The MetroHealth System

Board of Trustees

Wednesday, December 18, 2024

2:00pm - 3:30pm

Virtual Only via Zoom

Health Equity & Diversity Committee

Regular Meeting

The MetroHealth System Board of Trustees

HEALTH EQUITY & DIVERSITY COMMITTEE

DATE: Wednesday December 18, 2024
TIME: 2:00 pm – 3:30 pm
PLACE: Virtual only via Zoom:
https://us02web.zoom.us/j/83728485171

AGENDA

I. Approval of Minutes

Committee Meeting Minutes of July 31, 2024

II. Information Items

A. Opening Comments – *M. Dee*

B. Development of Health Equity Strategy Enterprise – *S. Merugu*

C. African American Affinity Group Leader Listening Rounds – *C. Modlin, L. Carson*

D. Multicultural Gender Care and Sexual Health Center of Excellence – *K. Mishra*

E. Black Men's Summit (UH, Cleveland Clinic, Metro) Collaborative – *C. Modlin*

F. Diversity Supplier Update – *A. Anderson*

G. Closing Remarks — *M. Dee, C. Alexander-Rager*

HEALTH EQUITY & DIVERSITY COMMITTEE REGULAR COMMITTEE

Wednesday July 31, 2024
1:00 – 3:00 pm
via In person & Zoom

Meeting Minutes

Present:	E. Harry Walker, M.D., Maureen Dee, John Corlett-R[1], Sharon Dumas, Nancy Mendez, John Moss, Michael Summers
Staff:	Christine Alexander, M.D., Ifeolorunbode Adebambo, M.D., Arlene Anderson, Peter Benkowski, Kate Brown, Doug Bruce, M.D.-R, John Chae, M.D., Kevin Chagin, Nabil Chehade, M.D., Joseph Frolic, Joseph Golob, M.D., Kimberly Green–R, Olusegun Ishamel, M.D., Barbara Kakiris, Srinivas Merugu, M.D., William Lewis, M.D., Charles Modlin, M.D., Connie Moreland, M.D.-R, Candace Mori, Alison Poulios, Marlon Primes, Aparna Roy, M.D.-R, Nagaraj Sarabu, M.D.-R, Dalph Watson, Darlene White
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 1:13 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 the March 27, 2024, Committee meeting was approved as presented.

[1] R - Remote

II. **Information Items**

1. Health Equity Strategy Retreat Recap and MH Health Equity Steering Committee Launch - *Dr. Merugu*

   The retreat focused on establishing a governance process and setting explicit goals for promoting equity, with around forty participants discussing current efforts, necessary organizational processes, and key definitions like equity and disparities. Presentations covered topics such as centers of excellence, community engagement, and aligning the quality and patient safety agenda with the equity mission. Breakout groups worked on defining equity, understanding the role in a complex system, and demonstrating progress, leading to a consensus on the future direction.

   A key outcome was the creation of a Health Equity and Diversity Steering Committee, accountable to the board of trustees, to oversee and coordinate equity-related projects. Led by Dr. Modlin and Dr. Merugu, the committee will include subgroups for broad representation and focus on prioritizing and streamlining efforts. Discussions also stressed the importance of addressing the digital divide, engaging authentically with the community, collaborating with nonprofits, and using data to demonstrate the long-term benefits of interventions.

2. Health Equity Performance Update
   a. Lown Institute 2024 Rankings – *K. Chagin*

   The presentation reviewed MetroHealth's improved ranking in the Lown Institute's social responsibility rankings, which emphasize equity, value, and outcomes in healthcare. In 2024, MetroHealth's ranking rose from 325th to 53rd out of 3,637 institutions, earning an A rating. The Lown Institute evaluates hospitals using publicly available data from 2019 to 2023, focusing on factors like pay equity, community benefits, inclusivity, avoiding low-value care, and patient outcomes.

   MetroHealth's higher ranking is attributed to improvements in patient safety and satisfaction, reflecting the efforts of Dr. Golob and his team. The hospital's strong performance in these areas has enhanced its public image as a socially responsible institution.

b. Health Quality Update with Health Equity Data - *Dr. Golob*

The presentation focused on MetroHealth's commitment to high-quality, patient-centered care and efforts to reduce health disparities. It highlighted metrics for system goals, including patient care outcomes for different racial groups, with strong performance in cancer screenings and minimal differences in diabetic care, blood pressure management, and depression screening across racial groups. The importance of these metrics for patient health and reimbursement was emphasized. Efforts to address health equity were reviewed, showing minimal differences in readmission and mortality rates among different demographic groups. Improvements in patient experience, particularly in communication about medication, were noted, along with ongoing initiatives to enhance community access to healthcare. The speaker expressed confidence that MetroHealth is making significant progress in eradicating health disparities through continued focus on equity, quality, safety, and patient experience.

3. Health Equity Centers of Excellence - *Dr. Modlin*

Dr. Charles Modlin, Vice President and Chief Health Officer, presented MetroHealth's Multicultural Health Equity Centers, highlighting their alignment with the system's goals of improving patient outcomes, experiences, and reducing health disparities. The centers aim to address clinical disparities across all specialties and are part of MetroHealth's commitment to inclusivity and healthcare innovation.

Dr. Modlin and Dr. Charles Momon discussed health disparities affecting minority populations, particularly African Americans, in conditions like hypertension, diabetes, and prostate cancer. They emphasized the significant life expectancy gap in Cuyahoga County, attributed to social determinants of health and systemic issues like racism and implicit biases.

The Multicultural Health Equity Centers are designed to tackle these disparities by establishing specialized clinics in every department, with a focus on community outreach, health education, and improving access. The centers will be supported by tracking patient outcomes and increasing awareness both internally and in the community.

Dr. Modlin also addressed the need for a more personalized approach to patient care, especially in race-based medicine, and highlighted the potential life-saving impact of addressing healthcare disparities, referencing a 2003 Institute of Medicine study.

Additionally, MetroHealth is focusing on expanding the model to other specialties, like nephrology, where disparities are significant. The centers will use Epic's electronic medical records system for patient identification, ensuring equitable access without prioritizing Health Equity Center patients over others.

The presentation emphasized the importance of community engagement and tracking the impact of initiatives like health fairs, aiming to provide options for primary and specialty care at MetroHealth. As the U.S. minority population is projected to grow, addressing health disparities is crucial for the nation's health and economic stability.

Dr. Modlin concluded by discussing the ongoing efforts to establish these centers, focusing on the success of clinics like the Urology Minority Men's Health Center and the Multicultural Dermatology Center, and the strategic plan to expand and promote these initiatives.

4. Joint Commission and NCQA Health Equity Accreditation - *Dr. Modlin*
   No report given.

5. Medical Diversity & Inclusion Initiatives - *Dr. Moreland*

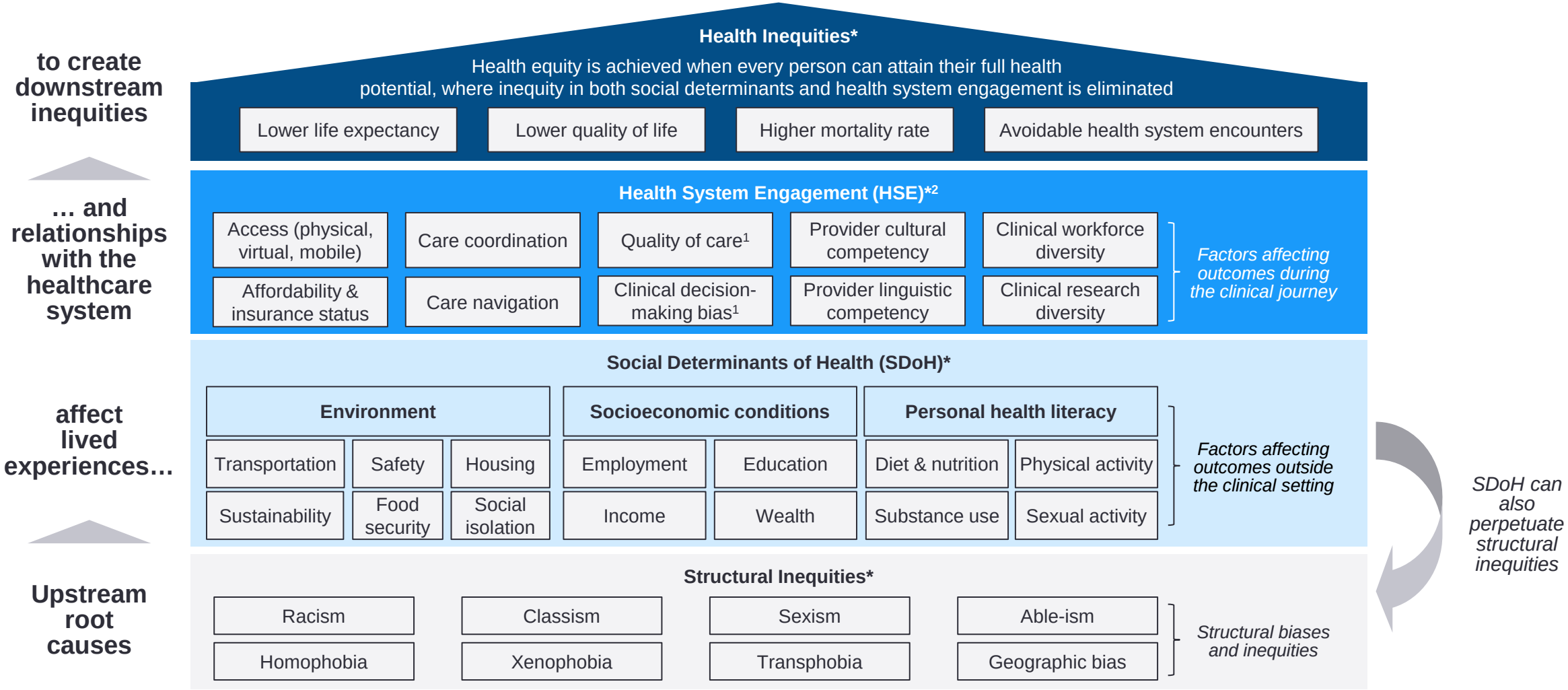
   Dr. Moreland emphasized the critical role of a diverse medical staff in improving healthcare outcomes, focusing on the importance of the doctor-patient relationship. She is committed to increasing diversity among physicians and providing training for underrepresented groups. Dr. Moreland presented data showing MetroHealth's diverse patient population, with 36% African American, 11% Latinx, and 49% white, but highlighted the lack of comprehensive demographic data on providers. Currently, 132 of 825 providers are from underrepresented backgrounds, including 48 African American and 18 Latinx. To address this, Dr. Moreland developed an interview process for department chairs to better understand diversity in recruitment and retention. Despite challenges, she is optimistic about achieving greater diversity and reducing healthcare disparities.

