#### **Arkansas Maternal Health Community of Practice**

# November 16<sup>th</sup> Meeting











## Introduce yourself in the chat: Name Organization



12:00	Welcome- William Greenfield, MD	
12:05	Excel by Eight Program, Arkansas Chapter of the American Academy of Pediatrics- Anna Strong, MPH, MPS	
12:25	Questions related to Excel by Eight Program	
12:35	AR MOMS Maternal Health, CHI St. Vincent Hot Springs- Dawne Sokora, MS, BSN	
12:55	Questions Related to AR MOMS Maternal Health	
1:05	Strategic Plan Review- Zenobia Harris, DNP	
1:20	Closing remarks- Zenobia Harris, DNP	
1:30	Adjourn	

# **Excel by Eight Program, Arkansas Chapter of the American Academy** of Pediatrics

Anna Strong, MPH, MPS

## **Excel by Eight: Maternal** Health Initiatives

Anna Strong
 Executive Director, AR Chapter,
 American Academy of Pediatrics
 and Excel by Eight Health Lead

## Vision

## Our vision is that Arkansas is a state where all children have a strong start to reach their full potential.

## **Mission**

Excelby Eight partners with families and communities to **improve health and education outcomes** for Arkansaschildren prenatal to age eight.

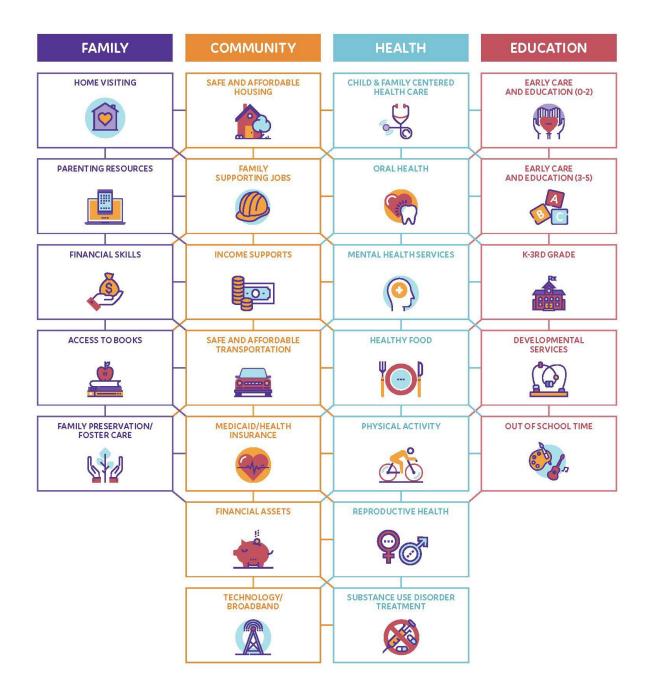
### **Strong Start Statement**

Excelby Eight adknowledges that every child in Arkansas deserves a **strong start**, but not every child starts in the same place.

A strong start meanseducation and health outcomes are **not determined by barriers** related to age, disability, gender, income, race/ethnicity, geography, or community resources.

### **Strong Start Statement**

Family, community, and policymakers play a vital role in ensuring a strong start is available for every child.



