

2025 Learning Collaborative

Better Health Partnership: Our Work Today, Our Path Ahead — Together



Robert Eick, MD, MPH
President and CEO
Better Health Partnership

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Session Objectives

- Describe how working at the interface of community, public institutions, and systems of care & coverage advances population health and disparity reduction.
- Identify practical steps their organization can take to strengthen cross-sector collaboration.
- Build on the keynote and explain how shared goals, multi-sector co-design, integrated data, shared accountability, and trust among partners support coordinated implementation and sustained improvement.

One View of Why We Are Here

James Baldwin (1924-1987)

“Anyone who has ever struggled with poverty knows **how extremely expensive it is to be poor...**”
—*Fifth Avenue, Uptown: A Letter from Harlem* (July 1960)

We made the world we’re living in and we have to make it over.”
— *Nobody Knows My Name* (1961).

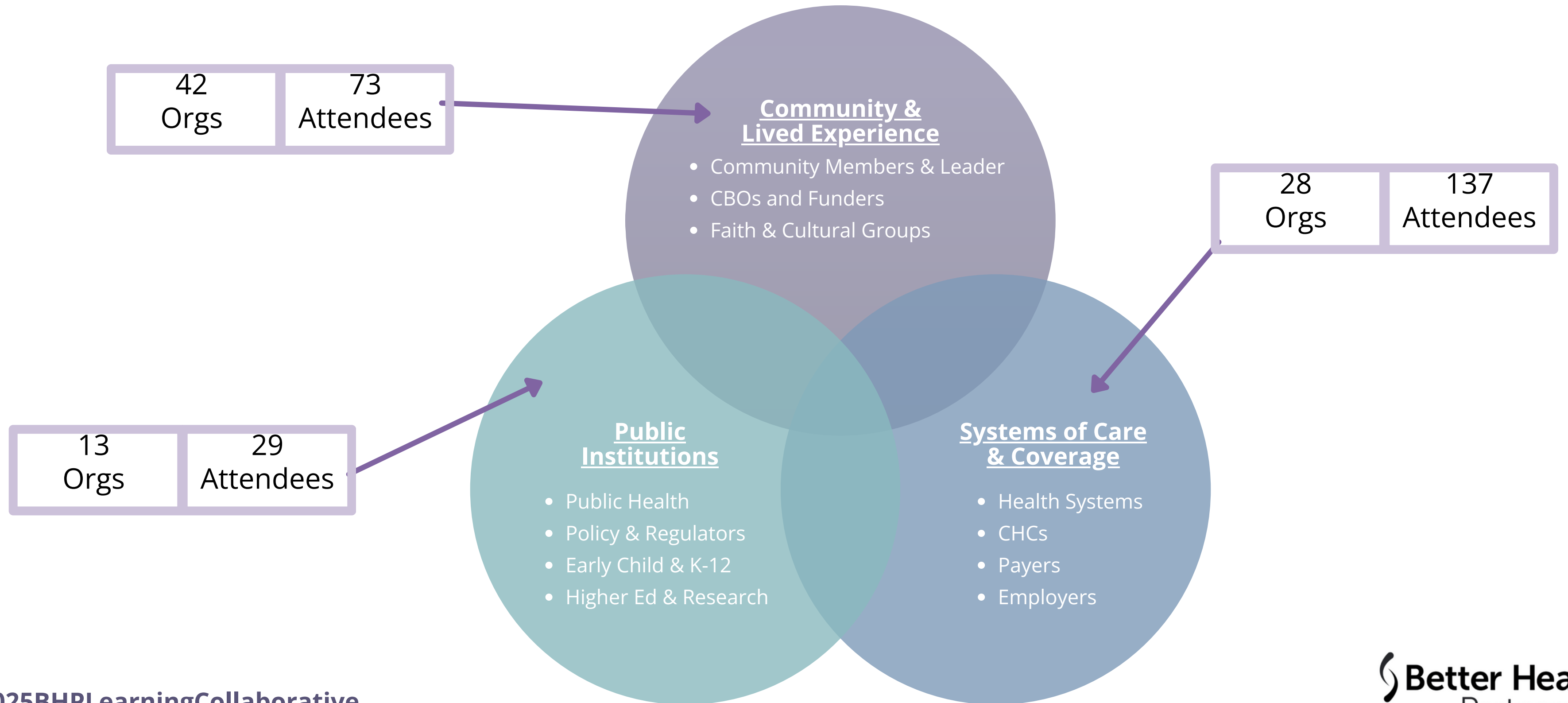
“...we can make America what America must become.”
— *My Dungeon Shook, in The Fire Next Time* (1963).

