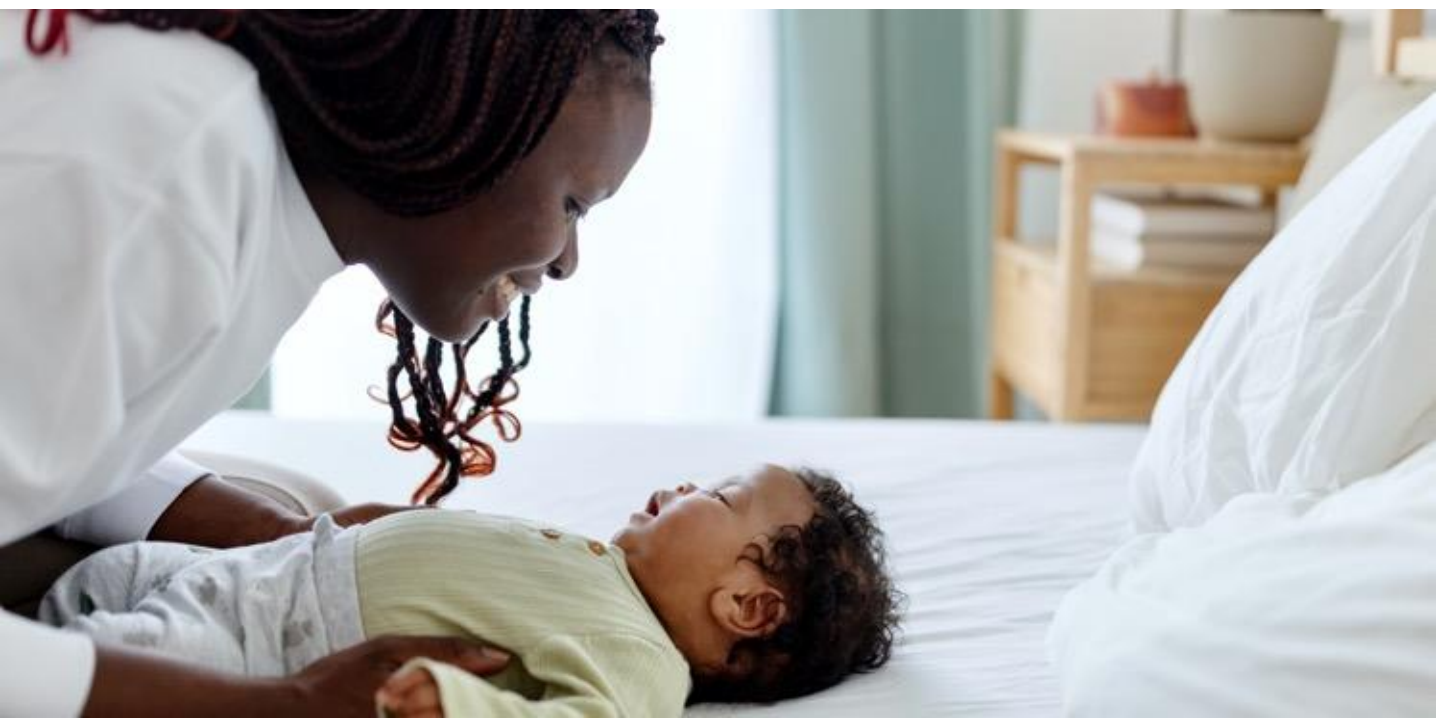




Title V & Governor's Office Collaborations for Maternal Health Policy Change

October 22nd, 2024



Improving Maternal and Child Health in Rural America: State and Territory Policy Learning Collaborative

