BOARD OF TRUSTEES

Diversity Equity and Inclusion (DEI) Committee

Friday, September 22, 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 – August 18, 2023		
III.	**Update Regarding Harris Health's Minority/Woman-owned Business Enterprises (MWBE) –** *Mr. Derek Holmes*		**5 min**
IV.	**Update Regarding Harris Health's Employee Engagement** *– Dr. Jobi Martinez*		**5 min**
V.	**Presentation Regarding Addressing Health Disparities** *– Dr. Chethan Bachireddy*		**45 min**
VI.	**Adjournment**	**Ms. Marcia Johnson**	**1 min**

HARRIS HEALTH SYSTEM
MINUTES OF THE BOARD OF TRUSTEES
DIVERSITY EQUITY AND INCLUSION COMMITTEE MEETING
Friday, August 18, 2023
11:30 AM

	AGENDA ITEM	DISCUSSION	ACTION/RECOMMENDATIONS
I.	**Call to Order and Record of Attendance**	Ms. Marcia Johnson, Chair, called the meeting to order at 11:36 a.m. It was noted there was a quorum present and the attendance was recorded. Ms. Johnson 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.	
II.	**Approval of the Minutes of the Previous Meeting –** DEI Committee Meeting – July 11, 2023		**Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody M. Pyke, and unanimously approved the minutes of the previous meeting.**
III.	**Update Regarding the Harris Health Food Farmacy Program**	Dr. Esperanza (Hope) Galvan, Senior Vice President, Chief Health Officer, delivered an update regarding the Harris Health Food Farmacy Program. She stated that Settegast Health Center is 65% complete in its schematics design, and that the Martin Luther King (MLK) Health Center design was approved on August 2, 2023 and will go to construction design. She noted that Harris Health is continuing to work on obtaining American Rescue Plan Act (ARPA) funding related to El Franco Lee, Vallbona, and Gulf Gate Health Centers. Dr. Galvan shared that the System has partnered with Houston Food Bank and Cigna to evaluate various Food Farmacy modalities related to food insecurities. She shared that the food locker initiative presented would potentially install refrigerated food lockers throughout local area schools as well as Casa de Amigas and Smith Clinics. Ms. Patricia Darnauer, Executive Vice President, Lyndon B. Johnson (LBJ) Hospital, announced the Northeast Community Farmers Markets on August 19, 2023 will be at the LBJ Campus from 9:00 AM – 12:00 PM. The event will celebrate four (4) years of grassroots empowerment and food access programs in Northeast Houston.	As Presented.

IV.	**Update Regarding the Harris Health Employee Engagement Survey**	Dr. Jobi Martinez, Vice President and Chief Diversity Officer, delivered an update regarding the Harris Health Employee Engagement Survey. She reported that Human Resources (HR) has engaged a new vendor, implemented a pilot survey, and planned to distribute the pilot survey among various stakeholders at the end of the month. She touched upon creating an engagement dashboard, and constructing a communications plan including confidentiality training. Additionally, Dr. Martinez stated that the official employee engagement survey will be released in November 2023. Committee discussion ensued related to the data and response rates centered around the previous year's employee engagement survey.	**As Presented.**
V.	**Update Regarding the Harris Health Contract Supplier Diversity**	Ms. Tamala Austin, Business Equity Outreach Manager, delivered an update regarding the Harris Health Contract Supplier Diversity. She reported over $36M in total contract awards by ethnicity and gender from October 2022 through June 2023. She noted an increase in the total awards given to Minority and Women-Owned Business Enterprise (MWBE) since the disparity Study to 11.5%. Ms. Johnson inquired regarding the total spends related to MWBE contracts in comparison to other vendors. Dr. Esmaeil Porsa, Harris Health System President and CEO, stated that executive team will bring forth the information related to the $138M in eligible awards. A copy of the presentation is available in the permanent record.	**As Presented.**
VI.	**Overview and Discussion Regarding the Harris Health DEI Framework**	Dr. Martinez led the discussion regarding the Harris Health DEI Framework. She touched upon the role of Diversity, Equity and Inclusion (DEI) office related to support in advancing DEI, safety and advocacy within the organization. She spoke about some of the challenges of DEI in the workplace and the efforts to address the challenges and disparities. Dr. Porsa reiterated that Harris Health is working diligently to address health disparities, engaging the community, and is committed to the work of DEI. He recommended devoting the next DEI meeting to a more in-depth and robust discussion to showcase the great work being done within Harris Health. Dr. Martinez introduced her team, Mr. Thomas Alexander, Senior HR Program Manager, and Ms. Haley Love, DEI Specialist. A copy of the presentation is available in the permanent record.	**As Presented.**
VII.	**Adjournment**	Moved by Ms. Jennifer Tijerina, seconded by Dr. Cody M. Pyke, and unanimously approved to adjourn the meeting. There being no further business, the meeting adjourned at 12:37 p.m.	

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 August 18, 2023.

Respectfully submitted,

Ms. Marcia Johnson, Chair

Recorded by Cherry A. Pierson

Friday, September 22, 2023

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

Contractor Diversity Update

HARRIS**HEALTH**
SYSTEM

- ➢ FY22-23 M/WBE Awards = 18.96%
- ➢ Over $40M Awarded to M/WBE Firms
- ➢ First Annual Contractor Diversity Training 9.22.2023
- ➢ Finalizing the Contractor Diversity Database allowing us to track payments

Distribution of M/WBE Contract Dollars

- Asian 13%
- Black 37%
- Hispanic 16%
- Native American
- White Women 34%
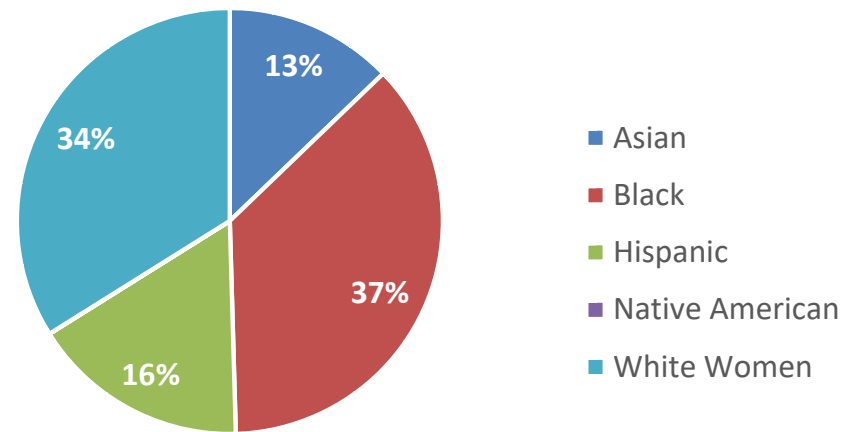
	Black	Hispanic	Asian	Native American	MBE	White Women	TBD	M/WBE	Non-M/WBE	Total
YTD as of August 2023	$11,261,960	$7,439,090	$1,778,366	$31,686	$20,511,101	$11,466,333	$8,652,384	$40,629,818	$173,677,816	$214,307,634
	5.26%	3.47%	0.83%	0.01%	9.57%	5.35%	4.04%	18.96%	81.04%	100.00%
2022 Disparity Study	0.0%	2.3%	0.3%	0.0%	2.6%	5.30%		7.9%	92.1%	100.0%
Variance	5.26%	1.17%	0.53%	0.01%	6.97%	0.05%		11.06%	11.06%	

