



2025 Progress Report



A Message from the CEO

Dear Friends and Partners,

As we reflect on the Better Health Pathways HUB in 2025, I am struck by two things: the scale of what our network has collaboratively built, and the persistence that continues to power it and enable growth in response to evolving community assets and needs.

2025 marked the 5th anniversary of the HUB. Since launching in 2020, our network has grown to 15 care coordination agencies (CCAs) and 75 community health workers (CHWs) and supervisors. We've enrolled 5,400 unique individuals and **addressed more than 30,700 needs**. Enrollment has increased year over year, reaching 1,654 individuals in 2025 alone, alongside a 70% increase in referrals compared with 2024. This growth signals that partners are increasingly leaning into the HUB as a trusted way to connect people to support. We are equally proud of outcomes that matter most, including an **89% healthy birthweight rate for babies served through the Better Health Pathways HUB**.

The Pathways HUB model is supporting sustainability for our partners. By the end of 2025, we directed **\$2.4 million in payments to CCAs** to strengthen the frontline workforce and sustain evidence-based care coordination.

2025 also pointed toward what is next. While continuing to grow and improve service delivery to individuals receiving Medicaid benefits, we began **expanding the HUB model into the Medicare market** with partners including Benjamin Rose, Cleveland Clinic, Neighborhood Family Practice, Medical Mutual, and Humana, because health-related social needs affect people across payer type and across the lifespan. This expansion into Medicare Advantage in 2025, and into the dually eligible population in 2026, will help us further align health care and community partners so more people can thrive.

Thank you to our agency partners, CHWs, community champions, payers, and the individuals we are privileged to support on their journey to health. I am grateful for your partnership and excited to keep building together.

Warmly,

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

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Impact By The Numbers

2020 - 2025

15

Care Coordination Agencies

75

Community Health Workers
and Supervisors

\$2.4M

CCA Payments

(Medicaid, Medicare, and Grants)

30,700*

Needs Met

(Pathways Closed)

89%**

Babies Delivered with
Healthy Birthweight

5,400

Clients Served

(Enrolled)

*Includes PCHI Model version 1.0 and 2.0

**The percent of singleton births among enrolled HUB clients that were of normal birthweight, aggregated across 2020-2025.

Care Coordination Agencies

The CCAs in the HUB, and the CHWs they employ, have helped connect thousands of individuals to necessary care and resources for needs related to food access, stable housing, utility maintenance, transportation to medical appointments, and more.

Community-Based Organizations

- Benjamin Rose
- Carmella Rose Health Foundation
- Cuyahoga Community College
- Haus of Transcendent
- Joseph and Mary's Home
- Partnership for Good Health
- Pregnant with Possibilities Resource Center
- The Community Builders
- Village of Healing

Federally Qualified Health Centers

- Care Alliance Health Center
- Neighborhood Family Practice
- The Centers

Health Systems

- Cleveland Clinic
- The MetroHealth System
- UH Rainbow Babies & Children's Hospital

Partnership for Good Health

"Partnership for Good Health serves communities in Cuyahoga that have a language barrier to healthcare," said Sara Doran, Executive Director of Partnership for Good Health. "Our CHWs share the same language as the communities they serve fostering trusting relationships. By joining the Better Health Pathways HUB, we aim to fully equip our CHWs, enabling them to weave their communities into a tapestry of resources and support from a vibrant network of peers. Through the HUB, we aspire to extend our reach to even more individuals navigating the challenges of healthcare access and the intricate web of social determinants of health."

The MetroHealth System

"MetroHealth's collaboration with Better Health Partnership (BHP) has been a wonderful partnership," said Jen Conti, Manager of Care Transformation & Population Health, at The MetroHealth System. "The support our CHWs receive from BHP is immeasurable. We are able to collaborate with other health care organizations and community-based organizations to find the best resources to help our patients. Together, we have been able to help our patients address food insecurity and meet needs related to furniture, utilities, baby items, and provide many other resources to help expectant mothers ensure they have a healthy pregnancy as they prepare for the arrival of their new baby."