AMCHP State Coaches



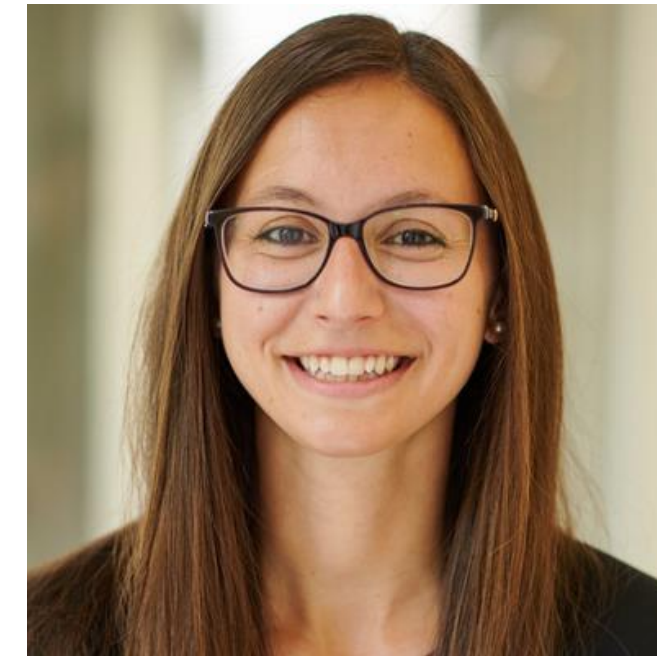
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NGA: 115 Years Serving Our Nation's Governors



Founded in 1908, NGA is the nonpartisan organization of the nation's 55 governors. Through NGA, governors share best practices, address issues of national and state interest and share innovative solutions that improve state government and support the principles of federalism.



Federal Partners: Maternal and Child Health in Rural America



Antigone Dempsey,
Associate Administrator,
Office of Intergovernmental
and External Affairs, HRSA



Michael Warren, Associate
Administrator, Maternal and
Child Health Bureau, HRSA



Dr. Kristen Dillon, Chief
Medical Officer, Federal
Office of Rural Health
Policy, HRSA



Social Drivers

Rural, Appalachian, and Tribal Nation Infrastructure

Compared to non-rural areas, there are higher rates of unemployment, lower educational attainment, and reduced access to healthcare and social services in rural communities

Transportation

Further to travel, lack of transportation access and infrastructure

Healthy Options

2.3 million rural residents live in food deserts; food insecurity

Broadband Access

~ 40% of rural communities lack broadband access

Historical Trauma

Historical loss of land, policies of segregation and discrimination continue to impact rural residents and hinders their ability to accrue assets

Poverty

2019 data totals the nonmetro poverty rate at 15.4% vs 11.9% in metro areas

Environmental Exposure

Unique environments and occupations can expose rural resident to unsafe food and water sources

Access to Healthcare

Socioeconomic status barriers, physician and specialists' shortages, lack of health literacy/education, health insurance coverage gaps



Overview of Improving Maternal and Child Health in Rural America: State and Territory Policy Learning Collaborative



**Substance Use
and Behavioral
Health**



**Hospital
Systems and
Medicaid**



**Strategic
Planning and
Collaboration**



LEARNING COLLABORATIVE TRACK:

Substance Use and Behavioral Health



Illinois

- Supports to reduce the impact of maternal substance use disorder in rural areas
- Interagency collaboration infrastructure
- MCH best practices in rural areas
- Access to care capacity



Pennsylvania

- Home visiting expansion
- Data utilization improvement
- Medicaid reimbursement for doulas and midwives
- Behavioral health and substance use support access
- Rural MCH capacity



Virginia

- Develop an MCH strategic plan
- MCH interagency steering committee
- Partnerships in the Southwest region of VA
- Pregnancy care educational public health campaign



LEARNING COLLABORATIVE TRACK:

HOSPITAL SYSTEMS AND MEDICAID



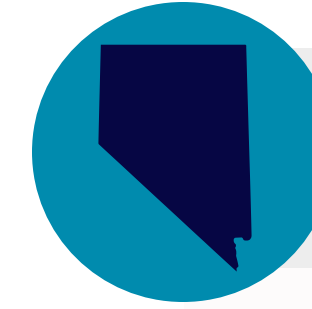
Alabama

- Access to care
- BIPOC perinatal workforce
- Prenatal telehealth Medicaid reimbursement
- Disparities data analysis
- Medicaid and ADPH partnerships



Michigan

- Access to care
- Patient education
- Reduce disparities
- Raise awareness of maternal mortality and morbidity
- Implement policy to more appropriate screen people of childbearing age



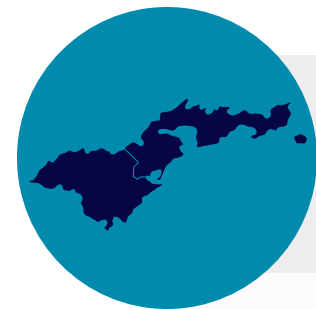
Nevada

- Improve hospital policies to target preventable causes of maternal death
- Raise awareness of disparities in birth outcomes
- MCH task force establishment
- Expand partnerships