#2025BHPLearningCollaborative



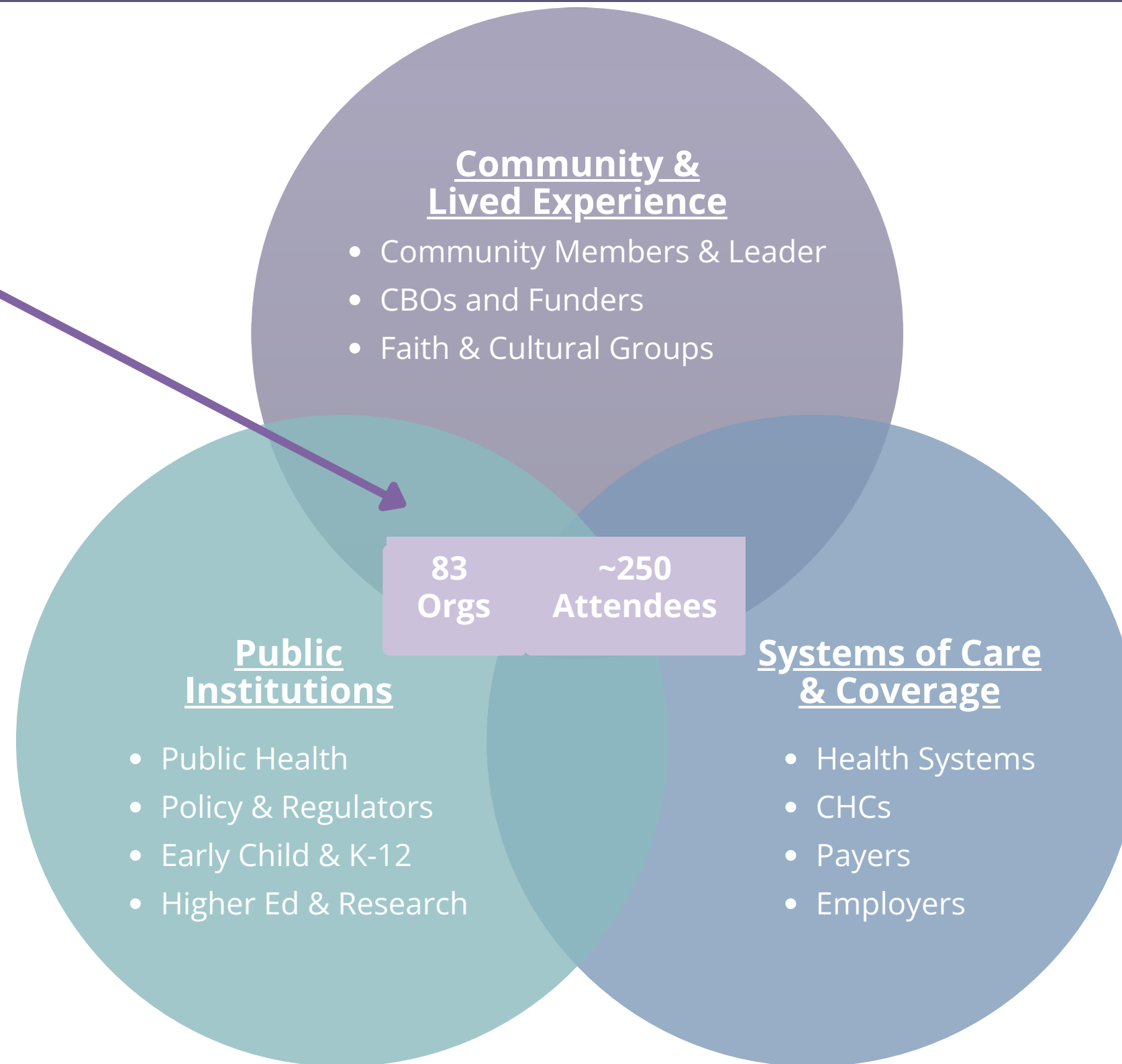
James Baldwin: Mountain to Fire
The New York Public Library Exhibition

Who's Here Today



Who's Here Today

The power is at the interface...