With no further questions from the Board members in attendance, the meeting was adjourned at approximately 3:20 pm.

Health Equity Strategy:

Ensuring that all members of the Northeast Ohio community can attain their full health potential and are not disadvantaged due to social positions or other culturally and socially determined circumstances, impacting condition-level clinical outcomes across marginalized populations.

Activity: What are the levers that define MetroHealth's integrated approach to address health disparity gaps and eliminate unfair and unjust obstacles of health?



*Non-exhaustive

1. *Include accounting for genetic predisposition*
2. *Includes investments needed in resources (e.g., equipment, people)*

Source: National Academies of Science, Engineering, and Medicine; Internal stakeholder interviews; EY-Parthenon analysis

MetroHealth

Workgroup: *SI.3 – Health equity*

ICON BANK | # | $ CapEx | $ OpEx

Initiative ID #	Priority	Initiative	5-Year Investments (>$1M)	Ease of Execution (Easy, Med, Hard)	Inflight
SI.3.1	1	**Establish a streamlined governance approach for health equity at MHS**, integrating leadership, strategic alignment, and coordination across upstream and downstream drivers of health inequities (i.e., SDoH, clinical areas, and administrative functions). Dedicated teams and leaders will guide efforts, supported by annual enterprise and business line specific metrics, to track progress and enhance decision-making frameworks, including refinements to Stagegate 2.0.	No	Hard	
SI.3.2	2	**Build a comprehensive data & analytics infrastructure** and align on metric portfolios to enable measurement of impact and continuous improvement for all aspects of MHS' health equity work; establish health equity index.	Yes	Hard	
SI.3.3	3	**Continue investments** in direct intervention of HEQ (SDoH, workforce recruitment and retention, clinical equipment etc.)	Yes	Hard	
SI.3.4	4	**Invest in health equity training** across the workforce to ensure patients are treated equitably (includes both equity specific training and clinical training).	Yes	Hard	
SI.3.5	5	**Develop a framework to define Health Equity Centers of Excellences at MHS** that leverage areas of specialized expertise. Once the framework and criteria are established, use the existing governance structure to methodically approve and launch CoEs. This process will assess team capabilities (clinical, research, and administrative), define metrics for progress and impact, prioritize evidence-based practices, and ensure knowledge sharing within and beyond MHS.	Yes	Hard	
SI.3.6		**Become a national model for HEQ by building the necessary infrastructure—people, processes, and technology—to demonstrate measurable health equity impact.** This will include creating a framework for competency-building and sharing best practices with other health systems and stakeholders, enabling them to replicate successful strategies and advance health equity in their own communities.	Yes	Hard	
SI.3.7		**Address the environmental factors that impact human health**, focusing on mitigating the negative effects of the built environment. This includes embedding sustainable practices across all departments, enhancing renewable energy infrastructure to promote resilience, decarbonization, and energy security, and partnering with the community to reduce waste and emissions, ultimately protecting and regenerating the natural environment and eliminating adverse environmental health impacts in our communities.	Yes	Hard	
SI.3.8	(Overlap with Community Engagement Workgroup	**Evolve community partnerships that intervene on SDoH, and develop non-community-based partnerships** (e.g., nursing / medical schools, HBCUs, pharma, SiteLabs, behavioral health, MCOs, etc.) while also defining clear guidelines / frameworks for engaging with community organizations aligned with our mission. This includes regularly engaging with the community to understand their lived experiences, leveraging existing partnerships in research, and establishing a clear value proposition for current and future partners.	Yes	Med	
SI.3.9	Overlap with Telling Our Story Workgroup)	**Effectively tell our story through strategic marketing, government relations, and philanthropic efforts.** We can strengthen our position as a HEQ leader by building and deepening relationships with community leaders, nonprofits, government officials, donors, and other potential partners.	Yes	Hard	

Title: MetroHealth Leader Affinity Group Listening Rounds Strategic Plan Proposal Draft

Charles Modlin, MD, MBA
VP, Chief Health Equity Officer

I. Introduction

The purpose of this strategic plan is to establish and implement "Leader Affinity Group Listening Rounds" at MetroHealth, a hospital committed to enhancing patient, family, and community experiences while improving the caregiver experience. The initiative aims to foster better understanding, communication, and trust between hospital leaders and diverse affinity groups within the patient, family, and employee communities. This plan outlines the steps, goals, and benefits of implementing leader affinity group listening rounds.

II. Objectives

1. **Establish Affinity Groups:**
    - Identify key affinity groups, including but not limited to African Americans, Hispanics, Asians, Pacific Islanders, Muslims, Jewish, LGBTQIA, disabled individuals, and the hearing impaired.
    - Create small leader affinity groups representative of each identified demographic.
2. **Training and Sensitization:**
    - Provide leaders with cultural competency training to ensure understanding and sensitivity toward the unique needs and perspectives of each affinity group.
    - Equip leaders with effective communication skills to facilitate open and honest conversations during the listening rounds.
3. **Listening Rounds Implementation:**
    - Schedule regular listening rounds where leaders from each affinity group visit hospital inpatients, caregivers, patient families, and communities of the same demographic.
    - Encourage leaders to actively listen, engage in meaningful conversations, and document valuable feedback.
4. **Data Analysis and Actionable Insights:**
    - Collect and analyze data gathered during listening rounds to identify recurring themes, challenges, and opportunities for improvement within each affinity group.
    - Develop actionable insights and strategies to address disparities and enhance the overall patient, family, and caregiver experience.
5. **Feedback Loop and Continuous Improvement:**
    - Establish a feedback loop for leaders to share findings, strategies, and outcomes from their respective affinity group listening rounds.
    - Implement continuous improvement measures based on feedback received, ensuring ongoing refinement of hospital practices.

III. Rationale and Research

1. **Health Disparities:**
   - Provide statistics and evidence on common health disparities affecting each affinity group, such as higher rates of chronic diseases, disparities in access to healthcare, and varied health outcomes. Reference sources:
2. **Importance of Demographic Concordance:**
   - Cite research indicating the importance of racial, ethnic, and demographic concordance between healthcare providers and patients, emphasizing how trust, communication, and health outcomes improve when individuals share similar backgrounds. Refer to studies:
   - **Saha, S., Beach, M. C., & Cooper, L. A. (2008). Patient centeredness, cultural competence and healthcare quality. *Journal of the National Medical C C***
   -
   - .
3. **Patient Satisfaction and Trust:**
   - Highlight studies demonstrating the positive impact of affinity-based healthcare teams on patient satisfaction and trust.
   - ` References:
   - **Beach et al. (2005), LaVeist et al. (2003)**

Beach MC, Price EG, Gary TL, Robinson KA, Gozu A, Palacio A, Smarth C, Jenckes MW, Feuerstein C, Bass EB, Powe NR, Cooper LA. Cultural competence: a systematic review of health care provider educational interventions. Med Care. 2005 Apr;43(4):356-73. doi: 10.1097/01.mlr.0000156861.58905.96. PMID: 15778639; PMCID: PMC3137284.

LaVeist TA, Nuru-Jeter A, Jones KE. The association of doctor-patient race concordance with health services utilization. J Public Health Policy. 2003;24(3-4):312-23. PMID: 15015865.

IV. Implementation Timeline

1. **Training and Sensitization (Months 1-2):**
   - Develop and conduct cultural competency training for leaders.
   - Provide communication skills training for effective engagement.
2. **Affinity Group Identification (Month 2):**
   - Identify and establish leader affinity groups for each demographic.
3. **Listening Rounds (Months 3-6):**
   - Launch the leader affinity group listening rounds.
   - Monitor and document feedback from each affinity group.
4. **Data Analysis and Actionable Insights (Months 6-8):**
   - Collect and analyze data from listening rounds.

- Develop actionable insights and strategies.

5. **Feedback Loop and Continuous Improvement (Months 8-12):**
    - Establish a feedback loop for leaders.
    - Implement continuous improvement measures based on feedback.

V. Conclusion

The Leader Affinity Group Listening Rounds initiative at MetroHealth will not only address health disparities within different affinity groups but also foster a more inclusive and patient-centered healthcare environment. By actively engaging with patients, families, caregivers, and communities, MetroHealth aims to create a healthcare system that understands, respects, and meets the unique needs of all its diverse stakeholders.

Lean Six Sigma Greenbelt Project

Leadership Affinity (African American) Group Listening Rounds

Charles Modlin, MD, MBA

LaShon Carson, MPH

A3: MH Leadership Affinity (African American) Group Listening Rounds

Team: Dr. Charles Modlin & LaShon Carson

Background — PLAN

Minority and underserved communities experience higher rates of health disparities, resulting from a number of contributing factors, including deficiencies in health literacy, poor communication with health providers, and mistrust of health care providers and health care systems, stemming from the Tuskegee Experiment and other egregious actions.

Current conditions — PLAN

Health disparities contribute to higher rates of chronic diseases, varied health outcomes, and lower life expectancies in African American populations compared to majority populations. The African American Affinity Group Leader Listening Rounds initiative at MetroHealth will not only address health disparities within the African American affinity group through fostering improved communication and trusting relationship between African American patients and Metro caregivers, thus providing for a more inclusive and patient-centered healthcare environment, ultimately the goal of which is to improve health outcomes in African Americans. By actively engaging with African American patients, families, caregivers, and communities, MetroHealth aims to create a healthcare system that understands, respects, and meets the unique needs of all its diverse stakeholders. **See** Process Map_11_4.pdf

Goals / Target Condition — PLAN

- African American (AA) Affinity Group Leader Listening Rounds initiative plans to actively engage with (AA): 1. patients, 2. families, 3. caregivers, and 4. communities.
- Create a healthcare system that understands, respects, and meets the unique needs of all its African American stakeholders.
- Foster better understanding, communication, and trust between hospital caregivers and the African American populations (patients, families, communities, and AA MetroHealth caregivers.
- Reduce health disparities while improving & patient outcomes in African Americans.
- Understand the challenges faces by AA caregivers and improve the AA caregiver experience/satisfaction

Analysis (Root Cause(s): 5 Why's & Elevator Speech — PLAN

Poor communication between caregivers and AA stakeholders; patients, families and communities and AA caregivers. Resulting in health disparities and poor AA employee satisfaction.
See 5 WHYS_Modlin_LaShon.docx & Elevator Speech.docx

Countermeasures (Improvements) — PLAN

- Research causes of health disparities in African Americans (AA)
- Research AA Diaspora/Culture/History in America
- Appreciate and acknowledge impact SDOH, low health literacy, racism, distrust, poor communications, cultural incompetency and hereditary conditions on AA health disparities.
- Develop AA Affinity Group Leader Listening Rounds to improve communications, feedback, trust between MetroHealth Caregivers and AA patients and AA Caregivers.

