# 9 - Dayton Regional Pathways HUB: Community Connections

# Lisa Henderson

Session Speaker

Vice President, Health Initiatives

Greater Dayton Area Hospital Association/Dayton Regional Pathways HUB

# Matt McDowell

Session Moderator

Director, Dayton Regional Pathways HUB

Greater Dayton Area Hospital Association

# Dayton Regional Pathways HUB



# AGENDA

Brief program overview

 We want to hear from you – join the chat, ask questions at any time, join the discussion!

# History of the Pathways HUB Model

- Started in Mansfield, OH over 20 years ago by Dr. Sarah Redding and Dr. Mark Redding
- The model is used in Cincinnati, Cleveland, Toledo,
   Columbus and throughout Ohio; also nationally
- Model started to address infant mortality, but has expanded to serve adults, chronic conditions and others at-risk
- Certification through Pathways Community HUB Institute (PCHI)
- Conversations started in 2019 to bring this model to Dayton
- Received grant from Ohio Commission on Minority Health in 2020

Pathways
HUB
Introductio
n



Pathways 101: <a href="https://youtu.be/4-JE0xvTGvM">https://youtu.be/4-JE0xvTGvM</a>

# What is the Dayton Regional Pathways HUB?

- Regional care coordination network focused on improving health outcomes for all vulnerable populations
- Part of a community-wide child and family wellbeing strategy
  - 1 Community Health Worker for an entire family
- Collaboration and additional payment opportunity for great work already being done
- The HUB (GDAHA) is
  - A trusted convener; not a service provider
  - Can negotiate and enter contracts; can also raise funds
- Identifies and tracks tangible outcomes
  - Provides a single data source for Social Determinants of Health (SDOH) for at-risk populations

#### Priority Zip Codes: Health Inequity and Birth Outcomes, Montgomery

	County, 2016								
	45402	45405	45406	45414	45415	45416	45417	45426	MC
Population	9,972	17,400	20,214	20,522	12,610	5,740	30,606	15,501	535,153
White, non-H	22.4%	30.2%	14.0%	79.2%	59.7%	19.8%	15.9%	19.3%	73.5%
Black, non-H	72.9%	60.4%	81.1%	15.3%	35.0%	78.4%	79.8%	74.1%	20.7%
Other	2.4%	5.1%	4.4%	3.4%	3.4%	2.7%	2.5%	5.0%	2.2%
Hispanic	2.3%	4.3%	0.5%	2.1%	1.9%	0.3%	1.8%	1.6%	3.0%
Economic Characteristics									
Poverty - All	42.5%	36.3%	31.7%	20.3%	9.4%	24.7%	38.5%	23.8%	18.5%
Median Annual Income	\$20,718	\$26,371	\$27,161	\$38,984	\$56,694	\$36,739	\$22,957	\$35,209	\$45,394
Highest Educational Attainment									
Less Than HS	21.8%	15.7%	14.1%	16.5%	7.2%	18.1%	21.0%	13.6%	11.0%
HS/GED	25.4%	30.1%	30.0%	31.7%	26.0%	33.3%	35.9%	32.2%	28.2%
Some College/ Assoc. Degree	34.6%	40.5%	40.4%	33.0%	36.5%	36.6%	34.4%	40.3%	36.9%
Bachelor's or More	18.2%	13.6%	15.5%	18.9%	30.3%	12.0%	8.7%	13.9%	23.9%
Infant Mortality Rate (IMR) <sup>1</sup> , 2014-2016									
All Races	2.7	16.9	13.6	8.2	3.1	26.3	11.2	16.0	6.8
Black	3.6	13.8	16.9	10.6	6.5	34.0	13.3	16.0	13.1
White	0.0	30.2	0.0	5.5	0.0	0.0	0.0	19.0	4.5
Preterm Birth (gestation <37wks.)									
All Races	13.7%	14.7%	15.9%	11.7%	11.3%	20.0%	14.4%	14.6%	11.3%
Black	13.9%	15.8%	17.1%	12.7%	13.5%	21.8%	15.6%	15.5%	14.4%
White	14.5%	14.6%	9.9%	10.2%	9.9%	13.9%	9.2%	9.5%	10.2%
Low Birthweight (<2,500g)									
All Races	12.4%	14.9%	12.8%	9.2%	10.1%	13.2%	13.5%	13.9%	9.4%
Black	12.8%	15.9%	13.6%	12.1%	14.2%	13.6%	14.0%	14.6%	13.1%
White	11.8%	14.6%	9.1%	6.9%	6.8%	11.1%	10.0%	8.6%	7.9%

# What population? Why infant mortality? HUB Eligibility Criteria?

- Ohio Commission on Minority Health
- Clear match with work from regional community health needs assessment (CHNA), PHDMC, state data, etc
- Offers a clearly defined population to start
- Pathways built in HUB model specific for pregnant women and newborns to age 1
- Leverage available state grant funds to build the technical infrastructure
- Montgomery County targeted zip codes
- Start here and can expand!