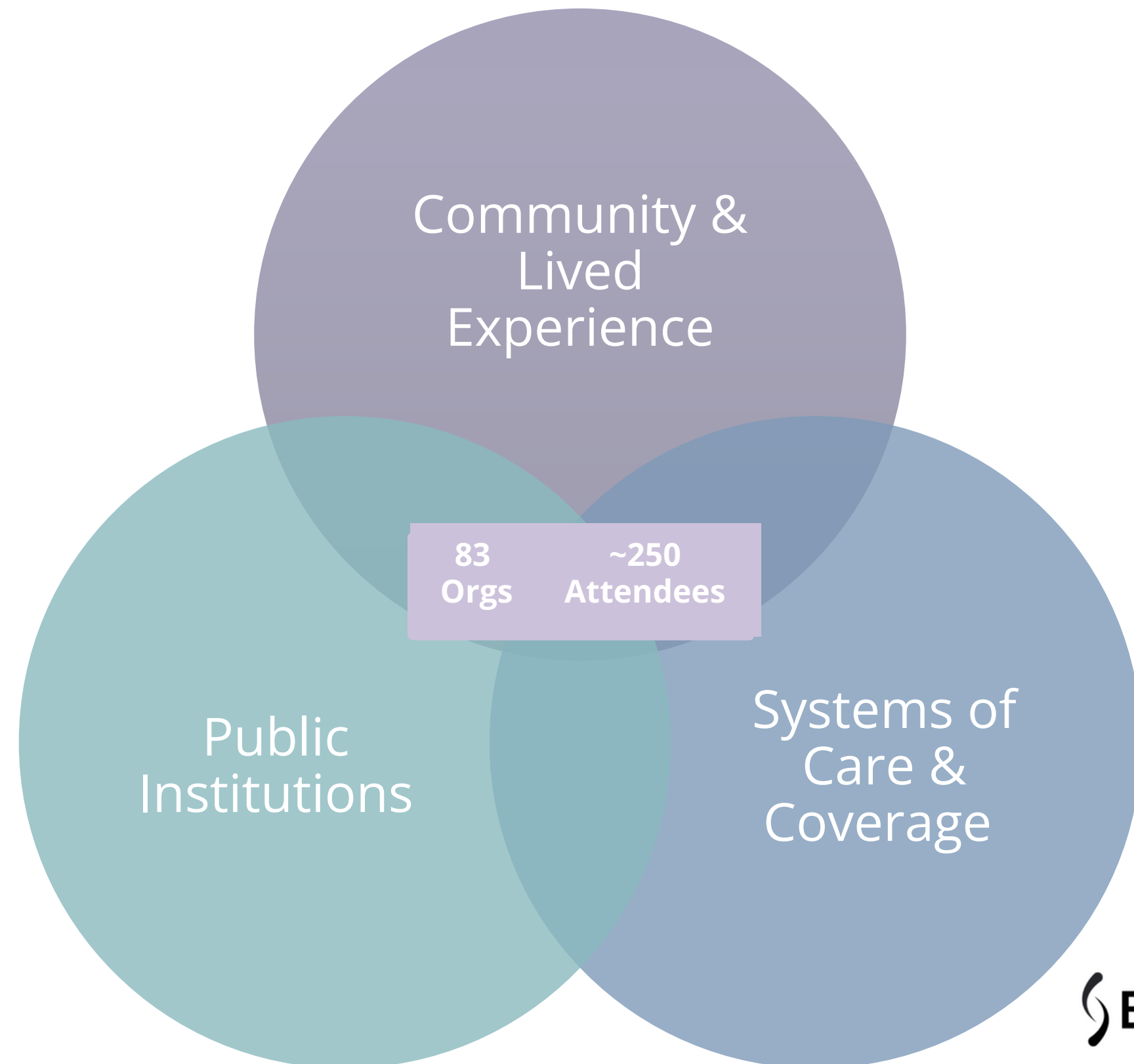
Where Sectors Meet, *Better Health Thrives*

Here we are...

83 diverse, multi-sector partners
from across Northeast Ohio

United in our commitment to
improving community health
outcomes

Each contributing **unique strengths
and perspectives to advance
health—in partnership**



Who We Are and How We Work



Brittany Battle, MHA
Pathways HUB Care
Coordination Supervisor



Kirstin Craciun, MPP,
MSW
Director of Stakeholder
Engagement



Robert Eick, MD, MPH
President & CEO



PJ Kimmel, MPH
Project Lead



Ndidi Edeh-Larberg,
MPH, RRT
Director, Research and
Evaluation



Chris Mundorf, PhD,
MPH
Chief Strategy Officer



Libbey Pelaia-
Krumhansl, MPH,
CHES
Project Coordinator



Kayla Petricini, MPH,
CHES
Pathways HUB Coordinator



Matt Rosenblum,
SPHR
Director, Pathways HUB



Sherry Way, BA
Finance Manager

Harnessing the power of collaboration for healthier communities



Convene

+



Identify

+



Implement

+



Disseminate



Two Multi-Sector Highlights

Harnessing the power of collaboration for healthier communities



- ***Lead Screening and Testing***
- ***BHP Pathways HUB***

Two Multi-Sector Highlights

Harnessing the power of collaboration for healthier communities



Balancing...
Evidence-Based Practice
&
Practice-Based Evidence

Lived Experience Is a Vital Community Asset and Pivotal
for Successful Co-Design and Health Improvement

Lead Screening & Testing

In Partnership with the Lead Safe Cleveland Coalition

Enabling Collective Impact at Scale

- Ensure children in Cleveland have a medical home and are tested for lead poisoning before their second birthday.
- Provide timely follow-up for children with elevated blood lead levels so families receive the care and support they need.
- Educate providers on the risks of childhood lead poisoning in Cleveland and raise family awareness about the importance of lead screening.

Why Now?

- In Cleveland, one (1) in five (5) children is poisoned by lead
- As a city, Cleveland ranks among the worst in the nation for lead poisoning
- In 2024, only about half of Cleveland's children were tested for lead poisoning before the age of two

Lead Screening & Testing

In Partnership with the Lead Safe Cleveland Coalition

Collaborative Leadership—Enabling Multi-Sector Collective Impact at Scale



Robert Eick, MD, MPH
Steering Support
Better Health Partnership



Chris Mundorf, PhD
Implementation Support
Better Health Partnership



PJ Kimmel, MPH
Project Manager
Better Health Partnership



Sara Iguodala, MPH
Quality Improvement Coach
Indive Consulting



Libbey Pelaia-Krumhansl
Project Coordinator
Better Health Partnership



Gloria Blevins
Steering Committee Co-Chair
Black Child Development Institute - Ohio