M/WBE Utilization Comparison
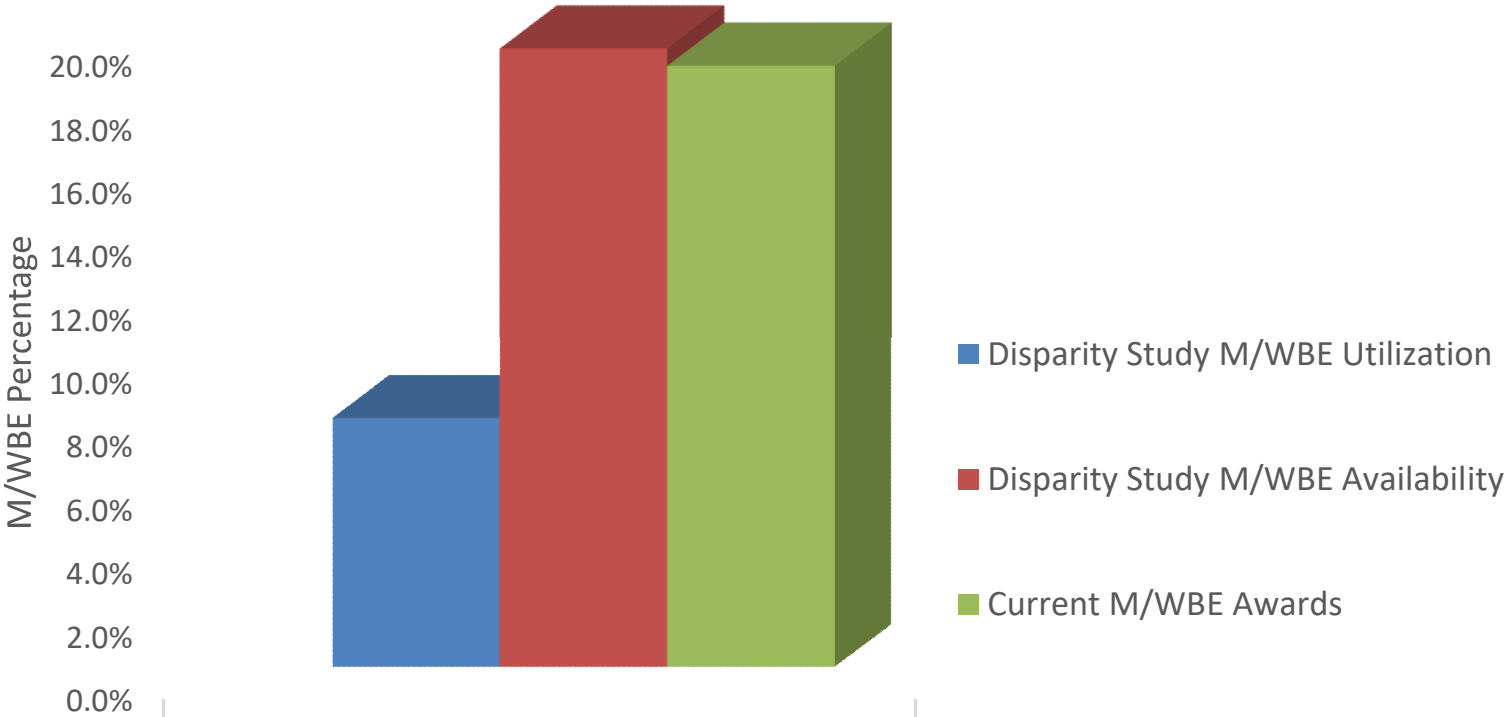
	M/WBE %
■ Disparity Study M/WBE Utilization	7.9%
■ Disparity Study M/WBE Availability	19.5%
■ Current M/WBE Awards	19.0%

Friday, September 22, 2023

Update Regarding Harris Health's Employee Engagement

Employee Engagement Update:

- A pulse survey was launched to identify gaps, opportunities, and communication strategies.
- Questions were cross-referenced to identify opportunities to assess diversity, equity, inclusion, safety, and belonging.
- Survey has been reviewed for translation into 8 different languages.
- Employee Engagement will provide training to managers and discuss the confidentiality factor.
- Survey is scheduled to be released in early November.

Friday, September 22, 2023

Presentation Regarding Addressing Health Disparities

Health Equity: Focus on Impactable Inequities

September 2023

DEFINING HEALTH EQUITY

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.

For measurement, health equity means reducing and ultimately **eliminating disparities in health and its determinants** that adversely affect excluded or marginalized groups.

EQUALITY:
Everyone gets the same—regardless if it's needed or right for them.
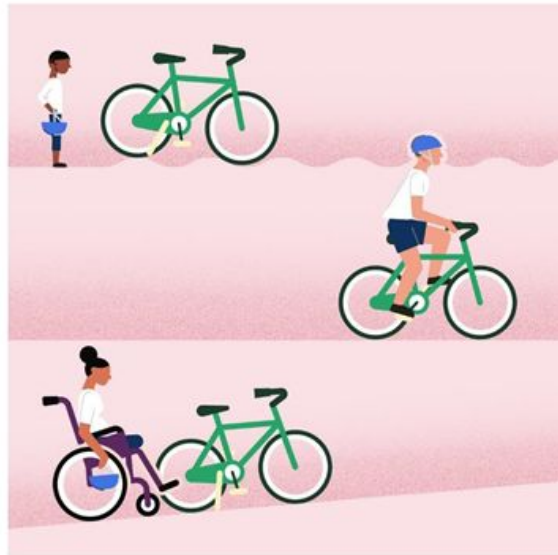
EQUITY:
Everyone gets what they need—understanding the barriers, circumstances, and conditions.

Copyright 2022 Robert Wood Johnson Foundation
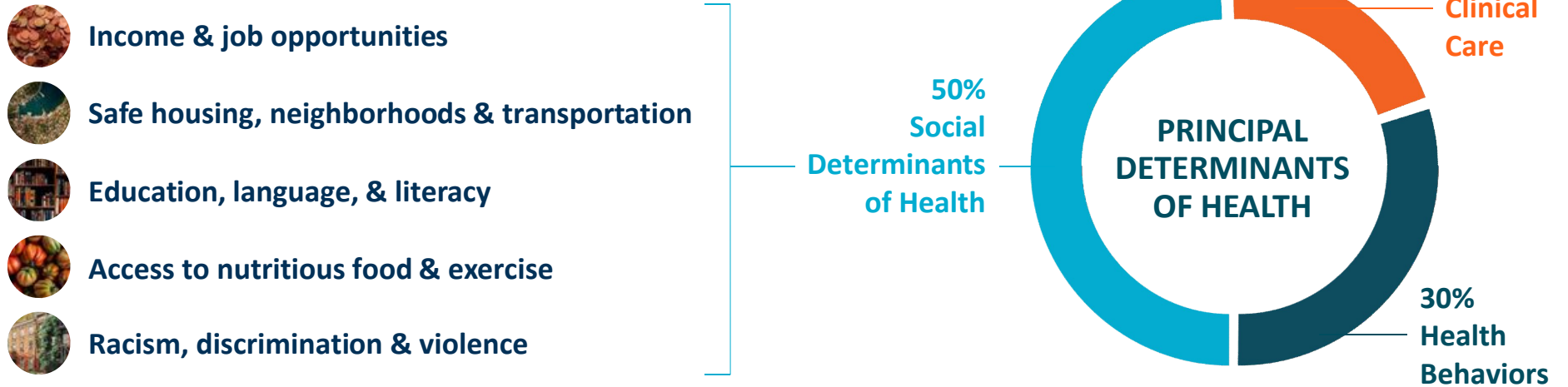
FRAMEWORK FOR EQUITY: HARRIS HEALTH

Patients

Providing high quality care for all patients irrespective of race, ethnicity, gender, age, language of preference or any other patient background

Community

Does the community we serve see us as an equitable organization?

