



**COVID-19 Minority Health Strike Force:  
Panelist Testimony-Education and Outreach Committee Town Hall Meeting**  
**Michelle Edison, Coordinator, Mahoning Valley Pathways HUB, Mahoning County Public Health**

Good evening Minority Health Strike Force, Education and Outreach Committee members, and esteemed panelists. Thank you for the opportunity to share how certified Pathways Community HUBs in Ohio are supporting the health and wellness of minority communities through outreach and education provided by Community Health Workers (CHWs).

I am with the Mahoning Valley Pathways HUB, a division of Mahoning County Public Health, and a nationally certified Pathways Community HUB. We connect individuals, mothers, and families to a healthier life through our evidence-based care coordination model. Today I will briefly discuss why many of our neighbors, friends, and families need support and education to gain appropriate access to resources and services. I will share how the HUB connects people and connects with people, and I will discuss who initiates and strengthens those connections.

**Mission**

Our mission is to help our whole community reach its health potential by support the needs and goals of those who face health disparities due to barriers created by bias, inequities, and racism.

**What’s the underlying issue?**

If we only focus on the outcome like birth status or prevalence of disease, we would only address the tip of the iceberg and totally miss the underlying factors. Our ability to attain positive health is compounded by social, environmental, behavioral, and economic considerations that affect individuals and generations.

**Why do we need the HUB?**

Because the focus of our model is to improve the likelihood that people who are at risk for poor outcomes will achieve better results.

**How do we do this?**

Our strategy is simple and our model is effective because we specifically search for and find those in our community with the greatest opportunity for potential through comprehensive outreach strategies. Our CHWs then enroll them into the Pathways program and use their skills to systematically address social determinants of health inequities by assessing client needs and goals, and educating them in order to support behavior change, self-efficacy, self-sufficiency, and self-advocacy. This happens through intentional interactions which are typically face-to-face visits in which the CHW meets the client literally where they are

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at-home, car, homeless shelter, bus station, etc. Of, course, because of pandemic, the stay at home orders, and the suspension of home visits, our CHWs have used technology to engage clients telephonically or virtually, and through socially-distanced “porch visits”. CHWs build trusted relationships with the community and act as a bridge between the client, providers, and systems that have historically been mistrusted by minority communities. And finally, we track and assess client progress to ensure that they are receive quality service, that their needs are being address to best of the abilities of the community’s resources, and to identify gaps and barriers throughout to inform policies, procedures, and the implementation of programming for those populations.

### **How do we outreach?**

CHWs are the driving force in identifying those who are not being effectively served by the systems meant to aid them. CHWs have dynamic and robust relationships and they are closely connected to the communities they serve and are oftentimes are from those neighborhoods or communities. The have shared histories and experiences with their clients and have faced similar challenges making them relatable. They know the gatekeepers and have access to pockets of the community that may elude healthcare and social service systems. They are direct links to schools, churches, community centers, small businesses, neighborhoods, etc.

As I mentioned earlier, the Pathways strategy is a systematic approach to identifying and mitigating risks. When a barrier or opportunity is identified, a Pathway is assigned to it. The process of achieving a positive outcome for a Pathway always includes education. Our CHWs use evidence-based curricula and sources at each intentional client engagement session to enlighten, inform, and dispel myths. As the umbrella entity for care coordination agencies, HUBs strengthen the CHW workforce by providing them with education and development, quality improvement and assurance, promoting collaboration and partnerships, reducing duplication of services, and increasing the effectiveness of systems of care. In Ohio, there are 6 nationally certified HUBs serving about 45% of the state. With the addition of the 4 HUBs that are working towards certification, HUBs serve about 60% of the state.

As I close, I would like to draw your attention to our impact in the midst of a pandemic. This shows how crucial the role of HUBs and CHWs are in addressing the needs of the community during a crisis by building capacity in diverse communities. In the first quarter the certified Ohio HUBs served close to 2000 clients each month, 70% of which were minorities. We actually experienced an increase in client contacts and visits after the onset of COVID-19 in Ohio. And we are uniquely situated to educate around COVID, to contact trace, and help stop the spread, and to reduce barriers which promote inequities.



## Recommendations

- Fund the work of CHWs through the certified Pathways Community HUBs through Medicaid, Medicare, private insurers, etc. and ensure that the value of the CHW is acknowledged through a living wage.
- Ensure that certified HUBs are able to access state, county, and local data regarding the populations that we serve so that we can better support positive outcomes.
- Support medical and academic partnerships with the HUBs to strengthen our ability improve positive health through CHWs.

Michelle Edison, MPH, MS  
Pathways HUB Coordinator  
Mahoning County Public Health  
50 Westchester Drive  
Youngstown, Ohio 44515  
Phone: 330-270-2855 ext. 136  
Fax: 330-270-9194  
Email: [medison@mahoninghealth.org](mailto:medison@mahoninghealth.org)  
Web: [www.mahoninghealth.org](http://www.mahoninghealth.org)