



BOARD OF TRUSTEES DIVERSITY COMMITTEE

Date: Wednesday, February 10, 2021
Time: 2:00PM – 4:00PM
Location: Virtual Zoom Meeting
Chair: Maureen Dee
Trustees: Maureen Dee, John Hairston, J.B. Silvers, Vanessa Whiting
Present: Arlene Anderson, Amanda Calabrese, Maureen Dee, Sonja Rajki, Mike Jones (on behalf of Justin Gallo), Alan Nevel, Ismael Flores, LaShon Carson, Walter Jones, Margie Diaz, Kara Ulmer, Mildred Porter-Duncan, Seona Goerndt, JB Silvers, John Hairston, Domonique Allds, Vanessa Whiting, Margaret Hewitt, Brenda Kirk, Ben Roitberg, Tiffany Short, Karen Dethloff, Eric Steele, Bernie Boulanger, Michael Stern

MINUTES

The meeting was called to order by Maureen Dee at 2:02 p.m.

- I. The minutes of the November 11, 2020 meeting were reviewed and approved.
- II. Information Items

Culture & Organizational Effectiveness – Tiffany Short

1. Healthcare Sector Collaborative (HSC) – Launched in August 2020
 - a. Partnership with Cleveland Clinic Foundation (CCF), University Hospitals (UH), MetroHealth (MHS), St. Vincent Charity Medical Center, and US. Dept. of Veteran Affairs
 - i. Governance board comprised of Senior leadership
 - b. Key goals - address talent gaps experienced in community:
 - i. Address critical shortage of healthcare talent in Cuyahoga County
 - ii. Develop career pathways with sustaining wages
 - iii. Improve economic opportunity and reduce racial disparities in economic outcomes
 - c. Target Goals (planning and implementation to begin Q2 2021):
 - i. Expand existing workforce development programs (UH leading) – attract and engage talent for entry-level roles; remove barriers
 - ii. Collaborate with education institutions (CCF leading) – identify employers talent gaps to influence curriculum and produce graduates into high-demand jobs
 - iii. Early healthcare career exposure (MHS leading) – expose high school level youth to internships / job shadowing. Additional opportunities to partner with CMSD and tap

into middle school and earlier grades. Goal: identify and educate on career pathways as early as possible

d. Pilot Model:

- i. Engage Community Leaders and Organization Partnership (generate awareness) > Community Workforce Agencies (with greater reach of people they serve) > Towards Employment (1) > Healthcare Bootcamp Hiring Event (2) > Selections > Career Journey (3)
 1. Towards Employment: Lead Agency/Employer Liaison that gathers metrics, conducts assessments based off curriculum developed by HSC, identifies Bootcamp participants, facilitates Bootcamp, and arranges hiring events
 2. Healthcare Bootcamp: 7-day training program around workforce readiness (e.g., intangibles to be aware of / critical soft-skills)
 - a. Bootcamp followed by monthly virtual hiring event with all healthcare organizations in attendance
 3. Career Journey: new hires receive continued support to encourage increased retention (e.g., coaching, barrier mitigation, career mapping, skill building)
- ii. Information to be gathered to define measures of success

e. Questions:

- i. *John: How does this fit into Access center and LWHS?*
 1. Bootcamp 7-day program helps to “meet people where they are” – Tri-C Access center is an additional resource to leverage
- ii. *Maureen feedback: All BOT members should be made aware of this initiative to educate the community – tap into their networks and spread the word!*

2. Tri-C Access Center (1-year anniversary!)

- a. Fall 2020 Outcomes: 54 participants; 80% completion rate; 80% of participants MHS employees
 - i. Low percentage of community participation indicates need to increase marketing of availability to community
 - ii. *Vanessa: How large can we scale? Do virtual sessions allow expansion?*
 1. 20 students for in-person sessions (per Tiffany)
 2. Opportunity for growth: started w only 1 course when launched in 1/2020; Fall 2020 semester saw expansion to 3 courses (manageable sweet spot for now). Assessing metrics on adaptation to remote learning
 - iii. *John: Who is accountable for the success of Center?*
 1. Tri-C responsible for course enrollment / registration and outreach
 2. Tri-C recently hired a new program liaison to help with enrollments and resources / accesses
 3. Access / resource responsibility lies with MHS and Tri-C (e.g., If MHS employee enrolled and indicates no access to computer, then MHS loans device. Tri-C loans devices to non-MHS employees)
- b. Fall 2020 Courses: Workforce success/literacy, Digital Literacy (pandemic shined light on need/skill gap), Google IT Support Certification
- c. Spring 2021 Courses:
 - i. Basic Computer Skills (learn MyChart, internet, email, MS Office)
 1. Modified off Digital Literacy course after participants indicated course was too advanced.

