

Better Health
PATHWAYS
HUB

Serving Cuyahoga
County

2020Community Report





A LETTER FROM THE PRESIDENT & CEO



Collaborating for a healthy community

www.betterhealthpartnership.org

In 2020, Better Health Partnership proudly launched the Pathways Community HUB (PCH) for Cuyahoga County – becoming one of ten Pathways HUBs in the state of Ohio.

The PCH is a certified, evidence-based, care coordination model that improves health, reduces costs and promotes equity. In this report we feature our early progress with six care coordination agencies serving atrisk pregnant mothers, infants, children and adults experiencing complex health, economic and social needs.

Looking ahead, we will work with our Community Advisory Board and others to develop strategies intended to address unmet needs in the community. Early HUB data shows our clients have significant financial, food and housing challenges; many with annual incomes at less than \$5,000. Recently, Cleveland was ranked as the poorest big city in the country. More than 6,500 of adults in poverty in Cleveland worked full-time for the full year, however, did not earn enough to propel them above the poverty threshold. We will work collectively to open the "pathways" for these individuals so they may lead a healthier, more productive and economically viable life.

We look forward to sharing our progress with you as we continue to grow our Pathways Community HUB services. Thank you and we welcome your feedback and suggestions along the way!



RITA HORWITZ

President & CEO

Better Health Partnership

Our Vision

Northeast Ohio is one of the healthiest places to live and best places to do business.

Our Mission

We bring health care, social services and other stakeholders together to share best practices and accelerate data-informed improvements in equitable population and community health.

Our Values

Making a difference in the communities we serve is a core value. We prize trusted collaboration, transparency, data, shared learning, and a culture of continuous improvement to advance health and health equity.



Since the first enrolled client in February, the Cleveland HUB has grown each successive month. 224 clients have been enrolled as of the end of November.

10 Care Coordination Agencies22 Community Health Workers



Feb 2020: Better Health Partnership's first cohort of community health workers during their HUB training.

- · Beech Brook
- Birthing Beautiful Communities
- Care Alliance Health Center
- Caremella Rose Health Foundation
- Joseph's Home

- Neighborhood Leadership Institute
- Northeast Ohio Neighborhood Health Services
- The MetroHealth System
- Pregnant with Possibilities
- Village of Healing

Number of Enrolled Clients (Through 11/2020)

Adult **183**

Pediatric **4**

Pregnant **37**

Clients Enrolled into the HUB, Cumulative and by Month (Through 11/2020)





As clients are enrolled in the HUB, they are screened for needs across several dozen areas of focus (or pathways). The pathway is opened, if a need exists, and the community health worker then works with the client to address that need until it is completed. Over 1,000 pathways have been opened this year, with social service referrals being the top need identified. The next most common pathways were medical referrals, education needs, and medical homes.

AVAILABLE PATHWAYS

Adult education

Behaviorial health connections

Developmental referral

Developmental screening

Education

Employment

Family planning

Health insurance

Healthy pregnancy

Tobacco cessation

Housing

Immunization screening

Immunization referral

Lead exposure screening

Medical home connection

Medical needs referral

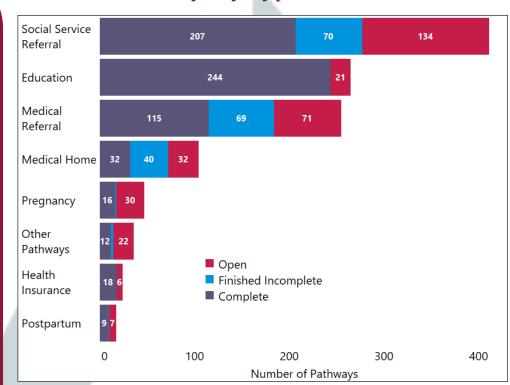
Medication assessment

Medication management

Post-pregnancy care

Social service connections

Pathways by Type and Status

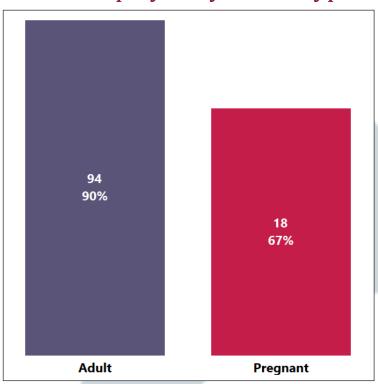


- 411 Social Services Referral Pathways
- 255 Medical Referral Pathways
- 265 Education Pathways
- 104 Medical Home Pathways
- 46 Pregnancy Pathways
- 1,159 pathways total through November