Employees

Do our employees see us as an equitable organization?

EQUITY

Patients

Employees

Community

HEALTH EQUITY PLAYBOOK

Below standards are aligned with and validated by leading national accreditation authorities on the role of healthcare systems in advancing health equity.

1. Ensure equity is a strategic priority for the healthcare system by (a) developing a **health equity strategic plan** and (b) **embedding standing structures** to resource and support health equity work

2. Document valid and reliable **demographic (REGAL – race, ethnicity, gender, age, language) data** in the medical record

3. **Stratify key process and outcome metrics** within *specific focus areas* by REGAL and/or SDOH variables to identify equity gaps

4. Develop a **written action plan** for addressing *at least one* of the healthcare disparities identified within a *specific population of focus,* with a process to **monitor and report progress**

5. Implement a plan for **addressing the role of social drivers of health (SDOH)** in driving health disparities, including (a) documenting patient SDOH needs and (b) implementing responsive interventions with community partners

6. Ensure the organization's **internal culture** supports health equity work by providing staff training and reviewing recruitment and hiring practices

OUR CALL TO ACTION

Life expectancy in Houston can vary by as much as 20 years based on where one lives

Courtesy of UT Southwestern Medical Center

Settegast: 66

Acres Homes: 66

Third Ward: 68

Upper Kirby: 87
Bellaire: 87

Sunnyside: 68

Life Expectancy *(in years)*
Combined | All race/ethnicity

- 86.5 or more
- 82.5 to less than 86.5
- 78.5 to less than 82.5
- 74.5 to less than 78.5
- 70.5 to less than 74.5
- less than 70.5
- Not Shown
- Harris County
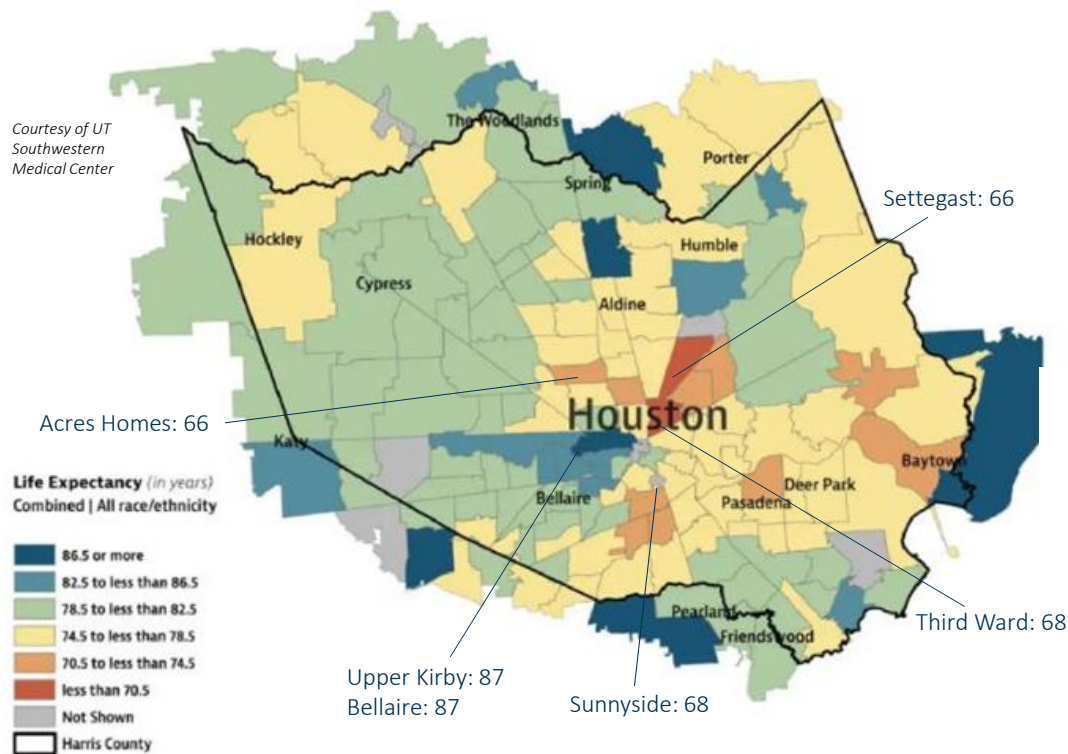
Non COVID-19 Age-Adjusted Mortality Rates (per 100k) by Race/Ethnicity in Harris County, 2020

Race/Ethnicity	Rate
White	765
Hispanic	571
Black	1,016
Asian/Pacific Islander	435

(x-axis: 0, 200, 400, 600, 800, 1000, 1200)
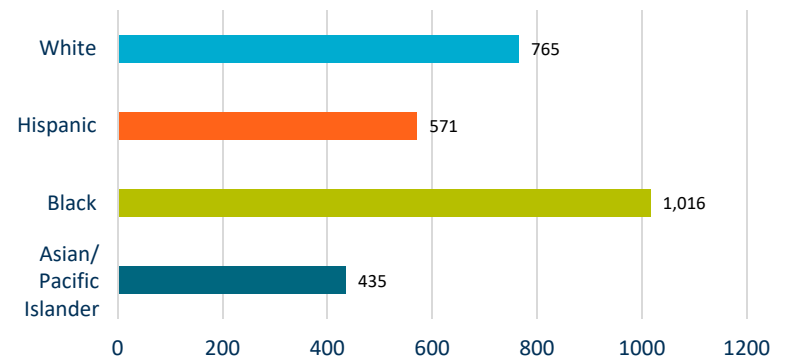
Black residents had 32.8% greater age-adjusted mortality compared to White residents with Heart Disease and Cancer as leading causes of death

