



Building partnerships that improve access to health care in Greater Cincinnati

7162 Reading Road, Suite 1120

Cincinnati, OH 45237

*A United Way Agency Partner*

Testimony in Support of SB 332 – November 16, 2016

Health Care Access Now, Cincinnati OH

Judith Warren, MPH, CEO

Chairman Sprague, Ranking Minority Member Sykes and Committee Members, I am Judith Warren, CEO of Health Care Access Now, a nonprofit organization and Level 1 Certified Pathways Community HUB based in Cincinnati Oh. Our service area includes Hamilton, Butler, Clermont and Warren Counties. We also receive partial funding from the Ohio Commission on Minority Health to support our hub services for Pregnancy Care Coordination.

Thank you for the opportunity to offer testimony in support of Senate Bill 332 which is a critical piece of legislation in the statewide campaign to reduce infant mortality and improve birth outcomes because it addresses the vital services that support women and their babies in Ohio. And, it involves the vital state agencies who are working diligently to collaborate and include community partners across Ohio.

As one of the Level 1 Certified Pathways Community HUBs in Ohio, we currently deploy 14 Community Health Workers, also known as Community Care Coordinators, who deliver essential community care coordination services for



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more than 500 low-income pregnant women each year. These women live in some of the zip codes with the highest infant mortality rates in Hamilton and Butler County. Through our HUB model, we contract with three community-based agencies - Healthy Moms and Babies, Cincinnati Health Department and an FQHC, Crossroad Health Center - to provide prenatal education, assistance with accessing community resources for housing, addictions treatment, smoking cessation, and connections to behavioral health care. We collaborate with Cradle Cincinnati and contract with all of the Medicaid managed care plans, except for Molina Healthcare.

In our everyday experiences of working with clinical providers and their patients, we see the importance of having options for community care coordination such as home visitation and Pathways. These approaches to care coordination ensure that women who are more likely to receive essential education and support regardless of when they begin prenatal care. Women will have support from CHWs and other professionals who can access information and assist women in navigating through health systems that may not always offer culturally or linguistically appropriate care. Often times, our Community Care Coordinators serve as the liaison, messenger, and trusted advisor between clients and providers when there is a literacy gap or communication disconnect between the clinician and patient and the mom is basically just not connecting with the provider. In other instances, our Community Care Coordinators are the bridge between health plan



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case managers, county agencies, and health system case managers who are physically unable to reach out to their members/patients. We are on the ground, in the neighborhoods with the highest rates of IM: (Hamilton County zip codes include 45231, 45224, 45216, 45237, 45232, 45223, 45229, 45225, 45220, 45205, 45214, 45206, 45202, 45203, 45204, and 45207).

We support the provisions of SB 332 that acknowledge and ensure proven interventions such as parenting sessions, safe sleep education, including provision of cribs for newborns; these services are necessary during and after delivery. Safe sleep education is one of the required components of our Pathway educational modules. Because the majority of our clients are on Medicaid and a disproportionate number do not have stable housing, we see a number of women on a monthly basis who don't know where they may be staying or don't have a separate crib for their newborn apart from other children or themselves. To address this need, we seek other funding to purchase portable cribs, also known as Pack and Plays that are distributed on a needs basis. And the cribs are a very tangible incentive to keep connected with the moms. We have received support from private foundations and other donors to purchase a limited number annually. However, the need is always greater than the supply of cribs. That's why the education provided by our Community Care Coordinators is so important



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when we still find grandmas and other family members who promote or practice unsafe sleep practices.

The social and educational support that we offer our clients addresses other factors that impact birth outcomes. Screening for depression and substance use; referrals to behavioral health counselors/therapists, connecting clients to drug treatment programs, and coaching women to develop a plan that leads to self-sufficiency from unhealthy family relationships and inadequate living conditions are other focus areas of Community Care Coordinators. We support women who are in need of or currently enrolled in addictions treatment or counselling programs as well as working towards custody of their children if they fulfill the required treatment protocols. Building this type of trusted relationship during the prenatal and postpartum period improves the chances that a newborn will reach his/her first year of life when the mom is physically and mentally healthy.

Another provision of SB 332, the infant mortality scorecard, will also be an important tool that we can benefit from locally. This scorecard will help Pathway Community HUBs across Ohio and other coalitions such as Cradle Cincinnati to effectively target and monitor areas where they may be service gaps and changes in population demographics. We find that our clients are very transient; areas that were once heavily populated with public housing have changed. Low-income



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housing units, including Section 8 housing, are spread across the county. Housing insecurity and substandard housing has been shown to have a high correlation with poor health status. Housing is one of the top three barriers that our Community Care Coordinators tackle. The other barriers are food insufficiency from month-to-month, transportation for non-medical appointments, stable employment with a livable wage, and affordable child care.

In closing, we will continue to advocate on behalf of all women and especially African American women across Ohio who face economic, educational, and social barriers that lead to poor health status AND health system challenges that contribute to the totally unacceptable high rates of infant mortality and poor birth outcomes. These outcomes have a long term impact on the health, educational and social costs that all Ohioans have to bear. With investment in the provisions outlined in this legislation, we can continue making progress with proven interventions such as Community Health Workers, qualified community hubs, safe sleep education, and home visitation programs. It will take a combination of proven interventions in order to reach diverse populations. One strategy will not get us to the desired state and national goals. Thank you.

