

# The MetroHealth System Board of Trustees

---

## HEALTH EQUITY & DIVERSITY COMMITTEE REGULAR MEETING

Wednesday, December 18, 2024

2:00pm – 3:30pm

via Zoom

### Meeting Minutes

**Committee** John Corlett, Maureen Dee

**Members:**

**Other Trustees:** Ronald Dziedzicki, Michael Summers, E. Harry Walker, MD

**Staff:** Christine Alexander-Rager, MD, Ifeolorunbode Adebambo, MD, Arlene Anderson, James Bicak, Chris Briddell, Janine Brinkman, Kate Brown, Lashon Carson, John Chae, MD, Nabil Chehade, MD, Dr. Kate Fox Nagel, Kimberly Green, Derrick Hollings, William Lewis, MD, Anastasia Loejos, Srinivas Merugu, MD, Charles Modlin, MD, Kirtishri Mishra, MD, Connie Moreland, MD, Mary Jo Murray, Allison Poullos, Tamiyka Rose, Aparna Roy, MD, James Wellons

**Guest:** Guests not invited by the Board of Trustees are not listed as they are considered members of the audience and some were not appropriately identified.

Ms. Dee called the meeting to order at 2:00 pm, in accordance with Section 339.02(K) of the Ohio Revised Code.

(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 July 31, 2024, committee meeting was approved as presented.

### **II. Information Items**

#### **A. Development of Health Equity Strategy Enterprise – Dr. Merugu**

Ms. Dee introduced Dr. Merugu for a presentation regarding the development of the Health Equity Strategy Enterprise. Dr. Merugu discussed the development of the health equity strategy, which will be a component of the overall strategic plan over the next five years.

A multidisciplinary health equity work group was formed, including stakeholders from sustainability, community development, research, and population health. The strategy is guided by Ernst & Young's "house" model, which addresses root causes (such as social determinants), health system engagement, with the ultimate goal of improving life expectancy and quality of life. The health equity work group has developed a roster of initiatives to address health equity. The initiative list includes 65 priorities, which will be



# The MetroHealth System Board of Trustees

---

compressed into a more manageable set of priorities. The health equity work group has identified and prioritized five main initiatives:

- Embedding health equity considerations into MetroHealth's governance and management for organizational culture change.
- Building robust data and analytics infrastructure to accurately identify and address health disparities and their underlying causes.
- Investing in people, including workforce recruitment, retention, diversity, clinical equipment updates, technological improvements, and future workforce pipeline development through education.
- Providing health equity training to recognize and mitigate biases, update educational materials, adjust HR policies, and foster culture change.
- Creating a framework for centers of excellence, integrating governance, analytics, workforce development, and training.

The prioritized initiatives will be presented to executive leadership and the Strategic Planning Committee and then refined and made actionable by the health equity work group. Starting in 2025, the strategic plan is designed to be actionable and yield measurable progress over the next five years, with the goal of implementing concrete steps within the first two to three years. achieve the objectives, with a commitment to achieving these goals within 2-3 years. Feedback highlighted the need to involve primary care and mental health systems, with an explicit recognition that investment in primary care workforce is foundational to achieving equity goals.

## B. Multicultural Health Equity Centers of Excellence – *Dr. Modlin*

Dr. Modlin discussed the concept and progress of health equity centers at MetroHealth, emphasizing their unique, system-wide approach to addressing health disparities across all medical specialties, not just primary care. Health equity centers are designed to place responsibility on both primary care providers and subspecialists, recognizing that health disparities exist throughout every branch of medicine. These centers aim to address disparities experienced by various populations, particularly African Americans and Hispanic/Latino groups, who show high rates of health inequities, such as lower life expectancy and higher prevalence of diseases like hypertension, diabetes, and certain cancers. The program acknowledges multiple causes of health disparities, including social determinants, genetics, and hereditary factors, and it stresses the importance of tailored screening and treatment based on race and ethnicity. MetroHealth's approach is considered innovative, engaging every clinical department and identifying leaders in each to drive these initiatives forward, ensuring that all specialties take ownership in eradicating disparities. The initiative's goals include developing clinicians focused on eliminating health disparities, increasing community outreach, health education, patient access, recruitment of diverse staff, and building trust between caregivers and patients. Additional intended benefits are increased market share, patient-generated revenue, partnerships, funding

## The MetroHealth System Board of Trustees

---

opportunities, and educational and recruitment advances. The project's strategic planning and implementation were coordinated with support from the Enterprise Program Management Office, using proven project management tools and processes to scale the model across all departments. Janine Brinkman, a project manager, played a key role in organizing and executing the strategic plan, coordinating efforts, managing risks, and facilitating communication to ensure successful rollout. Dr. Modlin thanked Ms. Brinkman and others involved for their efforts.

