MetroHealth
Institute for H.O.P.E.™

2024 IN REVIEW

Untitled by Cleveland photographer McKinley Wiley is part of the MetroHealth permanent art collection. You can learn more about McKinley Wiley at thedarkroomcompany.com

2024 Year in Review

In 2024, the Institute for H.O.P.E.™ made measurable progress toward health equity through strategic growth, innovation and advocacy.

Growth
In October, we unveiled a system-wide initiative to expand our Social Drivers of Health screening to patients admitted to our hospitals for inpatient care. The roll out of inpatient screening, required by the Centers for Medicare and Medicaid Services, is a natural expansion of the work the Institute has been doing since its founding.

The nationally recognized Trauma Recovery Center (TRC) began a pilot program funded through a $600,000 federal Victims of Crime Act (VOCA) grant to bring inpatient psychology Consult Liaison Services to patients hospitalized as the result of violence. At the end of this year, the TRC won a new VOCA grant of more than $540,000 to fund its continued work in support of survivors of violence.

Innovation
The U.S. Environmental Protection Agency (EPA) awarded $17.2 million to MetroHealth to improve indoor air quality in Greater Cleveland. To mitigate asthma complications associated with gas ranges, we will partner with community organizations to replace gas stoves with electric ones in 1,200 homes where at least one resident has been diagnosed with asthma.

We partnered with Health Assurance Foundation to develop and expand best practice standards for Community Health Workers (CHWs), frontline public health workers who live in the neighborhoods they serve and act as liaisons between providers and the community. A $434,400 grant from the Foundation will support the Institute for H.O.P.E.'s CHW program and help ensure its longevity.

As it celebrated its 10th anniversary, the Institute's forward-thinking Center for Arts in Health received the Transforming Environments Award from the National Organization for Arts in Health (NOAH) for The Glick Center Art Collection. Two MetroHealth partners, LAND studio and the national architecture firm HGA, were corecipients.

Advocacy
Our School Health Program's Youth Advisory Councils (YACs) at three local high schools unveiled projects to address food insecurity in their communities: hosting a resource fair, planting apple trees at a community garden and organizing a fresh produce market that served hundreds of families each month this summer.

The Institute opened the Opportunity Center at Vía Sana to connect local residents with essential resources for health and well-being. In addition to financial literacy workshops and other personal development programs, the Center serves as a meeting space for local organizations and is a permanent home for the Tri-C Access Center.

Read on to learn more about the work we did to help improve the lives and health outcomes of our patients and the community in 2024.

Srinivas Merugu, MD, President
Institute for H.O.P.E.