- ii. Workforce Success & Career Readiness (career planning, resume writing, practice interviews, academic pathways via Tri-C, soft skills)
 - iii. NEW! Medical Terminology (foundational courses required for healthcare certifications / degrees)
 - 1. HSC efforts identified that 80+% of certification programs require knowledge of medical terminology
- 3. Lincoln West Science & Health Update (enrollment down slightly)
 - a. Students brought back on-site week of February 1, 2021 for internships (every Wednesday)
 - b. 35 students participating in unpaid internships at MHS in areas of nursing, specialty care, and logistics
 - c. JP Morgan Chase Grant extended to eligible graduates to participate in paid summer internship at MHS
- 4. Summer on the Cuyahoga: target 10-12 internships to junior- and senior-level college students)

Office of Patient Experience Update – Seona Goerndt

- 1. Patient interviews and focus groups:
 - a. Current focus on COVID Vaccine Comfort and Suggestions
 - i. Virtual focus group/phone interviews with 13 facilitators. 81 in-depth conversations, 6-8 interviews with Spanish-speaking patients to be completed in 2/2021.
 - ii. Questions asked: preferences (service, trust, respect, listening, welcoming); discrimination in healthcare (treatment based on culture/race, experienced racism); inclusion (did clinician include patient's culture/race in treatment); perception of COVID Vaccine & suggestions to increase comfort in receiving vaccine
 - b. Demographic Metrics of Respondents:
 - i. Gender: 37 females; 44 males
 - ii. Race/Ethnicity: 42% black; 39% Hispanic
 - iii. Age: 17 participants ages 22-35; 20 ages 36-54; 44 ages 55+
 - iv. Insurance: 38 Medicaid; 24 commercial; 12 Medicare; 9 none/self-pay; 3 other
 - v. Interaction type: 44 Focus Group; 37 interviews
 - vi. Geographic location: 32 near-west, 23 near-east, 18 south 1 far west, 7 far east
 - c. Vaccine Insights: what do we need to do to make patients feel more comfortable with getting vaccine (81 participants)
 - i. Patient concerns: almost every convo touched on the following...
 - 1. Mixed messages, lacking source of truth, short-term reactions, historical mistrust, comparison to flu vaccine disinterest, home remedies
 - ii. Motivations: 1/3 minority patients open to receiving
 - 1. Fear (lost loved ones from COVID); family members with long-term illness and desire to keep them safe; age & pre-existing conditions result in greater risks if get virus (vaccine outweighs risk of getting); family/friends who received vaccine were "ok" with side effects
- 2. Next steps:
 - a. Share analysis with key stakeholders (within next 4-6 weeks)
 - b. Continue to pull info together from patient focus groups/interviews and employee info to combine with IDE insights gathered elsewhere to develop education, training and future programing

Inclusion, Diversity and Equity Update – Alan Nevel & Margie Diaz

1. Focus on director- and manager-level leaders to build impact and sustainable equity across System
 - a. How are we impacting employee experience and as an organization to generate reflection of how impacts patients?
2. Third Space Action Lab (TSAL): local, grassroots consulting group; work with Racial Equity Institute
 - a. Intro to Groundwater: 3-hour intensive workshop (out of 334 out of 350 leaders (95%) across MHS have participated)
 - b. Soul Sessions begin 2/11/2021: Highly interactive sessions

Provider Recruiting Update – Domonique Allds

1. Q4 New Recruits: Linnie Nichols, APRN Gastroenterology; Daniela Araque, MD Endocrinology; Angel Williams, APRN Weight Mgmt; Munirah Bomani, MD Family Medicine/Express Care
2. URM (underrepresented minority) Recruitment Strategy w/ Korn Ferry (KF):
 - a. KF looking to align with MHS employer value proposition guide & targeted recruitment efforts
 - i. VISAs and GME stipend framework in development (potential opportunities to provide financial assistance)
 - ii. Surgical residency program
 - iii. Consistent processes with onboarding, assimilation, and networking
3. Recent accomplishments: completed interviews with MHS & KF on:
 - a. Onboarding, formalizing stipend framework, programs, networking, marketing (documents and policies)
 - b. Began interview process with KF and MHS stakeholders (diverse providers and residents?), scheduling working sessions with stakeholders, then providing recommendations
4. Dr. Boulanger (launched surgical residency program – MIV page) Program kicks off/new residents coming in July 1, 2021)
 - a. Tremendous response: 500 applicants; narrowed to 30 candidates; only 6 will be appointed. Interviews underway; appointments made end of February 2021. Focus on diverse finalists.
5. Inclusive Facilitation and E-Learning: implement development opportunities to increase diversity in provider population
 - a. “Roadmap to becoming Chair”
 - b. Working with Chairs to identify high-performers and gain experience on non-clinical / administrative sides of business