5th Anniversary of the Pathways HUB

In 2025, the Better Health Pathways HUB celebrated its 5th anniversary. "It has been a humbling experience transitioning from supporting the visionary and talented team of leaders who built the Pathways HUB, to now having the honor of working more closely with the CCAs and their passionate CHWs," said Matt Rosenblum, Director of the BHP Pathways HUB.

"The HUB is only as strong as its partners, and over the past five years the development of trusted relationships has been instrumental in helping individuals in our community obtain the care and resources they need to overcome challenging health and social barriers and returning over \$2.4 million in payments to agencies in our community.

"I am confident that the HUB will continue to build upon its strong foundation by expanding our ability to meet the needs of our community, supporting the development and capabilities of the CHW workforce, and establishing new and valuable partnerships with more CCAs."

"We are profoundly grateful for our participation in the HUB, which perfectly aligns with our mission to support the homeless, justice-impacted individuals, recovering adults, and our growing senior population," said Ginny Pate, former Executive Director of the Carmella Rose Health Foundation.

"We connect with people where they eat, live, and pray, providing personalized navigation through their medical journeys. Through the HUB programming, we are dedicated to improving the health of our community, one person at a time."

CHWs are the heart of the HUB model and the reason for its success. Without CHWs, the model cannot deliver results.

CHW Success Story

Alexis Whitmore, a CHW employed by The Centers, shared the following client success story to recognize the HUB's 5th anniversary.

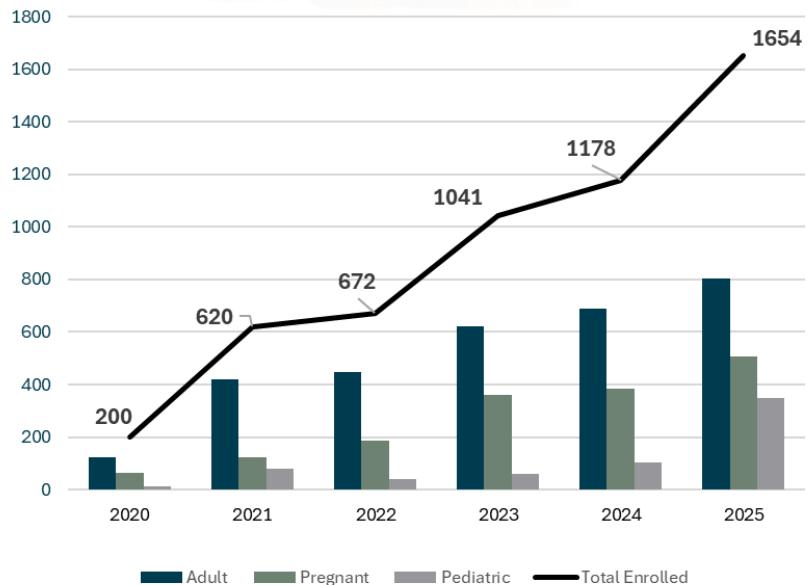
"I had been working with a client for quite a while. When we met, they were in a toxic relationship that had them very dependent on their boyfriend. They were jobless, had no money, and they had pushed away family members. Initially, they were reluctant to work with me. After gaining their trust, we began to work on getting them out of the house and out of the relationship. They also began to reach out to family. When they spoke with their son, they decided to move to another state to be with him. They are currently still there and in a program to help get housing," said Ms. Whitmore.

