



University Hospitals
**COMMUNITY HEALTH
INVESTMENT REPORT**



2022 Community Health Investment Report
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IMPACT BY THE NUMBERS

Maternal & Child Health

6,366 patients were screened for social needs at the University Hospitals Rainbow Babies & Children's Ahuja Center for Women & Children, of which 3,304 were "positive" for any need and were provided resource navigation and educational material.

115 women participated in Centering Pregnancy; 44 of whom received intensive, one-on-one support from a mental health specialist.

Medical Legal Partnership Services handled 180 cases, which affected approximately **648** people.

320 children received pediatric dental care via the mobile unit.

More than **4,300** children received vision check-ups through UH Rainbow Ahuja Center for Women & Children.

UH Rainbow Ahuja Center for Women & Children saw more than **800** patient visits for mental health services with 68 percent being for children experiencing adverse events or trauma.

During 2022-2023 school year, UH and LifeAct provided more than **36,000** students in over 175 schools across 17 counties in Ohio with suicide prevention education.

Well-being

57,301 community residents participated in early detection screenings, health education, support groups, fitness programs or health-related events.

2,965 people received mammograms via the UH Mobile Mammography Unit.

3,905 people received food via a Food for Life Market.

2,728 meals were served through the Summer Lunch Program.

3 Community Wellness Centers will open in 2023-2024.

Economic Opportunity

240 were hired via community-focused workforce pipeline programs.

47 students participated in the UH Health Scholars program.

374 community members participated in the Black Men in White Coats Youth Summit.

A letter to our community

DEAR FRIEND,

University Hospitals' commitment to Community Benefit traces back to our founders, who pledged that the **most needy should be considered the most worthy**. And since that time, we have admirably cared for our most vulnerable. In fact, we have invested nearly \$5 billion in our community since 2008 and \$531 million in 2022 alone.

However, we also know, considerable disparities in health care still exist. In a recent report published by the American Hospital Association¹, it stated the annual cost of health inequities is projected to reach \$1 trillion by 2040 if not addressed – that's triple today's \$320 billion.

Responding to this great need is not only ingrained in University Hospitals' DNA, but we know that addressing the root causes of inequities can significantly improve a community's quality of life.

Thus, we thought differently and took action. We made it a key aspect of our strategic plan and re-engineered the way we approach community investments, going beyond our regulatory imperative as a nonprofit. This allows us to have a more meaningful impact where needs are greatest and advances our focus on health equity.

The result is what we like to call Community Benefit 2.0 or our **Community Health Investment & Engagement** strategy. We designed it to address the needs of those we employ, care for, insure through our Accountable Care Organization and live with in our communities. To ensure we remain focused and maximize our potential for impact, we established three priority areas: **Maternal & Child Health**; **Well-being** and **Economic Opportunity**.

With this framework, we aim to measure our impact by establishing tangible community health and health equity goals, monitoring our adherence and holding ourselves accountable for achievement through public reporting of results. We also plan to utilize a business planning management structure that will apply consistent decision-making criteria for new programming across our system, while also ensuring sufficient capital and leadership resources for optimization and growth of the initiatives.

On the following pages, we illustrate several examples of these community investments and the steps we are taking to advance our community benefit vision: **Partnering with our communities to provide excellent, compassionate care, we are working to ensure everyone has a fair and just opportunity to attain their highest level of health.**

Bold goals like these require a village of champions to bring to fruition. We sincerely thank our more than 32,000 caregivers for their passion and dedication to promote health equity, as well as our community partners, volunteers and philanthropic supporters who help enable University Hospitals' journey to be the most trusted health care partner in Northeast Ohio.

¹ American Hospital Association, Environmental Scan 2023



John G. Morikis

JOHN G. MORIKIS
Chair, Board of Directors
University Hospitals

Heidi L. Gartland

HEIDI L. GARTLAND, MHA, FACHE
Chief Government & Community
Relations Officer
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Cliff A. Megerian

CLIFF A. MEGERIAN, MD, FACS
Chief Executive Officer,
Jane and Henry Meyer
Chief Executive Officer
Distinguished Chair
University Hospitals



University Hospitals



MISSION

To Heal. To Teach. To Discover.



VISION

Advancing the Science of Health and the Art of Compassion.



Total:
\$531 Million
in 2022¹

\$285

\$103

\$59

\$54

\$30

UH 2022

COMMUNITY BENEFIT REPORT DATA

¹ UH's gross community benefit investment for 2022 was \$641 million.

² Under Internal Revenue Service guidelines, we subtracted \$55 million from Medicaid Shortfall to reflect net funding recorded from the federal Hospital Care Assurance Program.

³ We subtracted \$55 million in restricted grant funding from outside organizations from Education and Training, Research and Community Health Improvement, as required by IRS reporting guidelines for nonprofit hospitals.



MEDICAID SHORTFALL²

Thousands more of our under-resourced neighbors now qualify for Ohio's expanded Medicaid coverage, yet the state and federal health insurance program reimburses providers for only a portion of the care they provide. UH underwrites the remainder of these patients' bills, reflecting our commitment to our community's health.²



EDUCATION AND TRAINING

UH elevates standards of health care here and elsewhere by preparing future generations of caregivers. Approximately 1,200 physician residents and fellows train here each year, along with thousands of nurses and other health professionals. We reach into our local community to teach lifesaving techniques and to inspire people to pursue health care careers.³



RESEARCH

UH serves our community in its broadest sense by engaging in and funding clinical research. In conjunction with Case Western Reserve University School of Medicine and private-sector health care companies, our professionals elevate care standards and develop new ways to diagnose, prevent, treat and cure diseases and injuries.³



CHARITY CARE

Some of our neighbors lack the means to pay for essential health care. Throughout our history, UH has always provided care without regard to ability to pay.



COMMUNITY HEALTH IMPROVEMENT

Our outreach programs provide no-cost health screenings and help thousands of people understand their health, ways to improve and maintain it, and the resources available to them. We also invest in the community's health by supporting health-related community causes.³

OUR ROADMAP TO PROMOTE HEALTH EQUITY

Ensuring everyone has a fair and just opportunity to attain their highest level of health

Problem Statement: There are significant health disparities across Northeast Ohio defined by socio-economic status, geography, gender, religion, culture, race, ethnicity and sexual orientation.

University Hospitals' Response: We have a responsibility to work with the community to address these disparities in order to hold true to our values – service excellence, integrity, compassion, belonging and trust – and ensure we continue to advance our mission: To Heal. To Teach. To Discover.

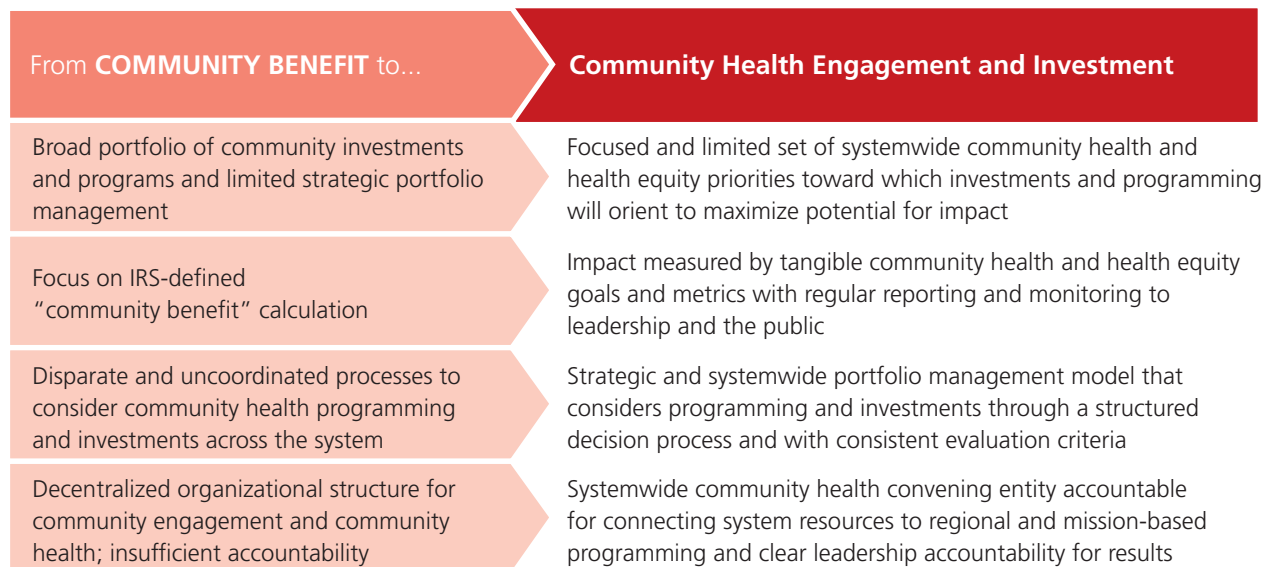
University Hospitals' Framework:



As this graphic illustrates, our approach starts by engaging with our community partners and alliances to understand the needs of our communities. A perfect example includes the comprehensive Community Health Needs Assessments (CHNAs) we do every three years collaborating with numerous community partners, including county boards of health, city departments of public health and other health and social organizations. Through these CHNAs, UH identifies the greatest health needs among each of our hospital's communities, enabling us to ensure our resources are appropriately directed toward outreach, prevention, education and wellness opportunities where the greatest impact can be realized.

