

BOARD OF TRUSTEES

Diversity Equity and Inclusion (DEI) Committee

Friday, October 20, 2023
11:30 A.M.

BOARD ROOM
4800 Fournace Place, Bellaire, Texas 77401

The meeting may be viewed online at: <http://harrishealthtx.swagit.com/live>.

Notice: Some Board Members may participate by videoconference.

Mission

Harris Health is a community-focused academic healthcare system dedicated to improving the health of those most in need in Harris County through quality care delivery, coordination of care, and education.

AGENDA

I. Call to Order and Record of Attendance	Ms. Marcia Johnson	2 min
II. Approval of the Minutes of Previous Meeting	Ms. Marcia Johnson	2 min
• DEI Committee Meeting – September 22, 2023		
III. Standing Monthly Reports	Ms. Marcia Johnson	10 min
A. Update Regarding Harris Health’s Minority/Woman-owned Business Enterprises (MWBE) – Mr. Derek Holmes		<i>(5 min)</i>
B. Update Regarding Harris Health’s Employee Engagement – Ms. Ashley Smith		<i>(5 min)</i>
IV. Old Business	Ms. Marcia Johnson	35 min
A. Follow-up Discussion Regarding the September Committee Presentation on Addressing Health Disparities – Dr. Chethan Bachireddy		
V. New Business	Ms. Marcia Johnson	10 min
A. Discussion Regarding Future Agenda Topics: November 2023		
VI. Adjournment	Ms. Marcia Johnson	1 min

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
DIVERSITY EQUITY AND INCLUSION COMMITTEE MEETING
Friday, September 22, 2023
11:30 AM

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I. Call to Order and Record of Attendance	<p>Ms. Marcia Johnson, Chair, called the meeting to order at 11:32 a.m. It was noted there was a quorum present and the attendance was recorded. She announced that while some Board members are in the room, others will participate by videoconference as permissible by state law and the Harris Health Videoconferencing Policy. Only participants scheduled to speak have been provided dial in information for the meeting. All others who wish to view the meeting may access the meeting online through the Harris Health website: http://harrishealthtx.swagit.com/live.</p>	
II. Approval of the Minutes of the Previous Meeting – DEI Committee Meeting – August 18, 2023	<p>Ms. Johnson stated that the minutes of the August 18, 2023 DEI Committee Meeting were revised in Section V. - Update Regarding the Harris Health Contract Supplier Diversity to clarify the requested MWBE information to be brought forth by the executive team as follows:</p> <p><i>The next to the last sentence should read: Dr. Esmail Porsa, Harris Health System President and CEO, stated that the executive team will bring forth the requested information related to the eligible MWBE awards compared to the total HHS expenditures.</i></p> <p>A copy of the minutes is available in the permanent record.</p>	<p>Moved by Ms. Alicia Reyes, seconded by Ms. Jennifer Tijerina, and unanimously approved the minutes of the August 18, 2023.</p>
III. Update Regarding Harris Health’s Minority/Woman - Owned Business Enterprises (MWBE)	<p>Mr. Derek Holmes, Administrative Director, Contracting Diversity, delivered an update regarding Harris Health’s Minority/Woman – Owned Business Enterprises (MWBE). The following highlights were presented:</p> <ul style="list-style-type: none"> • FY22 – 23 MWBE Awards = 18.96% • Over \$40M Awarded to MWBE Firms • Several Outreach Initiatives • First Annual Contractor Diversity Training – September 22, 2023 • Finalizing the Contractor Diversity Database <p>A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>

AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
<p>IV. Update Regarding Harris Health’s Employee Engagement</p>	<p>Dr. Jobi Martinez, Vice President and Chief Diversity Officer, delivered an update regarding Harris Health’s Employee Engagement. She noted that the Annual Employee Engagement Survey will launch on November 6, 2023 and continue through November 19, 2023. She stated that Harris Health will focus on key issues centered on diversity, equity and inclusion and communicate system-wide through town halls and campaigns. Dr. Martinez mentioned that there is an expectation for 75% of employees to participate in this year’s survey.</p>	<p>As Presented.</p>
<p>V. Presentation Regarding Addressing Health Disparities</p>	<p>Dr. Chethan Bachireddy, Senior Vice President, Chief Health Officer, delivered a presentation on Health Equity: Focus Impactable Inequities. He stated that health equity means that everyone has a fair and just opportunity to be healthy. This requires removing obstacles to health such as poverty and discrimination. Dr. Bachireddy addressed the importance of understanding health equity, the role of healthcare systems in advancing health equity and the work that is being done at Harris Health. He touched on hypertension and how it increases the risk of heart disease, which is the leading cause of death in Harris County and nationally. Dr. Bachireddy presented demographics related to hypertension and controlling high blood pressure based on racial, ethnic and clinic – level inequities. He shared that HealthyConnect launched at the four (4) lowest performing clinics based on controlling high blood pressure metric. HealthyConnect Remote Patient Monitoring provides patient education, blood pressure devices and real-time alert management with provider management. Dr. Bachireddy presented an overview of the HealthyConnect Program’s utilization and outcomes, clinical – level improvements, and opportunities for the Program to impact and eliminate inequities. Additionally, Dr. Bachireddy addressed current interventions and future opportunities to advance equity. The Committee requested to table the discussion until the next Diversity, Equity, and Inclusion Committee meeting. A copy of the presentation is available in the permanent record.</p>	<p>As Presented.</p>
<p>VI. Adjournment</p>	<p>Moved by Ms. Jennifer Tijerina, seconded by Ms. Marcia Johnson, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 12:36 p.m.</p>	

I certify that the foregoing are the Minutes of the Meeting of the Diversity Equity and Inclusion Committee of the Board of Trustees of the Harris Health System held on September 22, 2023.

Respectfully submitted,

Ms. Marcia Johnson, JD, Committee Chair

Recorded by Cherry A. Pierson, MBA

Friday, September 22, 2023

Harris Health System Board of Trustees Board Meeting – Diversity, Equity & Inclusion (DEI) Committee Attendance

Note: For Zoom meeting attendance, if you joined as a group and would like to be counted as present, please submit an email to: BoardofTrustees@harrishealth.org before close of business the day of the meeting.

DEI COMMITTEE MEMBERS PRESENT	DEI COMMITTEE MEMBERS ABSENT	ADDITIONAL BOARD MEMBERS PRESENT
Ms. Marcia Johnson (<i>Chair</i>)	Dr. Ewan D. Johnson (<i>Ex-Officio</i>)	
Dr. Cody M. Pyke		
Ms. Jennifer Tijerina		

HARRIS HEALTH EXECUTIVE LEADERSHIP, STAFF & SPECIAL INVITED GUESTS	
Antoinette Cotton	Jerry Summers
Carolynn Jones	Dr. Jobi Martinez
Cherry Pierson	Katie Rutherford
Daniel Smith	Krystal Gamarra
Derek Holmes	Maria Cowles
Dr. Chethan Bachireddy	Olga Rodriguez
Ebon Swofford (<i>Harris County Attorney's Office</i>)	Patricia Darnauer
Elizabeth Winn (<i>Harris County Attorney's Office</i>)	Randy Manarang
Dr. Esmaeil Porsa (<i>Harris Health President & CEO</i>)	Dr. Sandeep Markan
Dr. Esperanza Hope Galvan	Sara Thomas
Dr. Glorimar Martinez	Shawn DeCosta
Haley Love	Dr. Steven Brass
Himika Rahman	Thomas Alexander
Jennifer Small	Victoria Nikitin
Jennifer Zarate	Yolanda Wall

Friday, October 20, 2023

Update Regarding Harris Health's Minority/Woman-owned Business Enterprises (MWBE)