Screening for Social Drivers of Health

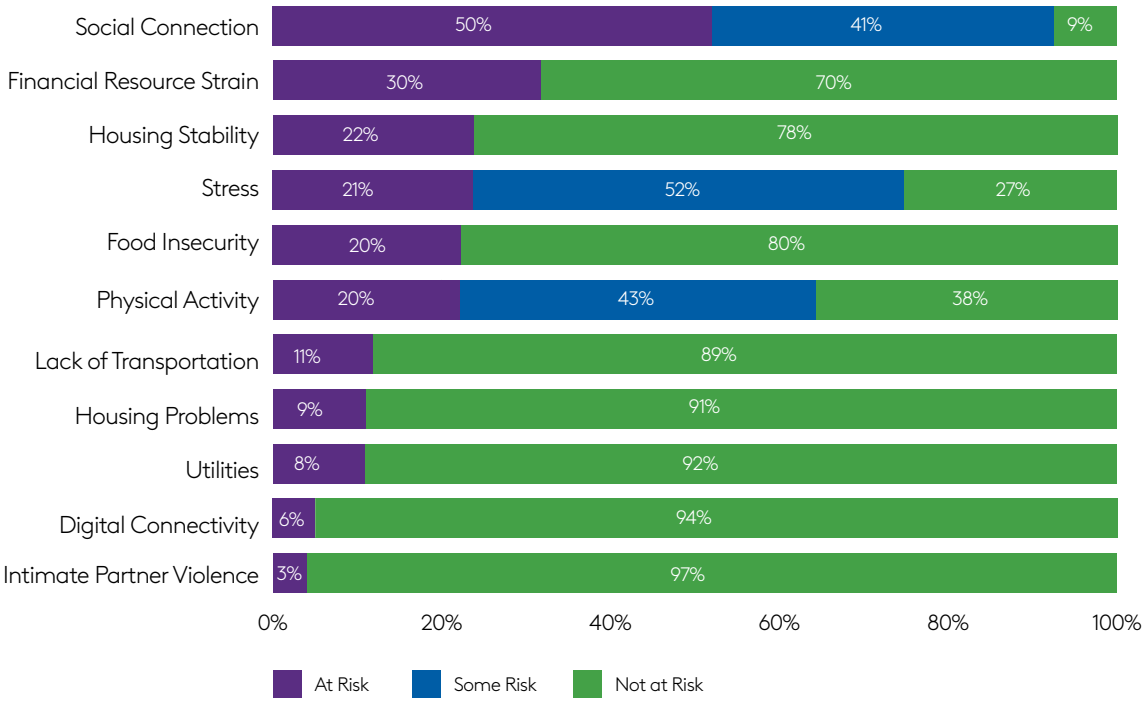
MetroHealth is committed to improving patient well-being by screening for essential health-related social needs such as access to food, safe housing and reliable transportation.

We serve patients in crisis and during acute illnesses when the impact of unmet social needs is even more pronounced. For that reason, in October 2024, we expanded our SDOH screening process to include patients admitted to three key facilities: The Glick Center, Cleveland Heights Medical Center and Parma Medical Center.

Since launching our inpatient initiative, we have completed 2,851 patient visit screens. This screening allows us to proactively identify patient needs and help them connect to resources that can lead to better health outcomes after discharge from the hospital.

In 2024, we screened a total of 83,318 unique patients. In addition to helping individual patients, the data collected can guide us and our community partners in how best to align services to patient needs.

Here is what we discovered:



UNITE OHIO

In 2020, MetroHealth partnered with Unite Us to create Unite Ohio. This coordinated-care network connects individuals with essential resources to live healthier lives, including fresh food, utility assistance, transportation and more.

250 registered MetroHealth users

382 community partners serving Cuyahoga County

6,229 referrals by MetroHealth users

3,311 unique MetroHealth patients served

From 2024 data
To learn more, visit ohio.uniteus.com.

Financial Resource Strain and Digital Connectivity

Opportunity Center at Vía Sana financial literacy class

What We Are Doing

Financial Coaching

- Financial coaches at the **Opportunity Center** offer personalized, non-judgmental coaching to help participants with credit building, debt reduction, savings, budgeting, major purchases, business startups, banking needs, student loan management and claiming the Earned Income Tax Credit.

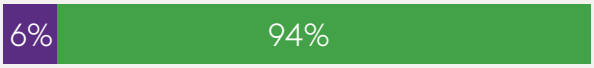
Digital Connectivity

- Our **FCC Connected Care Pilot Program** is helping expand the infrastructure of affordable high-speed internet service, in partnership with CMHA, to six sites over a three-year period.
- MetroHealth partnered with **DigitalC** to launch a new initiative that expands low-cost internet and digital literacy to Cleveland residents. As part of this effort, MetroHealth was chosen as a host site for a **Digital Navigator** to help guide members of the community with tools they need to thrive in an increasingly digital world.
- A partnership of MetroHealth, **DigitalC** and **DollarBank**, MetroHealth provided subsidized high-speed internet services to **637** Cleveland residents.

Patients at Risk

Financial Resource Strain

Digital Connectivity



AT RISK **NOT AT RISK**

Why it Matters

More than one-third of Americans say finances prevent them from living a healthy lifestyle, including the ability to afford internet connectivity – a necessity for communicating with healthcare providers, connecting with families and friends, applying for jobs and more.