16

LEADING CAUSES OF DEATH

Figure 4.1 Ten Leading Causes of Death by Total Count in Harris County, 2016-2020
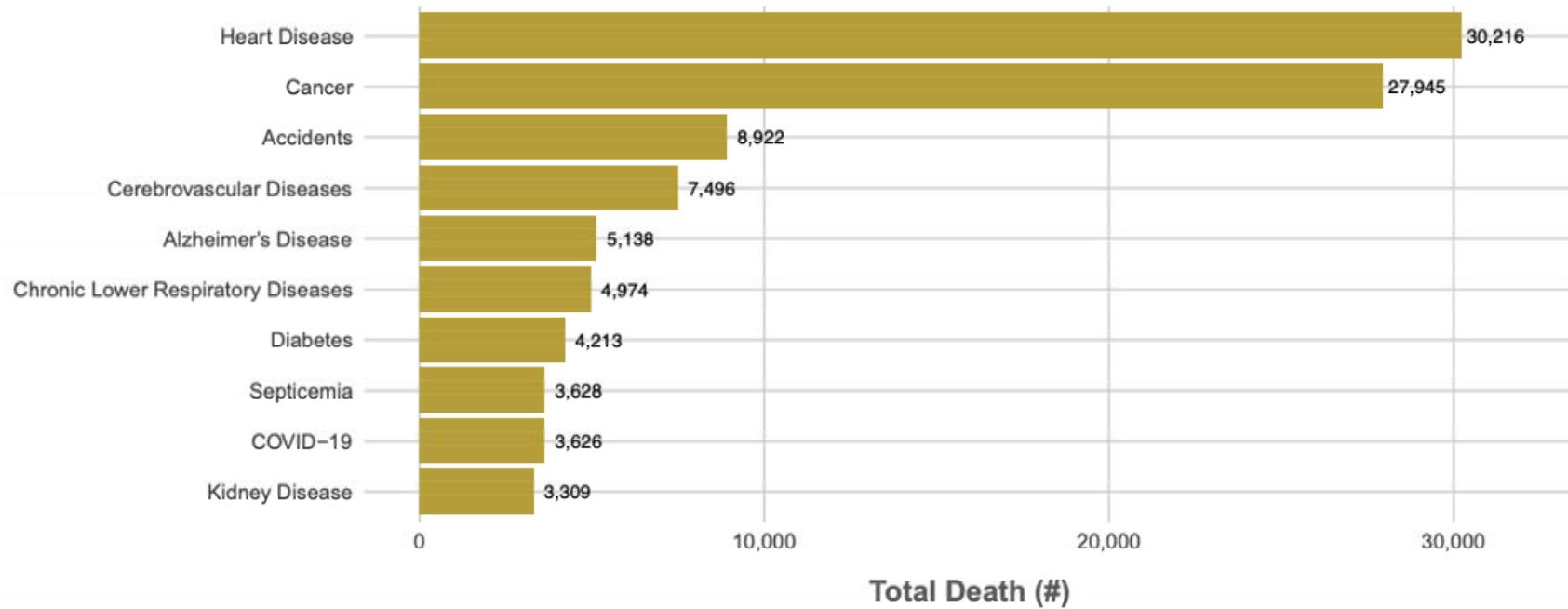
WHY FOCUS ON HYPERTENSION?

- Known as the "silent killer," high blood pressure, or hypertension, increases the risk of heart disease, the leading cause of death in Harris County and nationally.

- **A person who has high blood pressure is three times more likely to die from heart disease.**

- Data demonstrates historically persistent inequities: Black patients are 12% less likely to have controlled blood pressure even after adjusting for socioeconomic status and access to health care.

How do we measure hypertension?

Healthcare Effectiveness Data & Information Set (**HEDIS**) measure definition from the National Committee for Quality Assurance (**NCQA**).

Data Definitions – Controlling High Blood Pressure: NCQA 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).

COMPARING RACIAL & ETHNIC INEQUITIES

This graph shows 2021 Harris Health data on **Controlling High Blood Pressure** compared to the 75th percentile based on national NCQA data.
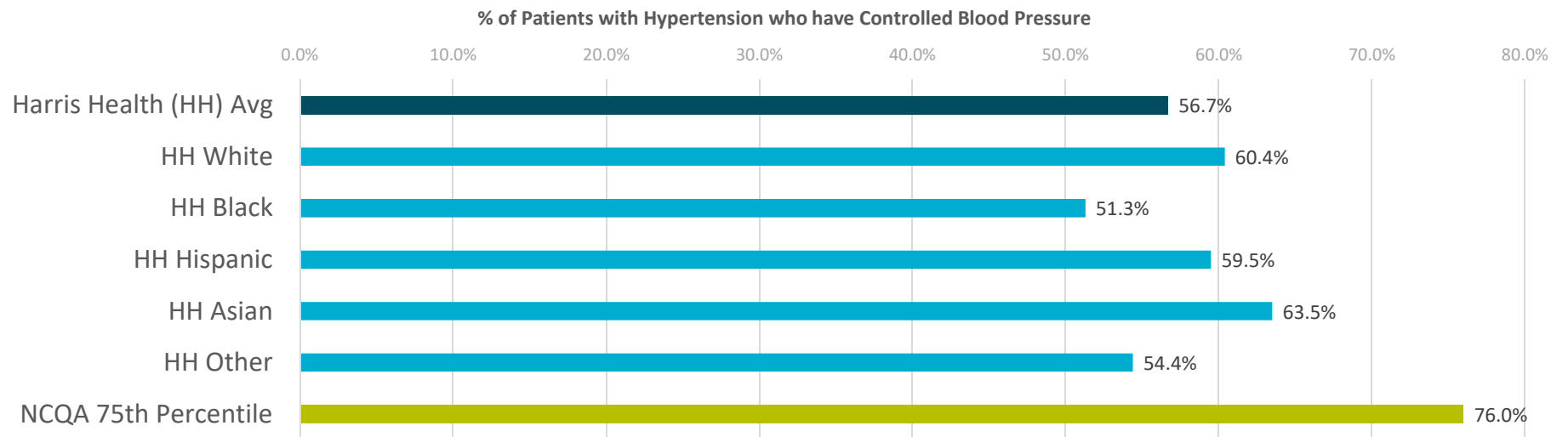
% of Patients with Hypertension who have Controlled Blood Pressure

Category	Value
Harris Health (HH) Avg	56.7%
HH White	60.4%
HH Black	51.3%
HH Hispanic	59.5%
HH Asian	63.5%
HH Other	54.4%
NCQA 75th Percentile	76.0%

Data Definitions – Controlling High Blood Pressure: NCQA 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).

2021 CLINIC-LEVEL INEQUITIES AT HARRIS HEALTH

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

Clinic	Percentage
Vallbona	70.0%
Gulfgate	63.9%
Squatty-Lyons	63.7%
Danny Jackson	60.5%
Baytown	59.1%
Casa de Amigos	58.6%
Strawberry	58.4%
Cypress	58.3%
Northwest	57.9%
El Franco Lee	57.6%
Aldine	56.6%
Settegast	54.0%
Smith Clinic	51.4%
MLK	49.9%
Acres	42.7%

