

Good morning, Chairman Cirino, Vice Chair Chavez and Ranking Member Hicks-Hudson and esteemed members of the Senate Finance. My name is Jessica Kinsey, and I am the Founder and CEO of Access Tusc. In lieu of testifying in person, I am submitting this written testimony for consideration.

Thank you for the opportunity to share regarding the work of Access Tusc's Bridges to Wellness Pathways HUB, located in New Philadelphia serving 11 east central/southeastern Appalachian counties (Belmont, Carroll, Coshocton, Harrison, Holmes, Guernsey, Monroe, Muskingum, Noble, Tuscarawas, and Washington).

Access Tusc provides care coordination services to high-risk pregnant women through our Bridges to Wellness Pathways HUB.

We are beyond grateful for the funding support of the Ohio Commission on Minority Health as well as the support from the seven contracted Ohio Medicaid Plans that have together augmented our work to allow for exponential growth of our HUB services throughout our region.

Our HUB has been in operation for 6 years and contracts with 16 community-based organizations (CBOs) ranging from local health departments, educational service centers, physician offices, and homeless shelters to provide care coordination across the counties we serve.

Often, rural communities do not have the staffing bandwidth to become trained in evidence-based models. The funding support from the Commission provides the CBOs with the capacity to employ 35 Community Health Workers (CHWs) and Supervisors.

In partnership with communities, we have developed an infrastructure to effectively address infant and maternal health using an evidence-based model implemented by CHWs.

We have initiated and expanded the delivery of care coordination services to over 2,400 individuals in Appalachia Ohio.

We are serving mothers of young families experiencing a vast array of systemic barriers to include medical shortage areas that prevent positive health outcomes. Often our Appalachian counties experience maternal health deserts causing at-risk women to drive over 40 miles for prenatal care.

The model trained Community Health Workers use a standardized assessment tool to identify, track, and mitigate participant-identified risks by connecting them with evidenced based resources.

The implementation of this model has demonstrated effectiveness across all the populations we serve.

To date, our HUB has achieved a 90% pathway completion rate addressing risks such as prenatal, postpartum, housing, behavioral health, employment, and other social service-related pathways.

Over the last four years, we have enrolled 810 high-risk pregnant mothers achieving a 97% healthy birth weight rate for the women who have completed our program.



As a certified social worker with 25 years of healthcare experience, I know first-hand the importance of the provision of care coordination. This service for our communities should not only assist individuals in accessing services but must also provide upstream cost cutting methods to reduce neonatal intensive care hospitalizations, hospital readmissions, and infant illnesses.

The return on investment of this model is realized through the viable CHW workforce who provide cost effective care coordination services that result in improved birth outcomes in Ohio.

The Commission requires Hubs to eliminate birth disparities and achieve national metrics established by Healthy People 2030, which include increased prenatal visits and healthy birth rates, reduced preterm birth rates, and other birth related metrics. HUBs also contract with Medicaid MCOs to improve birth outcomes of Medicaid members and are reimbursed on a pay for performance basis.

Additionally, HUBs are able to support local Community Health Improvement Plans to address priority care areas and work in partnership with other programs such as Help Me Grow.

In addition, the Ohio Commission on Minority Health has also created a HUB mentoring network across the state. For example, the Bridges to Wellness Pathways HUB has assisted with mentoring a newer HUB. Mentoring includes being a resource to help with new stages of contracting with Ohio Medicaid Plans, onboarding of CBO's, training and deployment of CHWs. The HUB network has become a cohesive collaborative that shares effective strategies at monthly meetings and the annual conference.

These combined efforts align with Ohio's overarching goal to improve birth outcomes.

In 2017, our community began pursuing a reasonable, actionable solution to navigate vulnerable individuals. To facilitate this, we obtained funding and joined the Ohio Commission on Minority Health statewide HUBs network.

While 20 states implement the Pathways Community HUB model to address a variety of navigation barriers, Ohio focus is improved birth outcomes. This lofty goal is now being realized. Our HUBs have featured at national conferences and have joined national calls to share our efforts to effectively address infant mortality in an evidence-based, and cost-effective manner.

Thanks to the strategic and intentional focus of policy makers to improve Ohio's infant mortality rates, the Commission has been able to implement an evidence-based model that has demonstrated improved birth outcomes along with a return on investment.

I appreciate the opportunity to submit written testimony to support the continued funding for the Ohio Commission on Minority Health in its efforts to implement the statewide Pathways Community Hub Model.



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