Moving Beyond Traditional Community Benefit

When we committed to “do more,” we pledged to move beyond our regulatory imperative as a nonprofit. This means implementing an action plan that will improve community health outcomes.



University Hospitals’ Priority Areas

To ensure we remain focused and maximize our potential for impact, we established three priority areas: **Maternal & Child Health**; **Well-being** and **Economic Opportunity**. Our framework is designed to address the needs of those we employ, care for, insure through our Accountable Care Organization and live with in our communities.

 <h3>Maternal & Child Health</h3> <p>Optimize women and children’s health programming, including the expansion of:</p> <ul style="list-style-type: none"> • Integrated clinical and behavioral health services • Social needs navigation • Centering Pregnancy 	 <h3>Well-being</h3> <p>Enhance well-being programing, including expansion of:</p> <ul style="list-style-type: none"> • UH Wellness Center model • UH Cutler Center for Men • Behavioral Health initiatives • Mobile Community Health programs • Nutrition programs that promote food security 	 <h3>Economic Opportunity</h3> <p>Boost economic opportunities through program enhancement, including creation of:</p> <ul style="list-style-type: none"> • UH Workforce Development Center • Youth career educational initiatives
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ENCOURAGING BREASTFEEDING ACCEPTANCE FOR BABIES' HEALTH

According to the Centers for Disease Control and Prevention, far fewer mothers breastfeed in the U.S. than in other developed countries, and the rate among Black women is even lower – about 69 percent compared to about 85 percent of white women.

Yet breastfeeding can play a big role in a baby's health, and that is one reason the Breastfeeding Equity Project began last July at University Hospitals Rainbow Babies & Children's Ahuja Center for Women & Children in Midtown, says Rasheeda Larkin, Manager and DEI Strategist of the Community Impact, Equity, Diversity & Inclusion office at University Hospitals.

The project is focused on narrowing the disparity, and it is grounded in improving maternal and infant health outcomes. "More than 95 percent of our patients are Black, and we learned that only about 40 percent of them initiated breastfeeding in the first 90 days after the baby's birth," Larkin says. "The majority of them dropped off in two weeks."

While there are many factors that can contribute – including the fact that Black working mothers may have little to no paid time off after birth – Larkin says there is also a cultural component.

"Many of our patients have never seen another Black woman breastfeed," she says. "I breastfed my children, and I was the first Black woman in my personal circle who had, and I'm in my 30s. Sometimes there's a belief that it is not hygienic. And often, a woman was asked only once during their perinatal period, 'Do you plan to breastfeed?' That's not enough.

"Now we try to build a relationship with the expecting mom – we don't want to come off as preachy, or make her feel like she doesn't have autonomy."

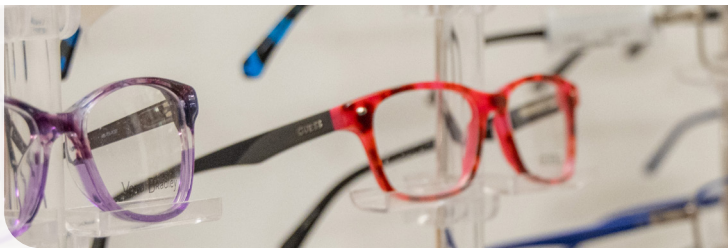
Instead, she adds, there is a "soft" conversation. "And we get to know the family, because we want to have them on board too, the mom's partner, the grandmother, the auntie."

Part of the one-year grant the group received for this project includes hiring Black women who have a passion for helping other moms learn to do this, such as Peer Breastfeeding Consultant Terria Saunders, who supports certified lactation consultant April Owens.

The Center is hiring more women from the community who have breastfed their babies. They also are providing certification for women who already work at the Center. This means they can meet with an expectant mother five times during her pregnancy to talk about the benefits of breastfeeding and how to make the process easier.

Early results of the pilot project are impressive. Of the new mothers enrolled in the Breastfeeding Equity Project at UH Rainbow Ahuja Center for Women & Children, 80% are now regularly breastfeeding.

"We've seen the data that intentional relationship building and cultural humility can close the disparity gap," Larkin says. "And women love the support they are getting for this."



Maternal & Child Health

VISION TESTS MAY REVEAL CHILDREN'S IMPAIRED EYESIGHT

Children often have no idea that they can't see very well, because they think other kids and adults see things as they do. Some parents think children are just clumsy, when instead they have impaired vision.

That is why vision check-ups are so important, and the PRISM Clinic at University Hospitals Rainbow Babies & Children's Hospital, and the vision clinic at the University Hospitals Rainbow Babies & Children's Ahuja Center for Women & Children, provide them – especially to children who often have never been to an eye doctor.

The vision clinic at the UH Rainbow Ahuja Center for Women & Children opened five years ago, and just by its location in Midtown, it draws visits from under-resourced neighborhoods where it can be challenging for families to address basic health care needs. This means vision check-ups can fall to the bottom of a long list of more pressing needs, such as food and housing. Given its co-location with pediatric primary care, vision clinic referrals for eye exams are readily provided and easily done in the one-stop location already familiar to the family.

Thanks to these vision clinics at both UH Rainbow Babies & Children's Hospital and the UH Rainbow Ahuja Center for Women & Children, many children in Northeast Ohio are seeing more clearly. In 2022, patient visits eclipsed 4,300.

The clinics offer ophthalmology and optometry appointments where a child can get a prescription for glasses or contact lenses. At the vision clinic, there is also an optical dispensary with a large selection of frames that are both stylish and affordable.

Elaine Leonard, a certified ophthalmic assistant and the lead pediatric ophthalmic technician, noted, "It's a very cheerful place designed for kids, just like the rest of the Center. Sometimes children are anxious, because they associate a doctor's visit with needles or shots. While they may not enjoy getting eye drops, they quickly learn they aren't painful. In terms of a clinical setting, we tailor it to kids and to special needs kids and adults. Our physicians and technicians are very child-oriented."

That's important because kids can't verbalize things like double vision, for example. Often they

don't understand there are no right or wrong answers on an eye exam.

The clinic also offers a number of other diagnostic tests that could indicate eye disease or conditions that will affect a child's vision, such as amblyopia (impaired vision) and strabismus (often referred to as crossed eyes).

Of course myopia – also known as near-sightedness – is the most common issue and the clinicians can slow down myopia progression with the use of glasses, contact lenses or eye drop treatments. Myopia otherwise continues to get worse as a child grows and there has been an upward trend of the number of children diagnosed with myopia, here and around the country, which is likely connected to screen time, according to a study published in *The Lancet Digital Health*.

While many patients at both eye clinics are from around Cleveland, others travel from as far as Ashtabula.

"From routine eye exams to specialty treatment, University Hospitals is doing as much as we can for kids and the community," Leonard says. "It's very gratifying for the clinicians too."

4,300+ patient visits in 2022



Maternal & Child Health

GIVING THE GIFT OF BIKE HELMETS AND TEACHING HOW THEY SAVE LIVES AND FUTURES

Unintentional injuries are the leading cause of death of American children ages 1 to 19. And bicycling leads to the highest number of sports- and recreation-related Emergency Department visits for traumatic brain injuries in the U.S.

Head injuries, even when they are not fatal, can cause lifelong physical and mental devastation for children, and ongoing heartache for their families. And they often occur when kids are doing one of their favorite things – riding bikes.

The best way to protect kids from brain injury in a fall or bike crash is to make sure they wear helmets. Still, not every family can afford helmets for their children, and they must be replaced as a child gets older or if a helmet is damaged. Also, not everyone knows how crucial it is that all children wear bike helmets every single time they ride.

“When we are able to not only provide the important safety education, but also the tools that let kids put what they learned into practice, it can make all the difference in creating safe habits that last a lifetime.” – Jennifer Walker, Injury

Prevention Center Manager at University Hospitals Rainbow Babies & Children’s Hospital

Making children’s lives safer, in countless ways, is one of UH’s leading priorities. Last year, members of the UH Safe Kids Greater Cleveland coalition learned that Amazon sought to get involved with UH efforts to improve bike safety for children in the

two communities where Amazon has fulfillment centers, Euclid and Warrensville Heights. UH Rainbow also worked to identify one elementary school in each of the five Cleveland police districts where they could do the same.

Then, the UH Rainbow Safety Squad trained kids in kindergarten through fifth grade on bike safety by performing its “Protecting Your Amazing Brain” show. For sixth- through eighth-graders, the squad showed a video about the importance of wearing a bike helmet, which featured information from UH Rainbow Pediatric Trauma Director Mike Dingeldein, MD. UH Rainbow Injury Prevention Center staff, together with Amazon volunteers, visited the five Cleveland schools to fit children with bike helmets, as they had in the other two school districts.

Through these efforts and in collaboration with community partners, more than 4,000 kids in need now own a bike helmet.

“Community outreach and safety education is a big part of UH’s work to reduce health disparities,” says Walker. “We recognize that often a lack of access to the proper prevention tools, such as helmets, combined with a lack of education about risk, affects the ability to follow best safety practices.

