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Our Mission, Vision and Values

MISSION: TO HEAL. TO TEACH. TO DISCOVER.

VISION: ADVANCING THE SCIENCE OF HEALTH AND THE ART OF COMPASSION.

• Advancing: Constantly moving, changing and looking for better ways to do what we do.
• The Science of Health: Refers to our leading role in research and discovery as one of the largest population health management providers in the country.
• The Art of Compassion: What we are known for. Our widely-recognized strength is the compassionate care we provide our community.

CORE VALUES:

• Service Excellence: We deliver the best outcomes, service, and value with the highest quality through a continuous quest for excellence and seek ways to improve the health of those who count on us.
• Integrity: We have a shared commitment to do what is right and adhere to the highest standards of ethics and personal responsibility to earn the trust of our caregivers and community.
• Belonging: We value the diverse contributions of all caregivers, and we are committed to building an inclusive, encouraging and caring culture where all can thrive.
• Compassion: We have a genuine concern for our patients and each other while treating everyone with respect and empathy.
• Trust: We depend upon our caregivers’ character, reliability and judgment.
Dear Friend,

We take pride in knowing UH is the ‘home town’ team, distinguished by a legacy of caring for our communities for 155 years and bringing high-quality care close to where our patients live. As an anchor institution, we are in a unique position to influence population health and advance economic opportunities for our communities. We’ve made great strides in contributing to the health and welfare of Northeast Ohioans as well as addressing social determinants of health.

UH provided $3.24 billion over the past decade in community benefit through the deployment of targeted programs and initiatives, including $483 million in 2020 alone.

And during the COVID-19 pandemic, the communities we serve relied on us like never before. They counted on us to develop testing protocols to help control viral spread and look for future hotspots; to care for and comfort our community members when they were afflicted by the coronavirus; to provide advice and counsel on how to stay safe; and to work collaboratively with our community and our industry to trial potential new therapies for treatment and vaccines for protection.

Now, we are building on this legacy by implementing a thoughtful, bi-directional, data-driven, community investment strategy that allocates resources where needs are greatest. In doing so, we can have a more significant impact on our mission – To Heal. To Teach. To Discover. We can also enhance partnerships with our community, better promote health equity and wellness, and maximize health care value.
This new community benefit strategy emphasizes focus in three areas:

- **Anchor & Social Venture Investments** – are large scale, place-based initiatives by “anchor institutions” such as UH, that have the ability to catalyze change in the regions where they are located. For UH, this entails investment in things such as the Greater Cleveland Regional Transit Authority to enhance transportation, the Step Up to UH jobs pipeline to increase local hires, the Greater Circle Living housing assistance program to support our live local strategy and the establishment of community-based clinics such as the UH Rainbow Babies & Children's Ahuja Center for Women & Children and University Hospitals Otis Moss, Jr. Health Center. It also includes investments in evidence-based programs addressing social determinants of health, such as our Food for Life program focused on reducing food insecurity and improving chronic conditions such as diabetes.

- **Regional Community Health Investments** – in interventions stemming from our community health needs assessments in the seven counties where UH medical centers are located. Our five impact areas are: well-being & safety, food security, workforce development, anchor strategies and maternal & child health, scaling them in a way that takes them to more of the communities we serve.

- **Social Service Investment** – leveraging the power of our 30,000+ caregivers to make a difference in our communities through volunteerism and board service; and strategically targeting our community contributions and investments to more closely align with our clinical and community health inventions. For example, by partnering with other organizations that also align with our signature programs, we not only broaden UH’s impact but also amplify these organizations’ efforts with the skills and expertise of UH caregivers.

Our enhanced Community Health Investment Strategy is a key component of our overall UH strategy aimed at making UH the most trusted health care partner. Since the establishment of our institution, we have accepted the responsibility to care for our community, guided by the words from our founders that “the most needy are the most worthy.” We know that the best science alone does not deliver the best health outcomes. It’s how we engage with our patients and our community that builds the trust that’s essential for ensuring exceptional health.

We are honored and humbled by the support from our Boards, the UH leadership team, our 30,000+ caregivers, our philanthropic community and our village of volunteers for their mission-driven pledge to serve others and to join us on the next phase in our journey to elevate our community benefit contribution as we advance the science of health and the art of compassion.

CLIFF A. MEGERIAN, MD, FACS
Chief Executive Officer, University Hospitals

HEIDI L. GARTLAND
Chief Government & Community Relations Officer, University Hospitals
University Hospitals 2020 Community Benefit

- **MEDICAID SHORTFALL**
  Thousands more of our under-resourced neighbors now qualify for Ohio’s expanded Medicaid coverage, yet the state-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

- **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

- **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.

1 UH’s gross community benefit investment for 2020 was $548 million.

2 Under Internal Revenue Service Guidelines, we subtracted $26.5 million from Medicaid Shortfall to reflect net funding recorded from the federal Hospital Care Assurance Program.

3 We subtracted $38.2 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.
340B Program Enhances Community Benefit

Many hospitals face challenging financial situations, even when there is not a pandemic. That’s why the 340B program is a vital safety net for low-income patients.

The program’s name comes from Section 340B of the U.S. Public Health Service Act of 1992. It requires pharmaceutical manufacturers that participate in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients.

UH is one of those providers, so we are able to participate in the 340B program. It works like this: A drug has an ‘original’ price, and also a discounted 340B price for that same drug. The latter is the price that lower-income or uninsured patients pay.

The savings that come from the difference in those two prices are then used by UH to benefit the community, to reach more eligible patients and provide more comprehensive care. The UH locations participating in 340B are UH Cleveland Medical Center, UH Rainbow Babies & Children’s Hospital, UH Conneaut Medical Center and UH Geneva Medical Center.