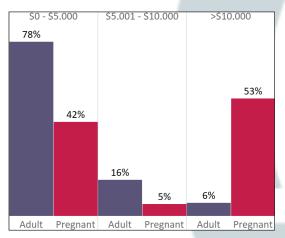


Clients enrolled in the HUB face a great series of social needs. Primarily, clients lack employment and suffer from extreme poverty. Many clients have prior prison experience, and lack a high school diploma.

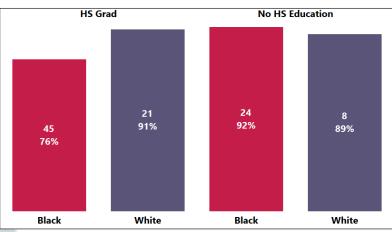
% Unemployed by Client Type



% of Enrolled Clients by Household Income and Client Type



% Unemployed by Race and Education

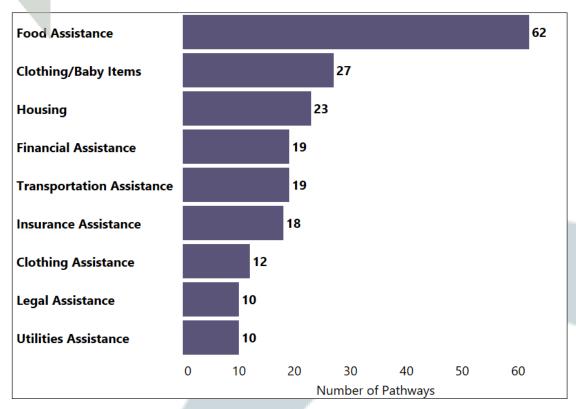




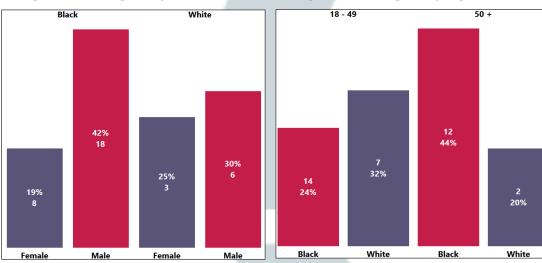


Social service pathways are opened any time a client needs assistance getting to an existing agency. The community health worker will work with the client and that agency to ensure the client reaches the agency. By far, the greatest area of referral for Cleveland is food needs.

Types of Social Service Referrals



% of Enrolled Clients without a High School Degree by Sex and Race % of Enrolled Clients without a High School Degree by Age and Race



81%
of enrolled
African-American
clients are unemployed

91%
of enrolled White
clients are unemployed



The Cleveland HUB also works with expectant mothers, helping them receive services and address needs. Women enrolled in the HUB have had high needs, with many they have experienced previous poor birth outcomes and health issues.

Pregnancy Profile Among Enrolled Clients

	1 st	2 nd	3 rd
Trimester at enrollment (n)	13	14	10
Pregnancy History (those with prior births)			
Previous still births	29% (n=5)		
Preterm deliveries	18% (n=3)		
Previous low birth weight	12% (n=2)		

Pregnancy history

(previous poor outcomes, preterm)

46% were not already enrolled in WIC

24% were feeling depressed

49% said this was their first pregnancy

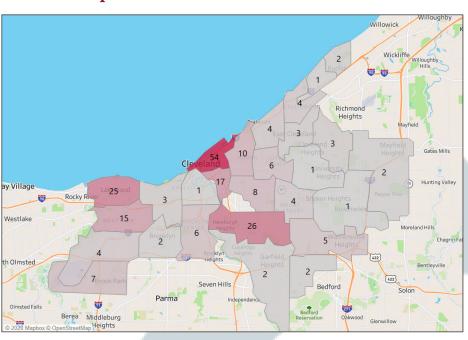
29% that had a prior pregnancy had a baby previously die (including miscarriage)





Most of the clients enrolled in Cuyahoga County HUB have come in the urban core of Cleveland with 71 coming from two downtown zip codes.