“We are excited that this support from community partners allows us to make a real difference in some of the communities that need it most.”





4,000+ kids received a bike helmet





“We model this after the physicals we do for the Cleveland Browns, and what is done at the NFL level.” – Lisa Piazza, RN

Maternal & Child Health

UH SPORTS PHYSICALS ENSURE YOUNG ATHLETES ARE HEALTHY AND PREPARED

High school athletes from around Northeast Ohio were among the first athletes to see the new University Hospitals Drusinsky Sports Medicine Institute at the expanded UH Ahuja Medical Center in early June.

These student athletes were there to get the pre-participation physicals they need to be approved to partake in their Ohio High School Athletic Association (OHSAA) sports this school year.

Still, their introduction to the new UH Drusinsky Sports Medicine Institute gave the day a festive feel, as the athletes got to see how it will pave the way for a revolutionary approach to sports medicine care. UH's sports medicine program offers comprehensive specialty and subspecialty care for athletes of all ages and every skill level.

Inside the 78,000-square-foot UH Drusinsky Sports Medicine Institute is a 45-yard turf football field, a basketball court, a ballet barre, and the latest rehab equipment and sports medicine treatments available for athletes from peewee to pro. UH is the sports medical home of the Cleveland Browns, Cleveland Monsters, Cleveland Ballet, and nearly 70 high schools and colleges in Northeast Ohio.

The first two floors of the facility are dedicated to sports medicine and include a walk-in clinic, so athletes who do get hurt at a game or practice can avoid the Emergency Department and head straight in for treatment here.

UH has been offering physicals to athletes at UH's partner high schools for several years, at no cost. A sports physical is designed to keep young athletes playing their best and to catch potentially life-threatening health problems that can be made worse by sports activity.

The sports exams clear the athlete to participate in scholastic sports, though student athletes still need to get annual check-ups with their physicians.

About 250 athletes from UH's regional partner high schools attended this year, including 40 from underserved neighborhoods in the cities of Cleveland, Euclid, Richmond Heights, Bedford Heights and Warrensville Heights.

"We model this after the physicals we do for the Cleveland Browns, and what is done at the NFL level," says Lisa Piazza, RN, Director of UH Sports Medicine. "These sports physicals are very comprehensive, and we have all the resources available that day."

"It also might highlight any other medical care that these students may need."

For example, clinicians from the UH Harrington Heart & Vascular Institute are on hand so they can test for what might be potential cardiac issues. Besides the cardiac risk assessment screening, the physical exam includes a vision test and a musculoskeletal exam. If any additional assessments are needed for a young athlete to be cleared for participation, a physician appointment is scheduled.

The event is designed first to prevent sports injuries by providing skilled expertise and knowledgeable resources for athletes, as well as for their coaches and athletic trainers. But when sports-related injuries do occur, the UH Sports Medicine team will provide its expertise to the diagnosis, treatment and rehabilitation process.

While UH is known for its partnerships with professional athletes, UH Sports Medicine experts are committed to providing the same level of care, on and off the field, to high school athletes in under-resourced communities.

Maternal & Child Health

BEHAVIORAL HEALTH CARE IN ACTION: IMPACTING YOUTH IN OUR REGION

At the University Hospitals Rainbow Babies & Children's Ahuja Center for Women & Children, behavioral and mental health services continue to be among patients' top health priorities. That's why the Center provides on-site mental and behavioral health care for families and children, and partners with county agencies and community-based organizations to maximize accessible services across the community. UH child and adolescent psychiatrists together with UH Rainbow pediatricians trained in developmental and behavioral health, as well as support staff such as social workers and patient navigators, proactively screen for mental health needs and help children and families live their best lives.

In 2022, the UH Rainbow Ahuja Center for Women & Children logged more than 800 patient visits for mental health services, with 68 percent being for children experiencing adverse events or trauma.

One such patient was an 8-year-old child who was referred to the UH Rainbow Ahuja Center for Women & Children because of uncontrollable behavior, thought to be the result of moving through many different foster homes and being inappropriately medicated to manage her behavior. A multidisciplinary team comprising UH psychologists, psychiatrists, and UH Rainbow developmental and behavioral health specialists examined her and sourced the root causes of her behavior: traumas (including violence and loss), undiagnosed developmental delays and a learning disorder.

Rethinking the approach to her care made all the difference. UH caregivers helped her properly cope and process her traumas, right-sized her medications and course-corrected the developmental delays. The child's care team was the first to see her as a whole child instead of a problem.

“These aren't bad kids – they are misunderstood and their behaviors are misunderstood. When a care team takes a step back to look at the big picture, we're able to support them better.” – Charron Lewis, MD, UH Rainbow pediatrician

68%

of patient visits for mental health services were for children experiencing adverse events or trauma.



Maternal & Child Health

UNIVERSITY HOSPITALS AND LIFEACT PARTNER TO SUPPORT SUICIDE PREVENTION

For more than 20 years, University Hospitals has partnered with LifeAct to deliver Suicide Prevention and Stress Management programs in middle and high schools across Northeast Ohio. Last year alone, LifeAct delivered its lifesaving programs in 175 schools across 17 Ohio counties, reaching more than 36,000 young people.

LifeAct is a nonprofit organization with a mission to prevent teen suicide by educating youth to recognize depression and the warning signs of suicide and access help for themselves and/or their peers. John Hertzler, MD, Director, Division of Child and Adolescent Psychiatry at University Hospitals and James A. Horner Chair in Child Psychiatry, is President of LifeAct's Board of Directors.

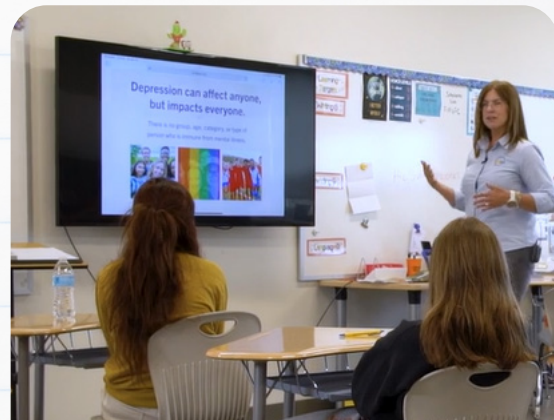
Suicide is the second leading cause of death among Ohio children, adolescents and young adults 10-24 years of age.¹ To address rising youth suicide rates, the Ohio General Assembly enacted House Bill 123, also known as the SAVE (Safety and Violence Education) Students Act, in 2021. Among its provisions is a requirement for school districts to include at least one class period per school year of evidence-based instruction in suicide awareness and prevention for children in grades 6 through 12.

LifeAct fulfills House Bill 123 for middle and high schools by offering a two-day, in-person program at no charge to schools. The first day of the program teaches the Signs of Suicide, which is an Ohio Department of Education-approved program for House Bill 123. The second day of programming is developed in consultation with UH providers and encourages conversation around mental health

issues, including depression and suicide, with real-world application and practice. LifeAct also connects students who are at heightened risk for depression or suicide to the appropriate school-based resources.

"So much of what we teach in our program is to help students be able to recognize the signs of depression and suicide. So not only can they help themselves, but if they recognize it in a friend, they might feel comfortable talking to each other or talking to a parent or a trusted adult so that they can assess the situation and be able to find resources that can help," said Dr. Hertzler. "During the 2022-2023 school year, more than 3,000 students asked for help for themselves or a friend."

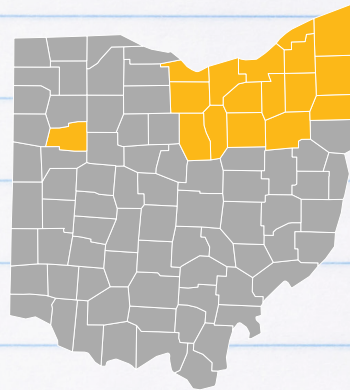
UH also partnered with LifeAct to create a program focused on stress management, which is the first step in suicide prevention, targeted to students in grades 5 through 12. This program helps students identify stressors and anxiety, how to manage them and when to seek help. In addition, UH child and adolescent psychologists Jessica Kusina, PhD; Irina Bransteter, PhD; and Felipe Amunategui, PhD, are conducting multiple studies focusing on the effectiveness of LifeAct's Suicide Prevention program to better understand the needs of the schools and how best to support them.