Executive Summary

- For FY22-23 MWBE Award for Eligible contracts is at 18.34%
 - MWBE is auditing data in preparation for our Annual Report (est. Jan 2024)
 - Have stipulated that Premier have MWBE requirements
- MWBE participated on Houston Minority Supplier Development Council and Subcontractor USA Panels in October 2023
- MWBE is preparing to participate in the Interagency Mentor-Protégé Program
- MWBE's Contractor Diversity database was completed October 2023
 - Currently reviewing unaudited subcontractor payment data
 - Creating dashboards for key statistics

Friday, October 20, 2023

Update Regarding Harris Health's Employee Engagement

Executive Summary

- Employee Engagement is working with HR Communications to execute the survey communication plan.
- The communication plan includes system town halls. Dr. Porsa announced the employee engagement survey in his town hall last week.
- Email notifications will come out this week from HR Communications. There are two audiences, people managers and individual contributors. Emails will come out weekly with different information helping people get prepared.
- The communication plan also includes announcements in Beat Briefs and Intranet starting the week of October 16.
- Internally, Employee Engagement is working on creating a resource page that will have survey readiness information. Expected to be ready the week of Oct 16.
- The survey is called Voices of Harris Health. It is branded. Corporate communications created a logo that will be added to all communications.
- The survey tag line is "Your Voice. Our Commitment." All messages will follow this tag line and the theme of Keep Talking. We're Listening.
- Employee Engagement will be on-site at various pavilions during the two-week response window creating awareness and helping people complete it.
- Employee Engagement is also reserving computer labs onsite where available for those who need it to provide more inclusive, equitable, and accommodating spaces for individuals who may not be in computer facing positions or need some guidance on completing the survey.

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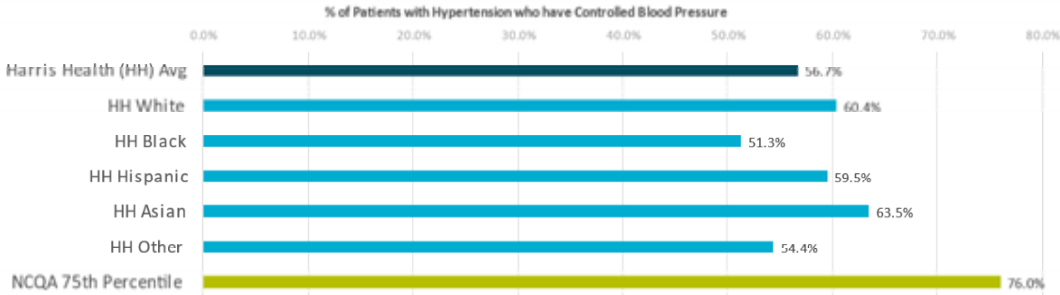
Follow-up Discussion Regarding the September Committee Presentation on
Addressing Health Disparities

HEALTH EQUITY: FOCUS ON IMPACTABLE INEQUITIES

Summary of Presentation on 9/22/2023

COMPARING RACIAL & ETHNIC INEQUITIES

This graph shows 2021 Harris Health data on **Controlling High Blood Pressure** compared to the 75th percentile based on national NCOA data.

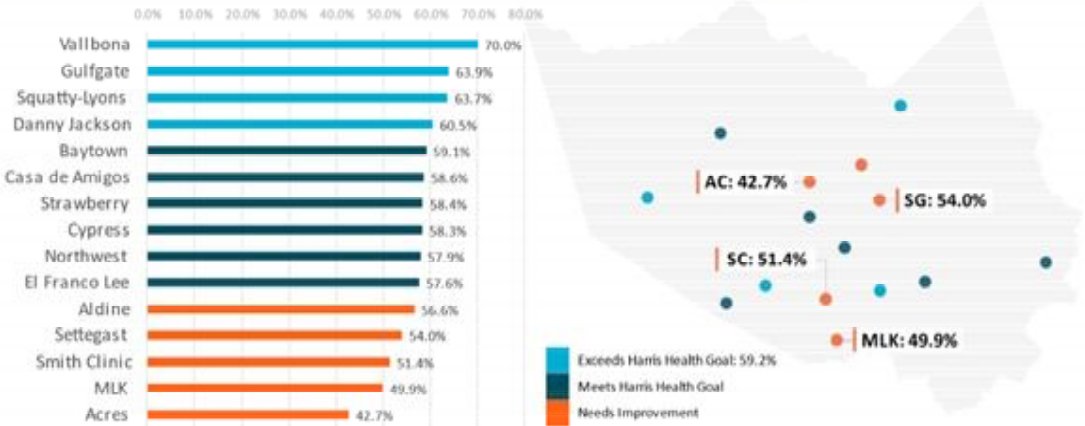


Data Definitions – Controlling High Blood Pressure: NCOA HEDIS measure that assesses the percentage of adults 18 –85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90 mm Hg).