Olushola Fapo, MD
Implementation Co-Lead
University Hospitals



Alex Rennick
Data Lead
Cleveland Clinic



Joel Davidson, MD, FAAP
Clinical Lead
Akron Children's Hospital



Roopa Thakur, MD
Clinical Lead
Cleveland Clinic



Eliane Malek, MD
Steering Committee Co-Chair
University Hospitals



Matthew H. Tien, MD
Implementation Co-Lead
The MetroHealth System



Marie Masotya, MPH
Evaluation Lead
University Hospitals



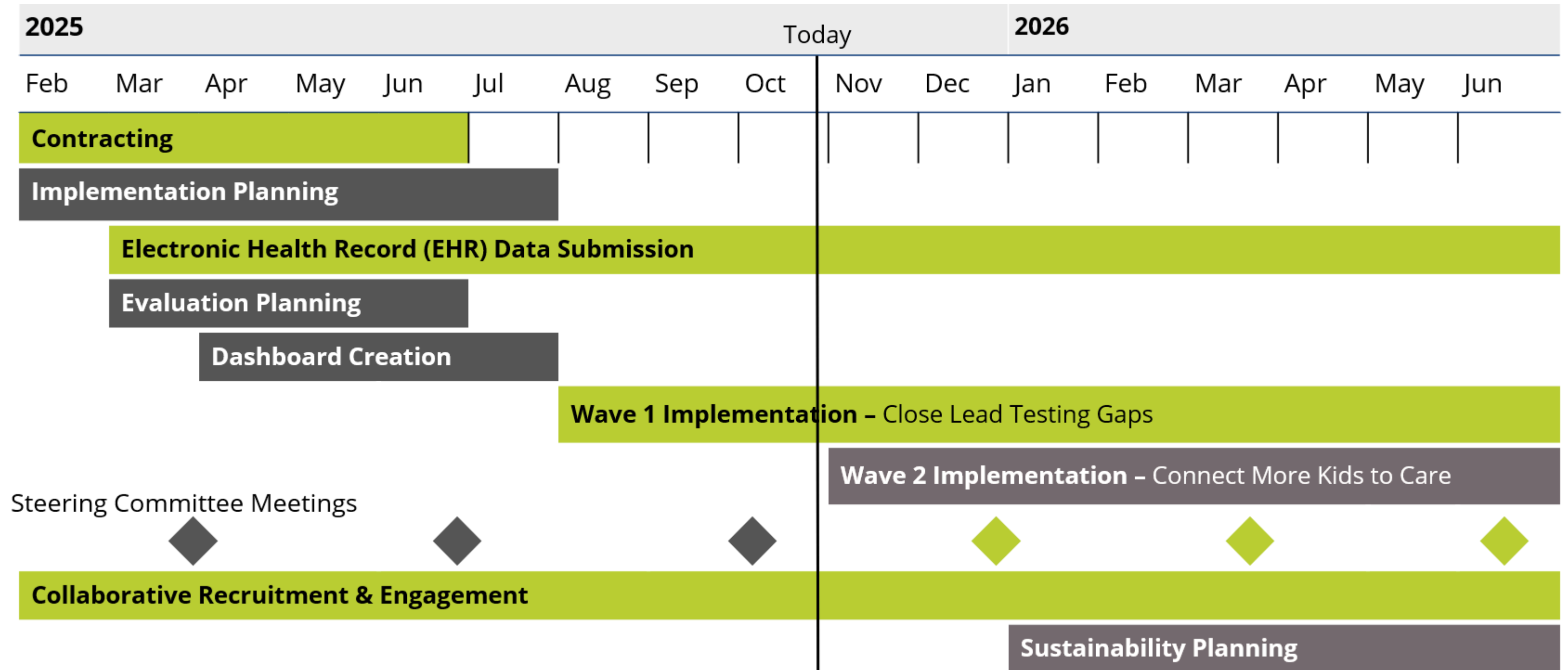
Elizabeth Kelley, RN
Clinical Lead
Neighborhood Family Practice



Marilyn Pringle, MPH, RN
Clinical Lead
Care Alliance

Lead Screening & Testing

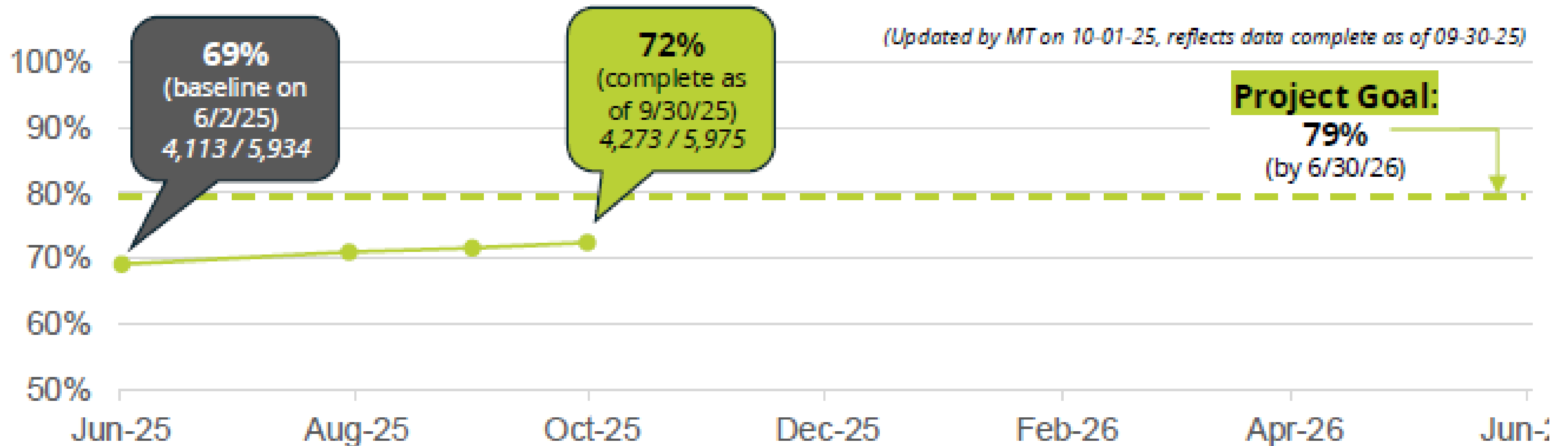
In Partnership with the Lead Safe Cleveland Coalition