Impact

Financial Coaching

Financial coaching clients in 2024: **337**

Financial goals met by clients in 2024: **806**

+46 points Average Change in Credit Score After Receiving Financial Coaching Support:

Digital Connectivity

- Our FCC Connected Care Pilot Program helped **2,068** CMHA residents at three sites.
- Our Digital Navigator provided more than **1,104** MetroHealth patients with access to digital resources.

Food Insecurity

Youth Advisory Council fresh-produce distribution event at Cleveland Heights High School

What We Are Doing

Our **Malnutrition Pathways project**, funded through the U.S. Department of Health and Human Services, employs a Community Health Worker to screen older adult patients for SDOH and malnutrition risk. At-risk patients are referred to a dietician and connected to **Western Reserve Area Agency on Aging (WRAAA)** for food resources and case management. To date, 817 older adults have been screened and 105 connected with WRAAA[1].

Our **Food as Medicine Clinic** continues to provide nutritious food packages to patients who are experiencing food insecurity and have been diagnosed with a chronic illness affected by diet. 232 patients and their families were served by our on-site healthy choice food pantries in 2024.

Our three **School Health Program Youth Advisory Councils** completed food access projects to support neighbors in need. The groups planted apple trees at a community garden, hosted a resource fair and organized a fresh-produce market that served hundreds of families each month this summer. This project was funded by the **School-Based Health Alliance** and the **No Kid Hungry campaign.**

[1]This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS), as part of a financial assistance award totaling $446,672 with 74% funded by ACL/HHS and $156,479 amount and 26% funded by non-government source(s). The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

Patients at Risk

Food Insecurity

Why it Matters

Food insecurity is strongly linked with chronic illnesses, such as diabetes and heart disease, and it can be a roadblock to adequate nutrition. Food insecurity rates in Cuyahoga County exceed national and state averages.

Impact

HOPE & Healing Garden Produce

Our monthly mobile pantry program distributed over **107,000** meals worth of fresh produce to **4,232** community members in need in 2024.

Our **HOPE & Healing Garden** produced more than **300 lbs.** of vegetables and herbs for our patients.

In partnership with **Collaborative Investments + Health**, we provided **70** high-risk patients with up to six months of medically tailored home delivered meals in 2024.

30,000 patients received a text offering to connect them with the **Greater Cleveland Food Bank.**

Housing Stability and Housing Problems

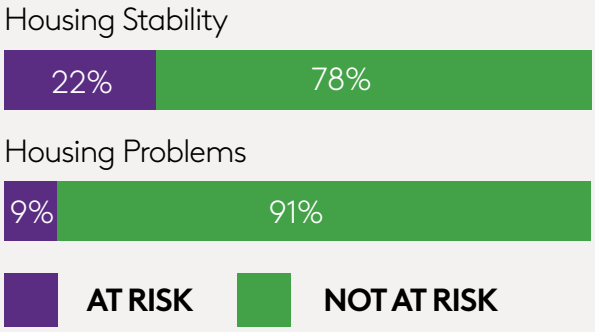
What We Are Doing

Our **Lead Screening Project** works to identify and address residential lead hazards, so newborns can be discharged to a lead safe environment. We work closely with our Obstetrics Department to ensure patients who are pregnant receive education and screening related to potential lead hazards in the home. Support is in place to provide home inspections and basic interventions, and connections are made to mitigation resources if needed.

We administer a patient assistance fund that meets a variety of health-related social needs primarily related to housing stability.

In 2024, MetroHealth leaders, along with the Institute for H.O.P.E. staff testified before the Senate **Select Committee on Housing**, emphasizing housing as a key social driver of health. The Committee adopted recommendations that aligned with our testimony and recommendations, and follow-up discussions were had with Senate President's staff and Senator Michele Reynolds.

