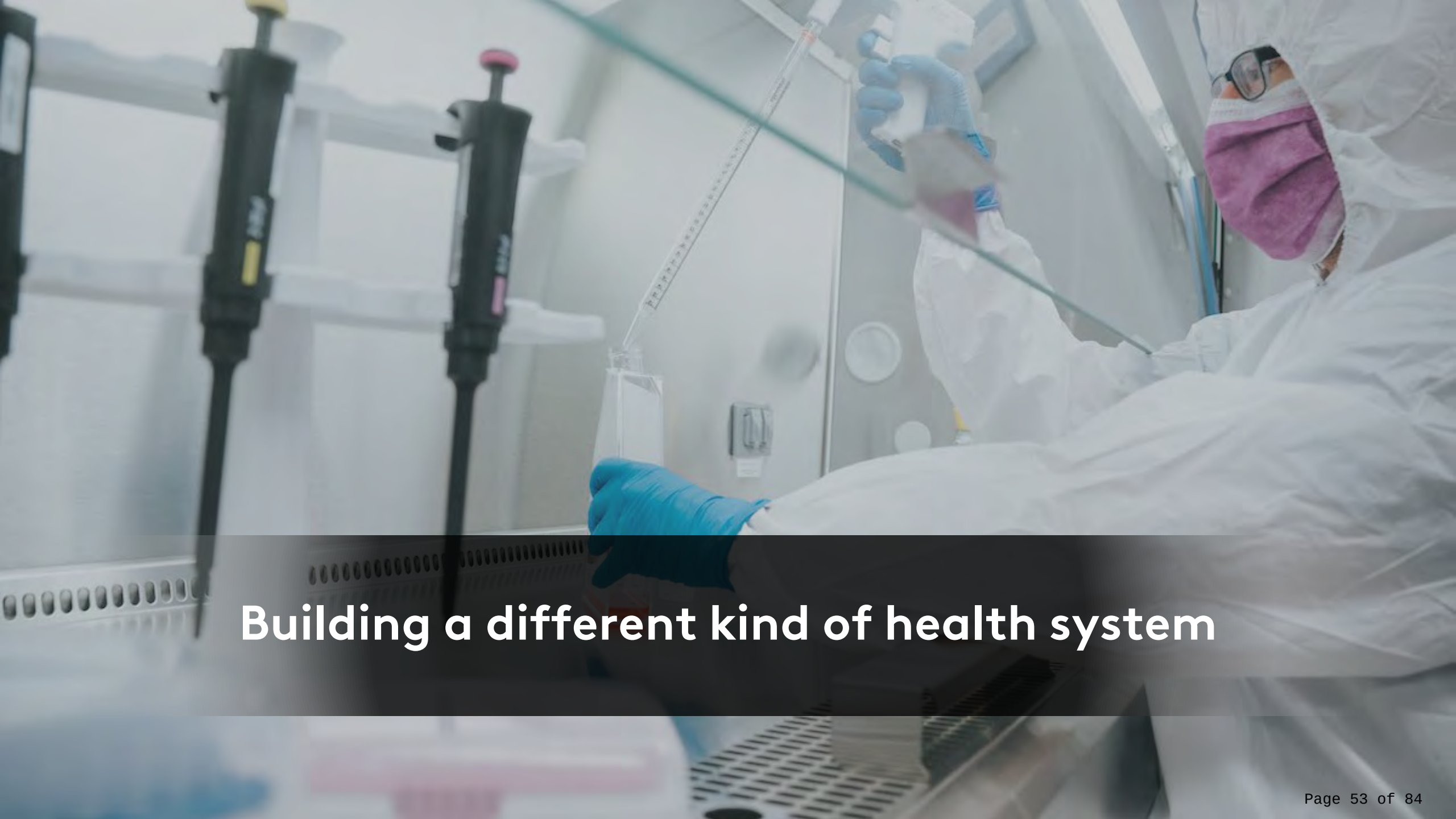
2021:

MetroHealth opened its Ohio City Family Dentistry clinic and began construction of Via Sana, a 72-unit affordable housing development near its main campus, and a 110-bed behavioral health and addiction hospital in Cleveland Heights. MetroHealth also launched a residency track focused on primary care for the underserved.