Lead Screening & Testing

In Partnership with the Lead Safe Cleveland Coalition

Progress to Date



Data Source: Epic Cosmos Database (Electronic Health Records)

Lead Screening & Testing

In Partnership with the Lead Safe Cleveland Coalition

In-Office Testing → Better Outcome



In-Office Testing



Lab Testing

Percent (%) with
Lead Ordered by Provider

Percent (%) with
Lead Test Completed

89%

89%

77%

46%

Pathways HUB

Assessing & Addressing Unmet Social Need to Improve Health

Scale & Reach: A Growing Network

Our Network

- **17 contracted Care Coordination Agencies** spanning diverse neighborhoods and populations
- **Approximately 75 Community Health Workers and CHW supervisors** serving families

Payer LOB Growth

Expanding beyond Medicaid into **Medicare and Dually-Eligible Individuals**, opening pathways to coordinated social care for older adults and people with disabilities

Expanding Populations

Growing capacity to serve **LGBTQIA+ communities, newcomers and refugees, and seniors**—ensuring culturally responsive care for Cleveland's rich diversity

Pathways HUB

Assessing & Addressing Unmet Social Need to Improve Health

BHP Pathways HUB Impact Since Inception (February 2020)

5,092

Total Clients Served

Adults: 3,392 | Pregnant: 1,252 | Pediatric: 548

23,015

Pathways Completed

Documented need resolution across
diverse health-related social needs

969

Total Deliveries

84% normal birthweight—a
powerful testament to wraparound
prenatal support

~\$1 million

to **Non-Hospital** CCAs

Investing in community-based organizations
building local capacity

~\$1 million

to **Hospital** CCAs

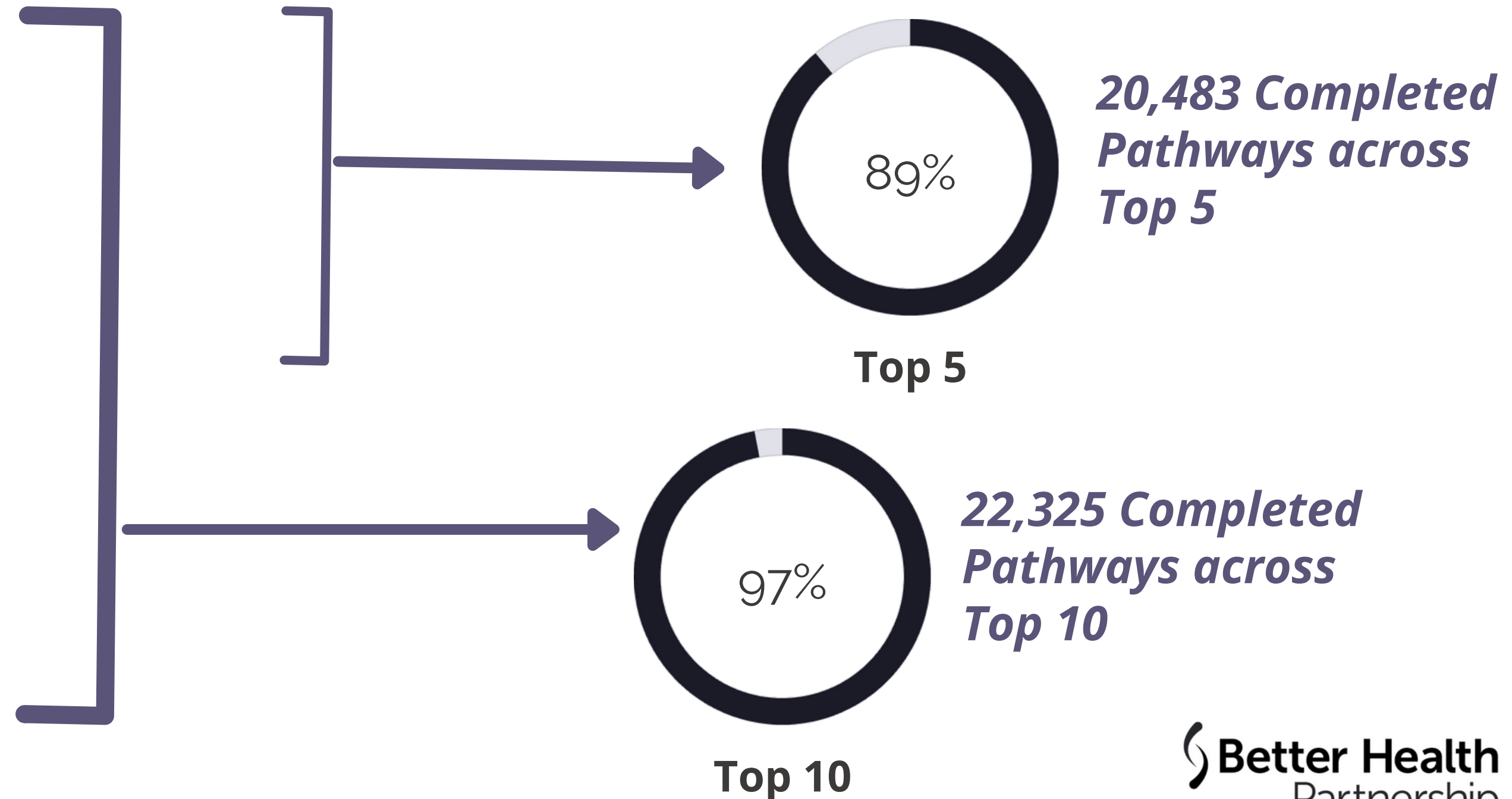
Partnering with health systems to enable
CHW-led interventions as a vehicle to health
and value-based success