¹ Ohio Department of Health, 2023

Suicide is the **2nd** leading cause of death among Ohio children, adolescents and young adults 10-24 years of age.¹

175
schools have
implemented
LifeAct

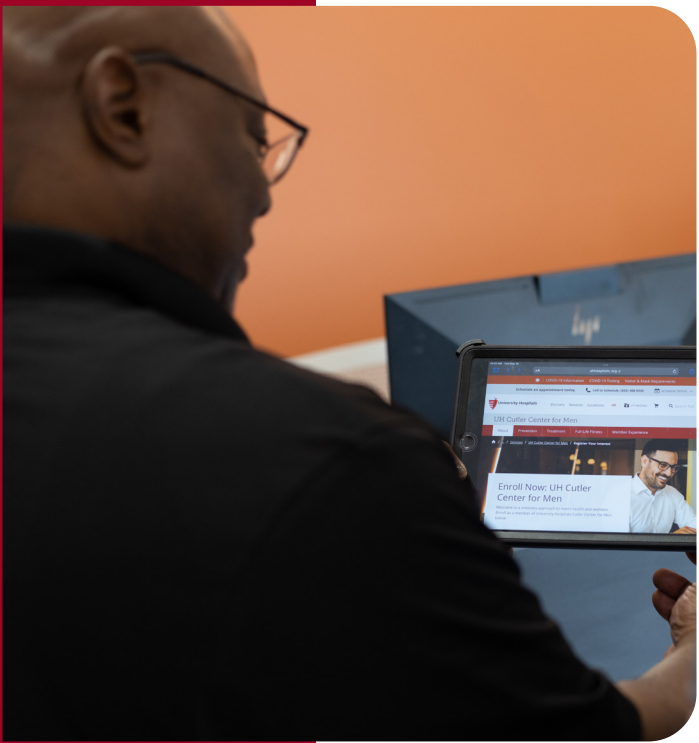


36,000+
youths reached

Across **17**
counties in Ohio

“Everyone has a role to play in suicide prevention. By working together to help educators feel confident in their ability to support students with mental health needs, we can all help save lives.” – John Hertzler, MD

¹ Ohio Department of Health, 2023



Randy A. Vince Jr., MD, MS

Well-being

UH CUTLER CENTER FOR MEN BRINGS HEALTH SUPPORT TO URBAN NEIGHBORHOODS

Randy A. Vince Jr., MD, MS, joined University Hospitals not just to be a cancer surgeon, but also to get men to visit a doctor – especially minority men.

More than 40 percent of all men don't go to the doctor, unless they are experiencing a major health issue, such as a heart attack or prostate symptoms. Unfortunately, though, that can often be too late. "By the time men experience symptoms of prostate cancer, it will be an advanced stage of cancer," he says. "By then, the prognosis is very poor."

Black men have an even worse record when it comes to seeing a doctor.

"That's why African-American men have a higher risk of developing certain health conditions," Dr. Vince says. "This health disparity is influenced by various factors, including health literacy, social determinants of health, societal pressures, racism and access to care."

"African-Americans are historically one of the most underserved populations, so we have to engage with minority men first to get them to know and trust us, and then to connect them with a primary care practitioner."

Dr. Vince is the inaugural Minority Men's Health Director for the UH Cutler Center for Men. The

flagship UH Cutler Center space is part of the dramatic expansion of UH Ahuja Medical Center and it is impressive – it overlooks the indoor football field, and features a mindfulness space, among other amenities. More importantly, it offers a full range of coordinated services, from preventive to specialty care, with an additional focus on minority men's health.

There is also a UH Cutler Center at the UH Otis Moss Jr. Health Center on Cleveland's east side, which offers the same combination of physician services. Both centers, and the UH Cutler Centers housed at other UH medical centers, have personalized, patient concierges. These caregivers, affectionately named "Joes," help men navigate UH's wide network of men's health experts.

Dr. Vince also has a personal mission – to meet men where they are, perhaps in their neighborhoods, or at a community meeting – and to introduce himself to the group and one-to-one. He'll tell them about his own story and background and the emotional toll on families when a father, brother, uncle or grandfather dies far younger than he should – perhaps because he never saw a doctor.

The UH Cutler Centers for Men hold recurring events to draw men from the community.

“University Hospitals wants to make sure health is prioritized for all men, regardless of race, ethnicity, income, insurance or any other factor. Putting ourselves out there is the best way to ensure these men have access to resources that will empower them to take charge of their well-being.” – Randy A. Vince Jr., MD, MS



“These Community Wellness Centers perfectly demonstrate UH’s commitment to prioritizing health equity and a culture of belonging both inside our organization and in our surrounding communities.”

– Celina Cunanan, MSN, APRN-CNM, Chief Diversity, Equity & Belonging Officer



Well-being

UH REACHES BEYOND ITS WALLS TO ADDRESS THE HEALTH AND WELL-BEING OF PEOPLE IN GLENVILLE, BEDFORD AND RICHMOND HEIGHTS COMMUNITIES

A person's health and length of life often depend on where they live, and how easy their access is to good health care guidance, routine medical appointments and treatment. Many studies have shown that ZIP Codes can predict a person's quality of life as well as their longevity.

This is what fuels University Hospitals' mission for community health, and it is behind the UH collaboration with the real estate development firm NRP Group, the City of Cleveland, the Cuyahoga Metropolitan Housing Authority and the Cleveland Metropolitan School District to build The Davis – a new 52-unit affordable housing development in Cleveland's Glenville neighborhood.

At The Davis, UH occupies a 2,800-square-foot wellness center, which focuses on access, health education and wellness programming for residents and the wider community.

UH offers preventive care through health education classes, health screenings and access to telehealth services, as well as our Glenville Food for Life Market, which is a program that provides nutrition education and healthy food for community members who are impacted by food insecurity and chronic conditions.

The UH Community Wellness Center at Glenville opened in the fall of 2023, says Martina Pace, the community health manager for UH's academic region around University Circle.

“From research and the work we’ve done, we know there is strong evidence that housing safety, affordability and stability impact health outcomes,” she says. **“That is what we are providing.”**

Another focus: offering education on health matters, says Pace, including nutrition. A registered dietitian will be on hand nearly every day, a new Food for Life Market will be housed here, and there will be a demonstration kitchen offering classes on how to prepare healthy dishes that incorporate whole foods.

The UH Community Wellness Center at Glenville will also have a community health worker, who will serve as a liaison between health care, social services and the community to ease access to resources.

In addition to the community room, where group care and health education classes will be held, a separate room will be dedicated to telehealth. While virtual appointments with doctors are becoming more common, many people don't have access to a computer or know how to get online for an appointment. Here, community health workers can assist them and provide the use of a computer, an internet connection and privacy.

UH is partnering with many existing community organizations in what it will offer at The Davis. “That is part of the whole process – we are building trust and working with partners to accomplish what needs to be done here,” Pace says. “And we are not only serving UH patients – we are open to the community.”

This kind of active engagement will also be seen at two other UH Community Wellness Centers that are scheduled to open in 2023 and 2024 in the Richmond and Bedford communities. The emphasis there will also be on the health and wellness of the residents who live in the communities surrounding those buildings.



Well-being

HOMELESS STAND DOWN EVENT OFFERS CANCER SCREENINGS FOR PEOPLE WHO MIGHT NEVER GET THEM

Catching cancer in its earliest stages dramatically increases the success of treatment.

But when a person's life is complicated by homelessness, a cancer screening is hardly a priority. It likely isn't even a thought at all.

That's why 37 University Hospitals' clinicians from the departments of Dermatology and Otolaryngology volunteered – many for the second year in a row – to assist at the 32nd annual Homeless Stand Down (HSD) held in April at Cleveland's Public Auditorium. There were 400 other volunteers and 81 providers in all to serve 766 people at the event. All guests received access to social service providers, haircuts, medical screenings, meals, personal hygiene kits, shoes, clothing, bus passes and more.

The HSD is a special one-day event organized by Business Volunteers Unlimited for individuals and families experiencing homelessness. The event is designed to offer people, many of whom are veterans, with necessary resources, reconnection to the community and respite from the elements for one day or longer.

UH staff set up a table near the entrance, where guests were asked if they were interested in a screening for skin cancer or cancer of the ear, nose or throat. The screenings were done in a private area. If any cancerous or pre-cancerous symptoms were detected, a community navigator would gather contact information from the patient so they could make an appointment with a physician, and then follow up.

A few days after the screenings, follow-up and navigation calls were made and appointments scheduled. Not all appointments had a connection to possible cancer – for example, some people had scalp issues or eczema dermatitis, conditions that are common when a person is exposed to extremes in temperature. At the otolaryngology screenings, an examination of the mouth might show a number of treatable disease conditions; the team also donated oral hygiene supplies, including toothpaste, a toothbrush and dental floss.



If a patient did not have a primary care physician – most did not – he or she would be connected to one at UH Cleveland Medical Center.

“People who are unhoused are so vulnerable,” says Chesley Cheatham, UH Director, Community Outreach and Engagement. “Any health care they receive is likely to be piecemeal but there is a true need for this work – it makes a difference – and most people are very grateful.

“As one person said, even a small intervention would keep him from having to go to the Emergency Department that day.”

The HSD is also an event where many UH employees donate their time, or take advantage of the paid four hours that UH offers through its Volunteer Time Off program. And the difference that volunteer caregivers and clinicians make for the attendees are significant, says Sarah Hopperton, Health Education Specialist for UH Seidman Cancer Center.

“There are so many health disparities for people experiencing homelessness, since they lack access to primary and preventive health services, which results in increased risk for later-stage diagnoses of disease and poor control of conditions, such as cardiovascular disease and diabetes,” says Hopperton. “The Homeless Stand Down is very important to UH and the people in the community because it’s an opportunity to connect the guests with important medical screenings and care.”

“The caregivers treat each guest with compassion. Whether they are clinicians or non-clinicians from UH, we all do this in the spirit of giving back.”