Patients at Risk



Why it Matters

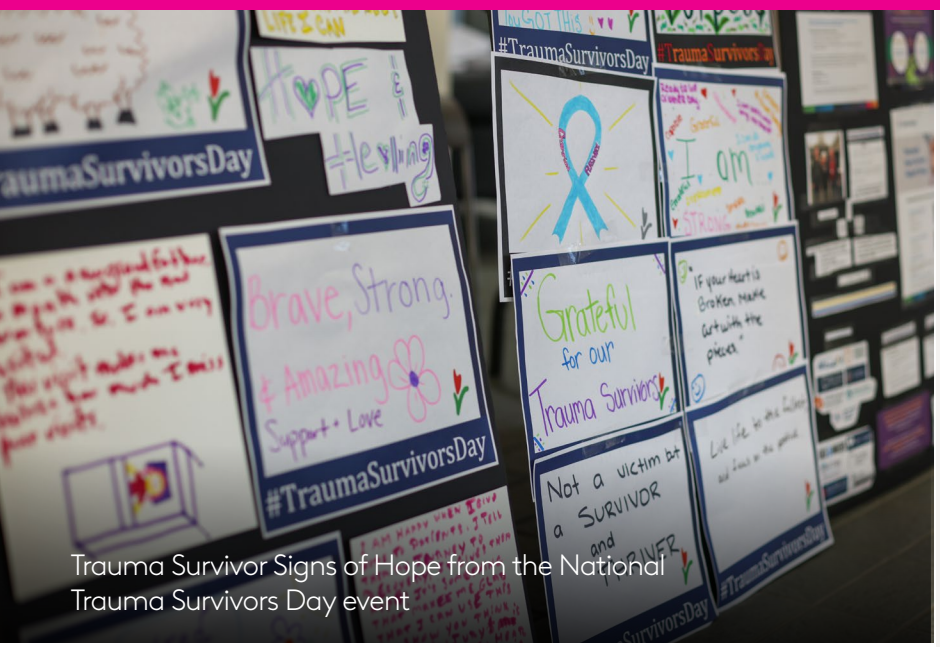
The ability to access safe and stable housing has a direct impact on health outcomes. Poor quality housing contributes to health problems, including chronic disease and injury, and can have harmful effects on childhood development.

Impact

2,953 pregnant patients have been screened through the Lead Screening Project, and **1,376** interventions -- including lead-education calls, distribution of lead-cleaning kits and inspections -- have been conducted through MetroHealth's Main Campus Obstetrics Clinic.

160 patients were provided services that stabilized their housing in the form of rent and utility assistance in addition to home furnishings.

Intimate Partner Violence



Trauma Survivor Signs of Hope from the National Trauma Survivors Day event

What We Are Doing

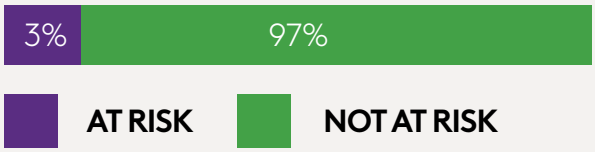
Our **Trauma Recovery Center (TRC)** provides survivor-centered services at bedside and removes barriers to care, focusing on reaching underserved communities and providing aid to victims of violence and trauma. TRC also provides assertive outreach to patients who are found through screening to be at risk for intimate partner violence. This outreach includes:

1. conducting a safety assessment.
2. providing crisis intervention and emotional support.
3. educating about victims' rights in the State of Ohio.
4. sharing victim-specific resources.
5. offering support for other social drivers of health risks that the victim may be facing.
6. referring for mental health therapy and to community-based organizations with consent.

In 2024, the TRC expanded its award-winning **Peer Mentorship Program** using the TandemStride phone application. This digital service is designed to assist survivors after a traumatic injury, enabling them to connect with trained TRC peer mentor volunteers for support and guidance.

