



**Ohio Commission of Minority Health Funding:  
Panel on the Certified Pathways Community HUB Model  
to Reduce Infant Mortality and Address Health Disparities**  
**Michelle Edison, Director, Mahoning Valley Pathways HUB, Mahoning County Public Health**

Good Morning Chairman Huffman, Vice Chair Antani, Ranking Minority Member Antonio, and esteemed members of the Senate Health Committee. My name is Michelle Edison, and I am with the Mahoning Valley Pathways HUB. Thank you for the opportunity to provide testimony in support of increased funding to the Ohio Commission on Minority Health to support existing and future certified Pathways Community HUBs to address infant mortality in Ohio.

In 2019 in Mahoning County, a Black infant was 3 times more likely to die before its first birthday than a white infant. And although Black infants made up 27% of all births, they accounted for almost 44% of infant deaths. Throughout the county, Black and Latino residents are more than 3 times more likely to live below the poverty level than white residents. In Youngstown, our county seat, 57% of families with children under the age of 5 years, have household income levels that are below the federal poverty limit. Further, Mahoning has had one of the most obstinately disparate infant mortality rates for Black infants in the state. These statistics are concerning, and they have been a persistent narrative for our families and community.

Therefore, robust, dynamic, and varied strategies are needed to mitigate the risks faced by many, so that our babies can not only survive, but so that they and their families can thrive and reach their full health potential. The HUB is one of those strategies. The Mahoning Valley Pathways HUB, a division of Mahoning County Public Health, was implemented in 2016 through funding from the Ohio Commission on Minority Health, as an effective strategy to aid in the reduction of poor birth outcomes, infant mortality, and health disparities. Since the start of the HUB, Mahoning County has experienced a 47% overall reduction in infant mortality. We are pleased to be a significant part of the overall effort to improve birth outcomes and reduce infant mortality in our county.

Central to the HUB model is the targeting of “individual modifiable factors of risk” often associated with determinants like housing, employment, education, and life skills that can impede an individual or family’s ability to make choices that affect personal growth and wellness. By using the model, community health workers, or CHWs, systematically assess and address the unique barriers and challenges experienced by clients through comprehensive health and risk assessments, developing and strengthening relationships with the client and the community, working with community partners on behalf of the client, and accessing the Network of Care developed and maintained by the HUB. They continuously educate their clients to encourage positive behavior changes including those related to parenting, economic stability, access to health care, and vaccine hesitancy.

As a nationally certified HUB, we work collectively with agencies, programs, and community stakeholders to create an infrastructure that improves the effectiveness of care coordination through a synergistic approach. Our clients and

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neighbors have great potential, but without support from the Commission on Minority Health, we would not have been able to help them connect to essential prenatal and postpartum care, work force development programs, gain employment, reduce their food insecurity, be reunited with their children, or address behavioral health issues.

To date, the HUB has served more than 1000 low-income prenatal and/or maternal clients (>75% Black and/or other minorities) and has consistently reported birth outcome rates that are better than county rates for similarly situated populations. In fact, a cost-benefit analysis conducted on HUB data from 2017-2019 revealed a significant reduction in preterm births among HUB clients as well as a \$1.78 million health care cost savings. To achieve these outcomes, the HUB partners with local organizations that employ the previously mentioned, community health workers, who work alongside their pregnant clients, their moms, their expectant and new dads, and even those in our community who are working on successfully managing their chronic diseases like diabetes and hypertension. More than 85% of our CHWs are Black or Latina and have had similar experiences to their clients; these trusted messengers are relatable, empathetic, and insightful.

Last year, during the height of the human emergency and amid stay-at-home orders and meeting restrictions, with funding from the Commission, we were able to enroll 200 at risk pregnant women, 78% of whom were African American or other minorities. Further, African American families enrolled in the HUB experienced no preterm births and had a significantly lower low birth weight rate when compared to county rates. I encourage you to consider the Commission's request to further invest in the Pathways Community HUBs so that we can continue to connect women and families to healthy pregnancies and help infants reach their first birthday and beyond.

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