Clients Served

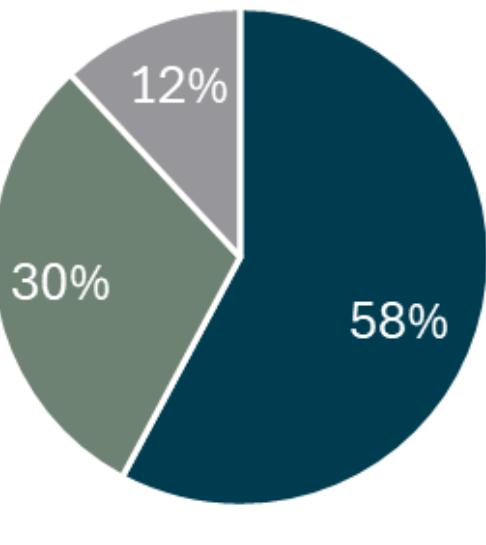
2020 - 2025

Clients Served (Enrolled) by Type

Total client enrollment in 2025 increased 40% year-over-year



% Enrolled by Client Type



■ Adult ■ Pregnant ■ Pediatric

Total client referrals in 2025 increased 70% year-over-year

A multi-year (2020–2025) healthy birthweight rate* of **89%** was maintained during a period of substantial program growth.

*The percent of singleton births among enrolled HUB clients that were of normal birthweight, aggregated across 2020–2025.

Pathways Needs Met

2020 - 2025

Standard Pathways

Adult Education
Developmental Referral
Employment
Family Planning
Food Security
Healthcare Coverage
Housing
Immunization Referral
Learning
Medical Home
Medical Referral
Medication Adherence
Medication Reconciliation
Medication Screening
Mental Health
Oral Health
Postpartum
Pregnancy
Social Service Referral
Substance Use
Transportation



Top 5 Needs Met

(Pathways Completed)

Learning
Social Service Referral
Pregnancy
Medical Referral
Food Security

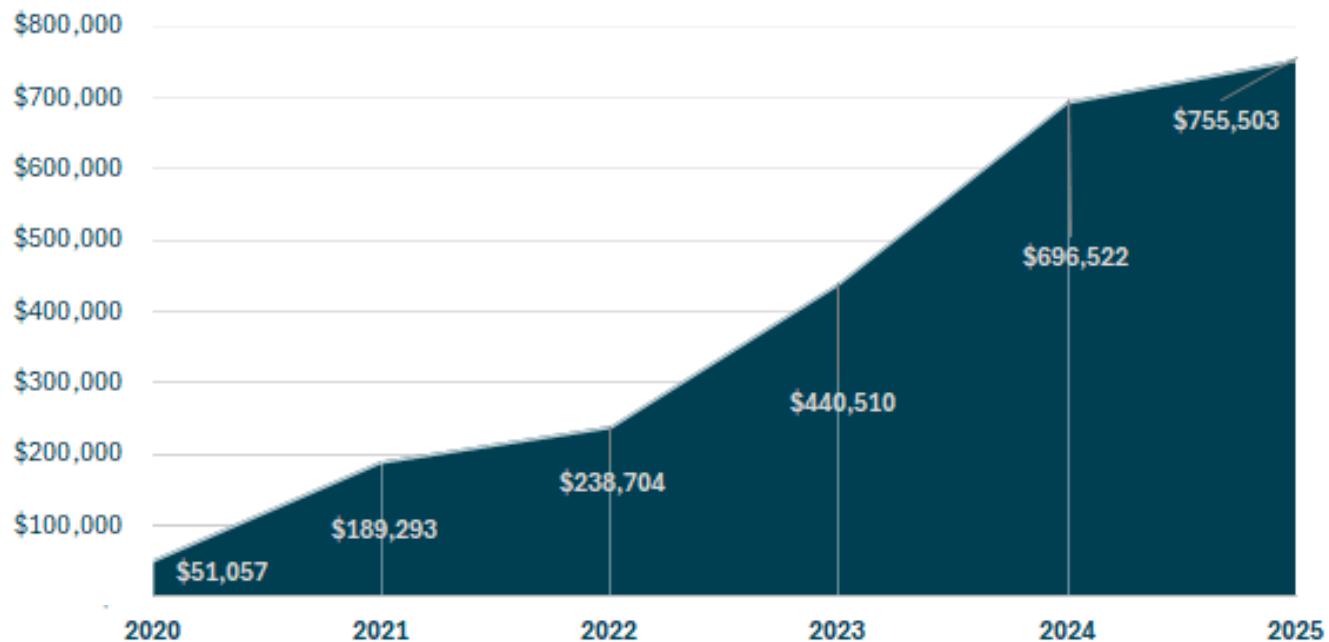
Top 5 Learning & Social Service Needs Met

Learning	Social Service referral
Normal Pregnancy and Warning Signs	Personal Items
Infant Safe Sleep	Safety Equipment
Lead Poisoning	Identification
Breastfeeding	Household Items
Primary Care & Preventative Screening	Clothing

The majority of learning and social service needs met were provided to pregnant clients. Almost one third of clients served by the HUB are pregnant.

