A SERVICE OF nrc HEALTH

SEPTEMBER 2022
Rural Focus

Maternal Health in Rural Communities: A Crisis to be Recognized and a Call to Action

By **Kathryn C. Peisert**, Editor in Chief and Senior Director, *The Governance Institute*

As with so many healthcare crises that were revealed by, accelerated by, or exacerbated by COVID-19, maternal health has been an issue of increasing concern for decades, and one that has also been exacerbated by COVID. Despite everything complex and difficult about the health of Americans in 2022, this past summer the White House published the *White House Blueprint for Addressing the Maternal Health Crisis* in order to give the problem the national-level attention it deserves, from public health agencies and providers alike.

The data supporting this crisis shows that the U.S. "maternal mortality rate is the highest of any developed nation in the world and more than double the rate of peer countries, and most pregnancy-related deaths are considered preventable." Over 40 percent of all births in the U.S. are covered by Medicaid. The overturning of Roe v. Wade, plus existing systemic barriers that fail to take into account the needs of women from different cultures and ethnicities (that we, as an industry, are working very hard to address but that will take many years to undo), equals a crisis with triple the weight working against it. States that have expanded Medicaid are already showing better outcomes, with anticipated future benefits of the extension of postpartum care from 60 days to 12 months.

We believe that rural healthcare providers will be the most challenged to provide the care needed, largely due to the current workforce crisis that is also one that will remain a strategic challenge for the coming months, if not years. According to the White House paper, we are currently experiencing "a shortfall of thousands of obstetricians, licensed midwives, family physicians, and other women's health providers—a gap that is expected to grow in coming decades. Due to low reimbursement rates and lack of coverage from insurers, there is also a short supply of non-clinical professionals like doulas that provide support to women and their families during pregnancy and are associated with lower rates of pregnancy complications. Compounding these workforce concerns is the exceptional lack of diversity in these professions."

© The Governance Institute | 877.712.8778 | GovernanceInstitute.com

The White House blueprint includes initiatives for rural communities that the federal government will take to help this effort. There are also examples of innovative partnerships across rural organizations and between rural and non-rural healthcare providers. This article will describe some of these examples and provide action steps for rural healthcare boards to integrate strategic goals and objectives to successfully improve maternal health.

Blueprint Goals

The goals as laid out in the White House blueprint are (with high-level initiatives summarized):

1. Increase access to and coverage of comprehensive high-quality maternal health services, including behavioral health services:
    - Expand healthcare coverage gaps and extend Medicaid postpartum coverage to 12 months.
    - Launch a 24/7 national support hotline for pregnant individuals and new mothers facing mental health challenges and improve provider education.
    - Partner with hospitals and community-based organizations to reduce perinatal addiction.
2. Ensure those giving birth are heard and are decision makers in accountable systems of care:
    - "Birthing Friendly" designation for hospitals participating in perinatal quality improvement programs and implementing evidence-based practices via Perinatal Quality Collaboratives (PQCs).
    - Provider training on implicit biases and culturally and linguistically appropriate care.
    - Make insurance coverage and costs of maternity care more transparent and easier to understand.
3. Advance data collection, standardization, harmonization, transparency, and research:
    - Make data on population- and community-level indicators available to all state and local Maternal Mortality Review Committees (MMRCs), such as the number of available behavioral health providers, violent crime rate, and prevalence of food insecurity in an area.
    - Work with insurance providers of the Federal Employees Health Benefits (FEHB) program to improve their collection of race and ethnicity data and match housing and health data to better assist pregnant women in public housing.

© The Governance Institute | 877.712.8778 | GovernanceInstitute.com

    - Enhance HHS research on rural maternal health and identify remaining research gaps.
4. Expand and diversify the perinatal workforce:
    - Increase the number of physicians, licensed midwives, doulas, and community health workers in underserved communities.
    - Provide guidance to states to help them expand access to licensed midwives, doulas, and freestanding birth centers.
    - Encourage insurance companies to improve reimbursement for and coverage of midwives and perinatal supports such as doulas and nurse home visits.
5. Strengthen economic and social supports for people before, during, and after pregnancy:
    - Ease and expand enrollment in programs that provide food, housing, childcare, and income assistance.
    - Increase screening among pregnant individuals for social risk factors such as homelessness and food insecurity.
    - Increase awareness of workplace benefits and protections for maternity leave and nursing support.

Many of these proposed actions are subject to funding from Congress in order to become reality. And necessarily, most of them make a high-level impact that is agnostic to the needs of individual, unique communities. Using these goals as a foundation, rural healthcare boards can take many steps now that align with the federal government's efforts while also ensuring that their organizations are well positioned to provide comprehensive maternity care specific to the needs of their own underserved communities.