Pathways HUB

Assessing & Addressing Unmet Social Need to Improve Health

Top Ten Pathways Completed Since 2020

- Learning
- Social Service
- Medical Referral
- Food
- Pregnancy
- Postpartum
- Health Coverage
- Medical Home
- Transportation
- Housing



Pathways HUB

Assessing & Addressing Unmet Social Need to Improve Health

Connections Underway: 2,700 Currently Open Pathways

679

Medical Referral

Highest volume of open pathways requiring clinical coordination

629

Social Service

Significant ongoing support needs across multiple domains

405

Pregnancy

Prenatal care coordination and maternal health support

231

Medical Home

Primary care establishment and continuity of care

148

Food Security

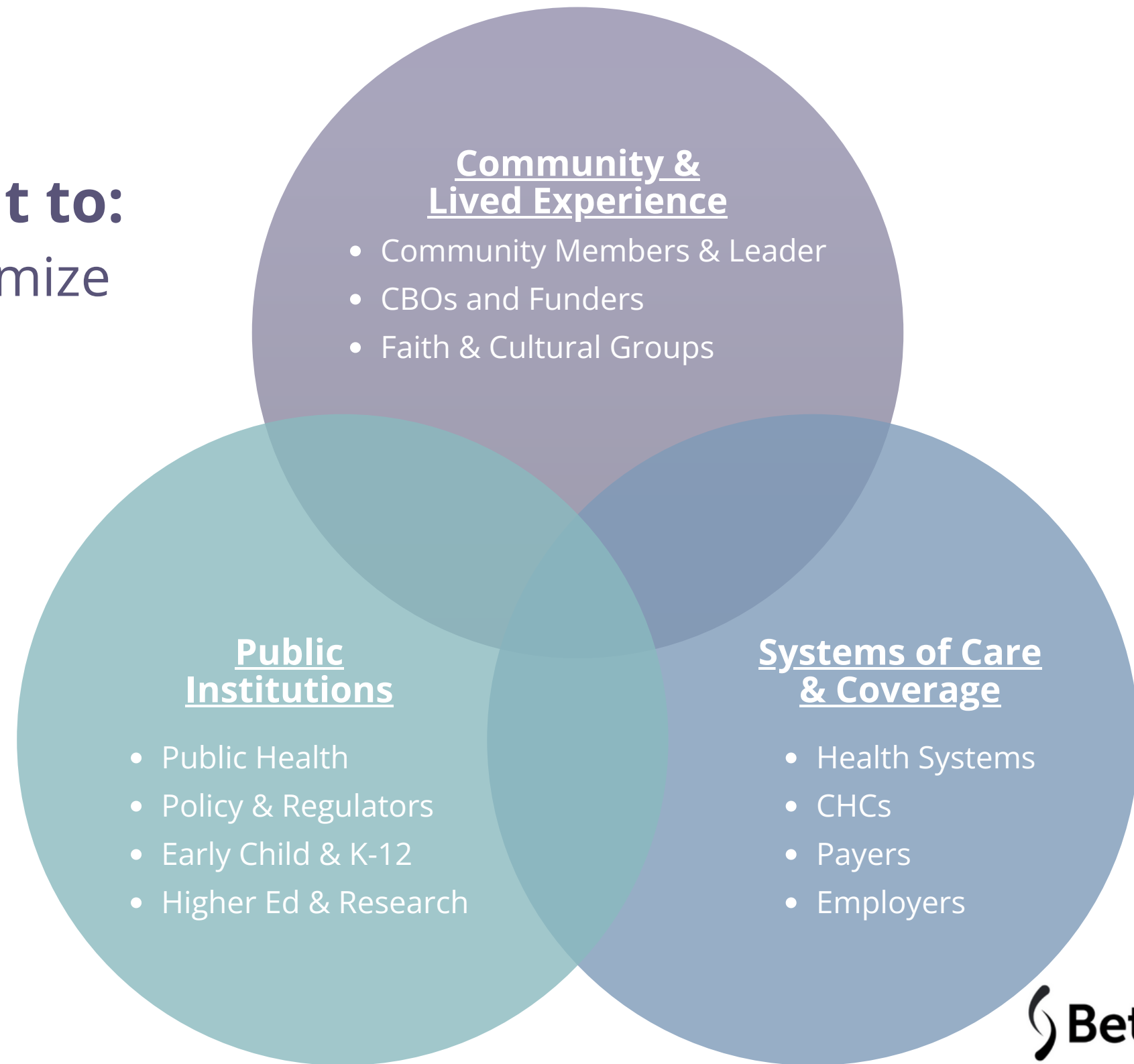
Nutritional support and resource connection