Implementation Plan — Do

- Review purpose, mission of Metro Leadership Listening Rounds Initiative to improve communications, listening, pt. experience and caregiver experience.
- Create modification of existing Leadership Listening Rounds, entitled "MetroHealth AA Affinity Group Leadership Rounds"—an initiative to better engage and improve communications, patient experience, health outcomes, and caregivers' experiences between Metro caregivers and AA hospitalized patients and AA employee caregivers
- Write AA Affinity Group Leadership Listening Rounds project proposal (includes peer reviewed references on racial concordance between health providers/patients in eliciting more honest feedback from AA pts.
- Schedule and conduct several meetings to present proposal to MetroHealth Leadership to gain acceptance and buy-in--partial listing of leaders to engage.
- Create AA Affinity Group Leader Listening Rounds **Subcommittee**. Plan processes/format for development, implementation and operationalization of the AA Affinity Group Rounds.
- Schedule/conduct three Mock AA one-hour long AA Affinity Group Listening Rounds to define flow, roles, responsibilities, anticipate issues.

Confirmation (Results of improvements) — CHECK

- Review lessons learned from Mock AA Affinity Group Rounds with rounding participants, subcommittee, caregivers, selected Metro leadership.
- Revise/Modify plans and processes based upon feedback and lessons learned during the AA Affinity Group Leadership Listening Mock Rounding and previously learned lessons from the conventional Leadership Listening Rounds.

Conclusion (Follow up actions for control and sustainability) — ACT

- Schedule the first AA Affinity Group Leader Listening Rounds Session. See Format Attached. Conduct the first session of the AA Affinity Group Leadership Listening Rounds.
- Review feedback and lessons learned from First session AA Affinity Group Leadership Rounds. Record in a database the feedback, notes, input.
- Analyze data from AA Affinity Groups rounds, in collaboration with MetroHealth Biostatisticians and others.
- Present findings with MetroHealth leadership, Office of Pt. Experience, BOT HE & Diversity Subcommittee and general membership of Leadership Listening Rounds and selected caregivers to formulate action to act upon/resolving concerns heard on AA Affinity Group Rounds.
- Plan the second AA Affinity Group Leadership Listening Rounds.

Leader Affinity (African American) Group Listening Rounds Questions

1. Building Trust and Rapport

- How comfortable are you with the care you're receiving so far?
- Are there any cultural or personal preferences we should be aware of to make you feel more comfortable?
- Is there anything you need to help you better understand your treatment plan?

2. Understanding Health Beliefs and Barriers

- Do you have any concerns about the care you're receiving that you'd like to discuss?
- Has the healthcare system treated you well in the past, or are there things you wish had been different?
- Are there any barriers, such as transportation or financial concerns, that might make it difficult to follow up after your stay?

3. Assessing Cultural and Spiritual Needs

- Do you practice any spiritual or religious beliefs that you'd like to incorporate into your care?
- Are there any cultural traditions that are important to you during your hospital stay?
- Would you like to speak with someone from a specific cultural or spiritual background while you're here?

4. Exploring Social Support and Community

- Do you have a support system, such as family or friends, that you would like to be involved in your care?
- Are there any resources or community groups that have been helpful to you in the past that you'd like us to connect with during or after your stay?

5. Evaluating Pain and Treatment Preferences

- Are you experiencing pain, and if so, how would you like us to manage it?
- Have you had past experiences where your pain was not taken seriously? If so, what can we do to avoid that?
- Is there a way you would prefer we communicate with you about pain management or treatment options?

6. Addressing Concerns about Discrimination or Bias

- Have you ever felt like your race or background affected the care you received in the past? If so, what would make this experience better for you?
- If you feel uncomfortable at any time, how would you prefer to let us know?
- Do you feel your concerns have been listened to by the healthcare team?

7. Encouraging Participation in Care

- Do you feel involved in decisions about your care and treatment?
- Would you like more information or clarification about your treatment options?
- Is there anything we can do to improve communication between you and your healthcare team?

8. Post-Discharge Planning and Health Literacy

- Do you feel confident about managing your health when you leave the hospital?
- Would you like more information on any aspect of your condition, medication, or treatment?
- Are there any follow-up resources or appointments you feel uncertain about?

Additional Questions:

- Do you feel that your racial background has been considered and respected throughout your care/inpatient stay?
- Have you ever felt uncomfortable discussing your racial background with your healthcare provider?
- Do you have any concerns about how your race might impact your treatment plan?
- Is there anything you would like to share about your experience related to your race in the healthcare setting?

MetroHealth
Devoted to Hope, Health, and Humanity

Multicultural Health Equity Centers of Excellence

Charles Modlin, MD, MBA
VP Chief Health Equity Officer, Staff Urologist
LaShon Carson, MPH
Coordinator, Health Equity Programs

2023 System Strategy

The Multicultural Center Model supports all of our system goals

- Increased number of patients resulting in increased revenue
- Better patient outcomes and decrease in health disparities
- Promotes MH commitment to being an inclusive healthcare system
- Promotes opportunities to explore innovative, cutting-edge technology and therapies

Financial Health

Our services and ventures will grow and generate positive revenue.

Our clinical and system services will be efficient and cost effective.

We will ensure we are optimizing all revenue sources.

Strategy & Growth

We will widen our front door to ensure all of our communities have access to the services and care needed.

We will test, shape and scale our services to expand our ability to improve health outcomes.

In collaboration with industry, leverage our cutting-edge research to provide patients with the latest technologies and medical discoveries while furthering strategic growth for our institution.

Quality & Service

Our patients will be provided the highest quality of care in a safe and healthy environment.

We will advocate for our patients and ensure they understand their care options and have a say in their care experience.

We will maintain our position as a nationally recognized academic medical center, developing a workforce that can meet the current and future needs of our community.

Clinical Transformation, Health Equity & Community Impact

Our health care model will meet the current and future needs of all of our communities.

All of our communities will have a seat at the table so medicine is done with them and not to them.

We will eliminate health care disparities, zero out the death gap and improve the lives of all members of our community.

We will strategically collaborate and partner with others to improve and expand health care delivery.

Culture & Diversity

MetroHealth will be a workplace of choice and embrace a "people-first" culture.

Our workforce will represent the communities we serve.

We will improve the health and wealth of all of our communities.

Patients, providers and caregivers will be respected, valued and heard.

Innovation, Education & Research

Increase the scale and impact of MetroHealth's spin-off entities to enhance the impact of our services, improve quality of care and enhance revenue generation.

Our research will be recognized as a national leader for translating discoveries into applications that can improve the health of all of our communities.

We will align the work of our research institutes with our clinical and system services.

Clinical Transformation, Health Equity & Community Impact

Our health care model will meet the current and future needs of all of our communities.

All of our communities will have a seat at the table so medicine is done with them and not to them.

We will eliminate health care disparities, zero out the death gap and improve the lives of all members of our community.

We will strategically collaborate and partner with others to improve and expand health care delivery.

Multicultural Health Equity Centers of Excellence

- **What are the Multicultural Health Equity Centers?**
  - **Innovative, Unique** & **Substantive** Health **System-Wide Approach** to Addressing and Eradicating Health Disparities
    - Health inequities exists in every arena of clinical medicine
      - Examples of Health Disparities across spectrum of medicine
    - Multicausality: SDOH; Hereditary/Genetic; Provider/Health Systems/Policies/Patient/Community

Common Health Disparities in Hispanic/Latinos

- https://minorityhealth.hhs.gov/hispaniclatino-health
- According to the Centers for Disease Control and Prevention, the average estimated life expectancy at birth for Hispanics/Latinos (of any race) is 80.0 years (82.8 years for females and 77.0 years for males), compared to 77.5 years (80.1 for females and 75.1 for males) for non-Hispanic Whites.
- Although they tend to have higher life expectancies than some other racial and ethnic groups, Hispanic/Latino health is often influenced by factors such as language/cultural barriers, lack of access to preventive care, and lack of health insurance.
- In 2021, the five leading causes of death among Hispanics/Latinos (of any race) were COVID-19, heart disease, cancer, unintentional injuries, and stroke.

Latinos were 31% less likely to receive colonoscopies than Whites (95% CI, 7%–55%). Among individuals 40–49 y old, African Americans were 71% less likely to have had a colonoscopy than Whites (95% CI, 13%–96%).

Feb 28, 2015

https://www.ncbi.nlm.nih.gov › pmc

Racial and Ethnic Disparities in Colonoscopic Examination of ...

Comparative Study

Persisting Racial Disparities in Colonoscopy Screening of Persons with a Family History of Colorectal Cancer

Meng-Han Tsai et al. J Racial Ethn Health Disparities. 2018 Aug.

Common Health Disparities in African Americans

- **Hypertension:** 45% incidence (40% greater incidence)
- **Diabetes:** 13% AA over 20 have diabetes; 1.7x Whites
- **Heart Disease:** 30% > death than whites
- **Stroke:** AAs 50% > stroke; Black men 70% > stroke death
- **Kidney Disease:** 4-6x > incidence
- **Cancers:** 44% > death than whites (including: breast, colon, lung, prostate)
- **Prostate Cancer** 2x incidence 2x death rates compared to whites

Common Health Disparities in African Americans

- HTN—AA adults **less likely to have HTN controlled**
- **AA women 60% greater incidence** HTN than non-Hispanic white women
- **Blacks less likely to receive certain invasive** than whites **cardiovascular diagnostic and treatment procedures**
- **Lung Cancer**—black men are 11% more likely to be diagnosed with lung cancer, and 9.8% more black men die from lung cancer
- **Kidney Cancer** (CDC)—black men most likely to get kidney and renal pelvic cancer
- **Colorectal Cancer**-black men 24% more likely to get colorectal cancer than white men; 47% more likely to die from it.
  - Colorectal Cancer-black women risks 19% and 34% respectively.
- **Oral Cancer**—AA men at one of the groups at highest risks and many don't know it.
- **Thyroid Cancer**—less common in blacks; but **AA poorer survival than whites**—related to disease characteristics (higher rates of anaplastic thyroid cancer and larger tumors at presentation)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Editorial
Hepatol Commun. 2022 Jan;6(1):8-11. doi: 10.1002/hep4.1771. Epub 2021 Sep 23.
Liver Cancer Has a Distinctive Profile in Black Patients: Current Screening Guidelines May Be Inadequate
Adam C Winters [1], Tali Shaltiel [2], Umut Sarpel [2], Andrea D Branch [3]
Affiliations + expand
PMID: 34558225 PMCID: PMC8710783 DOI: 10.1002/hep4.1771