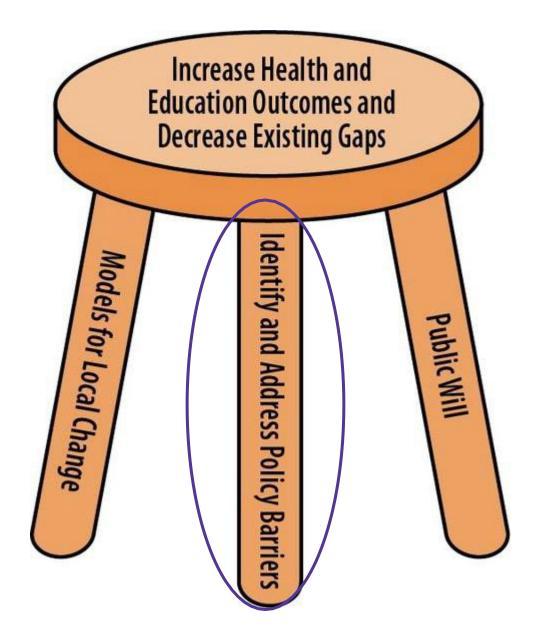
#### EXCEL BY 8 | THEORY OF CHANGE

#### THE THREE-LEGGED STOOL

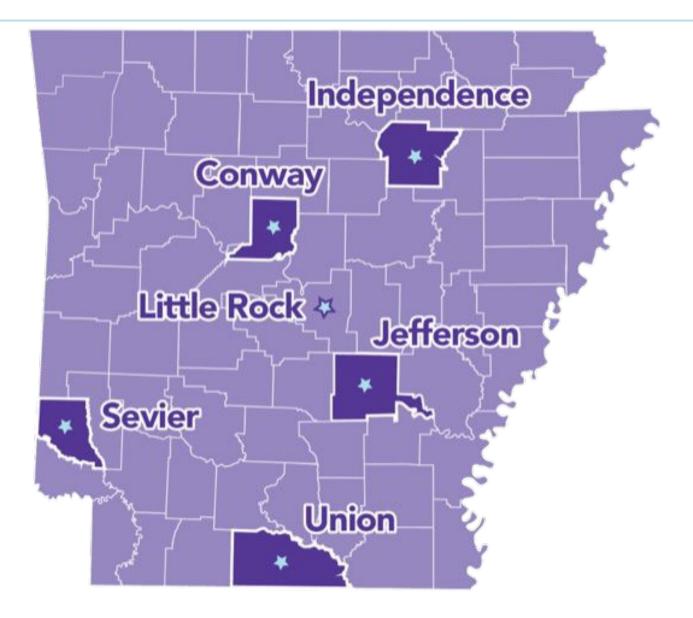
#### **EXCEL BY EIGHT'S ORGANIZATIONAL STRUCTURE**

Excel by Eight is a network of partners, families, and communities working together to improve health and education outcomes for Arkansas children from prenatal to age eight. We describe our collaborative approach as a "three-legged stool":

- We invest in and partner with local communities across the state.
- 2. We advocate for policy change at the state level.
- 3. We build public will around the importance of the earliest years of a child's life.



#### **E8** Communities



### **E8 Foundations Staff and Leadership Team**

#### Staff

- Angela Duran, Excel by Eight
- Jamie Ward, Curricula Concepts
- Anna Strong, AR Chapter, American Academy of Pediatrics
- Adena White, Excel by Eight

#### Leadership Team

- Betsy Anderson, Family Advisor
- Jamie Rayford, Batesville Area Chamber of Commerce
- Paula Stone, Department of Human Services
- Fredricka Tabor, Family Advisor
- Beth Tody, Family Advisor
- Adena White, Excel by Eight
- LeCole White, Arkansas Children's Care Network
- Byarbrough, Arkansas Early Childhood
   Association

### **Working Groups**

# Early Childhood Education

Healthy Beginnings

## • Maternal Health

Supported Families/Home Visiting

#### **Planning Process**

Focus Communities

Select focus communitie s (using quantitative data) Parents' Wants and Needs Hold focus groups and conduct surveys to understand what parents

want and need

Goals

Select universal child and family goals based on what parents say they want and need Path to Success

Select paths to successsystem change, implementation of an existing policy, or passage of a new policy

**Strategies** 

Identify targeted strategies that will assure universal goals are realized in communities farthest from opportunity

## Surveys and Focus Groups (May-June 2023)

#### Surveys

- Parent and Family Survey: must currently have infants and toddlers (183 respondents)
- Parent and Family Survey: Spanish Language — must currently have infants and toddlers (9 respondents)
- Child Care Provider Survey: must be serving infants and toddlers (125 respondents)
- Employer Survey (89 respondents)

#### **Focus Groups**

Hispanic pregnant women and new mothers (4)	Family Advisor S	Families enrolled in Home Visiting
Pregnant women and new moms living in the Delta (2)	Marshallese pregnant women and new mothers	Families enrolled in HealthySt ep s
Child care providers	Family child care providers	Home visitors
HealthySt ep s pediatricia ns	HealthySt ep s specialists	Birth workers (2)