In 2020, University Hospitals had $127.8 million in savings from the 340B program. That number was up from $99 million in 2019, mostly because of new contracts with national and local pharmacies that were added to the program, and partly because of an increase in drug prices, said Henry “Champ” Burgess, III, UH Chief Pharmacy Officer and Vice President, Operations.

One of the beneficiaries of the 340B program at UH is the Hemophilia Treatment Center (HTC), which provides lifesaving clotting factor infusions to patients.

Sanjay Ahuja, MD, a hematologist who is the director of the treatment center, explains that patients with hemophilia – which is a genetic condition - require these infusions, from birth throughout their lives. As the clotting factor is very expensive, and necessary to prevent bleeding complications in hemophilia, patients often reach a lifetime cap of what insurance would pay in only a few years.

“The 340B drug pricing is a tremendous benefit to our patients,” says Dr. Ahuja. “The clotting factor treatment they receive is provided at a much discounted rate under 340B and we are able to pass on the benefits to our patients.

“The savings from the 340B program are used for the benefit of the patients the HTC serves - it pays for the staffing of the center and the community outreach we are able to provide, including home/school visits, and educational events.”

Because of the treatment that hemophilia patients receive, they now have a nearly normal lifespan. “That is a great advancement for everyone,” he said.
Reimagining Community Health at UH

The COVID-19 pandemic of 2020 put many things on pause, but it also created a window of time for reimagining and measuring our impact in the communities outside our medical centers. Our board and leadership also challenged the organization to look at new and high impact ways to partner with others to enhance health.

“This spurred the evolution of our community health improvement approach and structure,” said Danielle Price, UH Director, Community Health Engagement in the office of Government & Community Relations. “We’ve known for a while that we wanted to reimagine how we partner with the community.

“When the pandemic hit, it gave us the jolt needed to embrace sweeping change. So many things were happening quickly and we wanted to be part of those innovations.”

The UH Board and leadership initiated a strategic plan for community health investment to better respond to the most pressing health needs. Creating an overall framework clarified the focus, through three pillars of community health investment and five impact areas.

The pillars are Anchor & Social Venture Investment, Social Service Investment and Regional Community Health Investment. Using the analogy of a river, these pillars represent an upstream, midstream and downstream approach to health needs.

The “upstream” pillar for UH comprises our participation in large scale, place-based regional interventions by institutions that are “anchored” in their neighborhoods, such as the Greater University Circle community wealth building initiative. This is a 15-year-plus “Buy local, hire local, live local” initiative involving several other institutions in Cleveland.

The “midstream” pillar targets investment in the social service sector through financial contributions, a new employee volunteer program and participation by UH leaders on non-profit boards. Lastly, the “downstream” pillar focuses on early detection of illness through screenings, as well as health education and wellness classes.

“We know from social science that in order to improve population health, we need upstream and midstream interventions – we can’t wait until people are sick and end up in the hospital,” Danielle said. “These are preventive measures addressing social determinants of health and policies that influence things far beyond an individual’s control.”

UH is not only a health care organization, but a major economic engine, one that hires many people, makes place-based investments through its growth and influences policies made by government leaders.

Our priorities in the five impact areas are based on needs assessments that are conducted every three years. They are workforce development, anchor strategies, well-being and safety, food security and maternal and child health. “We came up with those five by looking at the most pressing health and social conditions in the counties we serve, and where we could work toward accelerating health equity,” said Danielle. “We considered how to measure our success and where we could develop collaborative relationships with other community and government organizations.

“UH embraces its community benefit responsibility as a core part of its mission.”

Some highly visible activities include health screenings, nutrition and exercise classes, and summer lunch programs; providing low or no-cost computers to families through PCs for People and making a long-term commitment to the
Greater Cleveland Regional Transit Authority (RTA) to improve access for people who face transportation barriers in the city of Cleveland. Less visible, but equally important, are contributions through charity care, research, and the training of the next generation of clinicians.

There are many other things that the UH system does for its communities that cannot be technically classified by governmental definitions as a community benefit.

“But we do them anyway because it is the right thing to do,” Danielle said.

Some of these activities include intentional investing in women- and minority-owned businesses, working to employ people who live in neighborhoods surrounding UH Cleveland Medical Center through our “Step Up to UH” program, and partnering with local hospitals to train workers for in-demand, entry level positions.
University Hospitals and Cleveland Clinic are the largest health care systems and employers in Northeast Ohio. In 2008, in an unprecedented and forward-thinking partnership, the two health care institutions collaborated with the Greater Cleveland Regional Transit Authority to create the HealthLine on Euclid Avenue.

The HealthLine, a bus rapid transit line (BRT), operates from Cleveland’s Public Square to the Louis Stokes Windermere rapid transit and bus station on East 105th Street. The HealthLine was the first and remains the only BRT line in Greater Cleveland.

Named after the partnership between the two health care systems, this agreement with the RTA supports public transit on Euclid Avenue, with each health care system contributing annually to the 25-year financial support agreement. The partnership has spurred community and economic development along Euclid Avenue, connecting people to the health care institutions, the arts district at University Circle, and their workplaces. In addition, the HealthLine is environmentally friendly as it operates from a hybrid technology, and it is complemented by 1,500 trees that were planted along the line.
Natoya Walker Minor, Deputy General Manager of Administration and External Affairs for RTA, said that connecting to the community through workforce and economic development were driving forces for the HealthLine’s creation. And as calculated in 2018, the HealthLine has stimulated more than $9.5 billion in economic development along the Euclid Corridor, which translates to $190 gained for every dollar spent on creating the HealthLine.

“The investments have resulted in a vibrant community, greater access, healthier people, and a healthier community,” said Walker Minor.