CCA Payments and CHW Capacity Building

2020 - 2025



Medicaid managed care payments processed through the HUB to Cuyahoga County CCAs increased 8.5% year-over-year, and in total have returned \$2.4M to the community from 2020 to 2025. MCO payments and other funding from grants delivered to agency partners helps them grow their capacity to serve their clients and creates a sustainable revenue source.



In 2022, the Community Health Worker Capacity Building Collaborative (CHWCBC) received a \$3.0 million HRSA grant to the MetroHealth System and training partners at Cuyahoga Community College, Cleveland State University, and Kent State University. The Collaborative addresses community health needs via a regional effort among Northeast Ohio health systems and CHW training programs, county Pathway HUBs, and other partners. A goal was to recruit, train, and employ 240 CHWs in urban and rural underserved communities, and increase diversity in the public health workforce. Trainees were eligible to receive tuition through training partners and stipends to reduce completion barriers. As of December 2025, 278 CHWs had completed the program.

A Registered Apprenticeship Program was established with Greater Cleveland Partnership and 10 apprentices have enrolled. The Program and field placements enable CHWs to engage with the populations they represent and provide CHWs with employment at competitive wages. Apprentices also receive on-site support and mentorship.

The Collaborative focuses on training and continuing education, with the intent to provide CHWs with a way to maintain certification. Continuing education opportunities have been developed and delivered to CHWs and other health support workers in a virtual format and at no cost to encourage attendance. Topics identified through a needs assessment included substance use disorders, aging, healthy eating, quality improvement, and resiliency.

The Collaborative received a funding extension to focus on continued support of current CHWs in the Registered Apprenticeship Program and provide new upskilling and training opportunities for CHWs through free webinars and podcasts.

CHW Success Stories



In July 2025, Graciela Alvarez Leon, a Cleveland Clinic CHW working with the HUB, received a referral for a pregnant patient. Khaliyah (patient has authorized the use of her name) was unhoused and sleeping on couches at the homes of friends and family members. Because she was frequently changing locations for her obstetrics/gynecology (OB/GYN) appointments, the Cleveland Clinic team missed several opportunities to connect with her.

The HUB informed Graciela that Khaliyah's health coverage, Buckeye Health Plan, contacted them in

an effort to support reconnecting with her. Graciela successfully made contact, learned Khaliyah was still unhoused, and opened a housing pathway that led to referrals to Zelie's Home, a shelter for pregnant women and a housing agency. Khaliyah was able to move into her new home the following day.

Graciela visited Khaliyah a few days later during an OB/GYN appointment and delivered a Pack 'n Play provided by Cleveland Clinic's Mother Baby Resource Center. During the visit, she also offered safe sleep and breastfeeding education, and later she coordinated additional care with Birthing Beautiful Communities who offered support in the form of resources, education, a travel system, and transportation to assist her with attending scheduled appointments.

Less than a week after visiting Khaliyah, she delivered a beautiful baby girl. Another Cleveland Clinic CHW, Mayra Tostado, continued to visit her at Zelie's Home and helped her get back on her feet. Khaliyah eventually transitioned from Zelie's Home and moved back to live with her family in Summit County.

Partnership through Collaboration

The partnership between Village of Healing and the HUB demonstrates how collaboration can address health inequities and ensure families receive the care and support they need. By working together, both organizations connect residents to critical resources, standardize care pathways, and close gaps that too often leave families without support. Together, we are breaking down barriers, building trust, and ensuring families have access not only to medical care but also to the social supports that make health and healing possible.