Patients at Risk

Intimate Partner Violence



Why it Matters

Intimate partner violence is a public health issue that impacts lifelong health, opportunity and well-being. It can lead to injuries and even death. According to U.S. crime data, about one in five homicide victims are killed by an intimate partner.

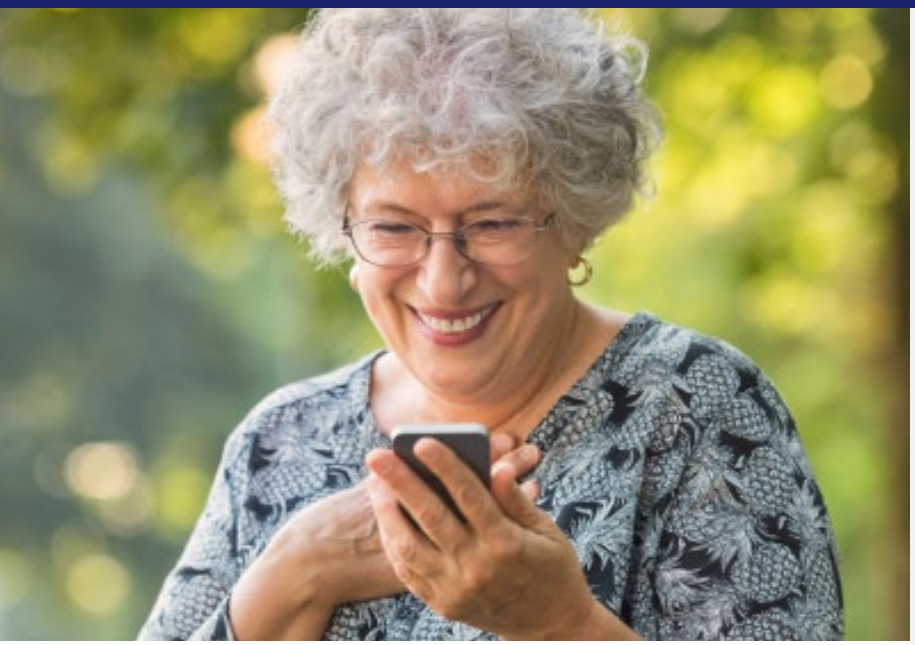
Impact

TRC team members have successfully reached **60%** of patients screening at risk for IPV. **60%**

Of those patients, **54%** received a service, such as victims' rights education, emotional coaching or crisis intervention. **54%**

15% of the patients received a community-based organization referral. **15%**

Social Connection



Patients at Risk

Social Isolation

Why it Matters

A lack of social connection is associated with negative health outcomes, including higher rates of depression, anxiety, suicide, stroke and heart disease.

What We Are Doing

The Center for Arts in Health launched **ArtsRx**, a 16-week pilot initiative which allowed providers from the Integrated Behavioral Health team to "prescribe" arts activities and experiences for their patients. Additionally, patients who have been screened at risk for social isolation or stress and have consented to receive assistance are referred to the program. A Community Health Worker assisted with patient activity planning.

The **Creative Art Therapies** team provides art and music therapy services as part of inpatient care at the MetroHealth Glick Center, and in Senior Care and Red Carpet ambulatory settings, to address the impact of acute medical conditions on social isolation and other social drivers of health (SDOH).

Calls for HOPE is a program that connects trained and vetted volunteers with MetroHealth patients identified as at high risk for social isolation. Through weekly friendly calls via a secure private platform, volunteers connect with patients to help them explore ways to engage with others. Patients are identified through our SDOH screening tool and provider referrals.

Blooms of HOPE was launched through a collaboration between the Institute for H.O.P.E., Spry Senior and BigHearted Blooms. MetroHealth staff deliver flower bouquets to patients identified as at risk for isolation. They also share information about opportunities to engage with others and build connections.

Impact

ArtsRx referred **187** patients and held **33** events with six community partners at five locations, attracting **148** additional community participants.