### C. Multicultural Gender Care and Sexual Health Center of Excellence – *Dr. Mishra*

Dr. Kirtishri Mishra presented an update to the board on MetroHealth's progress in advancing equity and comprehensive care for transgender and gender diverse individuals, focusing on both surgical and sexual health services. The mission is to deliver affirming and equitable care that empowers all, with a dedicated Health Equity Center to streamline further efforts. The team, including a nurse practitioner, nurse coordinator, and support staff, works towards delivering high-quality, integrated, "boutique" care—managing everything from primary care to surgical needs, behavioral health, trauma care, weight loss, and other gender-affirming services. Key team members include Dr. Mishra (Director and Surgeon), nurse practitioners Anastasia (Stacy) Loejos and Stacy Rossi, and others across specialties such as plastic surgery, gynecology, behavioral health, ethics, physical therapy, and social work, meeting biweekly to review patient cases. The program launched in late 2022, quickly achieving milestones such as its first vaginoplasty within five months, expanding services to masculinizing surgeries, and now offering the full spectrum of top and bottom gender-affirming procedures (one of only 42 U.S. institutions to do so). Engaging in comprehensive care, the program supports not only transgender individuals but also sexual assault/trauma victims, men's health (like advanced treatments for erectile dysfunction), and postmenopausal women, who traditionally receive limited attention. The transgender patient population faces profound challenges: extremely high rates of suicide attempts (up to 41%), increased risk of violence (especially for people of color), frequent healthcare discrimination (hospitals are the second most common site for this), and severe social determinants of health risks (housing instability, financial strain, food insecurity, depression, weak social connections). Data from MetroHealth shows its transgender patients are overwhelmingly classified as high-risk (92%), highlighting the critical need for specialized, affirming healthcare. Evidence supports the effectiveness of gender-affirming hormone therapy and surgeries in reducing psychological distress and suicidality, particularly when offered within a multidisciplinary support model. The program's growth has been significant: reconstructive and gender-affirming procedures have increased by 400%, and academic productivity has flourished, with a dedicated research group, numerous publications, presentations, book chapters, national courses, and educational electives on LGBTQ care. Community impact also includes organizing human trafficking programs, providing trauma care, and supporting global health initiatives (e.g., surgery for Ukrainian soldiers). The presentation concluded with patient testimonials and stories,

# The MetroHealth System Board of Trustees

---

emphasizing satisfaction and improved well-being, and identifies MetroHealth as a leader prepared to render exceptional, integrated care for this vulnerable community — with the continued support of the board.

## D. Diversity Supplier Update – A. Anderson

Arlene Anderson, Director of Supplier Equity and Strategic Partnerships, provided an update on MetroHealth's supplier equity initiatives, including progress toward 2025 equity goals. The main focus is increasing minority and women-owned business enterprise (MWBE) vendor registration by 25%, boosting MWBE bid participation by 30%, and raising diversity spend to at least 15%, the industry standard.

### Current performance highlights:

- In planning, design, and construction, 2% of spend is with MBEs, 23% with WBEs, with an overall diversity spend of 36% and 63% local spend.
- For the Apex project, 6% of spend is with MBEs, 24% with WBEs, overall diversity spend is 30%, and local spend is 63%. These figures reflect spend to date, not including pending expenditures.
- Facilities management shows 3% MBE, 17% WBE, and 20% overall diversity spend, with 59% local spend.
- Supply chain reports 1% MBE, 7% WBE, and 9% overall diversity spend, with 17% local spend.
- MetroHealth is working to improve data capture and reporting processes, including incorporating veteran business enterprises (VBEs) in future reports.

### Recent activities include:

- Increasing MWBE supplier registration and participation in bid events.
- Facilitating introductory meetings to connect new vendors with business units.
- Launching a Supplier Equity Council with community partners and signing a Community Benefits Agreement.
- Hosting informational sessions for prospective vendors on how to do business with MetroHealth.
- Creating a Supplier Equity webpage.
- Engaging consultants for a disparity study (to evaluate contracting policies and improve diverse vendor access; completion expected December 2025) and a feasibility study (to identify process improvements and improve interdepartmental data integration; completion expected Q1 2025).

### Key strategies moving forward:

- Requiring at least one diverse quote among required quotes for purchases between \$10,000–\$75,000.
- Leveraging the Group Purchasing Organization (GPO) and holding vendors accountable for reporting tier 2 diversity spend.



# The MetroHealth System Board of Trustees

---

- Simplifying contracts and eliminating barriers for diverse suppliers.
- Conducting bi-weekly meetings with supply chain, legal, and facilities teams to coordinate diversity spend and review contracts.
- Maintaining departmental reviews, tracking tier 1 and tier 2 spend, and proactive contract planning.
- The supplier equity program aims to address economic and health disparities, support community economic growth, and enhance MetroHealth's reputation as an industry leader in supplier diversity.

With no further questions from the Board members in attendance, the meeting was adjourned at approximately 3:27 pm.

**NEXT MEETING:      Wednesday, April 30, 2025 – 1:00pm - 3:00pm**  
**MetroHealth Board Room K107 and via Zoom**

**THE METROHEALTH SYSTEM**

Maureen Dee, Chairperson