Zip codes of enrolled clients



Strategic Partnerships

The Pathways HUB model offers a flexible approach to addressing complicated social issues through with multiple stakeholders. The Cleveland HUB is advancing two initiatives that seek to expand what the HUB can do in Cuyahoga County. First, in partnership with Cleveland working to link adults suffering from homelessness and link to comprehensive care of their needs. Adults utilizing emergency services at Cleveland Clinic are connected to care coordinators at Carmella Rose, where they can use that HUB model to screen individuals for needs, and work with them to ensure they get help. In addition to tracking outcomes to these pathways, the HUB will also work with the Cleveland Clinic to monitor changes in hospital utilization. Our hope is that by addressing social needs for individuals experiencing homelessness, we may reduce downstream healthcare costs.

Our second initiative is seeking to utilize the HUB to improve lead screening rates among at-risk children. With the leadership of Invest in Children and the Cuyahoga County Board of Health, and the support from the Bruening Foundation, we will be working with 5 health systems to identify children missing lead tests. Community Health Workers will connect with these families to help them navigate the testing process, and provide additional support to address any social needs (e.g. transportation, housing) they may have. The CHW will then work with families with high blood lead levels and connect them to interventions such as Bright Beginnings the Health Department/Board of Health, and Environmental Health Watch. Our hope is that by addressing upstream social needs of families of young children, we can provide more complete screening of lead poisoning.



Community Health Worker Tammy Merritt shares a couple stories of success from working with clients in the Better Health Pathways Community HUB.

Celebrating Success Within the HUB

Story 1:

As a result of working with a Pathways HUB Community Health Worker, a mother and her child received education on breastfeeding and the importance of immunizations. This client was opposed to her baby receiving immunizations, but by providing education and explaining the importance of her baby being vaccinated throughout the pregnancy, the baby received its first round of vaccinations and the mother scheduled a follow-up doctor's appointment for the next round of shots.

Story 2:

Another new mom needed guidance on how to obtain a new OB/GYN doctor. As her community health worker (CHW) and support system, the CHW assisted her with finding and making the transition from a male OB/GYN to a female provider. Due to COVID-19, the CHW joined the appointment telephonically serving as her advocate during the appointment and helping schedule her next appointment. The client is happy with her new provider and feels that her needs are being met.

Community Advisory Board

Beech Brook

Birthing Beautiful Communities

Bright Beginnings

The Bruening Foundation

Buckeye Health Plan

Care Alliance Health Center

CareSource

Carmella Rose Health Foundation

Case Western Reserve University

The Center for Community Solutions

The Centers for Families and Children/

Circle Health Services

Cleveland Department of Public Health

The Cleveland Foundation

CHN Housing Partners

Cleveland Clinic Health System

Cleveland State University

Cuyahoga Community College

Cuyahoga County Invest in Children

First Year Cleveland

The George Gund Foundation

Greater Cleveland Food Bank

Joseph's Home

LNM Consulting, LTD

The MetroHealth System

Neighborhood Family Practice

Neighborhood Leadership Institute

Northeast Ohio Neighborhood

Health Services

OhioGuidestone

Pregnant with Possibilities

R.E.M. Consulting

Saint Luke's Foundation

Sisters of Charity Foundation

of Cleveland

Sisters of Charity Health System

United Way of Greater Cleveland

UnitedHealthcare

University Hospitals Health System

Village of Healthing



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CERTIFIED PATHWAYS COMMUNITY HUB SUPPORT



























If you have questions or need help, please contact:

Better Health Pathways HUB 2500 MetroHealth Drive Cleveland, OH 44109



Scan the QR code on the right to put the HUB's phone number directly into your contacts.



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