What's Ahead

Harnessing the power of collaboration for healthier communities

Our path ahead reflects a commitment to:

1. Working at the interface of sectors to optimize impact
2. Co-designing and scaling evidence-based models to improve health
3. Centering & strengthening community partnerships as central to our work



What's Ahead

Harnessing the power of collaboration for healthier communities

Pathways HUB: Scale + QI Focus

Expand CHW capacity and network. Integrate pathways with broader initiatives (perinatal, lead, BH). Bolster policy & payment across LOBs for value-based success. Embed continuous QI approach.

Lead Screening Action

Scale point-of-care testing and implement follow-up pilots across clinical & community settings. Ensure continued, community-centered co-design. Next phase & sustainability.

Infant Vitality

Implementation of *Partner for Change* initiative as partner of First Year Cleveland, via co-design with OB leaders and community voices. Implement shared measurement frameworks, identify and scale best practices, and center community expertise.

Strengthen Backbone Supports

Bolster shared quality improvement, data, co-design, implementation, & evaluation shared backbone services, enabling sustained improvement for partners & communities.

Coverage & Benefits Continuity

Multi-stakeholder collaboration to ensure seamless benefit access for Medicaid and SNAP recipients as policy landscapes shift at state and federal levels.

Gratitude & Acknowledgements

- Our Team
- Our Communities
- Our Partners
- Our Board

...Thank you!!



Brittany Battle, MHA

Pathways HUB Care
Coordination Supervisor



Kirstin Craciun, MPP,
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Kayla Petricini, MPH,
CHES

Pathways HUB Coordinator



Matt Rosenblum,
SPHR

Director, Pathways HUB



Sherry Way, BA

Finance Manager

Additional Partner Highlights

- *NE Ohio QI HUB*
- *Cardi-OH*
- *Heart Health Equity (CDC)*



Regional Quality Improvement Hubs

Reliably translate best-evidenced care into clinical practice, offering structure to collectively support health improvements that can be measured at the levels of Ohio's populations.



In partnership with



Project Lead Introductions

Executive Pls



Michael W. Konstan, MD
Case Western Reserve University



Shari Bolen, MD, MPH
Case Western Reserve University



Rebecca Fischbein, PhD
Northeast Ohio Medical University

Quality Improvement Leads



Aleece Caron, PhD
Case Western Reserve University



Mamta (Mimi) Singh, MD, MS
Case Western Reserve University



Deb Hrouda, PhD, LISW-S
Northeast Ohio Medical University

Managed Care Engagement Lead



Kirstin Craciun, MPP, MSW
Better Health Partnership

Health Equity Leads



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Case Western Reserve University



Prakash Ganesh, MD, MPH
Case Western Reserve University

Data and Evaluation Leads



Douglas Einstadter, MD, MPH
Case Western Reserve University



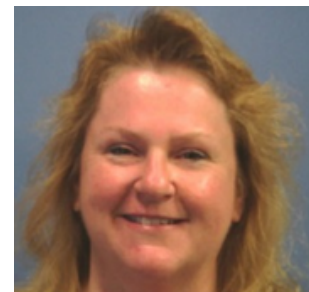
Chris Mundorf, PhD
Better Health Partnership