AC: 42.7%
SG: 54.0%
SC: 51.4%
MLK: 49.9%

Exceeds Harris Health Goal: 59.2%
Meets Harris Health Goal
Needs Improvement

20
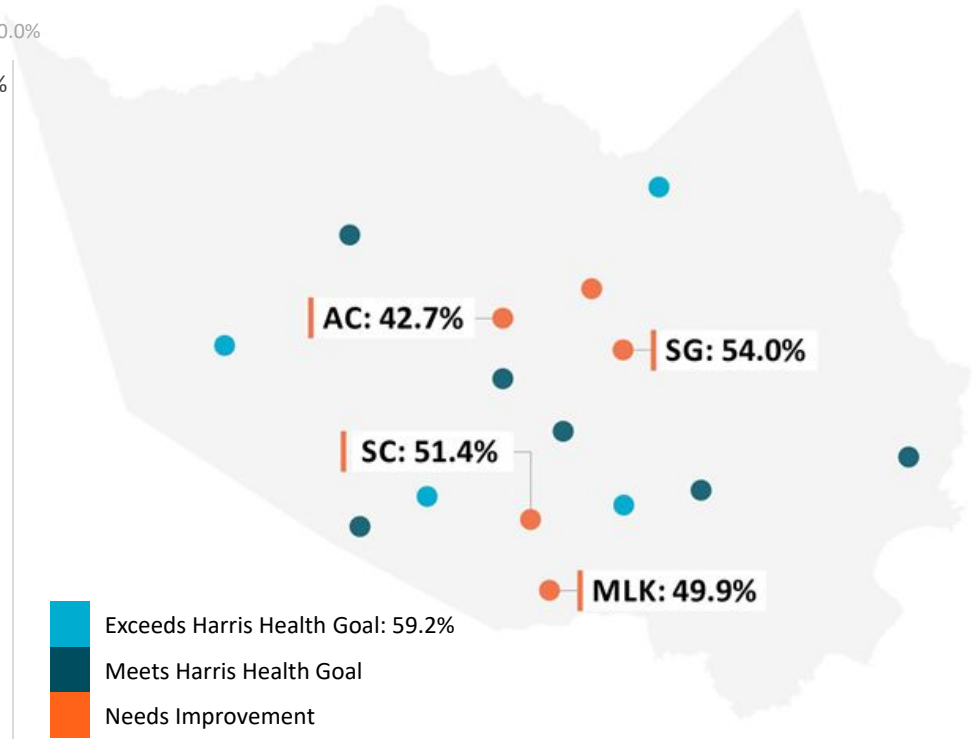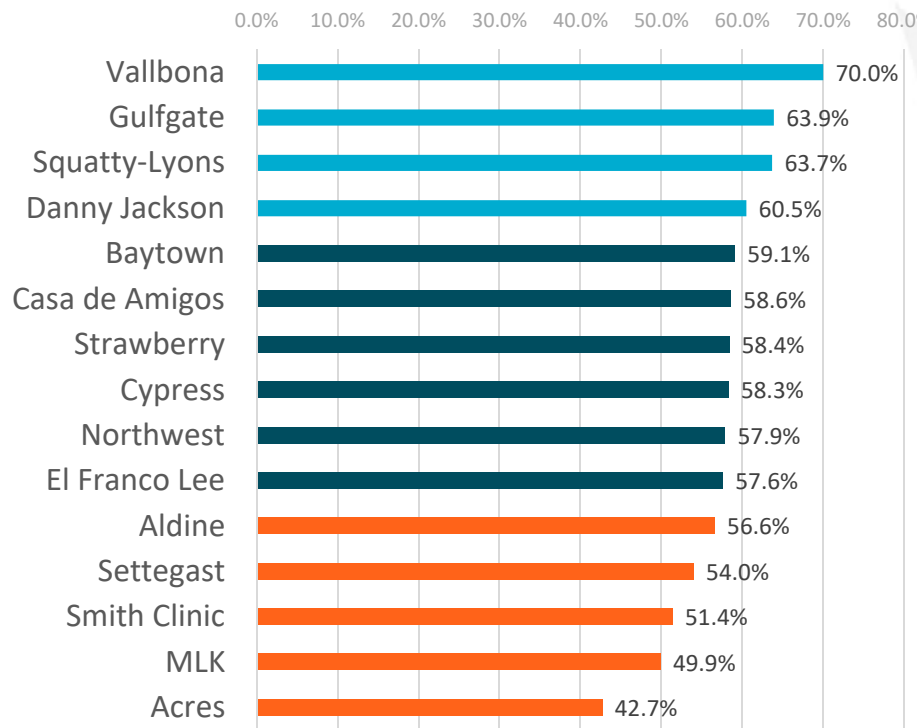
CLINIC-LEVEL DEMOGRAPHICS

This graph shows the race/ethnicity for the 4 lowest performing clinics in terms of **Controlling High Blood Pressure** (as of 2021).
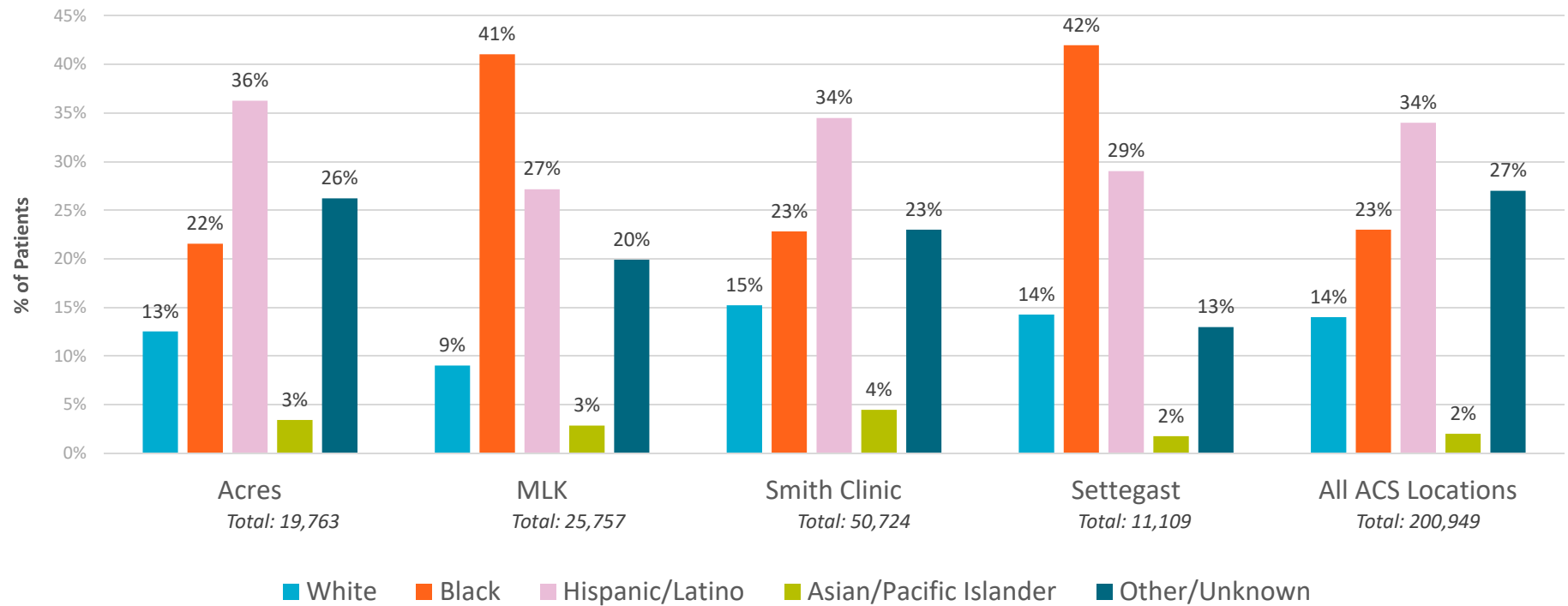
% of Patients