Common Health Disparities in Racial/Ethnic Minority Children

300x Incidence in Asthma in AA adolescents

Higher rates of Type 2DM, HTN, Obesity

The Why

Increasing U.S. Diversity

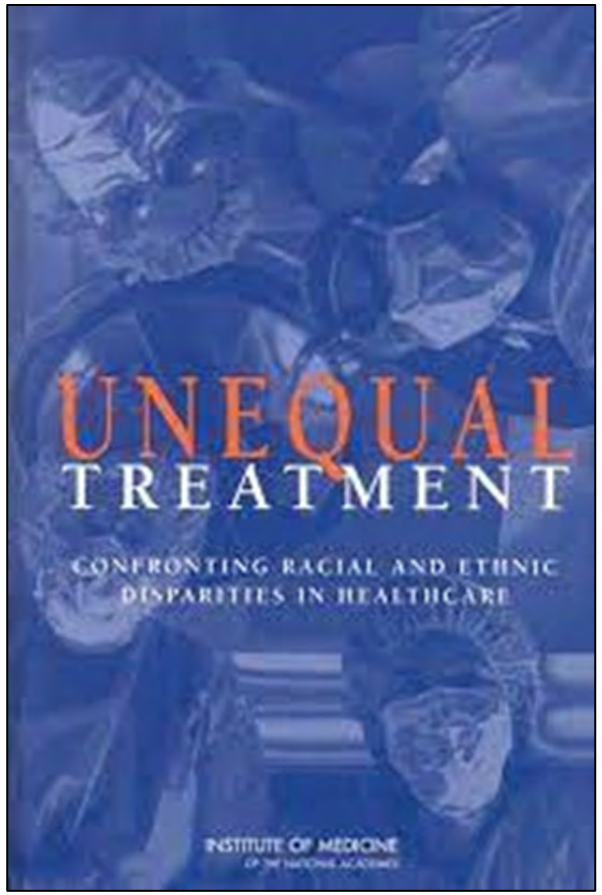
National Crisis

Increased Health Disparities Populations

Why Healthcare Disparities?

- Multifactorial
  - Patient, Provider, System/Systemic Factors
    - Culture/ Culture Competency/ Communication
    - Education/ Health Literacy
    - Historical Factors/ Distrust/ Racism/ Stereotyping/ Biases
    - Socio-Economic Determinants of Health
      - Lack of health insurance
      - Lack of Access
      - Environment/ Nutrition/Behaviors
  - Lack of Diverse Healthcare Workforce
  - Genetics/ Biologic/ Diff. Response to Medications
  - Lack of Minority Patients in Research Trials
  - Sub-specialization in Medicine & Lack of Awareness of Disparities

CHRONIC ***UNFAIR*** AND ***UNEQUAL*** TREATMENT



Dying For Basic Care

- More than 886,000 deaths could have been prevented 1991 to 2000 if Blacks had received same care as whites, American Journal of Public Health.
- Study estimates technological improvements in medicine -- including better drugs, devices and procedures -- averted only 176,633 deaths during the same period.
- “Five times as many lives can be saved by correcting the disparities [in care between whites and blacks] than in developing new treatments.”

Multicultural Health Equity Centers of Excellence

Mission: Elimination of Health Disparities

Vision: Improving the health of our patients and communities

Goals:

- Development of Clinicians Focused on Elimination of Health Disparities in respective disciplines
- Strategic Community Outreach, Health Education, Facilitated Patient
- Providing welcoming environment
- Listening and Learning, Responding to Patient/Community Needs **(Leader Listening Affinity Group Rounding)**
- Earning trust and respect of our patients and exceeding patient expectations
- Higher levels of engagement with our patients
- Learning, Incorporating, Teaching, Researching best practices of health equity medicine
  Advancing latest technologies and therapies for all

Goals of Multicultural Health Equity Centers

Community Impact and Health System Impact

- **Realization of MetroHealth Mission**, Objectives, Goals
- Focus MetroHealth Efforts to **eradication health disparities**
- **Improved health outcomes** of individuals and communities
- **Increasing preventive care** in our communities
- **Increases patient satisfaction and outcomes**
- Enhanced **research opportunities**
- Enhanced provider and **caregiver recruitment opportunities**
- Enhanced **philanthropy, grants**
- Enhanced **community/stakeholder partnerships**
- Enhanced **training pipelines**
- Enhanced **market share**
- Enhanced **patient generated revenue generation**
- Enhanced **branding/distinction of MetroHealth**

Immediate Needs for Activation of Multicultural Health Equity Centers

- **SWOT---Market Share**
  - University Hospitals Threat
  - Cleveland Clinic Stephanie Tubbs Jones Family Health Center Ranked #1 for African American Care

- Movement Forward on Active Collaboration and Partnership with MetroHealth Marketing to Promote the Health Equity Centers.
  - Patients self-select to register into the health equity centers
  - Marketing/Communications necessary to population the centers
- Activation of Clinicians
  - Communications: internal, community, media
  - Best Practice/Evidence-Based Review by Clinicians
- Strategic Clinical Community Outreach geared toward Community-In-Reach
- Additional Clinical Resources—Clinical Health Equity Nurse Coordinator, Health Equity Manager, Clinical Health Equity Director, Medical Equipment, Recruitment

Multicultural Health Equity Centers of Excellence

Department	Clinical Center Lead
Anesthesiology	Dr. Bushra Abdul Aleem
Bariatrics/Weight Management	Dr. Sergio Bardaro, Dr. Amelia Dorsey, Pamela Olszko, RN, Kerry Stouges
Behavioral Health	Dr. Tyffani Monford
Cancer Care Research	Koretia Williams, Research Project Specialist
Cardiology	Dr. Kathleen Quealy
Chronic Pain	
Dermatology	Dr. David Crowe
Endocrinology	*Dr. Daniela Pirela Araque Clinical requirement tied to Visa
Family Medicine	Dr. Bode Adebambo
Gastroenterology	Dr. Adrian Lindsey
Gender Affirming Sexual Health	Dr. Kirtishri Mishra
General Internal Medicine	Dr. Jayne Barr
Geriatrics	Drs. Fassil Gemechu; Lorella Luezas-Shamakian; Jennifer Hudak;

Department	Clinical Center Lead
GYN/ONC	Dr. Kimberly Resnick, Dr.Moreland (in patient)
Hematology/Oncology	
Infectious Disease	Dr. Melissa Jenkins
Medicine/Pediatrics	Drs. Aparna Roy, MD and Candis Platt-Houston
Nephrology	Dr. Nagaraju Sarabu, Doreen Papajcik, APP Jeffrey Weaver, PA, Brittany Grimaldi, RN
Neurology	Dr. Agnieszka Ardelt
Nutrition	Patricia McClain
Obstetrics/Gynecology	Dr. Connie Moreland
Oncologic Surgery/Cancer Center	Dr. Rakhshanda Raham
Ophthalmology	Dr. Seidel & Mrs. Kelly
Oral Health	Dr. Victoria Barany- Nunez, Brigitta Haller
Orthopedics	Dr. Jon Wilber, Dr. Adrienne Lee, Dr.Blaine Todd Bafus, Dr. Jon Belding; Dr. Chris Matson
Otolaryngology including Audiology	
Palliative Care	Dr. Beth McLaughlin

Multicultural Health Equity Centers of Excellence

Department	Clinical Center Lead
Pediatrics	Dr. Aparna Roy, Dr. Candis Platt-Houston
Pharmacy	Dr. Ryan Mezinger, Curtis Warren
Physical Medicine & Rehab	Dr. Richard Wilson, Dr. Antwon Morton
Plastic Surgery	Dr. Bram Kaufman
Pulmonary	Dr. John Thornton, Dr. John Carter
Radiation Oncology	Dr. Roger Ove
Red Carpet	Dr. Nicholas Dreher
Rheumatology	Dr. Eli Weinberger
Sickle Cell	Dr. Grace Ifeyinwa Nnadozie, Dr. Tonjeh Bah
Social Work	Patricia Kachmyers
Surgery/ General Surgery	Dr. Morton, Rebecca Dykes
Vascular Surgery	Dr. James Persky, Dr. Garietta Falls-Beedies, Dr. Katherine Obermire
Wound	Dr. David Rowe

Waiting on Center Lead Identification

Department	Clinical Center Lead
Epilepsy	

No Centers

Department	Clinical Center Lead
Pathology	
Radiology	
Emergency Medicine	

Other

Department	Clinical Center Lead
Preadmissions	
Research	
Hospital Medicine	
Department of Nursing	
Risk Clinic	

Advancing MetroHealth Through Equity in Transgender Surgical Care and Sexual Health

EMPOWERING HOPE, HEALTH, AND HUMANITY FOR ALL

Kirtishri Mishra, MD
Director of Gender Affirming Care
Director of Reconstructive Urology and Men’s Health
Assistant Professor of Urology, Case Western Reserve University

AGENDA

- Our Mission
- The Team
- Our Numbers
- Major Milestones
- Honors
- Future directions
- Path to Integration with the Institution

Just wanted to wish you both a happy thanksgiving, I appreciate you and all you do Stacys! Thank you so very much for keeping me calm, checking me out, reassuring me that my hypochondria was just getting to me at times (and it was) and medicating me when I needed it. If the entire healthcare system had clones of you two, we'd truly be the best in the world.
Just one photo for the update. I think I'm almost out of the woods!
~

OUR MISSION

To deliver affirming, equitable care that empowers all persons including transgender and gender-diverse individuals to live healthier, more fulfilling lives.

Early days of GCSH

“We want all patients to get a boutique care in our division!”

“We want to be the McDonald’s of gender care and sexual health. Vertical integration is the goal!”

MEET THE TEAM

Director and Surgeon

Kirtishri Mishra, MD

Dr. Mishra is a fellowship trained urologist with expertise in reconstructive surgery, gender affirming care, sexual health, and cancer survivorship. He also has a keen interest in microbial bioburden as they relate to surgical care and outcomes.

Nurse Practitioner

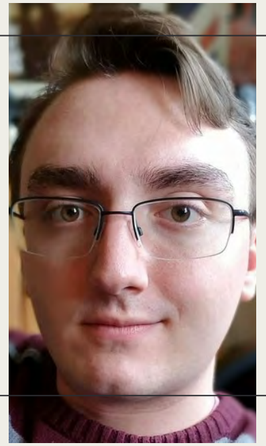
Anastasia (Stacy) Loejos, CNP

Stacy Loejos is an asset to the GCSH team as a subspecialized provider performing the initial intake for all gender care patients. She is also uniquely trained to take care post -menopausal sexual health, and rape victims.

Nurse Partner/Coordinator

Stacy Rossi, RN

As a seasoned wound care nurse, Stacy has transitioned into the role of a nurse partner and coordinator. Her skills are critical to optimizing patient post -operative course and the complex nature of their healing and social circumstances.



PSS

Chris Dreger

Outside of his daily obligations as a PSS, Chris has admirably filled in as a navigator and insurance specialist for patients pursing GAS. He also helps in coordinating care for sexual health patient across multiple disciplines.

WHY DOES IT MATTER TO OFFER GENDER CARE AND SEXUAL HEALTH SERVICES?

Gender dysphoria is associated with higher suicide rates.