Jacquelyn Bradshaw, Director of Programs and Grants Management at Village of Healing, shared a story that highlights the impact of this partnership. A young family—a husband and wife with a toddler—were living in a shelter when they sought prenatal care at the Village of Healing Center. The mother, already in her second trimester, shared that she had delayed care because of her fear that seeking help at a hospital might trigger a report to social services, putting her family at risk of losing custody of their child.

Through the coordinated support of the HUB and Village of Healing, the family received wraparound care. The Village of Healing's CHW, Sharon Sullivan, connected them to emergency housing through the Eden Program and enrolled the client in the Mother-to-Mother program, where she received additional support. With this encouragement and stability, she attended all of her prenatal appointments.

Project Spotlight: Lead Safety

At MetroHealth, every child is screened for lead exposure—an essential safeguard in a region that holds the unfortunate distinction of having some of the highest lead poisoning rates in the nation. But detection is only the beginning of a much bigger journey, and that's where CHW Alia steps in.

Once a blood test reveals elevated lead levels, the results are routed to the designated lead tracking system in Epic, the electronic health record platform. For levels above 10 µg/dL, Lori—a key partner in the pediatric team—springs into action. She reviews the child's chart, reaches out to the family, provides lead education, and schedules a visit with the pediatric lead clinic. There, a multidisciplinary team of physicians, case managers, and dietitians works in tandem to care for the child and guide the family forward.

At the clinic, families don't just receive a diagnosis—they receive tools for change. They're given lead cleaning kits, trained on signs to look for in their home environment, and advised on nutrition to reduce lead absorption. Providers emphasize the benefits of multivitamins and iron-rich foods to protect growing bodies. For children with slightly elevated levels (3.5–3.9 µg/dL), the care team continues follow-up, with Lori reinforcing guidance through mailed instructions.

Alia and Lori coordinate rechecks to ensure families don't miss critical follow-up testing. For patients on Medicaid or those from high-risk ZIP codes, Alia proactively calls, making sure families stay connected to care. If a child misses an appointment, follow-up is immediate—Alia and the team's commitment doesn't waver.

Alia's role extends deep into the community. As a social driver of health navigator, she helps families access legal resources to fix hazardous homes or move to safer housing.



In addition to helping patients navigate remediation resources, MetroHealth's CHW team also brings care into neighborhoods by hosting regular community lead testing events. Using a portable lead analyzer, the team can check a child's lead level with just a finger prick and a few drops of blood. Results are ready in under three minutes—making it possible to begin patient education right away. These events are vital touchpoints, where trust, access, and prevention converge.

These CHWs are more than educators—they're champions for community and health. Lead exposure doesn't occur in isolation; it's rooted in deeper struggles with poverty, aging infrastructure, and limited housing options. The CHW team sees that reality firsthand—and they meet it with compassion and tenacity.

Through initiatives like the Lead Safe Cleveland Coalition, Lead in the Land and MetroHealth's lead education video, public awareness continues to grow. Because of these dedicated efforts, 79% of MetroHealth pediatric patients are tested for lead by age two. That number represents more than a policy—it's a promise. A promise to protect, to educate, and to keep showing up until every child has the safe environment they deserve.

Managed Care Partners and Expansion

We thank the Ohio Commission on Minority Health and our managed care partners for their ongoing support and engagement.

AmeriHealth Caritas Ohio
Buckeye Health Plan
CareSource
Elevance (Anthem)
Humana
Molina Healthcare
UnitedHealth Group

In 2025, the HUB began to engage with clients through a foundational, proof-of-concept pilot for a new payer line of business, Medicare Advantage. This effort informed and enabled new partnerships in late 2025 and into 2026.

While it is often assumed that unmet social needs exclusively impact individuals with Medicaid coverage or those who are uninsured, **research** demonstrates that people with various types of insurance, including Medicare, often experience similar challenges.