# Partner Agencies CHWs, & HUB Advisory Committee

## Care Coordination Agencies (CCAs):

- Brigid's Path
- Catholic Social Services
- Community Health Centers of Greater Dayton
- Dayton Children's Hospital

# CCAs employ community health workers (CHWs)

 Approximately 15 CHWs work with clients to identify their greatest risks and manage them one by one

**HUB Community Advisory Committee** 

# Foundation of the HUB Model

Find

Address Risks

Measure

Comprehensive Risk Assessment

Assign and Work Through Pathways

Track/Measure Results

# CHW Care Coordination Responsibilities

1

Conduct an initial assessment with clients, orient individual or families to the program, services and policies, including confidentiality, and develops relationships and trust

2

Obtain informed consent (release of information) to provide services

3

Honor principles of clientcentered practice, including the client's right to selfdetermination (person controls their own life) 4

Work with client to assess their strengths or internal and external resources, their health risk and priorities, and confirms connection to care

# HUB in Action

- "Lucy" is six months pregnant and has not been receiving prenatal care. After some discussion, her Community Health Worker discovers that Lucy never tried to find a care provider because she doesn't have money to ride the bus to the appointments. The CHW decides that the lack of transportation is Lucy's primary barrier to care. But Lucy also needs help finding a doctor.
- As a plan of action, the CHW identified two pathways that need to be completed:
  - 1. Transportation and
  - 2. Medical Home for primary physician/care
- The CHW enters these two pathways into Lucy's account in the centralized data system. When a solution is found they are marked as completed and the insurance company is billed.

# Referrals

### Referral sources:

- Community organizations
- Medical providers
- Self referrals

### How it works:

- Referral made or client contacts HUB
- Client assigned to a care coordination agency and care coordinator
- Outreach to client to confirm participation, gain consent and schedule next steps

## More information:

- Pathways HUB website: www.gdaha.org/hub
- Client brochure, referral forms available in print





# Your health and the health of your baby are important.

Dayton Regional Pathways HUB is a free program that can help you have a healthy pregnancy and delivery.

We can help you connect to community services and resources.

#### **COMMUNITY CARE COORDINATORS**

The HUB has community health workers who understand that it can be hard to know what choices to make when you are pregnant. They can help you identify services in the community and how you can use them. They will connect you with services that can help you and your baby.

#### **DID YOU KNOW...**

When babies are born too soon or too small, they are more likely to have health problems. When a baby dies before its first birthday, this is called "infant mortality."

If a woman is healthy and gets the care she needs when she is pregnant, she can help prevent serious problems for her baby.

### Do You Need...

Baby items like diapers or a crib?

A ride to your doctor's appointment?

Help with your other children?

A doctor's care?

Health insurance?

Social service resources? (Available, once enrolled)





Dayton Regional Pathways HUB wants to help babies reach their first birthday and have many more!

**LET US HELP!** 



#### **WE CAN HELP!**

You can take advantage of this free program.

You are partnered with **one** community health worker who will walk alongside you to help connect you to the local resources you need to become stronger and healthier.

For more information, contact the Dayton Regional Pathways HUB

937.424.2361 DAYTONHUB@GDAHA.ORG



#### WHAT IS THE HUB?

Dayton Regional Pathways HUB is a free program to help connect pregnant women to the medical and social services they need for a healthy pregnancy and delivery. Every Pathways HUB client is partnered with a community health worker (CHW) who is employed by one of our partner organizations. The CHWs serve as partners and coaches to help connect clients to resources and services so they can take charge of their health and achieve healthier lives for themselves and for their babies. They work together to identify risks and manage them, one by one.

#### **OUR PURPOSE**

To reduce infant mortality by eliminating barriers to health and well-being for at-risk pregnant women. This initiative serves all at-risk women, but we focus on African American and Hispanic women due to the impact that poor birth outcomes and infant mortality have in these specific populations.

#### **OUR MISSION**

To improve birth outcomes by using the Community Pathways HUB Model to find those women at greatest risk, treat their unique challenges by connecting them to effective interventions, and measure program successes.

For more information, contact the HUB: 937.424.2361 daytonhub@gdaha.org

Are Gou PREGNANT?

LET US HELP CONNECT YOU TO THE THINGS YOU NEED FOR A HEALTHY BABY!











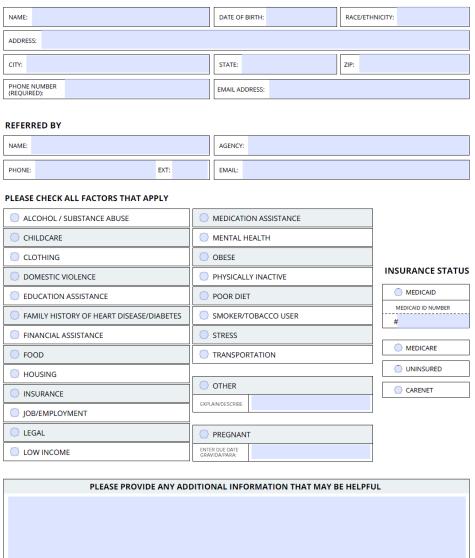






#### REFERRAL FORM

#### CLIENT INFORMATION



# Your Turn: Talk to us!

## Your experiences:

- What are the unmet needs are you seeing most often in your moms/families?
- What do you view as the biggest barriers to connecting with families? How would you recommend better connecting?
- How would you approach things differently?

### **Growth:**

- Who should be priority partners for education in the model?
- Which vulnerable populations should we focus on next?
- What one thing would you like to see the HUB do in the community?

### **Resources:**

- What resources have you found most helpful for moms/ families?
- What's the most valuable thing you learned from this discussion?
- What are your main takeaways from this discussion?

# Questions?

# Pathways HUB website:

www.gdaha.org/hub

# **Questions? Contact Matt or Lisa:**

Matt McDowell mmcdowell@gdaha.org

Lisa Henderson <a href="mailto:lhenderson@gdaha.org">lhenderson@gdaha.org</a>