Individuals with gender dysphoria are 10 times more likely to attempt suicide with a cited incidence of 41%. One study states this disparity may be as high as 27 times higher in the transgender population.

Elevated Rates of Violence

Transgender people of color are disproportionately affected by fatal violence. Since 2013, over 84% of victims of such violence were people of color, with Black transgender women comprising nearly half of these deaths.

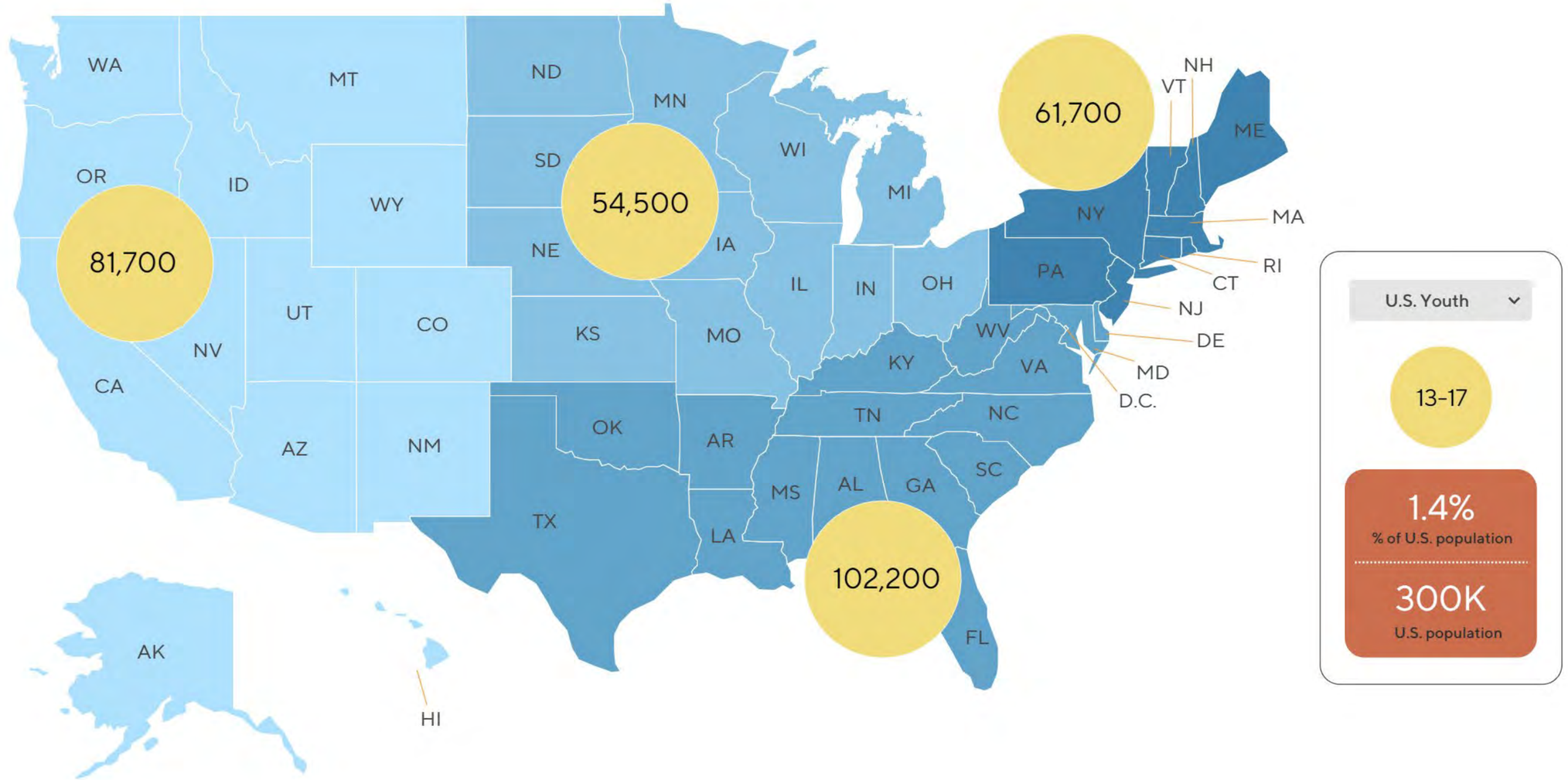
TG individuals are 2.5 times more likely to be victimized compared to their cis - counterparts.

Healthcare Disparities

Transgender individuals, particularly those from minority backgrounds, often encounter discrimination in healthcare settings, leading to delays or avoidance of necessary care. This contributes to poorer health outcomes and increased mental health challenges.

Hospitals are the second most common location where TG individuals experience discrimination.

National and regional estimates



OUR NUMBERS

18%
Drug use

95.2%
Housing instability

28.9%
TG pop that is non- white

95.6%
Financial strain

92.3%
Intimate partner violence

96.1%
Food insecurity

84.5%
TG with depression

94.2%
Poor social connection

91.8%

High risk of SDOH

WHAT HELPS?

- A 2021 study found that access to hormone therapy reduced suicidal ideation by 62% among transgender individuals.
- A JAMA Surgery study highlighted that individuals who underwent surgery experienced a 42% lower likelihood of psychological distress.
- Surgery has been associated with higher levels of perceived social support and acceptance, leading to improved integration into society.
- A combination of hormone therapy, surgery, and behavioral health support has the most significant impact on reducing disparities.
- Long-term access to gender-affirming care improves socioeconomic outcomes, with recipients more likely to secure stable housing, employment, and healthcare access.

BRIEF HISTORY OF THE GCSH PROGRAM

10/2022

Dr. Mishra started

First fellowship trained urologist in reconstruction and Men's health at MetroHealth Medical Center.

2/2023

First vaginoplasty performed

History made with first vaginoplasty ever to be performed at MetroHealth Medical Center.

5/2023

GCSH Team officially formed

Official transition of Stacy Loejos and Stacy Rossi into the designated positions to officially form the gender care team. Sexual health team formed with collaboration with Dr. Sally Macphedran.

6/2023

Official multidisciplinary meetings biweekly

Biweekly meetings with behavioral health, ethics, social work, physical therapy, inpatient nurses, primary care, surgery, sexual health, primary care, and community partners.

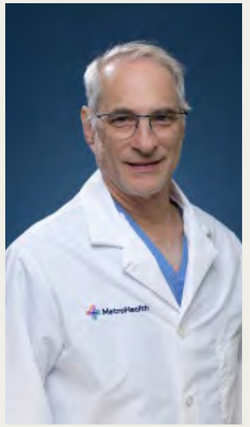
2024

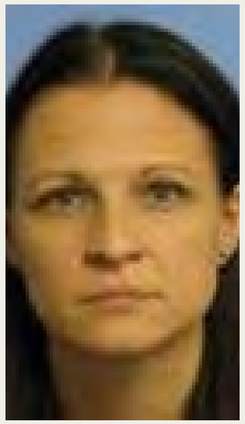
Masculinizing surgery

First ever masculinizing surgery with robotic vaginectomy and urethral lengthening performed.

Ingoude Company

THE REST OF THE TEAM





WHAT IS IT THAT WE DO?

Gender Care

Our team delivers cutting -edge, gender-affirming bottom surgery with expertise and compassion. Committed to inclusivity and innovation, we empower patients to live authentically with life -changing care.

Rape Crisis Victims

Our team is dedicated to providing compassionate, trauma -informed care for survivors of sexual assault. We prioritize safety, dignity, and healing, offering comprehensive support to empower victims on their path to recovery.

Men's Health

Our urology team tackles men's health issues like ED, incontinence, Peyronie's, and more—bringing confidence and quality of life back where it belongs!

Post-menopausal care

Our team provides expert care for post-menopausal and women's sexual health, offering compassionate, personalized solutions to enhance comfort, confidence, and overall well -being.

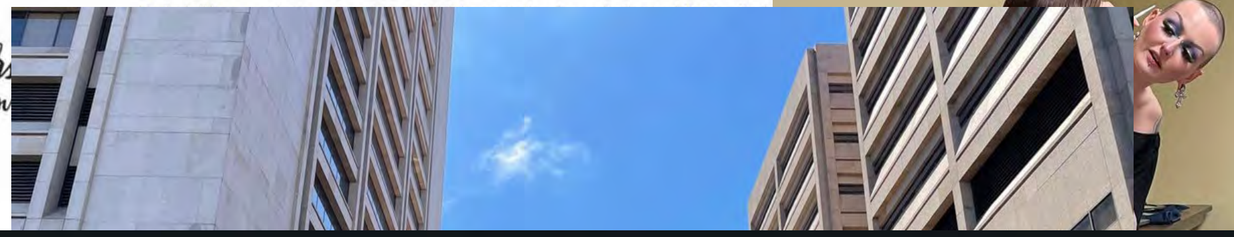
PROGRAM HIGHLIGHTS

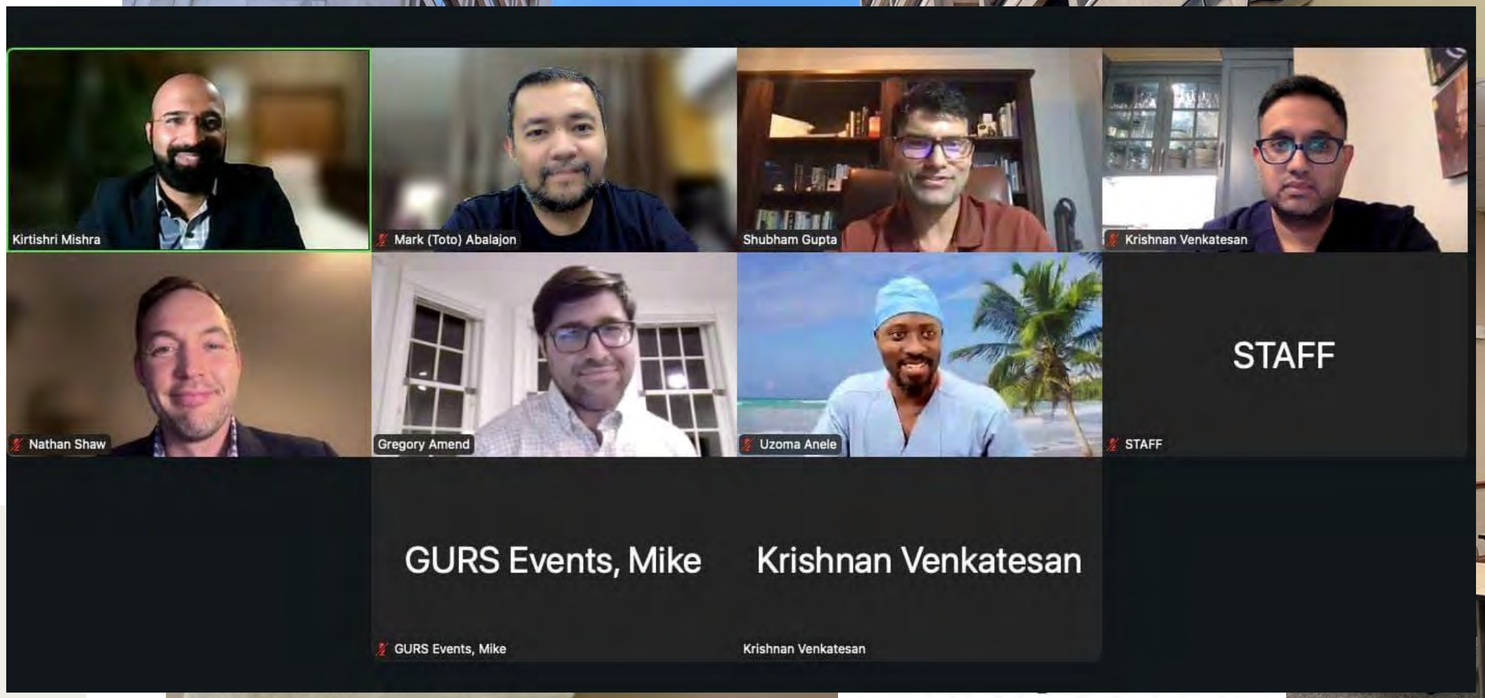
- There have been more advanced surgical interventions performed for refractory male ED in the last 12 months than the last 25 years (or more) combined.
  - Plan to achieve status as center of excellence in advanced male surgical options
- 400% growth in other reconstructive/gender affirming procedures
- Academic and media presence
- 33 abstracts/presentations
- ~25 medical students doing research
- 23 papers
- 5 book chapters