LEARNING COLLABORATIVE TRACK:

Strategic Planning and Collaboration



American Samoa

- Develop an MCH strategic plan
- Form a working group for MCH
- Strengthen regulatory framework
- Improve collaboration
- Promote community awareness and trust



Missouri

- Develop an MCH strategic plan
- Proposal for Maternal Health Innovation Program through HRSA
- Expand home visiting programs
- Strengthen community health workforce



Washington

- Develop an MCH strategic plan
- Alternative models of care and diversified care providers
- Comprehensive MCH proposal for future legislative sessions

Title V's Role: Cohort Team Representatives

Dawn Shanafelt,
MPA, BSN, RN
Michigan

Director, Division of Maternal & Infant Health
Director, Title V Maternal Child Health Block
Grant Program

Anaise Uso, BDS
American Samoa

MCH Title V Director

Vickie Ives, MA
Nevada

Bureau Chief, Child, Family and
Community Wellness



Michigan

Current Maternal Health Challenges in Rural MI

1. Vast geographic space.
2. Clinical access challenges.
3. Social isolation.

Key strategies as a part of the NGA-AMCHP Learning Collaborative

1. Inclusive access to childbirth education and support.
2. Information to aid in power shift.
3. Assessment in the fourth trimester.

Lessons Learned from working with the Governor's Office

- Importance of collaboration and a shared vision.
- Value of relationships.





American Samoa

Current Maternal Health Challenges in Rural AS

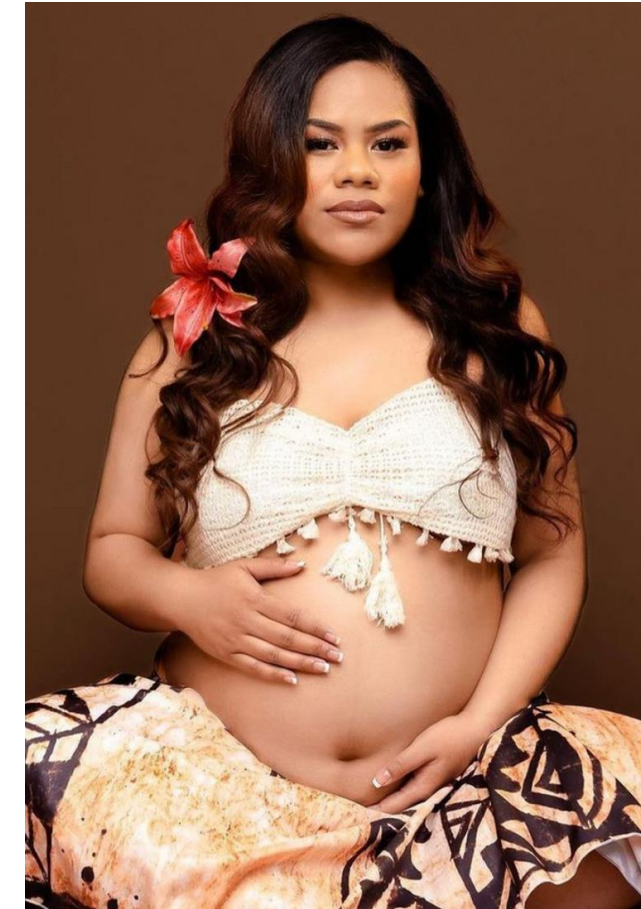
1. Rural prenatal care access and utilization.
2. Rheumatic heart disease prevalence and risks for pregnant adults.
3. General accessibility of care – limited resources, transportation, and workforce shortages.

Key strategies as a part of the NGA-AMCHP Learning Collaborative

1. Coordination of MCH efforts across agencies and health systems.
2. Collective asset and systems mapping.
3. Development of a State Maternal Child Health Strategic Plan.

Lessons Learned from working with the Governor's Office

- Critical to have supportive champions in the Governor's Office for sustained engagement – don't need a health background, but must be willing to listen, learn, and collaborate.
- Communication is key for genuine partnership.