Step 1. Conduct a Gap Analysis

Without data, it is easy to assume but difficult to know where the gaps in care truly lie and how to prioritize initiatives that will make the broadest impact. If you haven't already, task the management team, appropriate board committee, and/or *ad hoc* task force to pull data from the CHNA, local and regional public health data, and other publicly available sources to sort through disparities in maternal care and outcomes by race/ethnicity, income, and zip code for your communities.

A helpful part of this effort can also be to analyze activities already in place due to the needs identified in your CHNA, and determine the easy places or "low-hanging fruit" within the existing infrastructure to better gather information from patients who

© The Governance Institute | 877.712.8778 | GovernanceInstitute.com

might be at risk or in need of more supportive maternal care. For example, if clinics are already screening for food insecurity, that screening can be swiftly expanded by asking people in that group if they or a family member are trying to get pregnant, or on the flip side, if they need access to contraceptive services in order to avoid an unplanned pregnancy. If the screening process is focusing on people who may be at risk of abusing drugs or alcohol, finding out if they are pregnant or trying to become pregnant is another important link. Such additional data can be used immediately to help connect patients to preventive services that may be already available. Mental health screenings can link patients to supportive services prior to becoming pregnant, putting them on a recovery path before entering into their next challenging life stage.

Step 2. Partner, Partner, Partner

As a rural provider, partnerships with nearby larger health systems in adjacent communities that have more of everything (e.g., resources, workforce) continue to be critical for success in most aspects of rural care. One of the specific or perhaps new ways to partner with other provider organizations is to seek out those that are building training programs to help directly address the workforce crisis. Focus with those partners on the need for maternity care training to be included. Expand recruitment efforts for those training programs directly to people in your community. This can be a win-win—expanding the potential (future) workforce while also offering more and better job opportunities for members of your community that will directly help the maternity health crisis. Midwives and doulas require a different level of training than family physicians and OB/GYN specialists, which can help lower the time and access barriers for many.

Other larger organizations may also have social justice training programs for their employees in place that could serve as an opportunity for your workforce, either via direct participation or via curriculum sharing. Any training programs that can be provided online to minimize the need to travel significant distances to access are a boon.

Community health worker (CHW) programs are showing expanding support and effectiveness in addressing education, access, and equity issues. If you do not have a program in your area, work with your local public health agency and larger providers to bring one in or help to develop a CHW hub in your area, such as those that have been implemented by Henry Ford Health System in Detroit.

© The Governance Institute | 877.712.8778 | GovernanceInstitute.com

Partnering can take the shape of care coordination as well. Connecting pediatric care with maternal care can be an important way to partner and bridge care gaps. Pediatric clinics can help OB/GYN practices in identifying mothers who are in need of more support by ensuring that new babies are present for their follow-up appointments, notifying OB/GYN clinics of potential problems for patients who miss appointments, and helping to educate patients about the organization's supportive programs for mothers. There are inherent incentives for both specialties in that improving outcomes for one usually leads to improved outcomes for the other. Regular bi-directional communication and coordination between clinics and other services such as CHWs and primary care that serve the same families in different ways can be a game changer.

Finally, telehealth partnerships for mental health can be a significant way to bridge the access gap for new parents in need. While broadband access is a challenge in some rural communities, phone-based apps that access the cellular network can be a realistic bridge until high-speed Internet connectivity is available for all. Public libraries may have the potential to provide private, secure spaces where people can go to access their telehealth provider. Perhaps there are similar spaces around your hospital and clinics where you can provide connection and privacy to help facilitate this need. Non-profit organizations such as CENIC are working to affordably connect rural communities in this manner as well, which represents yet another partnership opportunity.

Step 3. Integrate Goals with Strategy and Advocacy Efforts

The strategic plan must take into account the activities described above. This is where the role of the board moves from being supportive to proactive in enabling implementation of specific objectives that will help the organization accomplish its maternal care goals. The Workforce pillar of your strategy must include any steps that can be taken to ensure access to maternal health providers. The Experience and Community Health pillars should directly address disparity and equity issues that impact or serve as barriers to maternal health. The Growth pillar should include details about partnerships that will enable these other objectives. Many existing strategic efforts can be translated into improving maternal care with expanding understanding, awareness, and intent.

Beyond these steps, board members have significant advocacy opportunities to help shape healthcare policy locally, regionally, and at the state level, especially in states

© The Governance Institute | 877.712.8778 | GovernanceInstitute.com

that have not expanded Medicaid. Data continues to show that health improves and costs of care go down when more people have Medicaid or other insurance coverage. Shaping policy to address access, coverage, and social determinants of health, to reduce costs to employers and taxpayers, brings many different stakeholders to the table to expand support so that rural providers don't have to do it all on their own. Taking a multi-pronged approach can help move the needle that much faster.

© The Governance Institute | 877.712.8778 | GovernanceInstitute.com