We took a journey over the past few years to demonstrate what it takes to understand inequities and gaps in care and to address them. We started by looking at 2021 data on hypertension control (using the HEDIS definition) for a historical snapshot. From here, we asked the question - How might we close the gap between Black and white patients and in doing so lift the entire system to better care and ultimately to equity?

2021 CLINIC-LEVEL INEQUITIES AT HARRIS HEALTH

This graph uses 2021 Harris Health clinic -level data for the HEDIS Measure: **Controlling High Blood Pressure**.

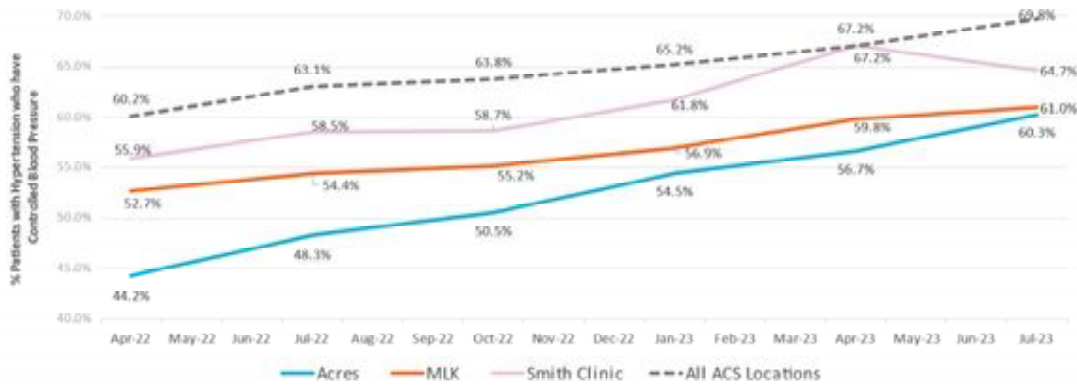


We took two approaches to improving hypertension control. The first centered around system-wide improvement including clinician education, best practice and protocol development, and improved workflows. The second centered on using data to understand clinic-level inequities. We then took a closer look at the 4 lowest performing clinics at the time (Acres, MLK, Smith Clinic, and Settegast), which have predominantly Black and Hispanic/Latino patients – therefore, impacting these clinic-level outcomes also impacts equity.

CLINIC-LEVEL IMPROVEMENTS

CLOSING THE GAP

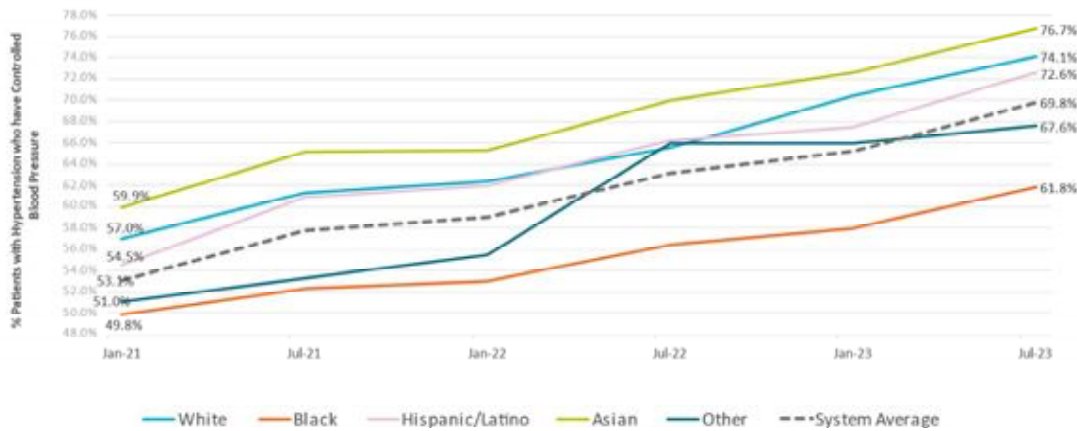
This graph shows data on **Controlling High Blood Pressure** from April 2022 to July 2023 for HealthyConnect sites.



