

As you know, the Healthcare Collaborative of Greater Columbus (HCGC) manages the Central Ohio Pathways HUB (the HUB). The HUB currently has 12 Care Coordination Agencies (CCAs) that employ over 30 Community Health Workers (CHWs) and 14 CHW Supervisors (many of whom have advanced clinical and/or public health degrees). In the past year, the HUB has served nearly 1000 unique individuals, at an exponential growth rate. We are a nationally certified model serving Franklin and contiguous counties -Union, Delaware, Licking, Fairfield, Pickaway, and Madison. In addition, we work closely with the other 5 nationally certified and 4 additional “in-process of being certified” HUBs across Ohio.

HUB CHWs provide care coordination (with reported outcomes) to Central Ohio's most vulnerable adult, maternal, pregnant and pediatric populations. These services assess risks and then mitigate those risks by connecting and navigating with clients their medical, behavioral and social domains, including access and connections to housing, healthcare, behavioral health services, transportation, employment, food, education, and various other vital services. We do this with diverse CHWs who build trusting relationships with clients because they are of, for and by the individual communities they serve-delivering culturally competent services to anyone in need from a whole-health perspective. Background information on the HUB is attached to this email.

In the midst of the COVID-19 pandemic, the role and potential of the HUB and our CCAs, CHWs and Supervisors is multi-faceted.

1. **Reliable Education:** HUB staff has worked with CCAs and CHWs to distribute the most up-to-date information, including the latest information on the Governor's stay at home order, guidance on how to avoid contracting or spreading COVID-19, and how to utilize telemedicine for any clinical appointments where appropriate. We will continue to provide the most up to date information to our CCAs and CHWs so that our HUB clients are also as informed with correct information as possible.
2. **Contact Tracing:** As cities and counties deploy resources to combat COVID-19, the HUB stands ready to be an integral part of the strategy to find, and measure (track) those affected (i.e. contract tracing). Following the Partners in Health (PIH) model for Emergency Coronavirus Response, which is being used in the state of Massachusetts, we see the potential for our CHWs to do much more as a part of Ohio's response as contact tracers. CHWs have historically been on the front lines of infectious disease responses around the world. PIH has used CHWs in the past to address HIV, cholera, tuberculosis, and Ebola. We believe that CHWs are uniquely positioned to trace contacts of those infected by COVID-19 to help slow the spread throughout the region. They already have trusted relationships with individuals in the community that will allow for thorough and swift responses.
3. **The “Aftermath”:** Finding and treating COVID-19 patients is key in the short term. In addition, however, we see opportunity for the HUB to support populations affected directly or indirectly by COVID-19 in the long term. We know our community is facing unprecedented unemployment numbers, increased Medicaid eligibility, greater anxiety due to isolation and uncertainty, and issues for children not in school receiving education nor food or before and after-school services so desperately needed for their health and development.

Specific population examples include our neighbors living in affordable housing units where spread is a concern, those that are homeless and being offered temporary housing and COVID-19 treatment, those treated for COVID-19 and discharged from hospitals (and their families), pregnant women with cancelled prenatal appointments, employees furloughed due to the virus that need help navigating a new unemployment, food assistance and/or Medicaid bureaucracy, and/or current and newly uninsured ED heavy utilizers.

- o A designated medical professional, individual clients/family members, public health, or social service workers (anyone!) can refer patients to the HUB via an online referral form (<http://www.hcgc.org/hub-referrals.html>) after treatment and prior to discharge, when a need is expressed or a concern discovered.

- o HUB CHW's will make contact with patients in-person or via phone or other remote device (laptop, tablet) to enroll patients as a HUB client.
- o The CHW will complete a comprehensive risk assessment with the client. Based on that risk assessment and agreement from the client, the CHW will determine goals, or Pathways, that help the client successfully access needed care and resources.
- o CHW can begin the process of opening pathways that the client will need, particularly in this instance where COVID-19 patients exit isolation and re-enter the community. The CHW will continue to follow clients as they leave isolation, ensuring that they are supported with ongoing assessment and connection to vital services.

Pathways that will be essential for patients exiting temporary isolation include: housing, transportation, food assistance, Medicaid enrollment, connection to a primary care physician, medication management for chronic diseases and/or behavioral health and adult education/employment. Among our biggest long term concerns is ED utilization: for our neighbors that have never experienced public health options and are recently uninsured, there is a high likelihood that ED utilization for routine medical issues that should be treated by a physician will increase, taxing further a hospital system already at or above capacity dealing with COVID-19. We believe that COVID-19 "first response" is paramount, but also that our community leadership should be considering the long-term consequences (and solutions to) COVID-19 from medical, educational, social and economic perspectives. We also believe the HUB and our CCAs become a one-stop-shop to work with 12 highly respected agencies and deploy them rapidly.

HUB CHWs are already on the front lines ensuring that clients are connected to care and services. They continue to enroll and educate clients on the virus itself as well as other critical pieces of information like the telemedicine options available to clients, how to maintain necessary appointments, what social service agencies are still open, new transportation guidelines, designated food pick-up opportunities and more. We believe that in addition to their normal duties, our CHWs can continue to educate the community, while also serving the greater efforts to combat COVID-19 and ease its aftermath.