– Chesley Cheatham



The SHOW and Trotters motto:

“It’s not about how much or how little you can do. It’s that you are here and trying.”



Dianne C. and Trudy E.

Ronald Hawthorne

Well-being

TAKING THE HEALING OF MOVEMENT BEYOND HOSPITAL WALLS AND INTO THE COMMUNITY

Moving outdoors and being surrounded by like-minded people can boost a person's health, especially when they have been diagnosed with chronic conditions.

That's why two walking groups were created at University Hospitals Samaritan Medical Center in Ashland – SHOW and Heart Trotters.

SHOW, which stands for Samaritan Hospital Orange Walkers, is intended for people who have Chronic Obstructive Pulmonary Disease (COPD). The color orange is often used to raise awareness about COPD and so they included it in their name.

"SHOW is designed to get those in our community with chronic lung-heart disease outside twice a week in a monitored environment," says Amanda Myers, the hospital's COPD Educator. "We wanted our community members who have these conditions to exercise a few days a week while interacting with people who also struggle with some of the same issues."

Before and after the 90-minute walks, a member of the UH Samaritan staff will check the walker's oxygen saturation and heart rate. The UH caregiver also keeps track of how many laps each walker completes or the number of steps they took.

"This helps everyone see their progress as time goes on," says Shirley Irvine, a cardiac rehabilitation nurse at UH Samaritan. "The staff also keeps track so the information is available during doctor's visits – or just for members of the group to see what they have accomplished over time."

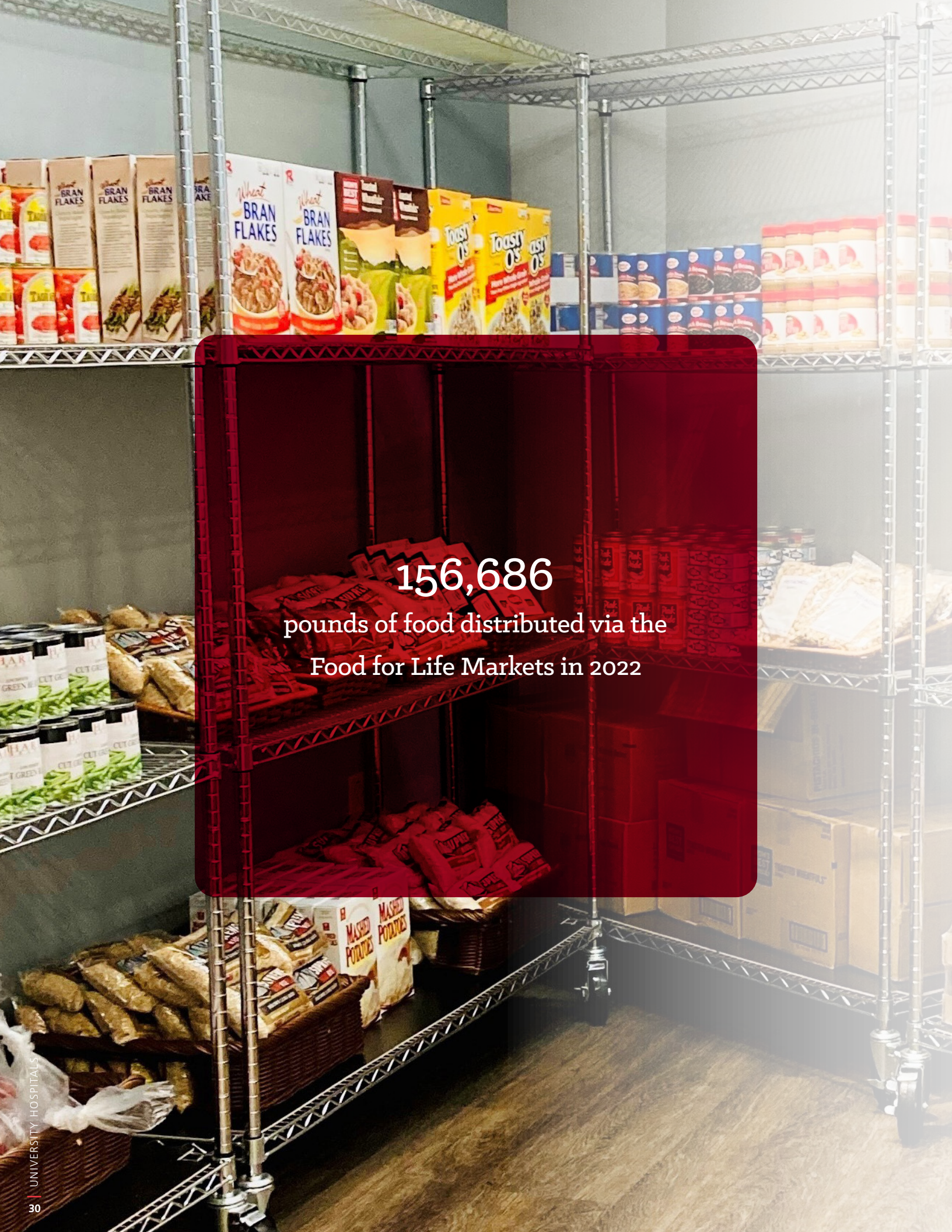
Dianne C. is a patient with COPD. In 2015, she was diagnosed with another condition that involves the electrical impulses that affect her heartbeat. "By joining SHOW, I've improved my breathing," she says. "This group is very important to my health, and we have the staff watching us very closely to make sure we don't overdo things."

While the SHOW group is designed to maintain activity at a slower pace and accommodate people who may suffer from breathing complications arising from their COPD, the Ashland Heart Trotters walk more briskly if they choose.

Designed as a way to increase daily exercise and provide encouragement for cardiac and pulmonary patients, Trotters welcomes anyone in the Ashland community, whether they participate in rehab or just want to walk.

And as Heart Trotters walker, Tim K. says: "Walking and talking is better than walking alone."

"I was never one who walked just to walk, until I joined SHOW. I realized it isn't just walking, though that's good for me. I also enjoy the friends I've made along the way, and I do it to be with them too." – SHOW participant



156,686
pounds of food distributed via the
Food for Life Markets in 2022

Well-being

FIGHTING FOOD INSECURITY

Nutritious food is the fuel that keeps us active and healthy. But many people simply don't have access to it, especially in urban and rural areas that lack full-service grocery stores, known as "food deserts."

University Hospitals has spent the last five years working to be part of the solution to this persistent problem, establishing UH Food for Life Markets in three locations across Northeast Ohio, at UH Otis Moss, Jr. Health Center, as well as at UH Portage and UH Cleveland medical centers. These innovative markets are part food pantry, part dietitian's office, allowing UH patients to access healthy foods, recipes and one-on-one nutrition counseling. Referred by their doctors, patients who can benefit get a supply of fruits, vegetables, dairy and other healthy foods once a month for six months – with renewal possible after a return trip to the referring doctor for a follow-up visit and status check.

UH Conneaut Medical Center is the fourth and latest UH entity to establish a Food for Life Market. Opened in May 2022, it's the first and only medically based nutrition program in Ashtabula County. To make the opening of the market possible, the Ashtabula Foundation donated \$48,200.

"We are thankful to the Ashtabula Foundation for their generosity and that they continuously collaborate with us in order to provide health care services our community needs," said Jason Glowczewski, PharmD, MBA, FASHP, Chief Operating Officer at UH Conneaut, UH Geneva and UH Geauga medical centers.

"While we enjoy taking care of patients, one of our primary goals is to educate them on the importance of preventive medicine so they can manage their health and wellness successfully outside of our doors."

The Food for Life Market is a University Hospitals' trademarked program where UH collaborates with Sodexo Nutrition Services in providing these services across our system. It's a fruitful collaboration. Because of their demonstrated success in meeting community needs, more Food for Life Markets at UH locations will open in 2023.



Katherine Gerken MSSA, LISW, Behavioral Health Coordinator

Well-being

THROUGH LOVE, UNIVERSITY HOSPITALS IMPROVES PATIENTS' QUALITY OF LIFE

In 2021, University Hospitals embarked on an ambitious journey to explore whether or not a relationship-based approach to case management could in fact improve the physical and mental health for vulnerable patients on Medicaid. Supported in part by a \$300,000 grant from the Robert Wood Johnson Foundation (RWJF), the UH team implemented their Web of Well-being program with integrated clinical case management, enrolling 124 patients in their pilot project.

This program enlisted case managers to build relationships with each person assigned to their care and devote several hours a month to each individual. These case managers, who cared for approximately 30 people versus a more traditional caseload of 60 to 100 patients, met with their patients in their homes, accompanied them to their various medical appointments to help them understand treatment recommendations, aided

them in signing up for various services (e.g. food assistance), and helped them manage their daily needs to live a healthier life (e.g. shopping and cooking healthy meals).