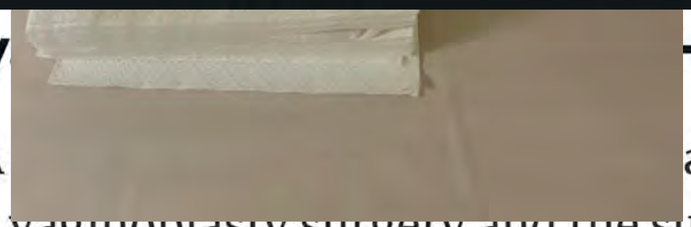
Thankful Thursday: Patient Thanks Multidisciplinary Team for Outstanding Care

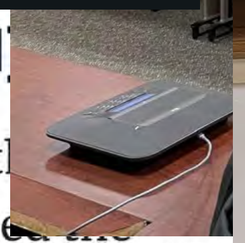
11/28/2024

For this week's Thankful Thursday, we're highlighting a letter of gratitude from a patient about exceptional car
multidisciplinary team:









MetroHealth

V Health [LISTEN]

A atient at MetroHealt
a vaginoplasty surgery and the surgeon who performe

BY KEN SCHNECK (HE/HIM), EDITOR • HEALTH & WELLNESS, PODCASTS, TRANSGEND
SEPTEMBER 18, 2023

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HONORS

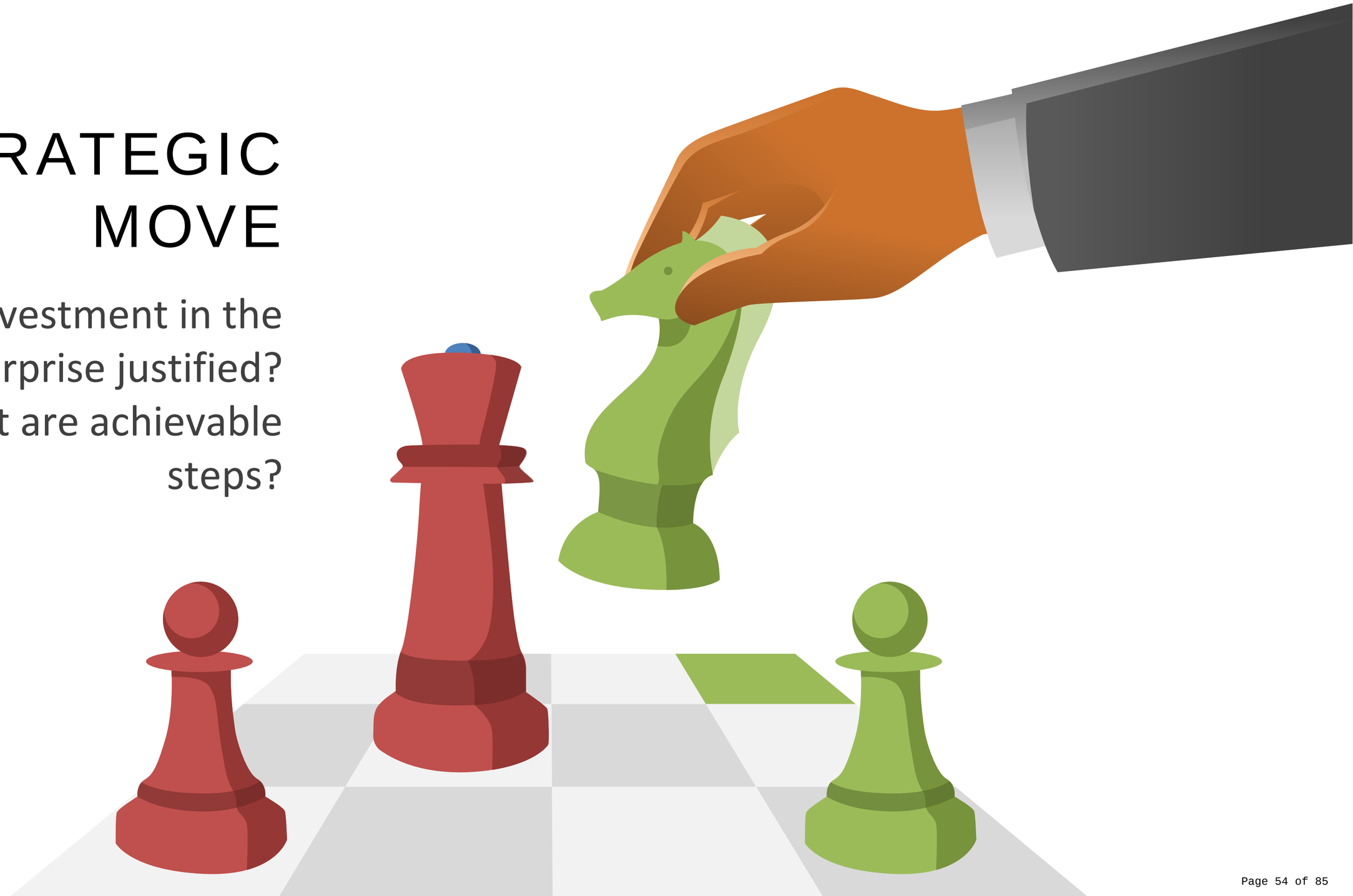
- North Central Section Young Urologist of the Year
- Case Western Reserve University School of Medicine Research Mentor of the Year
- Plenary session at American Urologic Association
- Urology Care Foundation Award – Promising Young Investigator
- AUA Who’s Who in Urology?
- Cleveland Top Docs
- Investigator Initiated Fund for studying graft utilization in gender -affirming surgery
- Stacy Loejos, CNP - Joseph Carter Compassion and Kindness Award
- Stacy Loejos, CNP - Medical Staff Excellence Award

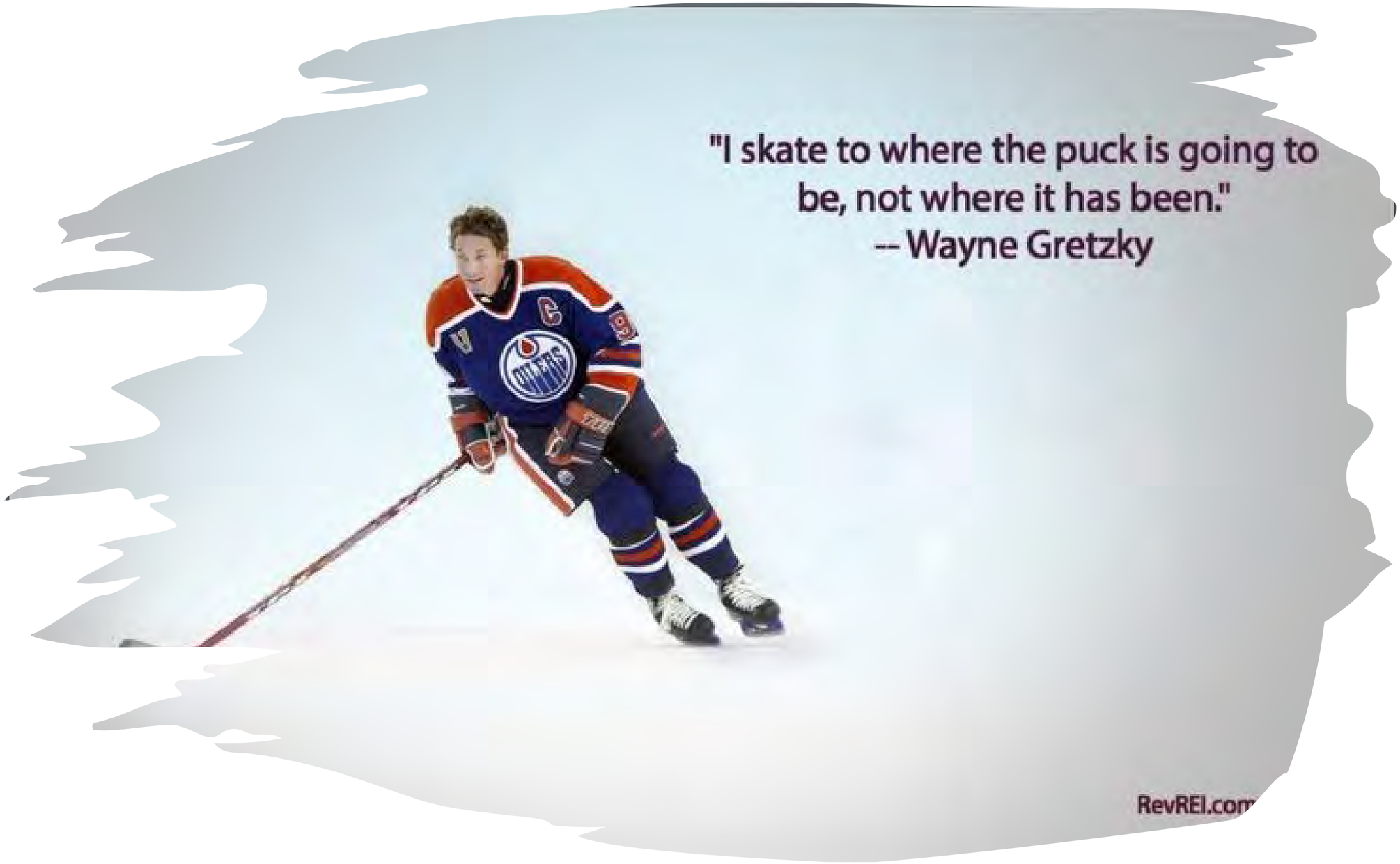
Finances/Social media presence

- Total billable charges from the first 8 cases: >1.5 million dollars
- The downstream revenue of offering penile prosthesis to the hospital system is ~$25,000
- Social medial uptick 450% in last three months
- Service in the local community and overseas

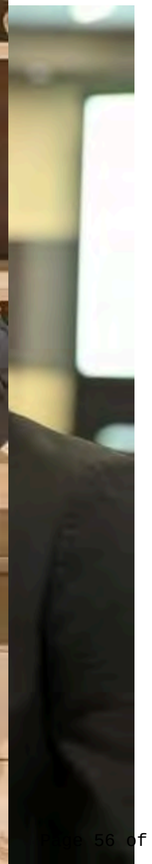
STRATEGIC MOVE

Is the investment in the enterprise justified? What are achievable steps?