"The HUB and its network of CCAs have helped over 5,400 individuals with Medicaid coverage navigate complex health and social challenges since its inception in 2020," said Dr. Robert Eick, President and CEO of Better Health Partnership. "We are excited to leverage this model to serve the Medicare population – a first step toward addressing unmet needs at scale for new populations. As the proportion of the 65+ population continues to grow, finding effective ways to address unmet medical and social needs will be essential."

Benjamin Rose

Benjamin Rose, which supports the aging journeys of adults and those who care for them, is a key partner in the HUB's Medicare and Affordable Care Act (ACA) Marketplace pilot program.

"Benjamin Rose is honored and excited to be part of the expansion of Better Health Partnership's Pathways HUB," said Lisa Weitzman, Director of Strategic Partnerships.

"As an organization devoted to enhancing care for older adults and the family and friends who care for and about them, we believe the collaboration opens avenues to address the health-related social needs of our shared population and positively impacts longevity in our community."

Celebration Spotlight

Better Health was proud to collaborate again this year with Cleveland State University and Cuyahoga Community College to co-host the 4th annual celebration of CHWs.

Held at CSU's Wolstein Center on June 6, 2025, this event hosted approximately 250 attendees and vendors, providing opportunities to learn about CHWs and the law, trauma-informed care, and how CHWs can be allies in advocacy initiatives.

An afternoon activity included engaged participants to share recommendations and available resource strategies. And a CHW panel discussion and vendor tables amplified opportunities for CHWs, CHW supervisors, and supporters to gain valuable insights to inform their collective work to address client needs.

Members of the BHP team were honored to co-lead and support this event, which recognized the important contributions of CHWs.



Pictured: CHWs attended the 2025 BHP Learning Collaborative and participated in a session titled, *Meeting People Where They Are: Trust-Building Conversations in Healthcare*

Celebrating the Legacy of Ginny Pate



Ginny Pate (left) receiving the 2024 BHP Collaborative Champion Award from Jim Weisman

Ginny Pate recently retired from her role as the Executive Director of the Carmella Rose Health Foundation, a HUB CCA.

She shared the following tribute: "My tenure at Carmella Rose has been the greatest reward of my career. Working alongside our dedicated staff, visionary board members, and compassionate partners, we have successfully created a tangible difference in Cleveland's health landscape.

My proudest legacy is the successful adoption of the Pathways HUB model. I want to give special acknowledgment to Better Health Partnership for doing the heavy lifting to make this model thrive; it is now embraced by 15 organizations! Watching this collaborative model change lives by breaking down barriers to healthcare has been the defining highlight of my professional journey."

CHW Day Spotlight

Photos from 2025 CHW Day



HUB Team



Juan Silva
Coordinator
Pathways HUB



Brittany Battle, MHA
Supervisor, Care Coordination
Pathways HUB



Matt Rosenblum, SPHR
Director
Pathways HUB



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



Kayla Petricini, MPH, CHES
Coordinator
Pathways HUB

Connecting individuals to services they need

HEALTH • SOCIAL • BEHAVIORAL

through a network of care coordination agencies and
supported by community health workers who care about YOU

Email: HUB@betterhealthpartnership.org

<https://www.betterhealthpartnership.org/health-pathways-hub>

Learn More and Connect

About Better Health Partnership

Better Health Partnership, established in 2007, is a non-profit regional health improvement collaborative dedicated to improving health outcomes and reducing health disparities for infants, pregnant individuals, children and adults experiencing challenging health and social needs, living in Northeast Ohio. *The Pathways HUB is a program of Better Health Partnership.*

Mission

We bring together health care and community partners to improve health and ensure everyone can thrive.

Vision

A future where everyone in Northeast Ohio achieves their best health.

Purpose

Harnessing the power of collaboration for healthier communities.



Make a Referral to the Better Health Pathways HUB

The Better Health Pathways HUB has connected thousands of Cuyahoga County residents to care and resources that help them overcome health and social barriers such as insurance eligibility, medical needs, food insecurity, transportation, housing stability, employment, and more. Our Pathways HUB receives referrals from managed care organizations and community-based organizations to enroll their members, patients and clients, so they can receive the care they need.