Creative Art Therapies: 1,294 unique patients served, and **4,849** sessions.

Calls for HOPE successfully connected **79** enrolled patients with volunteers. On average, the calls lasted **22** minutes.

Blooms of HOPE delivered bouquets of flowers and supportive information designed to foster engagement and connection to **130** patients identified as at risk for social isolation.

Financial Literacy Class Led by Opportunity Center Financial Coaches Renée and Iris

Opportunity Center at Buckeye Offers Financial Empowerment

At the MetroHealth Opportunity Center at Buckeye, members of the community have access to personalized financial coaching to help them develop essential money management skills, gain confidence and build a solid financial foundation for a healthier, more secure future.

Charline, a MetroHealth patient, has found much-needed help at the Opportunity Center, which is part of the Institute for H.O.P.E. With guidance from her financial coach, she has made strides toward achieving her financial goals while working on a long-term plan to find better employment and increase her savings. Opportunity Center staff also have helped her with other health-related social needs. Charline initially was referred to Opportunity Center Financial Coach Renée Harris by the Cleveland Metropolitan Housing Authority (CMHA) Family Self-Sufficiency program for help when she needed car repair assistance. This CMHA program is designed to help families increase their earnings and achieve greater financial independence, so they will not have to rely on Section 8 vouchers.

Renée, a knowledgeable coach in credit building and debt reduction, recognized that Charline's short-term challenges, such as past rent, utility bills and car repairs, were barriers to her long-term goals of savings and homeownership. Renée initiated a plan of action and prioritized Charline's housing and utility concerns first, ensuring stability before managing her car repairs, by connecting Charline with the Famicos Foundation, a community organization committed to improving the quality of life of local families through wraparound services. Renée provided valuable support to Charline throughout the process, assisting her with the necessary paperwork.

Charline explains, "When I met Ms. Renée, I was in a real hardship, but she has helped me through so much. She has helped get my rent paid up and other situations I had going on. She has lent her ear to my crying, and she has just been there for me. Ms. Harris is really a nice person."

The staff at Famicos provided additional coaching and submitted a funding application to EDEN, Inc. for emergency rental assistance. They assisted Charline with past and future rent and covered her past utility bills.

With housing issues resolved, Charline tackled her next goal of securing funding for necessary car repairs from CMHA.

Charline and Renée continue to work together to secure better employment opportunities and boost her savings and improve credit in preparation for homeownership, setting a solid foundation for her financial success.

Charline remarks, "I still have a journey, but she has been there with me through all the ups and downs. I appreciate all that she has done for me, helping me grow and learn things. Thank you, God, for bringing her in my life."

Bringing Care to the Community

Why It Matters

Research shows that social drivers of health (SDOH) can negatively affect patients' health outcomes and limit their ability to access healthcare services.

What We Are Doing

The Institute for H.O.P.E. has closed access gaps and improved healthcare outcomes by taking health services into the community where our patients live, work and play. We support whole-person care through innovative Community and Corporate Health and Arts in Health programs in our hospitals, ambulatory sites and neighborhoods.

The Center for Community Health Innovation and Integration:

Community Health Workers (CHWs) play a vital role in the Institute for H.O.P.E., building trust with patients and facilitating access to essential health and social care services. They coordinate important prenatal and postpartum appointments for Medicaid-enrolled women, promote essential screenings for lead and social drivers of health, connect families to crucial resources, identify and address intimate partner violence, refer patients to community programs and more.

The dedicated work of **12 CHWs** has led to a significant increase in pediatric lead screenings, decreased food insecurity, better management of diabetes and hypertension and strengthened support for smoking cessation.

The School Health Program (SHP) improves health outcomes for school-aged children and their families by partnering with **29** local schools. CHWs streamline enrollment and consent, resulting in more health screenings and vaccinations, enhancing children's health and involving families and school staff in supporting student well-being. In 2024, the SHP facilitated **4,944** patient visits and brought **82** new patients to MetroHealth.