“When you have a lot of barriers that are just aggregated together, you just can’t give people one-off solutions to a specific problem,” explained Patrick Runnels, MD, UH Population Health Chief Medical Officer and principal investigator of the RWJF study. “For example, if you are a single parent who has trouble with childcare, doesn’t have transportation, has food insecurity, and I give you a voucher for a bus, I haven’t solved your problem for childcare in order for you to get to your health care appointment. I can’t just give you a voucher for daycare, if you don’t have transportation. And when you add to it people who have experienced severe childhood trauma, giving them a voucher for a bus means they have to get into a public space that can

“My health changed drastically for the better. I was having issues with my motivation and goals, but Katherine, my provider at University Hospitals, is a good listener. I can always call her, discuss any concerns I have, and she calms me down and gets me focused. I feel like she’s even part of my family. Because of her, I want to have my own house, go back to school and get my diploma, and be a good role model for my grandbabies. My birthday is October 30th and for the first time, I’m actually happy to celebrate it.” – Yolanda Cole, UH patient and participant in the Web of Well-being program



be scary or overwhelming to them. In order to make a real impact, you have to blend solutions together, taking care of all the barriers at once.”

The patients who participated for more than one year in this pilot study had multiple chronic health conditions and behavioral health needs (e.g. anxiety, depression, PTSD, bipolar disorder, substance misuse or schizophrenia). Additionally, they had a history of unplanned medical expenses and high utilization of emergency departments for their care. The study population comprised 56 percent white patients, 41 percent black patients and 3 percent other ethnicities.

“The results were astounding and far exceeded our expectations,” noted Dr. Runnels. “Seventy-one percent of the study population reported an overall improvement in quality of life. In fact, when we measured their opinions about their level of activity, autonomy, belonging, well-being, self-perception and hope, they reported significant improvement in these areas. In addition, the medical expense per patient, per month decreased 14 percent for the patients in the pilot using this case management

protocol whereas a similar patient population (the control group), who did not use the case management efforts, witnessed an 11 percent increase in monthly medical expenses.”

This unique program makes the relationship with the patient as the focus from which everything else flows, which is translating into phenomenal results and just one example of University Hospitals’ work to promote health equity.

“You have to start from a place of love,” explained Peter Pronovost, MD, PhD, UH Chief Quality & Clinical Transformation Officer, Veale Distinguished Chair in Leadership and Clinical Transformation and co-principal investigator of the study. “Love provides empathy for all, recognizing that the vast majority of people just want to be loved. With this program, we aim to help our patients feel connected and cared for,” continued Dr. Pronovost. “We know that means sometimes working through the bitterness, and the anxiety, and the anger that comes from having fallen through the cracks for so long. But we have to start somewhere. Change progresses at the speed of trust.”

future UH Nurse



Economic Opportunity

NEW UH FUTURE NURSE ACADEMY BOOSTS CAREER READINESS IN THE COMMUNITY

Careers get launched earlier than one might think. Often, it's an influential mentor or a hands-on work experience in high school that lights the career spark.

University Hospitals' new Future Nurse Academy is a prime example. The program promotes career readiness and economic opportunity for Northeast Ohio high school students who are interested in a career in nursing. The two-week program includes visits to nursing schools that are partnering with UH in this new initiative – Ursuline College, Kent State University and Cuyahoga Community College. Also included are shadowing rotations at UH Ahuja and UH Cleveland medical centers and hands-on experience learning different nursing skills, such as taking vital signs. Unlike many other summer programs, the UH Future Nurse Academy provides its students a stipend of \$15 an hour, making it more economically feasible for students who need to earn money for college or work to help support their family.

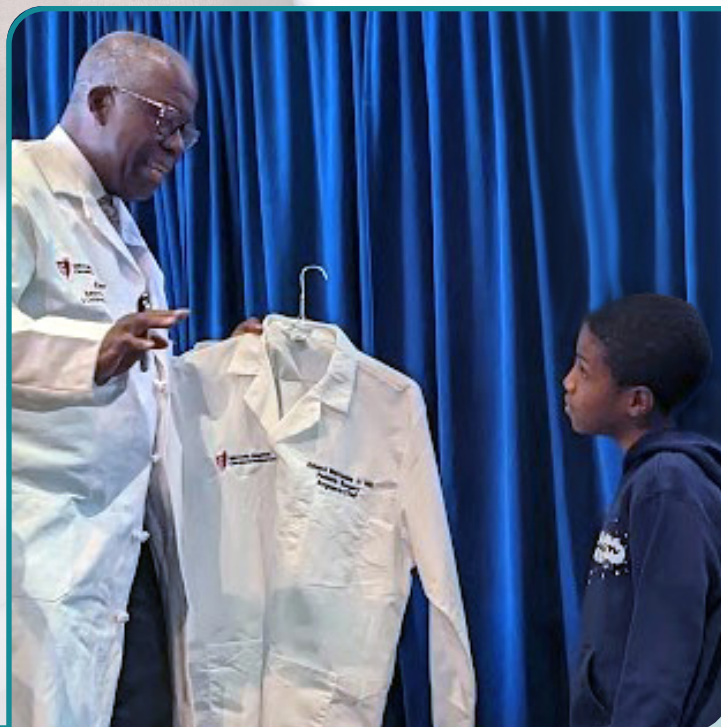
And the program is off to an auspicious start. A stunning 428 applicants from every corner of Northeast Ohio applied for the initial class – 17 applicants for each of 25 positions available.

“Our ultimate goal is that students become health care professionals in the Northeast Ohio area, where they grew up,”

says Michelle Hereford, MSHA, RN, FACHE, System Chief Nursing Executive and the Ethel Morikis Endowed Chair in Nursing Leadership. “In fact, we fully expect to have some of these students ultimately join us as nurses at UH.”



“I’m looking forward to everything they’re going to show us we can be and exploring that to the fullest extent.” – Ryan Robinson



Edward M. Barksdale, Jr., MD and Ryan Robinson

BLACK MEN IN WHITE COATS MENTORING EVENT FOR STUDENTS OF COLOR OPENS CAREER OPTIONS

Twelve-year-old Ryan Robinson is one busy kid, what with soccer, tae-kwon-do, violin lessons, summer camps and, of course, classes at Shaker Heights Middle School. But of all these activities, one stands out, he says – meeting University Hospitals pediatric surgeon Edward M. Barksdale, Jr., MD, Surgeon-in-Chief, UH Rainbow Babies & Children’s Hospital and Robert J. Izant, Jr., MD, Chair in Pediatric Surgery, at last fall’s Black Men in White Coats (BMWC) Youth Summit – a jointly sponsored event by UH and Case Western Reserve University.

BMWC strengthens engagement and mentorship for students of color interested in the medical field. The goal is to increase minority representation in medicine through exposure and inspiration with a goal of mitigating future health disparities. A physician workforce that lacks representation among people of color is a persistent problem in health care and society at large, with Black men making up just under 3 percent of American physicians, according to recent data from the Association of American Medical Colleges (AAMC). What’s more, the AAMC has found that the number of Black men applying to medical school is stagnant or falling.

Ryan was one of 250 students to attend the inaugural BMWC event in Cleveland, which hosted young people ranging in age from third-graders to college undergraduates.

Dr. Barksdale struck up a conversation with Ryan and his mom, Veronica, as they were waiting for the event to start.

“As I spoke with Ryan, there was something about his eyes that I noticed,” Dr. Barksdale recalls.

“He reminded me a bit of myself. And Ryan’s mom reminded me of my own mother. I found a commonality in their aspirations for their sons, to do something special with their lives.”

The next day, Ryan and Veronica saw Dr. Barksdale again as he delivered the keynote address for the event, detailing the challenges that students of color face in health care and how to make adversity into opportunity.

“He quoted his grandma a lot,” Veronica recalls. “He said she always said that smooth seas don’t make strong sailors.”

But nothing could have prepared them for what happened next. At the close of his remarks, Dr. Barksdale called Ryan up on stage, presenting him with a white coat, a stethoscope, a black sharpie and a medal from the Society of Black Academic Surgeons.

“I hoped that maybe this might motivate him if not to pursue medicine, to pursue something bigger than maybe he imagined,” Dr. Barksdale says.

Mission accomplished.

“I don’t think I ever thought about being a doctor until I went to that event,” Ryan says.

Ryan says he’s keeping his career options open. He is 12, after all. But BMWC and Dr. Barksdale have got him thinking – he signed up to participate as a 2023 UH Health Scholar.

Economic Opportunity

NORTHEAST OHIO HOSPITAL SYSTEMS COMMIT TO INCREASING WORKFORCE DIVERSITY

Building a more diverse health care workforce requires creativity and collaboration, as well as a conscious commitment from the organization doing the hiring. Here in Northeast Ohio, University Hospitals is partnering with Cleveland Clinic and MetroHealth to meet this challenge head on.

UH has signed the “Impact Workforce Commitment” designed by the Healthcare Anchor Network, a collaboration of more than 70 leading health care systems that are building more inclusive and sustainable local economies. The pledge is to increase hiring, training and promotion of diverse talent. Importantly, the commitment includes aligning hiring with clinical and community efforts to provide opportunities for individuals who may have faced barriers to employment due to factors such as low income, lack of access to education and training, or other socioeconomic challenges.