UH’s investment for the RTA HealthLine is $125,000 a year for 25 years – until 2033. One result of its creation – a most powerful one – is that the UH Rainbow Babies & Children’s Ahuja Center for Women & Children that opened on Euclid Avenue in 2018 provides convenient medical access to young women, teens, mothers and mothers-to-be.

Having to navigate the main campus might have seemed overwhelming to patients who had never been there, but the new center is a stand-alone building and much easier to find for first-time patients or visitors, as it is right on the HealthLine. RTA’s data shows that the largest percentage of riders are traveling to work, health care appointments, or school. The HealthLine, as well as all of RTA’s public transit, is designed to offer a comfortable ride that is dependable and reliable, even offering Wi-Fi access.

“We know University Circle is an economic engine, and Euclid Avenue has many access points that intersect with the whole community,” Walker Minor said.

Residents of East Cleveland also use the HealthLine to travel to jobs in or near downtown Cleveland, and downtown residents and students at Cleveland State University and Case Western Reserve University rely on it to travel for classes, or entertainment at Playhouse Square or the Uptown neighborhood at University Circle.

As anticipated, there has been a multiplier effect. The opening of the UH Rainbow Babies & Children’s Ahuja Center for Women & Children on Euclid Avenue spurred Dave’s Supermarket to relocate within walking distance of it. This helped to alleviate the food desert in this area. The presence of the full-service grocery store allows nearby residents, as well as those who can travel on the HealthLine, and UH Rainbow patients and visitors, to access fresh produce, and other staples of a healthy diet.

The HealthLine has encouraged other development in the MidTown Corridor, including the upcoming Cleveland Foundation relocation from Playhouse Square to its new home on Chester Avenue.

Patti DePompei, the President of University Hospitals Rainbow Babies & Children’s and MacDonald Women’s hospitals, also has worked with Walker Minor and other city leaders on First Year Cleveland, an initiative to improve infant and maternal mortality rates through prenatal support – also something eased by the location and access to the new center on Euclid.

In January 2021, the Greater Cleveland RTA also began offering free, monthly bus passes to new and expectant mothers so they can get to their medical appointments, a program called Baby on Board.

“This multiplier effect is what we wanted from the investment into the HealthLine,” said Walker Minor. “And it’s saving the lives of mothers and their babies.”


COVID-19 Outreach: Education and Accessible Vaccinations

Early in the COVID-19 pandemic, there was a presumption by many clinicians and non-clinicians alike, that once a vaccine was available, people would line up to get it.

Many did, as soon as they were eligible. But some people decided against getting the vaccine, and gave a variety of reasons.

So an internal UH work group was created to determine how best to address the diverse reasons that people were either not yet ready, or felt strongly about not getting vaccinated against COVID-19.

Celina Cunanan, UH’s Interim Executive Director of the Office of Community Impact, Equity, Diversity and Inclusion (CEDI), was a leader of that group. “There was already a lot of work being done at UH on this topic, by many of our experts from different departments within the system - our group brought their knowledge all together in one place,” she said.

UH Ventures had done some work, interviewing people about vaccine unreadiness, as did Market Research and Decision Support at UH.

Early this past summer, UH released a vaccine playbook – a free downloadable guide designed to address the most important questions surrounding COVID-19 vaccines. It was created by subject matter experts at UH to be especially useful for people who were still deciding whether they wanted to receive the vaccine, and provide them with data that would help them choose whether they would.

The playbook answers common questions about the different types of vaccines, how they work, their safety, effectiveness and more.

“We kept looking at the data we had, and asking ourselves, ‘What is our mission, and what is our message?’” Celina said. “Yes, we knew how important it was for as many patients as we can to get vaccines in arms but we also needed to reframe our thinking about how that should happen.”

One consideration was that while many people in the community thought of UH as a trusted partner, “We needed to reaffirm that trusting relationship with our Black and brown communities,” Celina said. “We also saw that this was not a distrust of UH, but of the medical profession.”

That distrust was drawn both from history and current data. For example, there have long been – and remain - health disparities that lead to much higher rates of infant and maternal mortality in the Black community, and to higher rates of several types of cancer, such as prostate and colorectal cancer, as well as higher rates of other cancer deaths.

“We felt at UH we had to acknowledge the distrust that existed toward the medical profession, and we also needed to make sure that we answered people’s questions, and that people had access to our experts,” said Celina. “Building and supporting trusting and therapeutic relationships with our communities was critical to disseminating critical and timely information about the vaccine.”
Several UH providers are from the communities UH was reaching out to, so, they spoke to audiences in person or on Zoom, answering questions on efficacy and safety and how community members could keep themselves and each other safe.

“It was important that the messaging coming from UH was consistent,” Celina said. “We are known as the institution who takes care of its community – historically that’s how we’ve been viewed in Northeast Ohio – and that hasn’t changed. People trust us and we want to continue to strengthen that trust.”

The objective was not to push vaccination on anyone, but to give people the information they needed, to answer their questions, to connect them with experts, to provide access to vaccination – and for them to make a decision that kept them, their families, and community safe.

Ultimately, UH provided more than 106,000 total vaccines – a combination of dose 1 and dose 2 – for patients from January 19 to July 28 at the UH Management Services Center Patient Vaccine clinic.

Celina said some people changed their minds because of the information they received. “We heard them say, ‘We know it is killing Black and brown people, so I will get the vaccine’. Others would say, ‘I don’t want to, but I live with my 80-year-old mother so I will.’ Some would say they trusted the science, but still wanted to ‘wait and see.’

“It is something we will continue to work on and we want people to know, when you are ready, we are here.”
Not having access to a laptop or an Internet connection can be detrimental to a person’s health for several reasons. One is because it inhibits telehealth, which has grown quickly and exponentially, especially during COVID-19. For many people, this is a helpful and extremely convenient alternative to an in-office visit.

And for those who have trouble finding transportation or whose condition makes them housebound, telehealth is essential to getting care.