"I skate to where the puck is going to be, not where it has been."
-- Wayne Gretzky
RevREI.com

Culture!



Growth is hard!

Satisfactory patient experience and outcome!

Success

Major area for growth!

ANCILLARY SUPPORT

Investment in provider education and growth

GROWTH

Need to address social work needs

STRATEGY

Increase volume by 200% while maintain quality and outcomes

VISION

Cohesive and fulfilling work atmosphere

TEAM

Growth strategy meetings

PLAN

Routine meetings with leadership

COMMUNICATION

National and international presence

RESEARCH

Navigator Social Worker Marketing

About Us

Accreditations and Partnerships
Annual Report
ACO Public Reporting
Board and Governance
Ethics and Compliance
Hall of Honor
History of MetroHealth
Inclusion and Diversity
Key MetroHealth Policies
Mission
Public Records

Mission

Dedicated to Hope, Health, and Humanity

Leading the way to a healthier you and a healthier community through service, teaching, discovery and teamwork.

Vision

MetroHealth will be the most admired public health system in the nation, renowned for our innovation, outcomes, service and financial strength.

Our Values

- Service to Others
- Teamwork
- Accountability
- Respect
- Inclusion, Diversity and Racial Equity
- Quest for Excellence

MS

Chris
I must confess I never knew much about Métro but you n the team I've met in the gender clinic really are hitting homeruns like champs.

I am so happilly impressed. thank you.

I plan to call in the morning. today was big project day

thank you n the team

Thank you!

From the entire GCSH Family!

Comprehensive Business Proposal for Expanding Gender-Affirming Services at MetroHealth Medical Center

Executive Summary

MetroHealth Medical Center, boasting one of the largest and oldest Pride Clinics in Ohio, has made significant strides in offering comprehensive gender-affirming care. However, the full spectrum of surgical services, particularly phalloplasty, remains underdeveloped. This proposal outlines a strategic investment to enhance the surgical capabilities and introduces an innovative organizational model—the Gender-Affirming Care Consortium. By expanding these services and fostering a multidisciplinary approach, MetroHealth can significantly improve care quality and set a replicable standard for institutions nationwide.

Current Status

Since my appointment in October 2022, we have:

- Developed a complete gender-affirming surgery program from the ground up with hiring of the first few staff members and subsequent implementation of a surgery program along with a multi-disciplinary group.
- Achieved high-volume status, performing 29 gender-affirming procedures, including 16 vaginoplasties.
- Established metoidioplasty services with ongoing plans to expand.

Despite these advancements, only 2.9% of patients diagnosed with gender dysphoria at our institution have been seen by the surgical team, indicating a significant untapped potential for clinical growth in this area.

The absence of a microvascular surgeon limits our ability to offer phalloplasties—a critical service that would complete our surgical offerings.

Proposal Objectives

This proposal aims to:

1. **Recruit a Microvascular Surgeon**: Essential for initiating phalloplasty services.
2. **Form the Gender-Affirming Care Consortium**: A model for improving multidisciplinary collaboration and patient care pathways.
3. **Enhance National Model Replicability**: Establish MetroHealth's consortium model as a benchmark for national adoption.

Strategic Plan

Recruitment of a Microvascular Surgeon

Recruiting a qualified microvascular surgeon is pivotal. This position will not only enable the provision of comprehensive surgical care but also contribute to the center's academic and research goals.

Formation and Operation of the Gender-Affirming Care Consortium

Vision and Structure: The consortium will integrate services from the Pride Clinic, Behavioral Health, and various surgical disciplines to streamline patient care processes and enhance clinical outcomes.

Phases:

1. **Formation**: Assemble teams, define roles, and establish initial operation guidelines.
2. **Integration**: Create integrated care pathways for seamless patient transitions across services.
3. **Implementation**: Begin detailed operations with continuous adjustments based on initial feedback.
4. **Evaluation and Scaling**: Regularly assess program effectiveness and prepare for broader implementation.

Roles and Responsibilities:

- **Director of Gender Affirming Care**: Oversees all consortium activities, ensuring alignment with strategic health objectives.
- **Clinical Coordination Team**: Manages clinical decision-making and patient care pathways.
- **Administrative and Outreach Teams**: Support operational logistics and community engagement.

Research and Development

Leveraging my extensive research background, including over 120 peer-reviewed publications and book chapters, the consortium will also emphasize research and development. We aim to conduct prospective studies to assess the effectiveness of the multidisciplinary approach and to explore new areas of gender-affirming care. This research component will not only contribute to academic knowledge but also improve clinical practices and patient outcomes at MetroHealth and beyond.

Research Objectives:

- Conduct comprehensive prospective studies on the outcomes of the new gender-affirming procedures introduced.
- Investigate the long-term psychological and physical impacts of integrated care pathways.
- Publish findings to contribute to the global body of knowledge on gender-affirming care.

Financial Projections and Impact

Investments will be allocated towards:

- Competitive recruitment packages for the microvascular surgeon.
- Support structures for consortium operations.
- Marketing initiatives to promote the expanded services.

Projected increases in patient intake by 40% over two years should lead to financial break-even within three years, followed by sustained profitability and reputation enhancement.

Risk Assessment and Mitigation Strategies

Risks:

- Challenges in recruiting highly specialized talent.
- Administrative delays in consortium formation.
- Competitive pressures from other healthcare centers.

Mitigation:

- National recruitment drives and competitive offers.
- Defined governance structures for quick decision-making.
- Enhanced marketing and community partnership strategies.

Conclusion

The proposed expansion and the creation of the Gender-Affirming Care Consortium at MetroHealth Medical Center represent a forward-thinking approach to healthcare. These initiatives are designed to provide comprehensive, efficient, and compassionate care, setting a benchmark for gender-affirming care that can inspire similar advancements

across the United States. This strategic enhancement will not only solidify MetroHealth's leadership in gender-affirming healthcare but also potentially transform care standards nationwide through its integrated research and clinical practices, especially given the substantial clinical growth potential highlighted by the current underutilization of surgical services among diagnosed patients.

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Supplier Equity Overview

Arlene Anderson
Director of Supplier Equity and Strategic Partnerships

December 18, 2024

MetroHealth
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Agenda

- 2024 Supplier Equity Goals
- Current State of Supplier Equity
- How we will meet our goals
  - Making it easier for MWBE's to do business with MetroHealth
  - Role of the GPO in Meeting Equity Goals
  - How Supplier Equity Office Will Assist
- Supplier Equity Pledge
- Recommended Action steps

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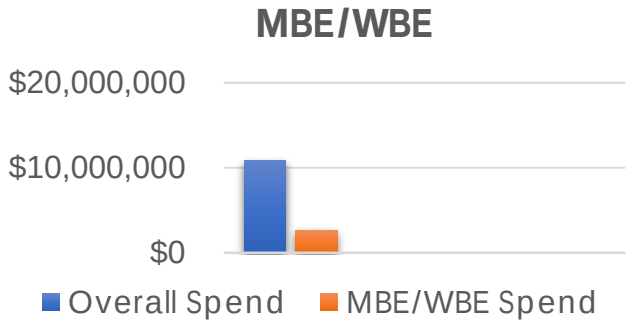
2024 Suppler Equity Goals

- Conduct a disparity study to ensure MetroHealth operationalizes the most aggressive supplier equity program permissible by law
- Increase the number of MWBE vendors registered in the Supplier Portal by [25]%
- Increase WMBE bid participation to [30]%
- Increase diverse spend to:
    - WBE [15]%
    - MBE [15]%

Current State of Supplier Equity

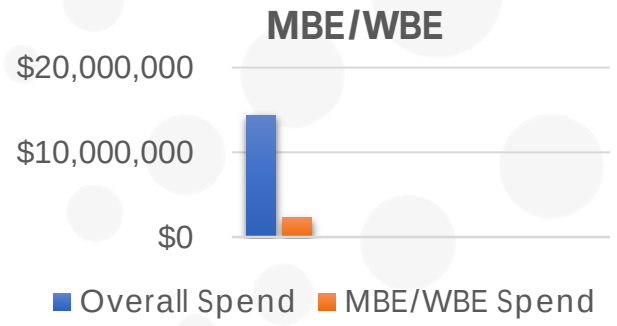
Planning, Design & Construction (PDC)	%	Y-T-D
Overall Spend		$10,851,884
Minority Business Enterprise (MBE)	2 %	$ 175,860
Women-owned Business Enterprise (WBE)	23%	$ 2,472,345
Overall Diversity Spend (includes MBE, WBE, LGBTBE, VOSB, SBVBE)	36 %	$ 3,940,298



Local Spend Impact

$6,847,042
(63%)

APEX Project	%	Y-T-D
Overall Spend		$70,348,056
Minority Business Enterprise (MBE)	6 %	$4,107,127
Women-owned Business Enterprise (WBE)	24%	$16,577,209
Overall Diversity Spend (includes MBE, WBE, LGBTBE, VOSB, SBVBE)	30 %	$20,904,366



Local Spend Impact

$43,302,286
(63%)

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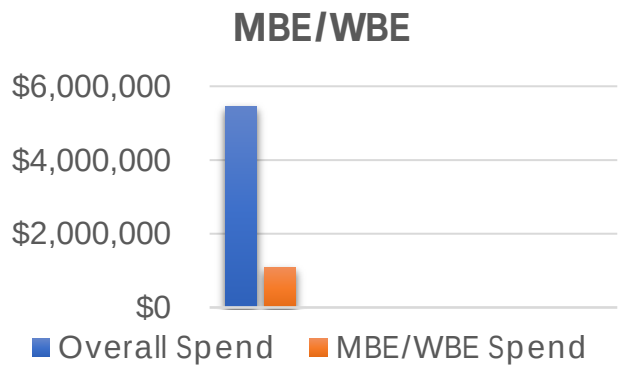
Current State of Supplier Equity