Though this specific pledge is new, UH’s commitment to workforce diversity is not. UH has a long history of providing programs that increase opportunity for the citizens of Northeast Ohio. Step Up to UH, for example, recruits chronically underemployed or unemployed individuals from seven Greater University Circle neighborhoods for workforce-readiness coaching, job-specific training and, ultimately, jobs at UH. The UH Health Scholars Program is a five-year educational opportunity for under-represented, minority Cleveland-area students who are in high school. And there are others. The bottom line is, it’s working.

In 2022, UH hired or promoted nearly
300 caregivers
through its various workforce
development programs.



“UH has steadfastly worked to create economic opportunity and prosperity for our communities,” says UH CEO Cliff A. Megerian, MD, FACS. “We are proud to join with our health system colleagues and the Healthcare Anchor Network to promote initiatives that will advance health equity.”

“Our workforce development philosophy aims to connect Northeast Ohio residents to jobs in which they can develop their professional potential and increase aspirations, improve their earning potential and help move their families out of poverty.”

– Cliff A. Megerian, MD, FACS



2022 Accelerator Participants



2023 Accelerator Participants

Economic Opportunity

SUPPORTING ECONOMIC EQUITY AND GROWTH FOR LOCAL DIVERSE SUPPLIERS

The economy works best when it works for all. To strengthen diverse businesses in Northeast Ohio, University Hospitals and Cleveland Clinic have partnered to establish the Diversity, Equity and Inclusion (DEI) Supplier Accelerator. This business development mentorship program aims to expand the knowledge and impact of local businesses owned by traditionally under-represented entrepreneurs, including members of the LGBTQ+ community, minorities, veterans and women.

Five local companies, ranging from home remodeling to screen-printing to HVAC installation and civil engineering, have already completed the six-month mentorship, receiving business coaching, one-on-one access to health system leaders and networking opportunities with UH and Cleveland Clinic decision-makers and suppliers. The first group completed the mentorship in November 2022, with a new group of five beginning in June 2023. Applications are also up, from 19 in 2022 to 48 in 2023. Participating companies receive a \$10,000 prize at the end of the program, but the goal is to create value for diverse local businesses that far surpasses any dollar amount.

153% Increase in applications between 2022 and 2023.



Promoting Health Equity through Research
**INCREASING DIVERSITY
 IN THE RESEARCH WORKFORCE**

Conducting clinical research isn't just about microscopes or time in a lab. It's about understanding people – in all their amazing diversity and complexity. And representation matters. When the people conducting clinical research are more diverse, that helps attract more diverse study participants – producing better, more representative science as a result.

People may experience or react to the same disease differently, for example, given their age, gender, weight, race, ethnicity and other factors. A diverse clinical research workforce helps ensure that studies include diverse participants with different lived experiences and varied characteristics so that all communities benefit from medical advances. Seeing diversity and representation in the clinical research workforce also helps build comfort among patients, knowing there are people who look like them they can trust with something as personal as their health.

Unfortunately, clinical research in the U.S. has not always hit this high standard, with some communities of color treated unethically and left out of studies of diseases most affecting them. However, the University Hospitals Clinical Research Center (CRC) is committed to doing its part to help create a more inclusive future.

Diverse representation in the clinical research workforce is a big part of it and a priority for the CRC, said Grace McComsey, MD, currently Director of the Clinical and Translational Science Institute and Vice Dean for



Chantel Shannon

Clinical and Translational Research at the CWRU School of Medicine, and who served since 2017 as the Vice President of Research and Associate Chief Scientific Officer for University Hospitals. Together, they are hard at work cultivating a clinical research workforce that looks like the population we serve, utilizing dozens of touchpoints across Northeast Ohio – from high school and college career fairs to student job shadowing and internship experiences. A “Faces of Research” social media campaign keeps the group’s efforts in the public eye. More than 60 features have highlighted people of color who work in clinical research explaining why they do what they do – and why Northeast Ohio students should join them.

It’s an effort with impact. In 2022, the UH CRC team connected with more than 130 high school and college students in the region.

Chantel Shannon is one. The Kent State University graduate, who is now pursuing a master’s degree in public health, connected with people from the UH CRC at a recent job fair, as she was looking for an opportunity to work on type 1 diabetes research. The result: she’s now working on a \$2.1 million grant at UH focused on helping young adults manage the financial ramifications of the disease.

Chantel says she’s thrilled with her opportunity to contribute at UH, while glad to be part of creating a more diverse research workforce.

“It is important to increase the diversity of the clinical research workforce to broaden the viewpoints, communities and individuals to better represent the diversity of our population and provide opportunities that were historically withheld from members of minority, under-represented, or underserved groups,” she says. “In doing so, we may be able to better understand, reach and serve our patients.”

Promoting Health Equity through Research

BUILDING THE CASE FOR HEALTHIER CITY DESIGN

Staying healthy isn't just a matter of exercising and eating right. Studies increasingly show that it depends a lot on where you live, including whether you have access to clean air or live in a walkable neighborhood – factors considered social determinants of health.

UH cardiologist Sanjay Rajagopalan, MD, and colleagues are documenting the role that the built, natural and social environments have on a person's heart health, with an eye toward advocating for better-designed, heart-healthy communities. In a large, nationwide study, they've shown that living in a highly walkable neighborhood may protect against heart disease and its risk factors. They've also analyzed more than a half million Google Street View images of buildings, greenspace and roads from seven cities, looking for relationships between the built and natural environment and people's heart health status.



Sanjay Rajagopalan, MD

The results are clear.

"The environment has a massive impact on cardiovascular health outcomes," says Dr. Rajagopalan, Division Chief of Cardiovascular Medicine at UH Harrington Heart & Vascular Institute and Herman K. Hellerstein, MD, Chair in Cardiovascular Research. "The contemporary adage that your ZIP Code tells you more about your health status than even traditional health metrics in the United States is true."

Dr. Rajagopalan says the next frontier in improving heart health is addressing the environment.

"There is a massive opportunity to improve cardiovascular outcomes by moving beyond traditional approaches to controlling risk factors, which are undoubtedly important, and extending to urban planning and neighborhood redesign through governmental policies," he says. "We must ensure that all urban and suburban planning decisions consider health. That means incorporating concepts such as increasing physical activity, encouraging green spaces, providing recreational areas and parks, reducing traffic and procuring locally sourced sustainable foods. Urban investments in healthy neighborhoods and the engagement of health systems in our communities is going to be vital in decreasing the burden of heart disease and its risk factors."

**“The environment has a massive impact
on cardiovascular health outcomes.”**

– Sanjay Rajagopalan, MD





Promoting Health Equity through Research

WORKING FOR EQUITY IN VACCINE ACCESS

How effective are flu shots at preventing disease? And do people have equal access to them across different communities? A University Hospitals' research team is tackling both questions as part of a \$12.5 million grant from the Centers for Disease Control and Prevention (CDC).

UH is one of just seven sites nationwide chosen for the CDC's United States Flu Vaccine Effectiveness Network. The elite group is charged with providing accurate estimates of the effectiveness of flu, COVID-19 and other vaccines in people seeking health care for acute respiratory illness and related symptoms.

Here in Northeast Ohio, UH researchers are also focusing on how social determinants of health affect access and uptake of these crucial vaccines.

"We're looking to see if the number of people who are getting vaccinated is affected by race, economic status and educational status," says infectious disease specialist Elie Saade, MD, principal investigator on the project and Director of Infection Control at UH.

Early results show that these factors definitely play a role.

Data from the last year at UH reveals that Black patients are significantly less likely to be vaccinated against flu and COVID than white patients.

In addition, the socioeconomic conditions of a person's home community – measured in the study by a 10-point index that includes income, education, employment and housing quality – also play a key role.

"With each point increase in this deprivation index, vaccination rate decreased by 7 percent," Dr. Saade says.

Dr. Saade and his team are just one year into this five-year project. In the meantime, he says, they'll use what they're finding to increase outreach to underserved groups and create more access points in the community. Blood pressure clinics in barbershops, for example, he says, have been proven to work. Could the same be true for vaccines?

"We need to meet people where they are," he says. "Why not?"





Promoting Health Equity through Research

ADDRESSING SKIN HEALTH DISPARITIES IN PEOPLE OF COLOR

When people of color are diagnosed with the cancer called cutaneous T-cell lymphoma (CTL) – known as lymphoma of the skin – the outlook can be bleak.

“Black and Hispanic patients tend to have worse overall survival. Their prognosis is worse, and they present later with more advanced stages of the disease,” says dermatology researcher Toluwalashe Onamusi, MD, the inaugural Skin of Color fellow in the Department of Dermatology at University Hospitals Cleveland Medical Center. The new fellowship, funded by Pfizer and the Skin of Color Society Foundation, provides for in-depth study and mentorship on health disparities and diseases disproportionately impacting people of color, while increasing awareness among the public.

Dr. Onamusi has a study underway at UH to identify which factors and barriers are contributing to racial disparities in CTL – so that dermatologists and primary care providers can better address them. She’s surveying patients with CTL through UH’s participation in the large TriNetX clinical research database and plans follow-up focus groups with patient volunteers to learn more.