Not having a computer or internet access disproportionately impacts people who live in low-income areas, because both are expensive.

Being connected online through a laptop or desktop computer also makes it easier for a patient to find a physician online, make an appointment, get test results and learn more about their medical condition. Then too, not having an online connection or computer affects children’s ability to learn and do their school work.

That’s a key reason why the organization PCs for People has been working to help those who can’t afford laptops, desktops, accessories, or an online connection, and now the non-profit has made a key connection with UH.

It began with a pilot program in April in East Cleveland, which is one of the most digitally disconnected communities in Ohio. UH, as well as MetroHealth, Cuyahoga County, the East Cleveland Library, the state of Ohio and Eaton Corporation and GE Lighting all participated in this pilot. UH hosted a cellular repeater on a patient tower at UH Cleveland Medical Center to provide more robust internet and cellular access for the community.
Neil Klein, Director of End User Computing at UH, collaborates with Ryan Sowers, a Development Officer in UH Corporate Relations, to make sure that gently used digital devices that are no longer useful in a hospital setting because of technological requirements, are refurbished to be useful for consumers who need them.

While PCs for People also welcomes financial contributions, the donation of equipment is especially valuable now. "There is a global shortage of microchips and semiconductors, so it's more important than ever to provide the actual equipment," Neil said. There's a long wait time to buy computers because of that shortage.

This venture with PCs for People got underway after Ryan began doing research into support for telehealth, and how under-resourced people could get access to computers and accessories that would allow them to connect digitally. He read about PCs for People, contacted them, and found out UH already had a relationship with the organization. After the East Cleveland pilot, it was time for a UH-specific pilot, said Ryan.

“We want very much to reduce barriers to access health care,” Ryan said. He, along with Drs. Brian D’Anza and Brian Zack, who are the Medical Directors of Telehealth at UH, began working together, along with several leaders in UH’s Development department.

“It is critical to think of a patient’s well-being beyond the walls of a doctor’s office. This includes social determinants of health such as digital connectivity, which a program like this one helps to address,” said Dr. D’Anza.

As Ryan said, “We realized the perfect place to do this pilot was through the UH Rainbow Babies & Children’s Ahuja Center for Women & Children in MidTown. Many of our patients meet the criteria that PCs for people has set – people in need of technology or who have limited access to it.”

The pilot in July was PCs for People’s first program launch with a health care organization. It is designed to determine how effective this model is, says Ryan. Initially, 500 laptops will be distributed, and 500 hotspots made available, as well as three months of Internet. Those who receive them will also have access to UH’s Help Desk during that time, in case they need guidance or have a technology question.

As Ryan pointed out, “If it works there, we could eventually expand it across the system, and out to rural communities where there is also a lack of access.”

UH also donates its used desktop and laptop computers to PCs for People for recycling and refurbishing.

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UH Caregiver Community Volunteer Program:
A New Way to Give

In 2022, University Hospitals will begin harnessing the energy of its 30,000 caregivers to volunteer in Northeast Ohio.

That’s when a new volunteer time off (VTO) program will kick off. The UH Caregiver Community Volunteer program will allow caregivers four hours of paid time off to volunteer each year in our UH communities.

UH caregivers will be connected to UH-aligned community organizations, since contributing to the health and well-being of our communities involves more than medical care. The UH Caregiver Community Volunteer program will take caregivers beyond our hospital walls.

If every UH caregiver volunteers, it will contribute 120,000 hours of giving to the community – a major investment.

This past summer, many UH leaders participated in a UH Caregiver Community Volunteer pilot. More than 30 of them volunteered over several days at the Greater Cleveland Food Bank, Akron-Canton Regional Food Bank, and Second Harvest Food Bank of North Central Ohio, helping ensure the availability of nutritional meals for families and children.

Ted Keegan, UH Chief Marketing Officer, was one of the leaders who participated, packing boxes at the Greater Cleveland Food Bank with canned goods and other non-perishable items.

“I think we packed about 20,000 pounds of food in an afternoon, but I also know that this just scratched the surface of what’s needed,” Keegan said.

“And it was great to work as a team in a different way, to do something for the community that makes an impact – you feel a sense of accomplishment.

“Food is integral to health and so many of us take it for granted, but our experience working at the Food Bank makes it clear that many people can’t.”

Once the UH Caregiver Community Volunteer program becomes fully functional, UH caregivers will begin scheduling service with approved nonprofit organizations through the easy-to-use UH Caregiver Community Volunteer portal.

The UH Caregiver Community Volunteer program was created by an interdepartmental committee, led by Elyse Mulligan, Manager, Public Policy & Community Health Engagement, and it included caregivers from the Human Resources, IT, and Marketing and Communications departments, as an endeavor to extend UH’s impact in meaningful ways. The committee partnered with Business Volunteers Unlimited, one of our community partners, to develop the program, which was customized to UH and the needs of Northeast Ohio communities.

The UH Caregiver Community Volunteer program will allow UH caregivers to make an even greater contribution to health and well-being, while learning first-hand about the neighborhoods and the needs of their residents – and then to directly volunteer to help those most in need. ♥
UH Wellness Van Brings Mammograms to the Community

Many women are happy to get their mammograms behind them, and check it off their annual to-do list. But for some women, even getting to the medical center where mammograms are offered can seem insurmountable if they don’t have transportation, can’t get time off from a job to travel to the appointment, or if they need childcare to do so.

Those are just a few barriers.

The UH Wellness Van provides an easier option. This past summer, for the first time, the van - a 38-foot-long Winnebago converted to a mobile clinic - came to the Warrensville Heights YMCA. City leaders and the YMCA made sure to get the word out well ahead of the June deadline.