Practice QI Coach



Amanda Glenn, MSN, RN
Case Western Reserve University

Project Management Leads



Julie Fisher MHA, BSN, RN, CPHQ
The MetroHealth System



Cathy Sullivan, MS, RD
The MetroHealth System

Project Overview

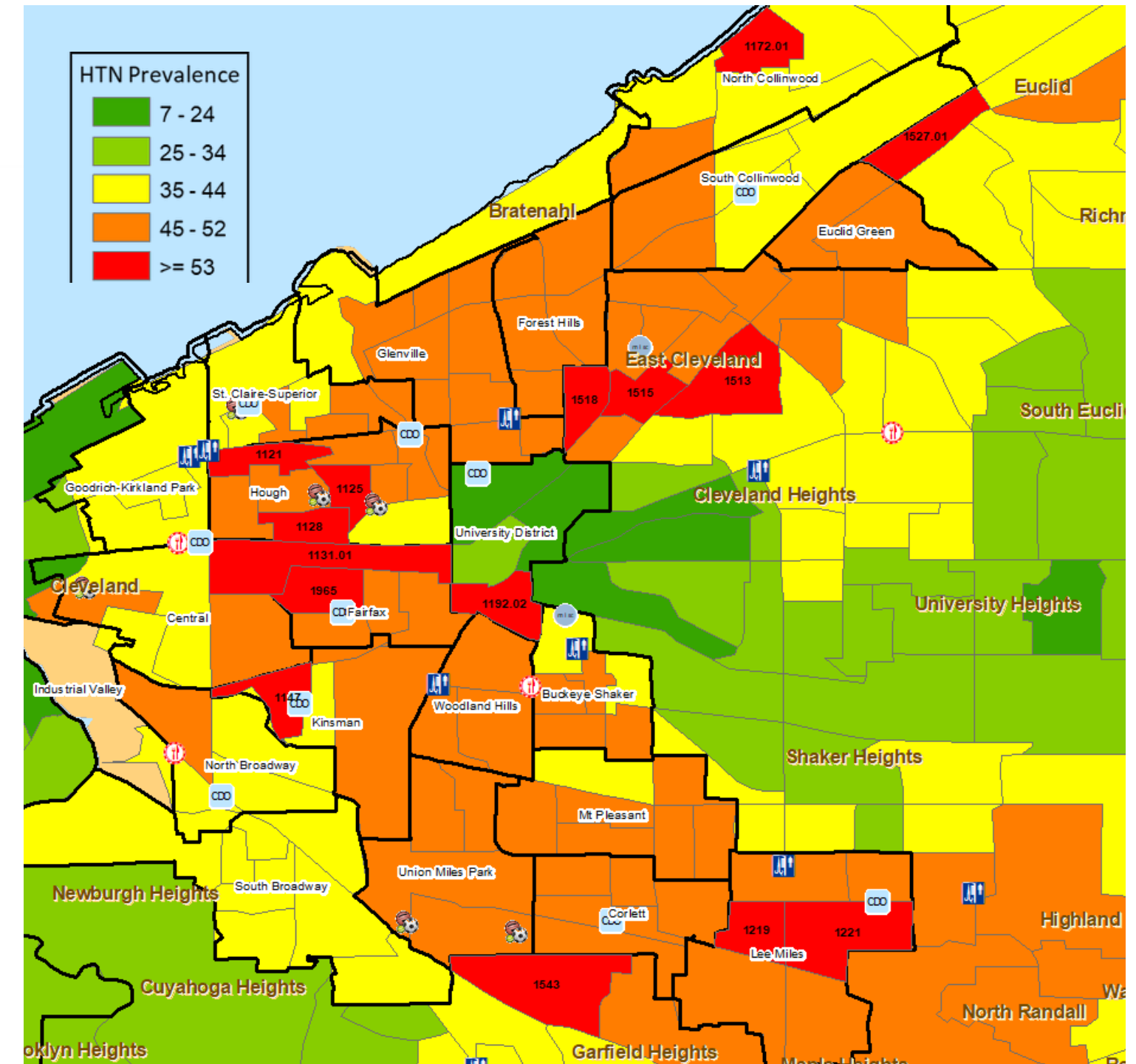
- The Ohio Department of Medicaid has established Regional QI Hubs across Ohio to advance population health improvement for Medicaid enrollees.
- The NEO QI Hub is led by Case Western Reserve University School of Medicine in partnership with NEOMED, regional healthcare systems, and FQHCs.
- The initial QI project of the NEO QI Hub, AHEAD (Achieving HEAlth Equity in Diabetes), seeks to improve the health of adults living with diabetes in NEO by using QI science to improve glycemic control and eliminate disparities.
- To date, 47 NEO primary care practices enrolled: 25 in Wave 1 and 22 in Wave 2.

**Practice sites have improved glycemic control by
10%-13% relative to baseline.**

Heart Health Equity in Cuyahoga County Communities

Purpose: improve high blood pressure and cholesterol within identified neighborhoods at highest cardiovascular risk through:

1. Tracking and Monitoring Clinical and Social Needs Measures
2. Implementing Team-Based Care
3. Linking Community and Clinical Services



***Red census tracts on the map are the required neighborhoods of focus for the grant due to high rates of high blood pressure ($>53\%$); Funded by the CDC

Key Community Engagement Initiatives

- **Patient Advocate Team**
 - Nine patient advocates with lived experience meet bi-monthly to advise on project strategies
- **Healthy Heart Ambassador Program**
 - Developed by the CDC and YMCA, helps adults with high blood pressure build healthy habits through regular self-monitoring and lifestyle support.
- **B/Pressure Barbershop Pilot**
 - Community-based blood pressure screening, education, and linkage to clinical care
 - Partnership with American Heart Association, The MetroHealth System, Major League Barbershop, and Molina Healthcare of Ohio
- **Farmacy Initiative**
 - Engaging priority food pantries through nutrition education seminars and materials



About Cardi-OH

Founded in 2017, the mission of Cardi-OH is to improve cardiovascular and diabetes health outcomes and eliminate disparities in Ohio's Medicaid population.

WHO WE ARE: An initiative of health care professionals across Ohio's seven medical schools.

WHAT WE DO: Identify, produce, and disseminate evidence-based cardiovascular and diabetes best practices to primary care teams.

HOW WE DO IT: Online library of best practices resources available at Cardi-OH.org and via our web app, including monthly newsletters, podcasts, webinars, and quality improvement using the Project ECHO® virtual training model.

[Learn more at Cardi-OH.org](http://Cardi-OH.org)