POPULATION AND COMMUNITY HEALTH COMMITTEE
REGULAR MEETING

Wednesday, September 17, 2025
1:30pm – 3:00pm
MetroHealth Board Room (K107) / Virtual

Meeting Minutes

Committee Members:	Nancy Mendez-I, John Corlett-I, Dolores (Lola) Garcia-R
Other Trustees:	E. Harry Walker, MD-I[1]
Staff:	Christine Alexander-Rager, MD-I, Bridget Barrett-I, Peter Benkowski-I, Romona Brazile-I, Robert (Doug) Bruce, MD-I, Lashon Carson-I, Nabil Chehade, MD-I, Karen Cook-I, Joseph Golob, MD-I, Ryan Johnson-I, Matthew Kaufmann-I, Nisrine Khazaal-I, Thomas Minor-I, Connie Moreland, MD-I, Kate Nagel-I, Kathryn Plummer-R, Allison Poulios-I, Tamiyka Rose-I, Adebanjo Solaru-I, John Daryl Thornton, MD-R, James Wellons-I, Mara Wilber-I, Gregory Zucca-I
Guest:	Guests not invited by the Committee are not listed as they are considered members of the audience and some were not appropriately identified.

Ms. Mendez called the meeting to order at 1:30 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 April 30, 2025, Committee meeting was approved by unanimous vote as presented.

II. Information Items

A. Population and Community Health Strategy

The committee engaged in a robust discussion on the foundational concept of population health and to ensure the population and community health strategy is built into the overall MetroHealth strategic framework. Population health extends beyond clinical care to encompass social, environmental, and economic determinants of health, requiring collaboration among healthcare providers, government agencies, academia, and community organizations. The strategic framework presented aligns with MetroHealth's enterprise-wide goals and addresses systemic challenges such as socioeconomic disparities, resource limitations, and

[1] I-In-person, R-Remote

variability in workflows. The overarching aim is to deliver compassionate, holistic care through a unified, accountable system. The strategy outlined several core imperatives: building a patient-centered workforce, developing upstream solutions to reduce health barriers, aligning quality care with rigorous process improvement, and engaging community partners to leverage resources and influence. These imperatives reflect a shift from reactive sick care to proactive wellness promotion, emphasizing data-driven decision-making and patient engagement.

B. **New Operational Structure: 4 Pillar Strategy**

The committee was introduced to MetroHealth's new operational framework for executing population health objectives, structured around four strategic pillars:

(1) **Patient-Centered Workforce**: Dr. Connie Moreland, VP Provider Pipeline Development & Engagement, presented the patient-centered workforce pillar which focuses on understanding the demographic and cultural needs of the patient population. The Committee reviewed data on patient demographics, highlighting opportunities to respond effectively to the needs of the entire patient population. Strategies to address gaps in care include raising awareness and consciousness about the patients served, developing community engagement for dialogue, learning, and trust-building, and focusing on outcomes and performance to improve overall quality of care through data-driven approaches. Data was presented showing improved outcomes when patients are treated by providers who understand their background and needs, highlighting the importance of doctor-patient concordance in healthcare delivery.

(2) **Barriers to Health**: Karen Cook, Director Thriving Communities, presented the second pillar which addresses social determinants of health (SDOH) through the work of the Institute for H.O.P.E. The Committee reviewed screening data and discussed how SDOH factors, such as food insecurity, housing instability, and transportation barriers, impact health outcomes. MetroHealth's approach includes integrating SDOH screening into clinical workflows, leveraging platforms such as Unite Ohio, and deploying community health workers to connect patients with resources. Examples of targeted interventions, such as the Food as Medicine clinic and partnerships with United Way and Benjamin Rose, demonstrated measurable improvements in chronic disease management and healthcare utilization.

(3) **Quality Outcomes and Performance Improvement**: Nisrine Khazaal, Director Clinical Process and Improvement PHII, presented the third pillar which emphasizes aligning system goals with external benchmarks and value-based care models. The Committee reviewed the 2025 ambulatory quality goals and discussed the importance of process improvement education and collaboration across

departments. A key innovation is the use of the Index of Disparity, a tool that identifies gaps in health outcomes across demographic groups. The Committee introduced how this index informs goal selection and prioritization, ensuring that disparities are addressed systematically. Metrics such as diabetes control, cancer screenings, and prenatal care were highlighted as areas of focus.

(4) **Community Engagement**: Romona Brazile, Exec Dir Government & Community Relations, presented the final pillar which centers on building bi-directional relationships with diverse community stakeholders. The Committee explored MetroHealth's community engagement framework, which includes advisory boards, listening sessions, and strategic partnerships. Engagement efforts are guided by public health principles and aim to mobilize resources, influence systems, and catalyze policy change. The committee discussed operational functions such as funding, mini-grants, and special initiatives, as well as enabling functions like participatory research and program design. The benefits of this pillar include clearer focus areas, improved accountability, and enhanced collaboration across the system.

Introduction to the Index of Disparity
A key component of the new strategy is the Index of Disparity, which was formally introduced to the Committee. This analytical tool is designed to quantify disparities in health outcomes across various demographic groups, including age, race, ethnicity, and language. By applying the index to system goals, MetroHealth can identify where gaps exist and prioritize interventions accordingly. The committee reviewed examples of how the index has been used to inform decisions around diabetes management, cancer screenings, and maternal health. The tool supports a data-driven approach to equity and ensures that performance improvement efforts are targeted and impactful. The tool will be discussed at the next Committee meeting.

C. **Review of Restated Committee Charter**
The committee reviewed the restated charter, which reflects the updated strategic direction and operational framework. The charter reaffirms the committee's purpose: to promote compassionate and holistic care through a coordinated population health approach. Responsibilities outlined in the charter include aligning metrics with national benchmarks, developing evidence-based strategies, guiding policy development, reporting progress to the Board, evaluating program effectiveness, and assessing financial impacts. The composition of the committee was also discussed; the committee will be led by a Board member with expertise in population health and include other Trustees appointed by the Chairperson. The committee will meet quarterly and maintain a collaborative relationship with

MetroHealth's administration and community stakeholders. The restated charter reflects the committee's commitment to the four pillars. Committee members expressed support for the revised charter and noted that it aligns well with the four-pillar strategy and the broader goals of MetroHealth.

III. Recommendation / Resolution Approvals

A. Approval of Amendment to Restate to the Charter of the Population and Community Health Committee

Ms. Mendez asked for a motion for the Approval of Amendment to Restate to the Charter of the Population and Community Health Committee, which was given, seconded and the resolution was passed to be presented to the Board of Trustees for approval.

With no further questions from the Board members in attendance, the meeting was adjourned at approximately 2:37 pm.

NEXT MEETING: **Wednesday, December 10, 2025 – 1:00pm - 3:00pm**
MetroHealth Board Room K107 and Virtual

THE METROHEALTH SYSTEM

Nancy Mendez, Chairperson