Acres
Total: 19,763
- White: 13%
- Black: 22%
- Hispanic/Latino: 36%
- Asian/Pacific Islander: 3%
- Other/Unknown: 26%

MLK
Total: 25,757
- White: 9%
- Black: 41%
- Hispanic/Latino: 27%
- Asian/Pacific Islander: 3%
- Other/Unknown: 20%

Smith Clinic
Total: 50,724
- White: 15%
- Black: 23%
- Hispanic/Latino: 34%
- Asian/Pacific Islander: 4%
- Other/Unknown: 23%

Settegast
Total: 11,109
- White: 14%
- Black: 42%
- Hispanic/Latino: 29%
- Asian/Pacific Islander: 2%
- Other/Unknown: 13%

All ACS Locations
Total: 200,949
- White: 14%
- Black: 23%
- Hispanic/Latino: 34%
- Asian/Pacific Islander: 2%
- Other/Unknown: 27%

Legend: ■ White ■ Black ■ Hispanic/Latino ■ Asian/Pacific Islander ■ Other/Unknown

HEALTHY CONNECT

REMOTE PATIENT MONITORING FOR ADULT PATIENTS WITH HYPERTENSION POWERED BY *CARE SIGNAL*

HealthyConnect launched at the **4 lowest performing clinics** based on **Controlling High Blood Pressure** metric.
- Acres, MLK, and Smith Clinic Launch: April 2022
- Settegast Launch: August 2023 - selected as the 4th site in collaboration with ACS Executive leadership to address the inequities in life expectancy due to poor health outcomes for patients in the Settegast community

Epic EMR integration with real-time blood pressure and medication compliance visibility for between visit intervention

Harris Health
Educates Providers & eligible patients on HealthyConnect.

Harris Health
Enrolls patients via direct orders in Epic

Patients
Answer automated SMS and phone call prompts, sending in clinically-relevant data

CareSignal
Categorizes at-risk patients and triggers alerts in real-time

Harris Health
Monitors dashboard and follows standard operating procedures (SOPs)

Providers
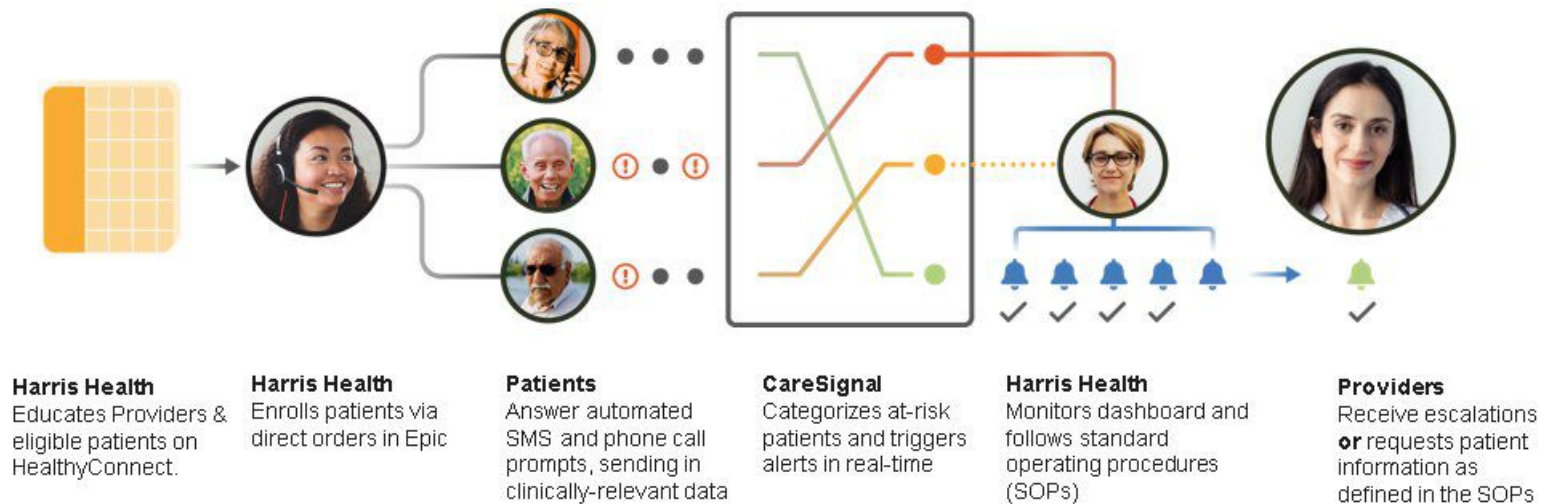Receive escalations **or** requests patient information as defined in the SOPs

HEALTHY CONNECT

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HealthyConnect launched at the **4 lowest performing clinics** based on **Controlling High Blood Pressure** metric.
- Acres, MLK, and Smith Clinic Launch: April 2022
- Settegast Launch: August 2023

☑ **No new devices required**
No apps, downloads, or passwords

☑ **Accessible for all patients**
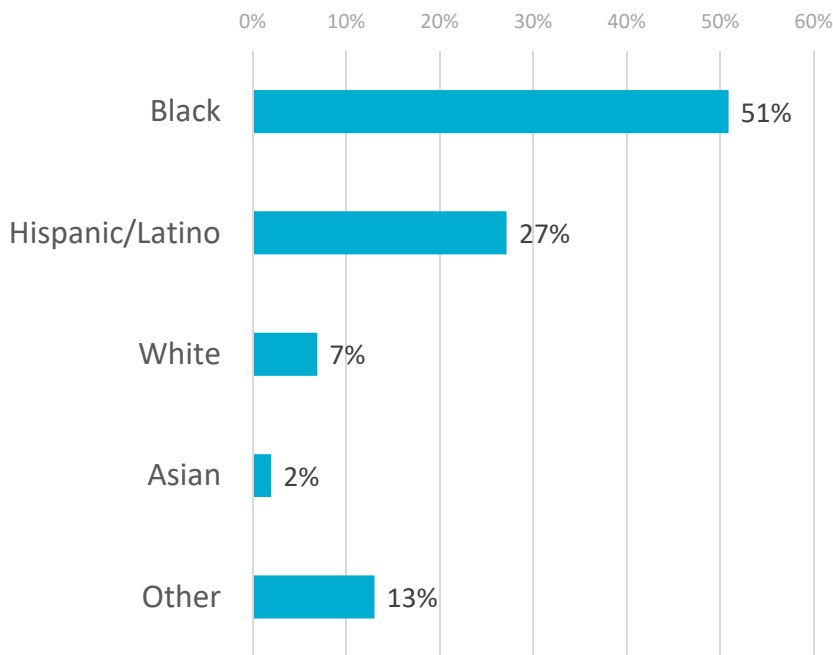*Promote & elevate health equity*

☑ **High validity threshold**
Low patient error in data entry

HEALTHY CONNECT UTILIZATION & OUTCOMES

HealthyConnect Enrollment by Race/Ethnicity (4/2022 – 8/2023)

- Black — 51%
- Hispanic/Latino — 27%
- White — 7%
- Asian — 2%
- Other — 13%

UTILIZATION (4/2022-8/2023)
- 222,232 automated text messages
- 24,842 automated phone calls
- 2,355 patients engaged since launch