We launched an innovative population health intervention at these lowest performing clinics using novel technology, called HealthyConnect, which is a remote patient monitoring program for adults with uncontrolled high blood pressure who can receive additional support via phone, a home blood pressure cuff, and chronic disease management education. Targeted intervention in these clinics led to a tremendous increase in blood pressure control for Acres, MLK, and Smith Clinic.

IDENTIFYING RACIAL & ETHNIC INEQUITIES

This graph shows Harris Health data on **Controlling High Blood Pressure** by race/ethnicity over time (2021 to 2023 YTD).



We went from an understanding of our data in 2021, to action within a year in April 2022, to driving forward outcomes in 2023, demonstrated by the upward trajectory. However, even with the upward trajectory for each group, the racial inequities are still evident, and the improvement in blood pressure control has not been as steep for the Black population compared to any other group. Despite all of the work we have started and the success we've seen as a system in improving hypertension control overall, we are still seeing persistent racial inequities, particularly for the Black population in comparison to the white population and the system average.

OPPORTUNITIES FOR IMPACTING INEQUITIES

Despite system improvements, racial inequities persist

- Commit **resources for investigating** inequities
- Design **targeted interventions** such as:

SOCIAL DRIVERS OF HEALTH

Improving access & affordability of care
Improving access to economic benefits (e.g. SNAP)

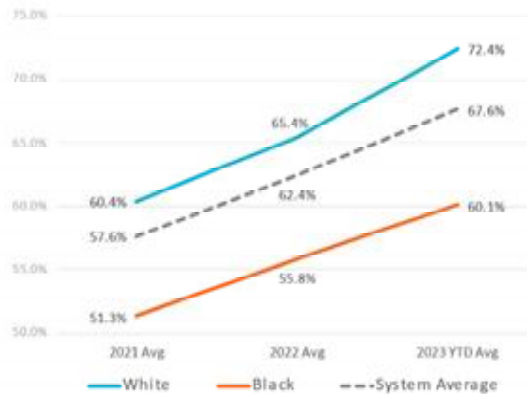
NUTRITION & EDUCATION

Reducing food insecurity (e.g. FoodRx expansion)
Diet & lifestyle education (e.g. Culinary Medicine)

CARE INNOVATION

Remote monitoring (e.g. HealthyConnect expansion)
Culturally sensitive care coordination

Race Differences in % of Patients with Hypertension who have Controlled Blood Pressure



However, our work is not done. Despite the rapid improvement in blood pressure control, we still see profound inequities between our Black patients and white patients. From 2021 to 2023, although Black patients and white patients both improved, white patients improved more, contributing to an increase in the Black-white gap in hypertension control.

We have to talk about the role of systemic racism. In 2019, the median net worth of a white family in the US was \$188K compared with \$24K for a Black family. The wealth gap, the disinvestment in and damage to Black communities through mass incarceration, redlining, and disparate funding for public education all contribute significantly to the differences in life expectancy. And it is mediated and represented in part through differences in blood pressure control that we see locally within our system and more broadly across the county.

This is where we are focused and committed to understanding and impacting health inequities among and between our patients. We need to start first by naming those inequities, establishing intentional commitments to understanding root causes, and then we have to be willing to change our policies and reform and transform our systems to better serve our patients and communities – particularly those who are most marginalized. We believe strongly that if we are intentional, improving care for those who are most marginalized will improve care for the entire system.