“We were able to offer mammograms for women in the community, as well as biometric screening -- measuring blood pressure, blood glucose, cholesterol and bone density,” said Colletta Somrack, Community Outreach Nurse at UH Ahuja Medical Center. The event was done with the help of the YMCA staff and its Active Older Adults (AOA) group.

This effort was vital, since COVID-19 made it even more challenging – if not impossible - for people to get necessary and preventive medical screenings in 2020. Unfortunately, UH’s Community Outreach teams had to cancel some events, because of statewide restrictions.

“This year of not being able to be out in the community to offer screenings and health education has been so difficult,” Colletta said. “We have been worried that some health issues are on the rise due to the isolation, or lack of availability of health resources.”

Warrensville Heights was an ideal community for the health van to visit. “It has many pockets of health disparities and a lack of availability to health services,” said Colletta, who also has been meeting with Warrensville Heights Mayor Brad Sellers and UH leaders to come up with other ways UH can reach out to his city. “We want to hear from the mayor about what he sees as his residents’ needs and how we can continue to partner with them.”

To address identified community needs, the mobile van for mammograms program at UH started in late 2020 and early 2021, during the later stages of the COVID-19 pandemic. The van also will go to other communities, including some in Portage and Geauga Counties, such as Middlefield, which has a significant Amish population.

“If the screening detects something of note, the patient will be given a phone number to call for a follow-up. In Warrensville Heights, 10 women from the area had mammograms done. If not for the van, they might not have. At a June event in Cleveland, 13 women also were screened,” said Nicole Edwards, a UH Senior Patient Access Representative. The screenings are covered by insurance.

“Our goal is to make a difference in any community in need,” said Nicole. “In our conversations with the people we met, we let them know how important it is to have an annual mammogram and they agreed. They were happy they could get it done.”
The UH Rainbow Babies & Children’s Ahuja Center for Women & Children opened in the summer of 2018, and in only three years, it has become exactly what it was meant to be – a special place for families to address not only their health, but their wellness and social needs.

The story of Chinester Williams shows how this happens. When Chinester first visited the center on Euclid Avenue, it was so her then 10-year-old daughter, Aiyanna, could get meals through the summer lunch program. Because hunger is a health issue, this USDA and UH-Sodexo program provides more than 2,700 nutritious lunches each summer for children from food-insecure families at eight UH locations. The Rainbow center accounts for nearly 850 of those lunches.

While there, Chinester learned about other programs the center offers, and mother and daughter participated in many of them, from art and dance, to Recess at Rainbow, holiday celebrations and weekly free produce distribution. Since then, Chinester, Aiyanna and her little brother Aaren all have their primary care doctors there too.

In fact, it was during one conversation with Chinester that Rainbow Center staff learned that she was pregnant with Aaren, says Jordan Javier, Director of the UH Rainbow Babies & Children’s Ahuja Center for Women & Children. So Rainbow Connects – the center’s social outreach team - arranged for her to receive a car seat, a ‘pack n’ play’ sleeper and other safety items while the Medical Legal Partnership helped her with housing concerns.

When she was pregnant with Aaren, Chinester participated in the Centering Pregnancy program, which is a group care model for pregnant women, one that also becomes a social support group. That, plus a close one-on-one connection with a caregiver, is designed to address the community’s high infant mortality rate.

After Aaren’s birth, Chinester took post-partum classes at the center, and the center’s caregivers stayed in touch with her to make sure she and the baby were thriving.

“The Rainbow Center gave me a chance to build a village of support,” she said.

That’s exactly the role that was planned for the UH Rainbow Babies & Children’s Ahuja Center for Women & Children, because clinical care is estimated to account for only 20 percent of the factors that contribute to good health outcomes. Addressing social determinants of health – as in Chinester’s case – is what builds a healthy community.

Here are numbers that illustrate some of the needs that must be met to achieve that:

- Ninety percent of the patient population served by the center rely on Medicaid to pay for their care.
- The median household income is $29,000.
- Half of households deal with food insecurity each month.
- One in three parents worry about their children having a safe place to play.
Of course, the COVID-19 pandemic required new ways to reach the community. “We did a lot to respond from a social needs perspective,” says Genevieve Birkby, Program Manager of Social Needs Navigation at the center. “Our staff did such things as delivering diapers to parents with infants and toddlers. We also delivered grocery bags of food and COVID care packages that included masks and cleaning supplies.

“We had to meet patient needs in a basic way, and we did that – and offered social support too.”

From a clinical standpoint, the center focuses on the family. Besides OB-GYN, midwifery (which includes prenatal care), and pediatrics, other offerings include addressing nutritional needs with dietitians; dental care; optometry, an onsite lab and a pharmacy.

To further address social determinants of health, there also is an Integrated Mental & Behavior Health group, which among other services, screens for depression and trauma, in children and mothers; Social Needs Navigation & Community Outreach (which includes Dave’s Teaching Kitchen for cooking, and financial counseling, to name just two) and Innovative Care, such as home visits for pregnant women, adolescent health education and care for those who have chronic diseases.
UH is a thriving health care organization because it looks to make a difference not only now, but in the future.

That’s why UH recently partnered with the Bluford Health care Leadership Institute (BHLI) of Kansas City, Mo., a non-profit with the mission to eliminate health disparities among minority and vulnerable populations.

The BHLI mentors undergraduate students – most from historically black colleges and universities – during a leadership development program and coordinates summer internships for them at health systems around the country. Those scholars are encouraged to develop innovative solutions and policies to improve health outcomes for vulnerable populations, and in the bigger picture, they are encouraged to become tomorrow’s health care leaders.

This past summer, Evalynn Lomax, a BHLI scholar and recent graduate of Rockhurst University in Kansas City, Mo. spent nearly two months working as an intern at UH’s Specialty Pharmacy and Home Care. She was mentored by Champ Burgess, UH Chief Pharmacy Officer and members of his staff; Evalynn’s title was Quality and Organizational Excellence Specialist.