OUTCOMES
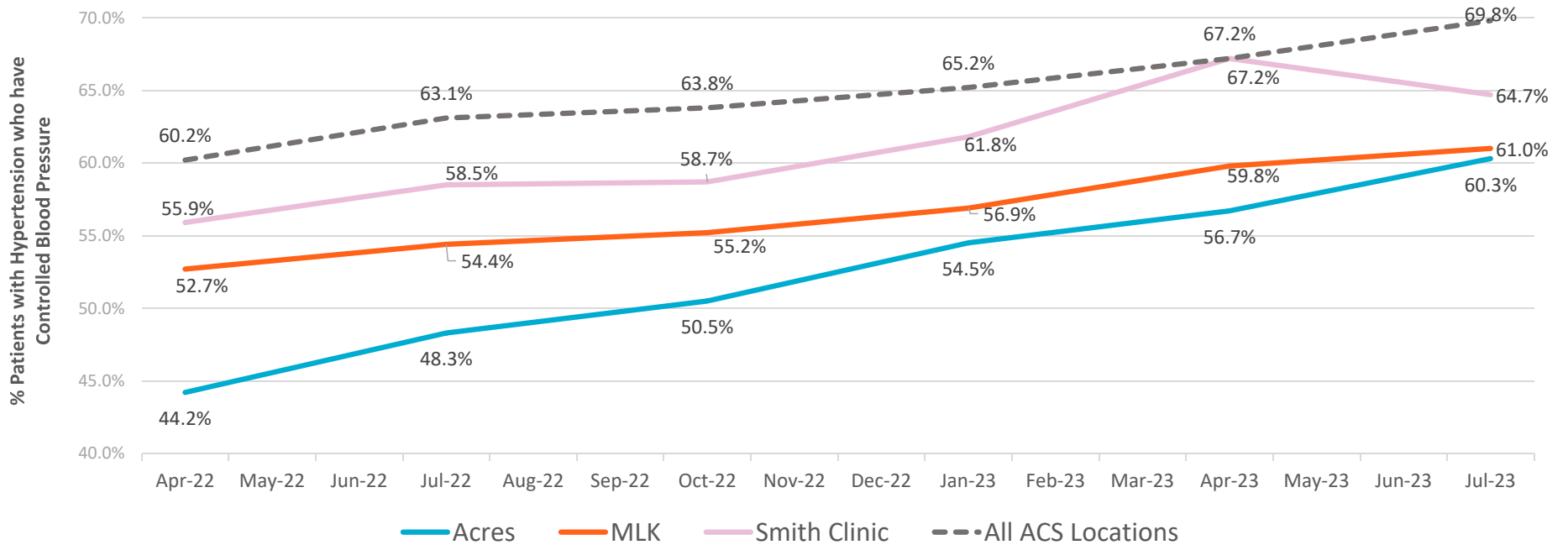- 720 patients graduated since program launch, defined as:
  - Enrollment >4 months (average 8 months)
  - Blood pressure (BP) readings <140/90 stable for 30 days (at least 8 readings)
  - Self-reported medication adherence >80%
  - Care plan goals, SDOH, and medical home addressed
- For 720 graduated patients:
  - Average decrease in **systolic BP by 19 mmHg**
  - Average decrease in **diastolic BP by 8 mmHg**

CLINIC-LEVEL IMPROVEMENTS

CLOSING
THE GAP

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

Y-axis: % Patients with Hypertension who have Controlled Blood Pressure

All ACS Locations: 60.2%, 63.1%, 63.8%, 65.2%, 67.2%, 69.8%

Smith Clinic: 55.9%, 58.5%, 58.7%, 61.8%, 67.2%, 64.7%

MLK: 52.7%, 54.4%, 55.2%, 56.9%, 59.8%, 61.0%

Acres: 44.2%, 48.3%, 50.5%, 54.5%, 56.7%, 60.3%

X-axis: Apr-22, May-22, Jun-22, Jul-22, Aug-22, Sep-22, Oct-22, Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23, May-23, Jun-23, Jul-23

Legend: Acres — MLK — Smith Clinic — All ACS Locations

IDENTIFYING RACIAL & ETHNIC INEQUITIES

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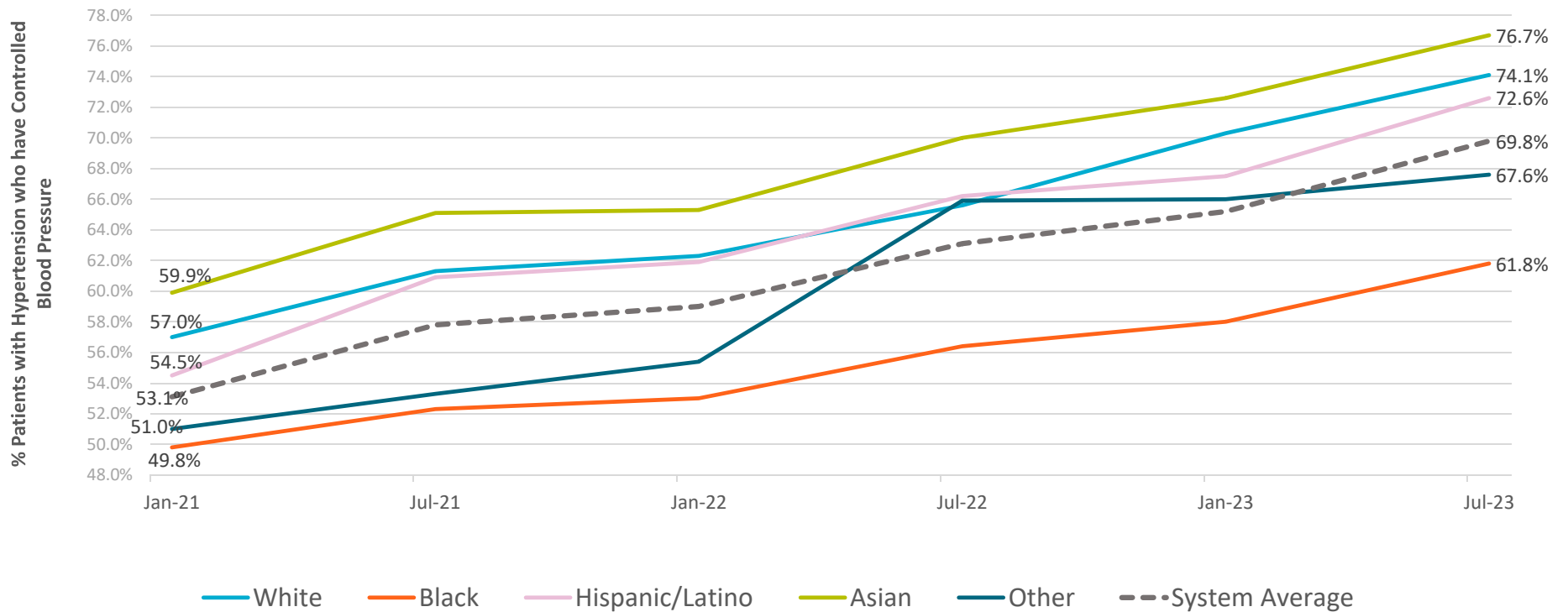
OPPORTUNITIES FOR IMPACTING INEQUITIES