Nevada



Current Maternal Health Challenges in Rural NV

1. Large state with population largely in two urban areas with poor birth outcome data especially in preterm birth rate and disparities
2. Access to care barriers (8-hour drive between population centers) and numerous counties with no obstetric providers
3. Medically underserved and health professional shortage areas

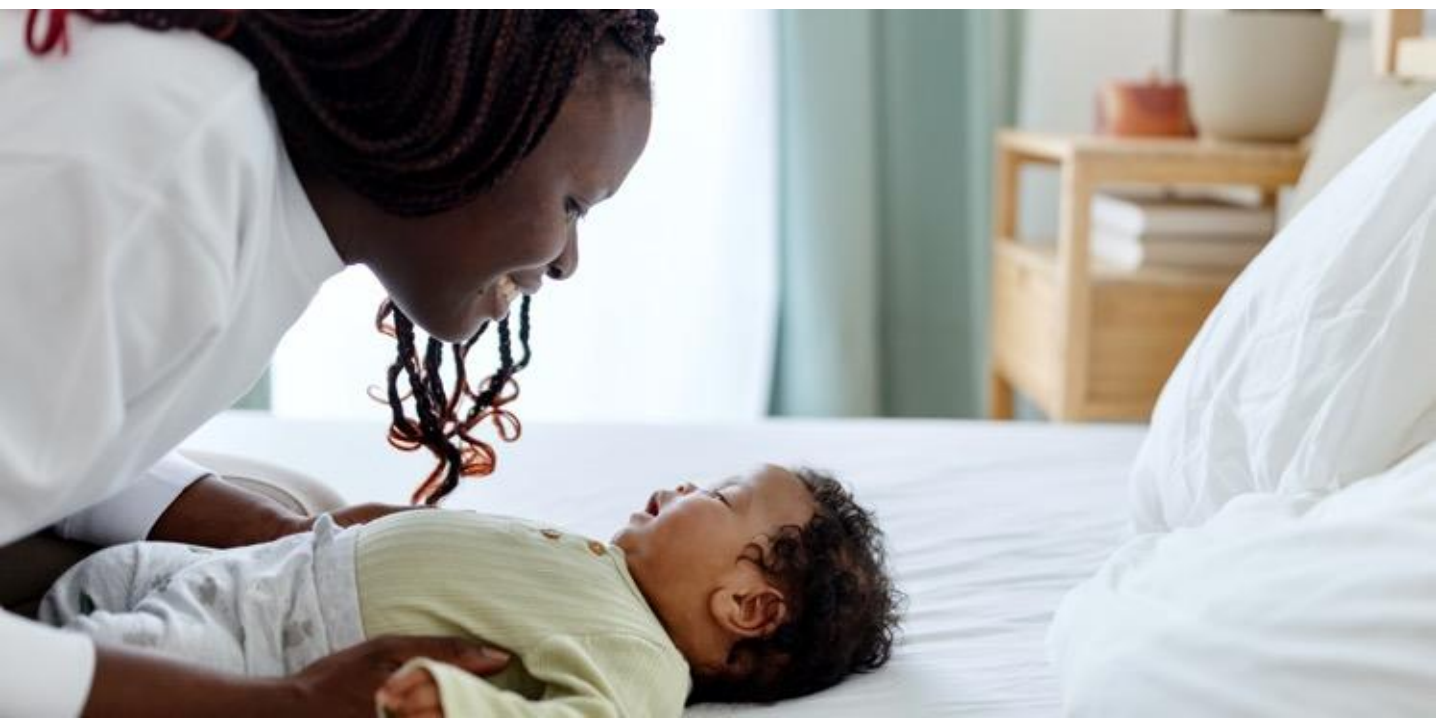
Key strategies as a part of the NGA-AMCHP Learning Collaborative

1. Pathways, organization, and funding for a Perinatal Quality Collaborative (PQC)
2. Establish a MCH Taskforce as possible precursor to a PQC
3. Leverage gestational exposure in pregnancy data to action to address gaps

Lessons Learned

- Importance of collaboration
- Specific implementation supports from Colorado PQC





AMCHP

ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

Panel Discussion

Michigan: Dawn Shanafelt, MPA, BSN, RN

American Samoa: Anaise Uso, BDS

Nevada: Vickie Ives, MA