“She was able to support our team, she had a clear idea of her goals, and she made a difference,” said Champ. “She wants to learn more about health care administration and how that connects to being a clinical provider.

“Evalynn represents a new generation of talent from diverse backgrounds exploring opportunities in health care. It’s a tremendous benefit for UH to be able to provide these mentoring opportunities and help shape the leaders of tomorrow.”

Evalynn, who graduated with a degree in biochemistry, is now working as a Telemetry Monitor Technician at Truman Medical Center in Kansas City while she applies to medical school.

She had never been to Cleveland, and was happy for the chance to intern at a major medical center like UH.

In her job, she fielded calls from patients and providers and scheduled deliveries for their specialty medications. She ensured that patient information within the documentation system was correct and made edits when needed. She also helped with a “Best Practices” award submission, which summarized specialty pharmacy operations and measured outcomes, showed how the work benefited patients and UH system, and how it could advance the pharmaceutical world.

“I developed a greater understanding of the major role that pharmacists play in patient care and what a physician must do in order to support it,” Evalynn said. “It was a wonderful experience, and it made my decision to want to work in health care more concrete.”

John W. Bluford, III, founder and president of the institute and CEO Emeritus of Truman Medical Centers, visited UH last summer along with BHLI Director Candice Brooks during Evalynn’s time here.

“We were very impressed with the culture of leadership that you have at UH,” he said. “A strong, reputable and award-winning institution like UH is where we want our scholars to be.”

He also mentioned his appreciation of Cliff Megerian, MD, UH CEO, for spending time with Evalynn and the BHLI team.

“It is a great demonstration of positive participatory culture that Dr. Megerian is creating at UH, which is very important to me – we place our scholars based on the culture of the organization.”
University Hospitals’ presence reaches far eastward, into Ashtabula County as well as Western Pennsylvania, and Denise R. DiDonato is one of the people who has made health care resources in this region more accessible. UH leaders give back to the communities they serve in many ways, including through their service on non-profit boards.

Denise is the Director of Operations and Clinical Services at UH’s Conneaut and Geneva Medical Centers, and has been an avid member of many community non-profit boards.

It was nearly 20 years ago that she first began donating her time and efforts to boards of organizations in which her children were active, such as the Ashtabula YMCA.

In 2018 she became a board member of the Ohio Rural Health Association (ORHA), whose members run rural health clinics, lead hospitals, or work in medical research. Most of them were clustered around Central Ohio, and Denise wanted the state’s Northeastern region to be represented. She also thought it was an opportunity to learn best practices from other rural communities.

Encouraging business growth and sustainability in Ashtabula County is another way to help her community thrive, so she serves on the Greater Ashtabula Chamber of Commerce and the Leadership Ashtabula County boards, and was the 2019-2020 President of the Rotary Club of Conneaut.

She is especially proud that in 2018 she served on the Community Host Group Leadership Team to bring the first Remote Area Medical Clinic (ramusa.org) to Ohio. Ashtabula County leaders from health care, government and the community laid the groundwork for providing nearly $500,000 in free medical care over three days to more than 1,200 children and adults from Ohio and Pennsylvania.

“My role was the recruitment of medical volunteers and general volunteers, as well as promoting the clinic and helping with logistics,” she said. The services offered included general medical, dental, vision, and chiropractic care. In April 2019, the clinic was hosted again, and this time provided more than $900,000 in free medical care to 1,650 adults and children. The 2020 and 2021 clinics unfortunately were cancelled due to COVID, but another clinic is planned for April.

“This had to be one of the most rewarding experiences as a volunteer or board member that I have ever had,” Denise says. “It took the collaboration of typically competing health care organizations to bring access to much needed services to the underserved of Ashtabula county and western Pennsylvania.

“ Our efforts also resulted in legislation that was passed in Ohio - House Bill 541 - which allows licensed physicians from other states to volunteer at this clinic without having to apply for State Board licensing in Ohio.”

Denise encourages others to join non-profit boards. “Board participation gives us an opportunity to further invest our personal resources of time and talent to the communities we serve,” she says. “It should always be viewed as a privilege and honor to have a positive impact and to be a role model for those looking for a chance to serve others.”

“♥
University Hospitals joining with the Lake Health hospitals system last spring is the largest single health system integration in UH history. It adds multiple hospitals and ambulatory centers, with more than 3,000 caregivers and 600 physicians, to the UH health system.

UH was chosen by the Lake Health leadership and its Board of Directors from among six health systems that had expressed interest in merging with Lake Health.

For UH, expanding into Lake County aligns our mission – To Heal. To Teach. To Discover. – across the entire NE Ohio geography. This addition to the UH family assures the communities in Lake County have integrated access to UH caregivers and the full continuum of care offered by UH from pediatrics, to cancer, to cardiovascular and so much more.

Lake Health has a rich history of providing key health and wellness investments to its community, which is a key part of the system’s mission. It takes health education programs, such as physician lectures and free or low-cost screenings, to where people live, work and play. It also contributes funds and in-kind donations to support civic and community events, especially to those with a health and wellness focus.
In addition, it is involved in many community coalitions and partnerships to improve the health of people in the area it serves. Some of these include participation in the Lake County Strategic Plan, ACHIEVE (a community coalition to improve the environment in Lake County), and United Way programs designed to improve health, particularly in vulnerable communities.

Among other initiatives, in 2019 Lake Health collaborated with the Lake County General Health District to bring together more than 20 community partners to tackle Lake County’s greatest health needs and social determinants of health. Its high priority areas include access to care, alcohol abuse, diabetes, drug overdose deaths, heart disease, high blood pressure, limited access to healthy foods, mental health and obesity.