Building a different kind of health system



Building a different kind of health system



Building a different kind of health system

Building a different kind of health system

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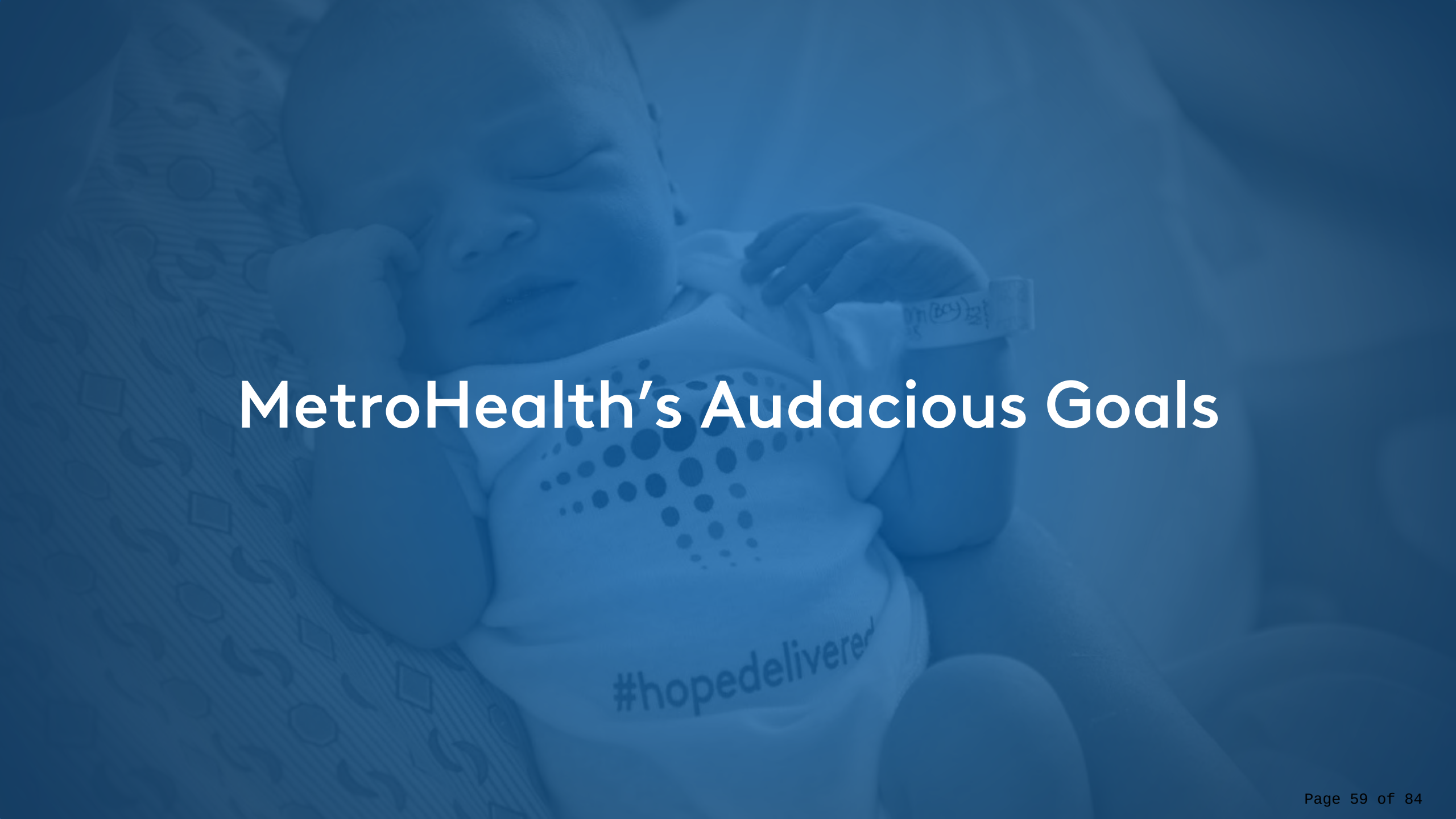
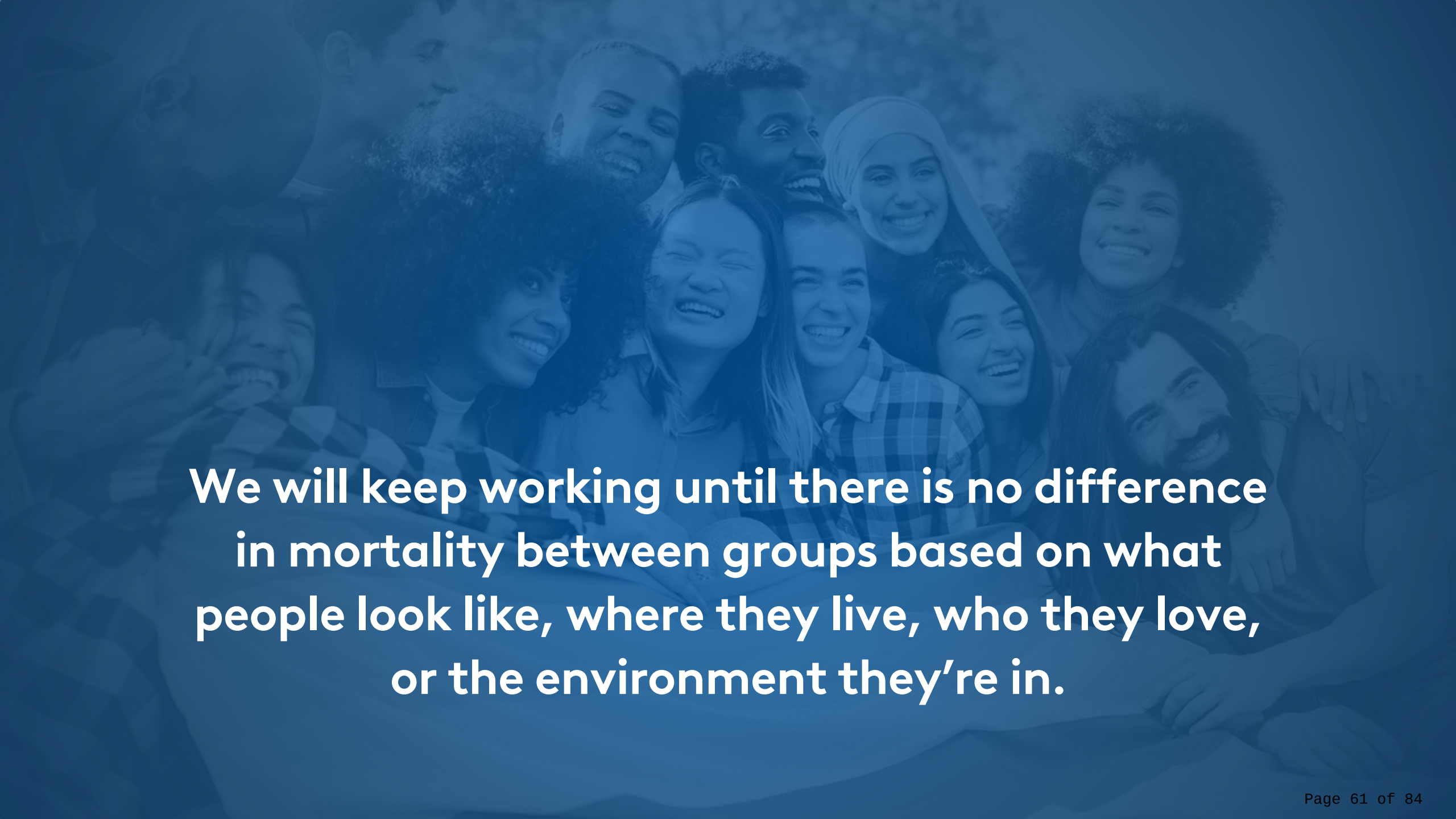
Building a different kind of health system