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
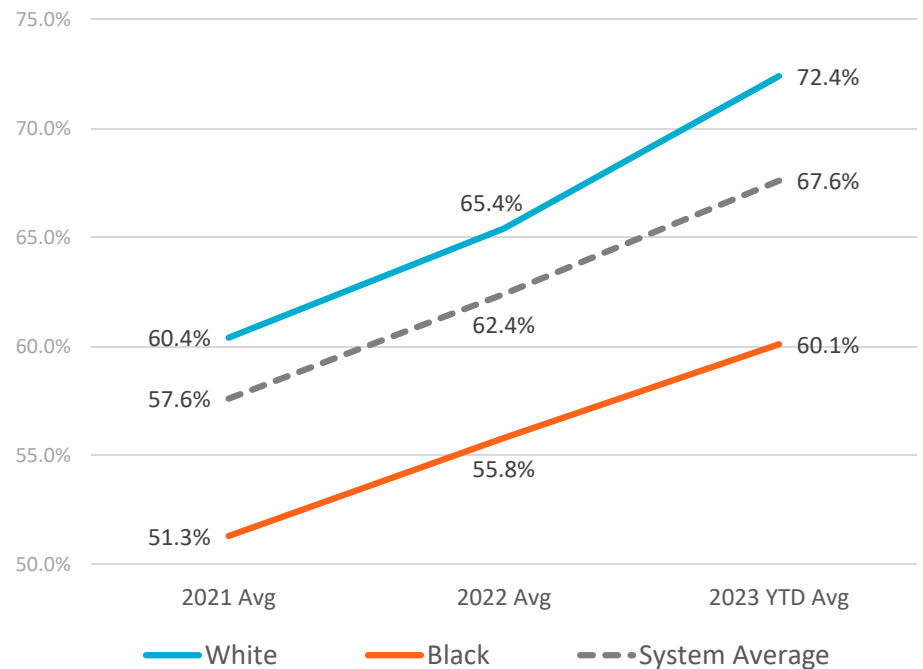Improving access to economic benefits (e.g. SNAP)

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

	2021 Avg	2022 Avg	2023 YTD Avg
White	60.4%	65.4%	72.4%
Black	51.3%	55.8%	60.1%
System Average	57.6%	62.4%	67.6%

White — Black — System Average

ELIMINATING INEQUITIES REQUIRES ACCURATE DATA

We know a significant proportion (>20%) of patients have their race/ethnicity marked as "unknown"
and an even greater proportion (>80%) have their gender identity blank

Why collect <u>accurate</u> demographic data in a standardized way? We can better understand the types of patients we serve, for:

- Developing **targeted strategies** and interventions to **eliminate inequities** and improve system quality

- Better point of care services

  - Adequate interpreter services and patient information materials

  - Improved cultural competency

  - All patients receive high-quality care

IMPROVING DEMOGRAPHIC DATA COLLECTION

Current State: Race (all existing options)	
Chinese	Black/African American
Filipino	Decline to Answer
Japanese	Guamanian or Chamorro
Korean	Native Hawaiian
Asian Indian	Samoan
Vietnamese	Other Pacific Islander
Other Asian	Other
	Unknown
	Middle Eastern
	White/Caucasian

Future State Example: Ethnic Background List (Asian)			OMB Race Category
Asian Indian	Singaporean	Kazakhstani	
Bhutanese	Punjab	Bangladeshi	
Baram/Burman	Cantonese	Nepali	
Chinese	Mongolian	Bengali	
Taiwanese	Tibetan	Pakistani	
Tagalog	Hong Kong	Sri Lankan	
Japanese	Macao	Burmese	
Okinawan	Ryukyu Islander	Cambodian	**Asian**
Iwo Jiman	North Bornean	Filipino	
Korean	Formosan	Indonesian	
Vietnamese	Montagnard	Laotian/Lao	
Hmong	Indo Chinese	Malaysian	
Malay	Amerasian	Thai	
Maldivian	Kazakh/Qazaq		

OMB: Office of Management & Budget, sets federal standards for collecting demographic data

IMPROVING DEMOGRAPHIC DATA COLLECTION

Resulting Workstreams	System-Wide Launch
Developing expanded demographic categories with ethnic background	Complete
Build awareness via *We Ask Because We Care* campaign	October 2023
Train staff collecting demographic data	December 2023
Update program reporting	January 2024
Develop technology infrastructure for self-disclosure (e.g. tablets, kiosks)	Future State

We ask because we care

HARRISHEALTH SYSTEM

CURRENT INTERVENTIONS TO ADVANCE EQUITY

SYSTEMATIC SCREENING & NAVIGATION FOR SOCIAL DRIVERS OF HEALTH (SDOH)
Systematic screening to improve understanding of health inequities and connection to community resources

PRE-DIABETES PROGRAMMING WITH SYSTEMATIC IDENTIFICATION OF RISK-STRATIFIED PATIENTS
To connect with lifestyle modification resources, prescriptions, and the 12-month diabetes prevention program

CULINARY MEDICINE TRAINING FOR FOOD FARMACY PATIENTS
5-session program that demonstrates culturally sensitive healthy food preparation, meal planning, and label education

BE WELL ACRES HOMES
Community-led health & wellness solutions (e.g. exercise/active living) in a historically under-resourced neighborhood

CANCER RESOURCE CENTER AT SMITH CLINIC AND LBJ OUTPATIENT CENTER
To improve understanding of patient cancer treatment and connect patients with community resources

DIABETES SELF-MANAGEMENT EDUCATION
At inpatient centers & ambulatory clinics including specialty locations (e.g. OB) with Certified Diabetes Educators

FUTURE OPPORTUNITIES TO ADVANCE EQUITY

REMOTE PATIENT MONITORING FOR MATERNAL HEALTH
Expanding HealthyConnect for high-risk pre-natal patients with hypertension in 12/2023, including remote monitoring, education, and SDOH navigation

ADDRESSING BREAST CANCER INEQUITIES WITH MD ANDERSON & TEXAS HEALTH EQUITY ALLIANCE FOR BREAST CANCER (THEAL)
Partnership for improved cancer treatment navigation, education, care access, SDOH interventions, process improvement, and provider engagement

CLOSING THE SNAP GAP TO REDUCE FOOD INSECURITY
Partnership with Patient Care Intervention Center (PCIC) to predict eligibility and create proactive, community-based outreach for SNAP enrollment

IMPROVING CARE TRANSITIONS AND CONTINUITY WITH CORRECTIONAL HEALTH
Re-entry into primary care via Transitions Clinic, access to Financial Assistance Program (FAP), and linkage to mental health and addiction services

HOMELESS DIVERSION INTERVENTION WITH UT SCHOOL OF PUBLIC HEALTH (UTSPH) INTEGRATED IN EMERGENCY DEPARTMENTS
Integrating crisis resolution, financial assistance, and SDOH navigation to prevent chronic housing instability, poor health effects, and high utilization

CareSignal
Deviceless Remote
Patient Monitoring™

THE UNIVERSITY OF TEXAS
MD Anderson
~~Cancer~~ Center

PCIC
Patient Care
Intervention Center

UTHealth
The University of Texas
Health Science Center at Houston
School of Public Health

SDOH: social drivers of health; SNAP: Supplemental Nutrition Assistance Program