All told, Lake Health’s reported community benefit expenditures exceeded $30 million for 2019.

Lake Health and the Lake Health Foundation aligning with UH’s Community Health Investment strategy anticipates focusing investment in areas that best promote population health outcomes across the Lake Health service area.

UH and Lake Health have a history of collaboration. Well before the merger, in the spring of 2020 for example, UH began assisting Lake Health with its care for COVID-19 patients, said Paul Tait, UH’s Chief Strategic Planning Officer.

“We shared all of our COVID-19 policies and initiatives, including how we were running testing and later, how we were vaccinating,” Tait said. “And when they had COVID-19 patients whose cases were complex, we were able to provide the necessary higher acuity care at UH Cleveland Medical Center.”

Other collaborations between UH and Lake Health on clinical fronts have occurred for many years. These included neonatal intensive care services, cancer care, cardiac surgery, neurosurgery, otolaryngology, and other specialty services. Most recently, UH and Lake Health collaborated on a new specialty surgical hospital, Lake Beachwood Medical Center.

One initiative being planned is the use of the Masimo SafetyNet device, which monitors a patient’s pulse, oxygen, blood pressure, and heart and respiratory rates, sending a signal through a patient’s cell phone to a hospital’s command center.

This became a crucial tool during the pandemic, with UH being only one of a handful of hospital systems in the country using it. It allowed many ill patients to stay at home, while allowing UH to conserve PPE, increase hospital capacity and limit COVID-19 exposure to caregivers. Masimo’s use, however, is helpful to many patients with a variety of illnesses—and can keep them healing at home, rather than being hospitalized.

On another technological front, Lake Health will also be added to the UH virtual visit platform.

And, continued and increased investment in Lake Health and the Lake Health Foundation will remain a major outcome of the merger.
University Hospitals and Cleveland Clinic: Better Health through Collaboration

A community is stronger when partners – once purely competitive – work together, as the collaboration between University Hospitals and Cleveland Clinic during the COVID-19 pandemic illustrates.

The two hospital systems, along with the city of Cleveland and the state of Ohio, faced many of the same challenges, so it made sense to connect across traditional silos and forge a creative relationship to address immediate and critical needs.

This spawned a synergy that made our combined efforts more efficient; we were able to find common ground for the benefit of our patients, local community and the state of Ohio through our cooperative model.

Here are some key components of the collaboration:

• **COVID-19 Lab Testing.** At the very beginning of the pandemic, UH and Cleveland Clinic joined forces to create drive-through testing stations at several of our facilities; this increased testing capacity. Because of our new cooperative relationship, patients now can rely on both of us serving the community should one institution become overwhelmed and a severe testing shortage occur during this or another pandemic.

• **COVID-19 Vaccination.** Both entities worked with the Governor's Office and the Ohio Hospital Association and our local health departments in Cleveland and Cuyahoga County to coordinate vaccine distribution and administration. When Cleveland Clinic received its vaccine supply one week before UH, they invited the UH team to Cleveland Clinic’s vaccination site to observe their process, so both teams could work on the best approaches for operational effectiveness.

• **Community Outreach.** Cleveland Clinic and UH together produced multi-lingual COVID-19 resource guides on food insecurity, mental health and coronavirus questions, as well as fact sheets addressing COVID-19 protection measures. The guides were provided to local city governments, churches, social service agencies, community non-profits and other organizations to distribute in under-resourced communities.

• **Communication.** Cleveland Clinic, UH and MetroHealth joined together to assist then-Congresswoman Marcia Fudge in creating public service announcements for local television and radio stations. They emphasized that risks in delaying examinations, tests, procedures and surgeries was a greater health concern than a COVID-19 infection. Then, with the start of the pandemic’s third wave, Cleveland Clinic and UH joined together with the area’s other health systems to author a joint letter and plea to the community about staying vigilant with regard to mask-wearing, physical distancing and hand-hygiene. This letter ran as an ad in the local papers and was supplemented with a social media and messaging campaign.

• **COVID-19 Vaccination Campaign.** UH collaborated with a coalition of 60 of America’s top hospitals and health care institutions on a nationwide campaign to encourage adults to get vaccinated for COVID-19. Led by Cleveland Clinic and the Mayo Clinic, the campaign “Get the Vaccine to Save Lives” was designed to reassure the public that vaccines are safe, effective and necessary to achieve herd immunity and a return to normal activities. The campaign hoped to reach adults who are hesitant to receive a vaccine, including racial and minority ethnic groups and people living in rural communities. It included print and digital advertising, media outreach, social media, an awareness video and an informational website.

• **Congregate Living Environments.** Both Cleveland Clinic and UH trained teams to go into congregate living facilities and test employees and residents while providing PPE and medical advice as needed. Because of our cooperative relationship, patients can rely on having both of us serving the community should one institution become overwhelmed if a testing shortage ensues.
• **Analytics.** Being able to understand the pandemic from an epidemiologic perspective has been critical; data analytics was essential to decision making. Both UH and Cleveland Clinic invested in robust data analysis strategies and programs that support business and clinical operations through data-driven insights. In April, the two organizations executed data sharing agreements and began exchanging de-identified data on COVID-19 testing, results, and hospital resource utilization to further support their collaboration. This brought strengths and a more holistic approach to the analytic foundation.

• **Legal Efforts.** UH and Cleveland Clinic’s Law Departments led an initiative that involved regular weekly meetings to ensure continued COVID-19-related collaboration, such as discussing common approaches to the Federal Interim Final Rules, waivers, and the state’s emergency rulemaking.

Throughout this process, we’ve learned a great deal about pandemics, public health, health care delivery, collaboration and how to better prepare for future public health challenges. Beyond working together to combat COVID-19, we continue to align efforts in conducting community health needs assessments, battling the opioid epidemic, improving talent recruitment and bolstering training and job creation in Ohio.