Campus Transformation Update – Walter Jones

1. Hitting goals of diversity spend and on track to exceed in some areas
 - a. Project 100% bought out Q4 2020
 - b. Post-demolition spend is still outstanding
 - c. Future interior construction: may be opportunity to see improvement in workforce diversity once construction moves inside
 - d. Central utility plan 95% complete (total # of people to decline)
2. Metrics:
 - a. OVERALL: 45% diverse; 55% non-diverse
 - b. OVERALL: 25% WBE/MBE; 75% non-diverse
 - c. OVERALL Diversity Goal Progress Actual: 54% LBE; 15% MBE; 10% WBE

3. *John: concerned with uptick of instances of racial discrimination on job sites across NEO & how MHS handling racial epithets on our job site: Incident occurred over the summer*
 - a. Alignment with Turner Construction policy and MHS policy – site shut down and mandatory re-education completed. Efforts put out to identify person responsible, but unsure if they were identified.
 - b. Alan, Walter, and Arlene met with Turner’s union leadership
 - c. Dr. Boutros spoke and made clear that if happened again, he would shut site down for 1-week w/o pay.
 - d. Installed security cameras

Planning, Design & Construction Update – Margaret Hewitt

1. Q4 2020 totals improved and plan to continue through 2021
 - a. Diversity spend – local number decrease due to redefinition of term “local”
2. Metrics:
 - a. OVERALL 2020: 18.1% diverse; 81.9% non-diverse
 - b. OVERALL: 23.9% WBE/MBE; 76.1% non-diverse
 - c. OVERALL Diversity Goal Progress Actual: 72% LBE; 12% MBE; 12% WBE

Facilities Management Update – Karen Dethloff

1. Overall 2020 spend 1.1M higher than 2019 spend. Went to 12.6% (\$500k+ spend increase)
 - a. MBE/WBE spend increase from 1.1 to 1.2M
2. Metrics:
 - a. OVERALL 2020: 39% diverse; 61% non-diverse
 - b. OVERALL: 29% WBE/MBE; 71% non-diverse
 - c. OVERALL Diversity Goal Progress Actual: 79.8% LBE; 12.6% MBE; 16.3% WBE

Supply Chain Update – Mike Jones on behalf of Justin Gallo

1. Overcoming programmatic challenges to increase spend
2. Strategic change in Q3 to Donald Martin & Sons as medical transport vendor resulted in impacts to Q4 spend (performance issues of previous vendor meeting supply needs).
 - a. Overall spend with former supplier was \$1.2M so Q4M impacts were \$3-350K and looking to get that back.
3. Metrics: **spend below target**
 - a. OVERALL 2020: 10% diverse; 90.3% non-diverse
 - b. OVERALL: 4% WBE/MBE; 96% non-diverse
 - c. OVERALL Diversity Goal Progress Actual: 36.4% LBE; 2.9% MBE; 1.5% WBE

Diversity Spend Team Update – Arlene Anderson

1. Implemented diversity spend team to economically increase value MHS delivers to patients, employees, and community
 - a. Comprised of Legal, Construction, Facilities, Supply Chain, & IDE
2. Finalized diversity spend definitions and process to increase validity of metrics
3. Legal: Developed internal memo of vendor requirements for diversity spend in Supply Chain and Construction procurement documents and contracts to better understand current state
4. Supply Chain: built out Supplier Portal to enhance supplier diversity registration process
 - a. New “look up tool” for business units to identify suppliers with diverse codes
5. Quarterly audit for Campus Transformation: increase validity of metrics
6. 15 new MBE / WBE in 2020 engaged/onboarded
 - a. Tableau leveraged to quantify spend analysis. Dashboard tool can be modified to track opportunities / development areas
7. Community Outreach
 - a. “How to do Business with MHS” event
 - b. Participating in Ohio Minority Supplier Development Council
 - c. Dr. Boutros signed letter to partner with Greater Cleveland Partnership to increase supplier diversity and participation in local business
 - i. Greater Cleveland partnership member to attend next Diversity Spend meeting and educate council
 - d. Held session with National Minority Contractors Association to identify opportunities and develop pipeline for other businesses
8. Next Steps:
 - a. Create MHS Minority/women business mentoring program
 - b. New Formatting to come: Council Reviewing Format of spend reporting / enhance “Tier 2 reporting”
 - c. Monthly reports with supporting documentation to be submitted
 - d. Develop tracking reports in E-Builder platform to track and measure participation with contracts
 - e. Increase footprint with WENC & ACCA

III. NON-CONSENT/ACTION ITEMS - None

IV. CONSENT ITEMS – None

Meeting adjourned at 4pm