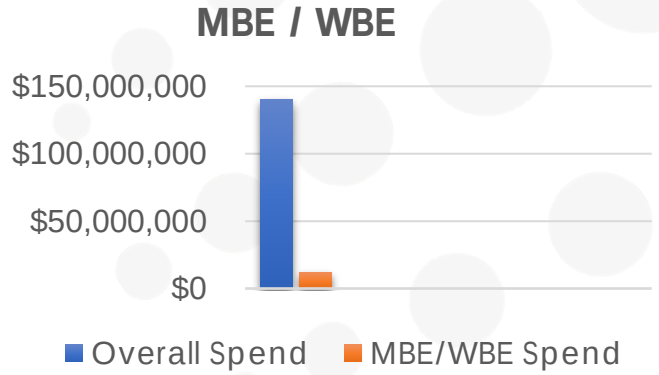
Facilities Management	%	Y-T-D
Overall Spend		$ 5,454,606
Minority Business Enterprise (MBE)	3 %	$ 164,938
Women-owned Business Enterprise (WBE)	17 %	$ 913,415
Overall Diversity Spend (includes MBE, WBE, LGBTBE, VOSB, SBVBE)	20 %	$ 1,098,814



Local Spend Impact

$3,232,652
(59%)

Supply Chain	%	Y-T-D
Overall Spend		$139,875,979
Minority Business Enterprise (MBE)	1 %	$ 1,674,646
Women-owned Business Enterprise (WBE)	7 %	$ 9,867,829
Overall Diversity Spend (includes MBE, WBE, LGBTBE, VOSB, SBVBE)	9 %	$ 12,450,733



Local Spend Impact

$48,989,091
(17%)

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Current State of Supplier Equity

- 199 MWBE vendors are registered in the supplier portal
- In 2023, MWBEs participated in 25% of MetroHealth public bid events
- Facilitated 23 MWBE introduction meetings and connected 7 business units to new vendors
- Launched Supplier Equity Council with community partners
- Signatory to the City of Cleveland's Community Benefits Agreement
- Hosted "How to do Business with MH" event and attended 6 outreach events
- Chair, Greater Cleveland Partnership (GCP) - Commit CLE committee
- Launched the 1st Supplier Equity webpage on the MH website
- Currently working with Miller3 Consultants to conduct a disparity study
- Currently working with UpNet Inc. to conduct a feasibility study

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What is a Disparity Study?

- The evaluation of contracting practices for public and private entities to determine if minority-owned, woman-owned, small, local, and veteran businesses have equal access to public contracting opportunities.
- The purpose is to aid MH in evaluating and improving its current program and to undertake all necessary and affirmative steps to ensure that Diverse Business Enterprises are afforded opportunities to participate in MH procurements.
- Miller3 Consulting (Expected completion date – December 2025)

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What is the Feasibility Study?

- To analyze the target areas, current deficiencies and the desired future state for the following departments: IS, Supply Chain, Facilities Maintenance, Finance, Planning Design and Construction and Supplier Diversity and Legal.
- The purpose is to provide discovery of integration opportunities to improve the current processes to be more efficient and effective as well as improve the information visibility, availability and relevancy to support the departments.
- UpNet Technologies, Inc. (Completion date – 1st Quarter, 2025)

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How we will meet our goals:

- Educate internal purchasing stakeholder on MWBE availability
- Increase transparency of diverse spend figures at cost center level
- Require at least one MWBE on Notification List for each public bid opportunity
- Require at least one MWBE quote for each MHS purchase between $10,000- $75,000
- Make it easier for MWBE's to do business with MHS (*see following slide*)
- Leverage our GPO (Premier)
- Hold direct vendors accountable for Supplier Equity Goals and Tier II spend

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Making it easier for MWBE's to do business with MetroHealth

- Eliminating contract barriers to maximize supply chain access
  - Use of plain language contract terms
  - Reasonable business insurance requirements rightsized to contract risk
  - Prompt payment terms (*instead of standard NET60*) and streamlined invoicing process for MWBEs
  - Willingness to use multi-award contracts or packing smaller bid packages
  - Eliminate any bonding or credit rating requirements

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Role of Current Vendors in Supporting MetroHealth's Supplier Equity Goals

- Adopt, share, and publish their own supplier equity goals
- Report diverse spend to MHS quarterly (*i.e. MetroHealth's Tier II Spend*)
- If not a MWBE company, commit to a diverse project team
- Engage in JV teaming arrangements to use MWBE subcontractors to deliver on MetroHealth business

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Role of the GPO in Meeting Equity Goals

- Bi-weekly meetings with SCM, SE and Premier field staff
- Track and review Supplier Equity spend with Premier
- Arlene Anderson serves on Premier's Supplier Diversity Committee
- Commit to expanding MBWEs on contract for GPO Members (*including new MBWEs introduced to GPO by MetroHealth*)

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How Supplier Equity Office Will Assist

- Support with the identification of and outreach to MWBE
- Conduct Suppler Equity Departmental Reviews
- Collect and Report MetroHealth Tier 1 and Tier 2 Diversity Spend
- In collaboration with SCM and PDC, publish a contract calendar and educate stakeholders on expiring contracts
- Develop and operationalize Supplier Equity Audit Program
- Facilitate Diversity Spend Team meetings with SCM, FM, PDC and Legal

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Why is Supplier Equity so important?

- Deeply embedded economic and racial inequities drive substantial health disparities
- Drive overall economic growth in the communities in which we live and work
- Provides multiple channels from which we can procure goods and services
- This underutilized business strategy unlocks innovation, drives competition and enhances an organization's reputation

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Supplier Equity Pledge:

As a recognized leader in the health care industry, MetroHealth is committed to supplier diversity and will make every effort to ensure that diverse entities are provided the maximum practicable opportunity to participate as a supplier, vendor, contractor, or subcontractor on MetroHealth projects. It is also an expectation that our external partners shall share MetroHealth's commitment to equity, inclusion and diversity.

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Questions?

An official website of the United States government
Here's how you know

J Public Health Policy. 2003;24(3-4):312-23.

The association of doctor-patient race concordance with health services utilization

Thomas A LaVeist [1], Amani Nuru-Jeter, Kiesha E Jones

Affiliations

PMID: 15015865

Item in Clipboard

Abstract

We examined a national sample of African-American, white, Hispanic, and Asian-American respondents to test the hypothesis that when patients are race concordant with their physicians, they are more likely to utilize health services. The analysis used the 1994 Commonwealth Fund Minority Health Survey to construct a series of multivariate models. Using three dimensions of health services utilization, we found support for the hypothesis. Compared to patients whose regular doctors are of a different race, patients who are of the same racial or ethnic group as their physicians were more likely to use needed health services (OR=.62; 95% CI .46, .81); were less likely to postpone or delay seeking care (OR=.78; 95% CI .65, .94); and reported a higher volume of use of health services (OR=2.68; 95% CI 2.07, 3.45). Analysis within race-specific sub-samples found this pattern to be most consistent among white and African-Americans and less prevalent among Hispanic and Asian-Americans. Adjusting the models for health status and a variety of other known predictors of health care utilization did not substantially affect the relationship between doctor-patient race concordance and health services use.

PubMed Disclaimer

Comment in

Are we ready to act on racial concordance?
Greenfield S.
J Public Health Policy. 2003;24(3-4):324-7.
PMID: 15015866 No abstract available.

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Cultural competence: A systematic review of health care provider educational interventions

541
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Mary Catherine Beach, Eboni G. Price, Tiffany L. Gary, Karen A. Robinson, Aysegul Gozu, Ana Palacio, Carole Smarth, Mollie W. Jenckes, Carolyn Feuerstein, Eric B. Bass, Neil R. Powe, Lisa A. Cooper

School of Medicine

Research output: Contribution to journal › Review article › peer-review

Overview Fingerprint

Abstract

Objective: We sought to synthesize the findings of studies evaluating interventions to improve the cultural competence of health professionals. Design: This was a systematic literature review and analysis. Methods: We performed electronic and hand searches from 1980 through June 2003 to identify studies that evaluated interventions designed to improve the cultural competence of health professionals. We abstracted and synthesized data from studies that had both a before- and an after-intervention evaluation or had a

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10.1097/01.mlr.0000156861.58905.96

Other files and links

control group for comparison and graded the strength of the evidence as excellent, good, fair, or poor using predetermined criteria. Main Outcome Measures: We sought evidence of the effectiveness and costs of cultural competence training of health professionals. Results: Thirty-four studies were included in our review. There is excellent evidence that cultural competence training improves the knowledge of health professionals (17 of 19 studies demonstrated a beneficial effect), and good evidence that cultural competence training improves the attitudes and skills of health professionals (21 of 25 studies evaluating attitudes demonstrated a beneficial effect and 14 of 14 studies evaluating skills demonstrated a beneficial effect). There is good evidence that cultural competence training impacts patient satisfaction (3 of 3 studies demonstrated a beneficial effect), poor evidence that cultural competence training impacts patient adherence (although the one study designed to do this demonstrated a beneficial effect), and no studies that have evaluated patient health status outcomes. There is poor evidence to determine the costs of cultural competence training (5 studies included incomplete estimates of costs). Conclusions: Cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals. However, evidence that it improves patient adherence to therapy, health outcomes, and equity of services across racial and ethnic groups is lacking. Future research should focus on these outcomes and should determine which teaching methods and content are most effective.

Link to publication in Scopus

Link to the citations in Scopus

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Patient centeredness, cultural competence and healthcare quality.

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Some titles in our records require editing to conform to APA Style. We are working to standardize titles to ensure capitalization conforms to APA Style.

Go

Citation

Saha, S., Beach, M. C., & Cooper, L. A. (2008). Patient centeredness, cultural competence and healthcare quality. *Journal of the National Medical Association, 100*(11), 1275–1285. https://doi.org/10.1016/S0027-9684(15)31505-4 (/doi/10.1016/S0027-9684(15)31505-4)

Abstract

Cultural competence and patient centeredness are approaches to improving healthcare quality that have been promoted extensively in recent years. In this paper, we explore the historical evolution of both cultural competence and patient centeredness. In doing so, we demonstrate that early conceptual models of cultural competence and patient centeredness focused on how healthcare providers and patients might interact at the interpersonal level and that later conceptual models were expanded to consider how patients might be treated by the healthcare system as a whole. We then compare conceptual models for both cultural competence and patient centeredness at both the interpersonal and healthcare system levels to demonstrate similarities and differences. We conclude that, although the concepts have had different histories and foci, many of the core features of cultural competence and patient centeredness are the same. Each approach holds promise for improving the quality of healthcare for individual patients, communities and populations. (PsycInfo Database Record (c) 2021 APA, all rights reserved)

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