While we will continue to compete for patient care, we have learned we can work together in community collaboration. The lesson is that by joining forces for larger public health challenges, we can better solve the myriad health and social determinants of health issues facing our communities. We will advance the health of our communities by aligning on the issues and concerns that matter most in the lives of our patients and caregivers.
UH Community Health Pivots During COVID-19

Many people know UH from its prolific Community Outreach efforts, often symbolized by big white tents set up for health screenings for people who might not otherwise have access to them.

Screenings and health fairs also introduce UH and its providers to people who don’t yet have a connection to the health system. For much of 2020, pandemic restrictions meant those white tents didn’t go up, and the in-person screenings offered were put on hold. So UH’s community outreach teams pivoted to providing alternatives, when it came to screenings, health education, or using their work hours to provide sorely needed help to colleagues in other departments.

UH Portage Medical Center
At UH Portage Medical Center in Ravenna, community outreach nurse Mindy Gusz said that instead of holding screenings, her team members had one-on-one phone conversations with patients who needed disease management and navigation. “Then, to reach the wider community with health information, we did Zoom presentations through meetings of city councils, chambers of commerce and at business meetings that had already been scheduled,” said Mindy.

Later in the pandemic, the UH Portage team also offered screenings and information at its facilities, during dedicated ‘months,’ such as February’s Heart Month; offered screenings for hearing loss, and information on awareness of breast cancer, colon cancer and stroke. In addition, they assisted support groups who could not meet in person by creating electronic newsletters to support group attendees so that they could stay connected with each other.

The team also helped with the opening of the UH Portage Food for Life Market, participated in an East region food drive to benefit both the Cleveland Food Bank and an employee food bank. They expanded a community garden, called the Windham AMETEK Food Forest, and distributed the fresh produce from it to area residents.

UH Seidman Cancer Center
The Office of Community Outreach at UH Seidman Cancer Center coordinated an oral cancer screening with the UH Department of Otolaryngology, for residents of Cogswell Hall.

Cogswell Hall is a permanent housing shelter in Cleveland that supports adults who have experienced homelessness, and it is part of the YWCA.

As Sarah Hopperton, a Health Education Specialist for Seidman's outreach team, explained, the otolaryngology staff created a mobile clinic space with two exam rooms inside Cogswell Hall, with clinicians and residents following CDC guidelines to prevent contagion. First, patients were screened for high-risk behaviors, including tobacco and alcohol abuse and lack of dental care, or the presence of an oral lesion.

An otolaryngology resident and faculty took a comprehensive medical history and performed the oral exam. If patients required further care, they were given referrals to physicians.

Of 20 adults who were screened for oral cancer, four required follow-up care. One of them required surgery for skin cancer. All of those screened were given information about head and neck cancer, and were provided with oral care supplies.

Sarah said the screening at Cogswell Hall will now become an annual event.
UH Conneaut and Geneva Medical Centers
University Hospitals Conneaut and Geneva medical centers’ Community Outreach department quickly revised its program delivery methods in light of pandemic closures and restrictions.

Already in March 2020, the team traversed Ashtabula County to deliver COVID–19 education and resource packets to businesses and communities, said Denise J. Brown, Supervisor of Community Outreach and Wellness.

By November, the team was contributing in a different way – with its members working three 12-twelve hour shifts a week at the two medical centers’ inpatient medical/surgical units, providing nursing care to the sudden influx of COVID-19 patients. During the remaining four hours of the week, team members provided community outreach education and programs to stay connected with patients and residents during an uncertain and frightening time.

Denise said they did this through social media, Zoom programs, emailing, telehealth, and drive-through screenings. The programs included health education, a healthy cooking class, weekly wellness emails and health presentations on Zoom for local senior centers, which used to have monthly in-person health presentations.

Other monthly Zoom presentations for the public covered various mental and physical health conditions with guest speakers, such as UH’s mental health community partners and UH Cardiology and Pulmonary nurse practitioners. One community outreach nurse worked alongside telehealth providers to ensure community members could access their appointments online, while others conducted the Hospital to Home program, which provides home visits and education to patients with chronic health conditions.

UH St. John Medical Center
At UH St. John Medical Center, outreach team members pivoted during 2020’s pandemic first by doing temperature screenings of patients at UH SJMC Seidman Cancer Center as they entered the building.

“They felt so good about that,” says Paul Forthofer, Manager of Community Outreach at both UH Elyria and UH St. John Medical Centers. “People would share their concerns with them, and they would listen; patients would thank them for being so kind.”

Like other outreach teams, the members normally perform such tasks as running health fairs and doing blood pressure and cholesterol screenings at various events in the community. While those were put on hold for a brief time, they are now resuming at senior centers. During 2020, though, the team made sure to keep in touch with all their contacts in the community with random health check calls to see how they could help them during the pandemic, and kept them updated on where they would be when, or whether events were moved to Zoom.

At St. John Medical Center, there were new ways for the outreach team members to assist. “We started a ‘candy cart’ for all employees – we didn’t really have visitors then – but we wanted to keep morale up with staff,” said Paul.

The teams also offered assistance to the COVID-19 units. If they were RNs, they picked up nursing shifts. “Seidman patients at UH St. John were a main concern and we took a lot of questions from them, as people wanted to know when they would have a treatment, when we would resume other things we do there,” he added.

As restrictions loosened a bit, the staff manned the flu clinics as well as the vaccination clinics for staff, and helped the pharmacy give both shots; they also distributed masks – those that couldn’t be used in the hospitals were given to the community. People from the community would also donate food to the hospitals, and the outreach team would deliver it to the staff in different units and floors.

Community events have picked up a bit, said Paul. “We want people to trust us and know that UH is here for them, so the focus now is getting us back out there.”