### **Key Themes from Surveys and Focus Groups**

- Women feel "unheard" and not respected by medical professionals during the perinatal period.
- Access to health services (pediatricians, OB/GYNs, mental health providers, specialists) is difficult in rural areas.
- Many women come home with infants feeling unprepared and isolated.
- Having an advocate/system navigator (doula, HealthySteps specialist) significantly improves the experience.
- Child care affordability and accessibility are major issues.
- Employers have trouble attracting and retaining employees due
  to lack of child care
- Attracting and retaining early childhood educators is difficult because providers cannot pay professional salaries and benefits

## **Universal Goals**

- 1. All women are able to receive complete, high-quality preconception, prenatal, and postpartum care.
- All expecting and current parents are able to receive parenting supports that address comprehensive health, wellbeing, and development topics and are tailored to individual family needs.
   Every family of infants and toddlers is able to receive social, developmental, and behavioral screening and referrals to needed health care and community supports.
- Quality child care is affordable and accessible for all families.
   All early childhood educators are well-prepared for the complexity of child development and receive commensurate compensation and benefits.

#### **Policy Recommendations for Maternal Health:**

Expand postpartum Medicaid coverage for a full year.

Provide Medicaid and private insurance coverage to include doulas on the birthing team.

Increase the number of group prenatal caresites such as Centering Pregnancy by exploring payer strategies to incentivize practices to adopt such strategies.

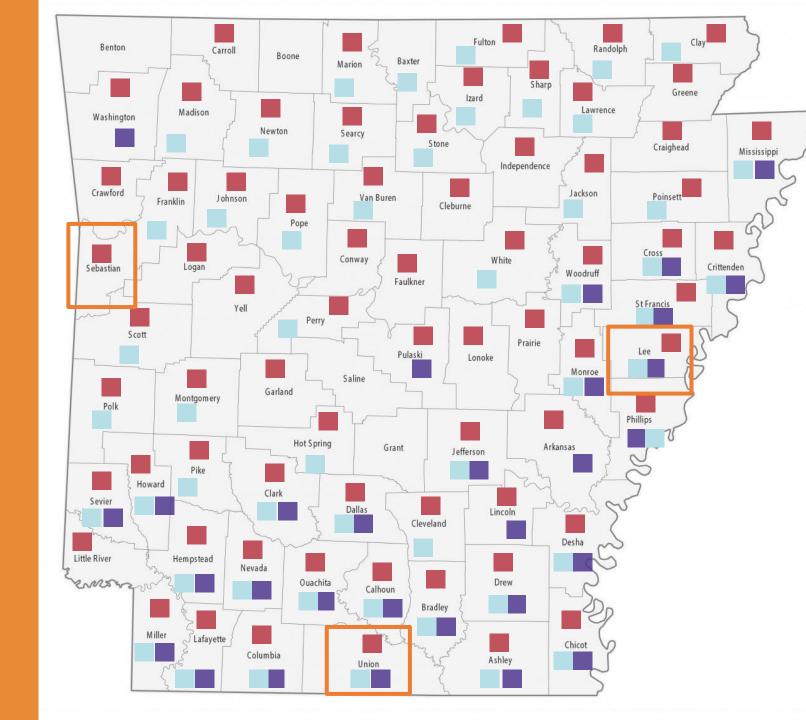
Cross cutting: Implement communications strategy to educate about how women feel unheard during preconception, prenatal and postpartum care, including issues related to maternal mental health

## **Targeted Strategies - Maternal Health**

- Partner with policy advocates to create a broad advocacy plan for postpartum Medicaid expansion
  - Contribute stories reflecting lived experiences of mothers and birth workers in Arkansas
  - Partner with organizations who support undocumented women to advocate for their community.
- Develop infrastructure for making the case for including coverage of doulas on the birthing team
  - Support doulas in creating a membership association
  - Support doulas in defining certification requirements
  - Support doulas in developing an advocacy plan and partnering with other organizations for payment advocacy
  - Support UAMS doula training in Lee, Sebastian, and Union counties