In **Community Health Centers** like Glenville and Ohio City, CHWs help patients access healthcare and connect them with necessary services. Their efforts lead to increased well-child visits and immunizations as well as fewer emergency room visits.

The Center for Arts in Health:

The performing and visual arts are known to have a positive, transformative impact on patients' health and quality of life. We are dedicated to bringing the benefits of the arts to everyone in our community.

The **SAFE (Students Are Free to Express) Project** is an arts-based, psychologically informed program created to foster resilience in urban youth who have been exposed to chronic stress, including individual and community trauma.

In 2024, SAFE:

- Served **442** students at two Cleveland Metropolitan School District schools in partnership with multiple community arts organizations.
- Completed the development of our 12th grade programming, ensuring a complete high school curriculum and the opportunity to continue to advance our research protocol.

ArtsRx is a pilot program in which MetroHealth providers "prescribe" the arts to their patients to address social isolation, stress and mild behavioral health concerns. To learn more about the program, our partners, art activities and event locations, go to https://tinyurl.com/mtkdcxy7.

The Center for Arts in Health continues to transform the built environment in our clinics and neighborhoods through our award-winning visual art program.

- In 2024, we added more than **250** works of art at six MetroHealth locations.
- In partnership with **HGA**, we studied the overwhelmingly positive impact of the MetroHealth Glick Center's Art Collection on patients, staff and the community. For more details about these findings and the collection, go to https://tinyurl.com/4b7am25p.

The Data Insights That Shape Our Work

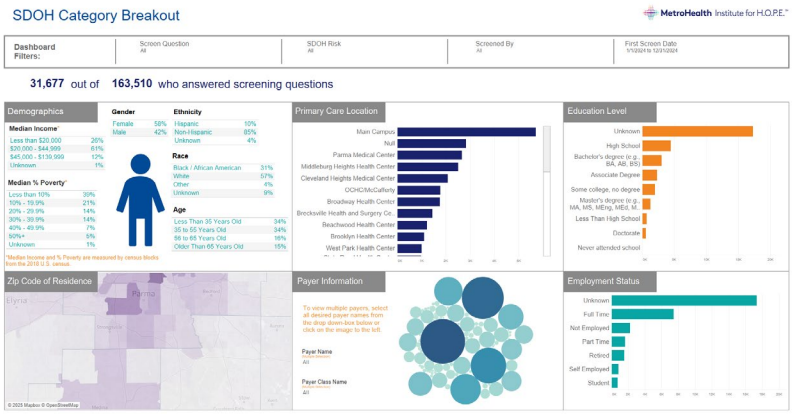
What We Are Doing

We rely on data-driven strategies to develop and improve our programs using the following sources:

- The patient's SDOH screening
- Medical-record data
- Data from programs that address social needs
- Community data
- External data, such as claims data and other medical information

This data has been used to develop an online dashboard to support our efforts to screen and address social needs. The goal is to provide data at the patient and community level to:

- Plan assistance programs for social needs and report on process planning
- Monitor screening and referrals
- Understand the full impact of SDOH
- Evaluate equity and health outcomes



Segment of the SDOH Dashboard

Why it Matters

By integrating social drivers of health (SDOH) screening throughout the hospital system, the Institute for H.O.P.E. is helping MetroHealth fulfill its promise to provide holistic, equitable care. The screening effort and addressing social needs can improve health outcomes for our patients and the communities we serve.

Impact

The dashboard helps us monitor risks and assistance requests, allowing us to identify additional social needs patients may face. For instance, our analysis of **food insecurity** revealed the following:

30% of patients who screened positive for food insecurity requested assistance.

18% of patients who screened positive for food insecurity were at risk for three additional social needs.

Patients are **9.4** times more likely to experience financial strain if they screen positive for food insecurity.

Patients are **1.5** times more likely to have five or more Emergency Department visits if they screen positive for food insecurity.