Another important area of inquiry is sunscreen use, known to help protect against skin disorders of dyspigmentation. These are more prevalent in people of color, as opposed to skin cancer, which is lower in people of color. Dr. Onamusi and her UH colleagues have found that Cuyahoga County has 67 census tracts that meet the definition of “sunscreen deserts,” with few to no retail outlets available for buying sunscreen. Of these, 82 percent are in majority Black neighborhoods. In a separate study among Black residents of Cleveland, they’ve also found that most don’t see a link between sun exposure and uneven pigmentation



Toluwalashe Onamusi, MD, and Homeless Stand Down attendee

of skin – known as dyschromia – or skin aging. As a result, they don't see sunscreen as a means of preventing these conditions, causing less sunscreen use.

"I wanted to know, when it comes to sunscreen use, is this an access issue, or is this a knowledge issue?" Dr. Onamusi says. "It looks like it's both. Interestingly enough, dyschromia is one of the top five diagnoses that patients of color see a dermatologist for, which presents an opportunity. A lot of times, we providers talk about the use of sunscreen in regard to skin cancer. But in this population, using skin cancer as a reason is not really going to resonate. If we inform and educate from the standpoint of pigmentation, that's something that will resonate as the top diagnosis."

Although Dr. Onamusi's one-year Skin of Color fellowship has ended, she remains involved in research projects at UH. She's excited, for example, about a new public outreach campaign to educate local cosmetologists who style African American women. These people are often the first to spot signs of the hair loss condition known as central centrifugal cicatricial alopecia, a type of scarring alopecia.

"It's a scarring hair loss that only presents in women of African descent, and sometimes men," Dr. Onamusi says. "If we are able to educate hairstylists about signs when their clients might want to see a dermatologist, we can start treatment earlier. It's harder to regrow lost hair. It's easier to keep the hair you already have, so if we start treatment early enough, then we can stave off the progression."

"I'm grateful for the opportunity the Skin of Color fellowship has provided to highlight and address skin health disparities among people of color and look forward to continued research and advocacy on this crucial topic. There's great potential there."

– Toluwalashe Onamusi, MD

340B Program in Action

UH SPECIALTY PHARMACY: A LIFESAVING SOURCE FOR OUR PATIENTS

Retirement has not turned out the way Jane and Richard Kaluba planned it. Instead of taking trips together, they each have health conditions that keep them at home. Jane understands that this can happen, but the worst part is that the price of their prescriptions is overwhelming, even with insurance and especially on a fixed income.

Richard has been diagnosed with several conditions: he's had three different cancers as well as blood clots. Jane has a heart condition.

While Jane was working, her insurance paid for the prescriptions. When she retired and they went on Medicare and a supplemental insurance plan, they received a shock.

"My husband had to take Creon after surgery on his pancreas and we had to pay \$400 a month for it," says Jane, 76. "When I worked and had insurance, it had only been \$40 for 90 days.

"Now I have to take Eliquis for my AFib and he has to take it for his blood clots. That was another \$400 a month for each of us. Added to that is the chemo medication my husband has to take, Cabometyx, which is also extremely expensive."

Jane is by nature a positive person, yet facing these out-of-pocket costs was extremely stressful for her and Richard, who is 79.

That financial burden was lifted when learning they qualified for medication expense assistance through the University Hospitals Specialty Pharmacy.

"What a blessing," says Jane.

The UH Specialty Pharmacy works with manufacturers, advocacy programs and charities to see if a patient is eligible for any financial assistance, and Jane and Richard qualified.

That assistance is just one component of a program known as 340B. This federal program was created three decades ago by Congress to help lower-income patients, with or without insurance.

The name "340B" comes from the section of the U.S. Public Health Service Act of 1992, and it requires pharmaceutical manufacturers who participate in Medicaid to sell outpatient drugs at a discount to health care organizations, such as UH, that provide care for many uninsured or under-insured patients. There is no cost to taxpayers.

The program passes the discount onto hospitals, which lowers UH's costs of purchasing the drugs. That savings can then be directed toward patient care, including our Specialty Pharmacy. In addition to focusing on affordability, we are able to offer our patients a variety of safety and service programs that are especially geared to people whose conditions require complex medications.

So if a patient cannot afford an expensive cancer drug, the pharmacy's patient advocacy team will look for discounts and/or grants that will ease the financial burden for patients and allow them to initiate life-sustaining treatment that otherwise would be delayed or inaccessible.

There is also an assistance fund for uninsured or underinsured patients who meet the financial criteria, says Kevin Cunningham, Senior Director of UH Pharmacy, Regional. "Jane and Richard's story is a great example of the direct impact the 340B program has on patients, offering affordability and access to care."



Richard and Jane Kaluba

“The UH Specialty Pharmacy was created to address the many gaps in care experienced by patients who need life-sustaining specialty medications. The 340B medication savings has allowed UH to develop a robust, patient-centric, high-touch care model that expedites access to treatment and supports ongoing therapy adherence, as patients and families learn to live with rare and complex conditions.” – Kevin Cunningham, Senior Director of UH Pharmacy, Regional

UH Caregivers Giving Back

UH CAREGIVERS CONTRIBUTE TO OUR COMMUNITY'S HEALTH AND WELL-BEING THROUGH VOLUNTEERISM

When the University Hospitals Neurological Institute (NI) leadership team decided to volunteer as a group for the first time through the UH Caregiver Community Volunteer Time Off (VTO) program, they chose the Greater Cleveland Food Bank because many on the team had a passion for providing for the community and addressing food insecurity. In fact, many on the team have given philanthropically to the Food Bank but never had the opportunity to roll up their sleeves and see their gifts in action.

A key component of our Community Health Investment & Engagement strategy, the VTO program provides UH caregivers paid time off to volunteer at UH-approved nonprofit partner organizations. Since its launch in early 2022, UH caregivers have provided more than 1,400 hours of community service.

At the Food Bank, the NI team joined other volunteers to support the Backpacks For Kids program, which offers meal support for Cleveland children during the summer when school is not in session and lunches are unavailable. During their volunteer shift, the team packed more than 10,000 meals.

"It was a great time and a great way to serve the community," said Michael Ross Vincent, Administrative Director for the UH NI. "It was a great bonding experience for our team and amazing to see the operational side of the support organizations of our city. To understand the coordination and level of philanthropy that has to take place to support a community of our size was truly impressive and inspirational," he said.

Ross himself was so inspired that he plans on taking his family to the Food Bank for "family night" so that his children can participate.



Left to Right: Julie Fussner, Michael Ross Vincent, Alla Morris, Robert Ettinger, Monique Carter

UH JOINS FORCES WITH GREATER CLEVELAND FOOD BANK TO ADDRESS FOOD INSECURITY

According to the Greater Cleveland Food Bank, one in six people in the area do not know where their next meal will come from, and nearly one in four senior citizens are at risk of hunger. Food insecurity also increases the probability of chronic diseases such as high blood pressure, heart disease, cancer and diabetes.

University Hospitals is committed to addressing the root causes of health inequities, including food insecurity, and improving the well-being of our community. As part of that effort, we joined forces with the Greater Cleveland Food Bank to sponsor an Emergency Food Box Distribution event at the Cleveland Municipal Parking Lot. Over 50 UH caregivers, including UH Chief Executive Officer Cliff A. Megerian, MD, FACS, Jane and Henry Meyer Chief Executive Officer Distinguished Chair, and the UH Executive Leadership Team, volunteered to distribute boxes of food to members of the community through the UH VTO program.





Danielle Sindelar, RN

UH Caregivers Giving Back

UH CAREGIVER/VOLUNTEER BOARD LEADERSHIP: DANIELLE SINDELAR

Danielle Sindelar, RN, has been a caregiver at University Hospitals for 21 years. In that time, she has seen firsthand the impact that UH has had on the community, first at UH Cleveland Medical Center and now at UH TriPoint and UH Beachwood medical centers, where she serves as Chief Nursing Officer.

Throughout her nursing career, Danielle has always wanted to do more than just provide care – she’s wanted to be involved in the community. That’s when her leader introduced her to Business Volunteers Unlimited (BVU), an organization that connects people to board opportunities at nonprofit organizations.

While going through the BVU “Board Matching” program, Danielle interviewed with a couple of different organizations, but it was Rec2Connect’s mission and vision that really spoke to her. Rec2Connect is a nonprofit organization that links individuals and their families, many who have disabilities, to community recreation, wellness and lifetime leisure skills. While their focus is on special needs, they offer recreation therapy for people of all abilities.

“It’s an amazing organization. And just to watch it grow in the little bit of time that I’ve been with them, is so exciting.”

As a board member, Danielle has helped Rec2Connect expand its programs and services. She has also helped raise awareness of the organization’s work in the community.

Volunteering is not new to Danielle. As a competitive roller skater, she helps support the roller skating community, a sport in which her children also compete. She also has coached softball in the past. But being on a board has given her a different viewpoint on how much impact organizations like Rec2Connect have in the community.

“You see the different struggles that organizations who are trying to do really good work are going through trying to meet the needs of the individuals that they are serving,” Danielle continued. “It’s just eye opening as to how much they do for the community and for the people that are in their programs.”

“I think the community is so important in all the things that we do. Being on the board of Rec2Connect has allowed me to engage with community members on a more personal level. It has provided me great perspective on why what we do at UH is so important.”

– Danielle Sindelar, RN

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