Building a different kind of health system



MetroHealth's Audacious Goals


MetroHealth will eliminate healthcare disparities by providing unparalleled access to care.



We will keep working until there is no difference in mortality between groups based on what people look like, where they live, who they love, or the environment they're in.

And, because this isn't just a Cuyahoga County problem, we will share what we've learned so that our success becomes a nationwide model.

Wellness › Access › Prevention

Community engagement: building trust

Community engagement: building trust

Community engagement: building trust

People first: building competency

People first: building competency

How we work towards health equity

We are creating an innovative healthcare system focused on each individual and what they need to achieve the healthiest outcome.


people first

Recruiting with Representation in Mind

- Better health outcomes, a more diverse staff
- Tri-C Partnership

Culturally Responsive Clinical Care

- Health Equity Centers of Excellence
- Community-Based Footprint
- Pride Network/Kidz Pride
- Mobile Clinic Outreach Program
- Hospital in the Home
- School Health Program
- Greater Cleveland Food Bank Clinics
- Doctors on the Street
- MetroHealth Clinic at Cleveland State
- The MetroHealth Autism Assessment Clinic
- The Nurse-Family Partnership
- The Red Carpet Care Program
- MetroHealth Foster Care Medical Program
- Centering Pregnancy
- Pop It To Block It
- Compass Services and Positive Peers
- Federally Qualified Health Centers

Coming Soon:

- Accreditations through Joint Commission
- Collinwood Health Center
- Midwifery and Doula Program
- Indian Hills Community Health Center

Community Outreach + Events + Programs

Community Outreach

- Healthy Conversations
- Advisory Councils
- Greater Cleveland Congregation

Events

- Health Fairs
- Pride
- Juneteenth
- Faces of Cleveland

Programs

- BREAST/Amigas Unidas
- Motivation and Empowerment Clinic
- The Mom's House
- Project Dawn Program
- Boot Camp for New Dads

Access to Resources: Institute for H.O.P.E.

80% of what determines a person's health exists *outside* of clinical medicine.

- Food as Medicine Clinic
- Transportation/Patient Transport Team
- Digital C internet
- Unite Ohio
- Calls for HOPE
- Students are Free to Express Project (SAFE)
- Opportunity Centers at Buckeye Health Center and Via Sana
- Trauma Recovery Center
- Community Health Workers

Research

Identifying disparities among patients, improving care for each person.

Dedication to Training Tomorrow's Healthcare Leaders

- Addressing Bias
- Tri-C Access Center
- Lincoln West High School
- Greater Cleveland Congregation

Commitment to Research and Innovation

- Cellular Immunotherapy and Transplant Program
- Blood and Marrow Transplant Program
- MetroHealth Rehabilitation Institute
- Behavioral Health curriculum
- Vector and Cellular Facility
- Population Health Equity Research Institute
- MetroHealth Clinical Trials Unit

Philanthropy/Development

The Transformation Campaign: For All of Us

Health Equity CLE Fund
Healthcare is available. Let’s make it accessible.

- Building trust
- Securing resources
- Screenings
- Access
- Education
- Community engagement

Pursuing Policy

- 3D mammography/advanced screening for dense breasts
- LGBTQ+
- ADA
- COVID-19

ABOUT METROHEALTH

Founded in 1837, MetroHealth is leading the way to a healthier you and a healthier community through service, teaching, discovery, and teamwork. Cuyahoga County's public, safety-net hospital system, MetroHealth meets people where they are, providing care through four hospitals, four emergency departments, and more than 20 health centers. Each day, our nearly 9,000 employees focus on providing our community with equitable healthcare—through patient-focused research, access to care, and support services—that seeks to eradicate health disparities rooted in systematic barriers. **For more information, visit metrohealth.org**

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MyChart
metrohealth.org/mychart

The Joint Commission Health Equity Accreditation and Certification

CMS Health Equity Requirements

A System-wide Collaboration

MetroHealth

TJC Accreditation and CMS Health Equity Requirements

The Joint Commission

- The hospital designates an individual(s) to lead activities for health care equity
- The hospital collects SDOH and provides information to the community
- The hospital identifies health care disparities in its quality and safety data
- The hospital has a written plan how it addresses at least one disparity
- The hospital acts if the disparity goal is not met
- The hospital informs leaders and staff about health-equity at least annually

CMS

<u>Pay for Reporting Requirement</u>

- SDOH 1 - Percent of eligible inpatients screened for SDOH
- SDOH 2 – Of the percent of inpatients screened what percent were at risk in at least 1 domain

<u>Attestation</u>

TJC Health Care Equity Certification Program

- New program introduced July 2023 → 8 hospitals have been certified
- Guides organizations in imbedding health care equity in all aspects of care, treatment, and service delivery
- Concentrates on 5 domains
  - Leadership
  - Collaboration
  - Data Collection
  - Provision of Care
  - Performance Improvement
- Continues to focus on the accreditation elements of performance, but increases the requirements needed
- Collaborative work between Health Equity team, Population Health and Institute for H.O.P.E teams, the Institute of Patient Centered Excellence, and the entire MetroHealth Staff
- An integral part of the MetroWAY *Forward* touching **ALL** 8,700 employees and being part of: The WAY we do. What we do. Every day.