Community Engagement, Education and Evaluation

As a leading voice in the national conversation around health equity, The Institute for H.O.P.E. is committed to rigorous evaluation and broad dissemination of its work. The Institute demonstrates its commitment through active participation in the community and building strong partnerships.

In 2024, we:

33 Conducted 33 presentations at national and regional conferences.

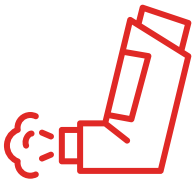
5 Published 5 scholarly journal articles.

7 Received 7 awards that recognize our leadership and contributions to the community.

8 Contributed to 8 external media pieces that highlight the significance of SDOH.

149 Participated in 149 community events.

Funding Highlights



The U.S. Environmental Protection Agency (EPA) has awarded **$17.2 million** to **The MetroHealth System** to improve indoor air quality in Greater Cleveland. Recognizing that asthma complications are associated with gas ranges, MetroHealth will partner with **seven community organizations** to replace gas stoves with electric ones in **1,200 homes** where at least one resident has been diagnosed with asthma.

MetroHealth's Medical-Legal Partnership, in collaboration with The **Legal Aid Society of Cleveland**, received a **$240,000** contract from the Ohio Department of Children and Youth. This funding will help us expand our support to pregnant individuals and new parents, providing them with critical resources and legal assistance to address basic needs and contribute to healthy birth outcomes.

For the ninth consecutive year, our **Trauma Recovery Center (TRC)** has received more than **$540,000** as part of Ohio Attorney General Dave Yost's allocation of federal funding from the Victims of Crime Act. This funding allows the TRC to continue its nationally recognized work to support survivors of violence and their families through trauma recovery coaching, peer mentorship, victim advocacy and counseling.

Institute for H.O.P.E. 2024 Donors and Grantors

Thank you, donors and grantors! The following individuals and organizations provided generous support to help make our work possible. Those listed below contributed $5,000 or more in 2024.

Anonymous (5)
Bank of America
The Callahan Foundation
Carol A. Crowe
CCH Development Corp
The CIGNA Corporation
City of Cleveland Neighborhood Safety Fund
The Cleveland-Cliffs Foundation
Connor Foundation
Department of Public Safety, Office of Justice Programs through the State of Ohio, Office of Criminal Justice Services
Dollar Bank Foundation
Elizabeth Ring Mather and William Gwinn Mather Fund
Epic
Fifth Third Bank
The Frank Hadley Ginn and Cornelia Root Ginn Foundation
The Harry K. Fox and Emma R. Fox Charitable Foundation
Health Assurance Foundation
Hott Associates
Irving and Gloria Fine Foundation
Joyce M. Stielau and Herbert W. Stielau Foundation
Karen and Chip Chaikin
KeyBank Foundation
Louise H. and David S. Ingalls Foundation, Inc.
The Lubrizol Foundation
Martha Holden Jennings Foundation
The Matt and Lisa Kaulig Family Foundation
Mort* and Iris November, in celebration of Debra Ann November
Mr. and Mrs. Albert B. Ratner
Norfolk Southern
Ohio Arts Council
Ohio Department of Children & Youth
Ohio Department of Health
Ohio School-Based Health Alliance
Patricia and Charles Mintz
PNC Charitable Trusts
The Reinberger Foundation
Reminger
Ricardo J. León
The Ridgecliff Foundation, Inc.
Roetzel & Andress
Share Our Strength
The Sherwin-Williams Foundation
Simon Family Foundation
Thatcher Family Fund
The Thomas H. White Foundation, a Key Trust
Timothy A. Moore, M.D.
U.S. Department of Health and Human Services
U.S. Department of Justice, Office of Justice Programs through the State of Ohio Attorney General, Office for Victims of Crime
U.S. Environmental Protection Agency
Vic Cohn
Vitamix
William and Jennifer Clawson
The William Bingham Foundation

**Deceased.*

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