## **Targeted Strategies - Maternal Health**

- Work alongside organizations and task forces in Arkansas who support training and technical assistance to expand group prenatal care
  - Develop and propose ideas to payers to incentivize adoption and continued operation of group prenatal care.
- Expand communications strategies focused on improving communication between birthing women and their physicians
  - Explore the Hear Her campaign
  - Explore patient-centered care trainings for community physicians



#### Maternal Health

25% or more of the population is black, Hispanic, or Native Hawaiian/ Pacific Islandler

50% or more of households are ALICE

High or very high on the Maternal Vulnerability Index

## Excel by Eight Summit - Oct 2023



## Thank you! Questions?

Anna Strong Executive Director, AR Chapter of the American Academy of Pediatrics <u>anna@arkansasaap.org</u> 501-626-5777 (cell)

To Join the Excel by Eight Collaborative: email Angela Duran at aduran@excelby8.net

Subscribe to our Strengthening the Grid newsletter. https://www.excelby8.net/newsletter/

# **Questions?**



## 2022 AR MOMS RURAL MATERNAL HEALTH GRANT AWARDEE: CHI St. Vincent Hot Springs Maternal Care Clinics





## ARMOMS SERVICES:

- Prenatal Care
- Women's Services
- Physical & Mental Wellbeing Support
- Community Resource Connections
  - Birthing Classes
- Certified Lactation
   Consultant

- Medicaid/Insurance
   Applications
- WIC / SNAP Assistance
- Referrals for Substance / Alcohol Abuse Counseling
- Referrals for Home Visits After Birth
  - Diabetes Education







# <u>CHI St Vincent Primary Care Clinic</u> <u>Locations:</u>

- Glenwood, Arkansas
- Mt. Ida, Arkansas
- Murfreesboro, Arkansas
- Arkadelphia, Arkansas





## Hospital Based Locations:

- Magnolia, Arkansas- Magnolia Regional Medical Center
- De Queen, Arkansas- Sevier County Medical Center
- Nashville, Arkansas- Howard Memorial Hospital
- Fordyce, Arkansas- Dallas County Medical Center





# Cabun Rural Health Locations:

- Amity, Arkansas
- Hampton, Arkansas
- Bearden, Arkansas





# <u>AR MOMS Goals</u>:

- 500 patient visits during years 2-4
- Two travelling teams
- Reduce maternal/infant mortality and morbidity within these 10 counties
- Connect patients to community resources to improve their quality of life by reducing food insecurities for the entire family
- Early detection through annual womans health exams





# Program Sustainability:

- Payer mix of CMS and commercial insurance
- Lobby for increased Medicaid reimbursement
- Increase the referrals from county health units
- Family Planning





# **Questions?**

## Strategic Plan Review Zenobia Harris, DNP



- Community of Practice goal: Develop a strategic plan to address maternal health needs in Arkansas.
- Using a consensus building process, we created a list of the maternal health top priorities.
- ✤ A draft of the strategic plan was submitted to HRSA.

## **Delphi Process**

1<sup>st</sup> round survey – Brainstorming questions that require open-ended responses.

**2<sup>nd</sup> round survey** – Responses were consolidated into a list of recommendations, and the group was asked to rank recommendations.

**3<sup>rd</sup> round** - Review final results as a group and discuss outcomes.

## **Strategic Plan Survey 2 Demographics**



### Survey 2: 41 respondents

- 8 Community Leaders
- 3 Policy Makers/Policy Advocates
- 2 Local Philanthropies
- ✤ 19 Other

## **Strategic Plan Survey**

### 5 questions:

- 1. What is the biggest maternal child health challenges in AR?
- 2. What factors contribute the most to maternal health disparities in Arkansas?
- 3. What strategies are most promising to improve maternal health outcomes in Arkansas?
- 4. What strategies are most promising to reduce maternal health disparities?
- 5. If you could wave a magic wand and do one thing to improve maternal health in Arkansas, what would it be?

## **Top Maternal Health Priorities**

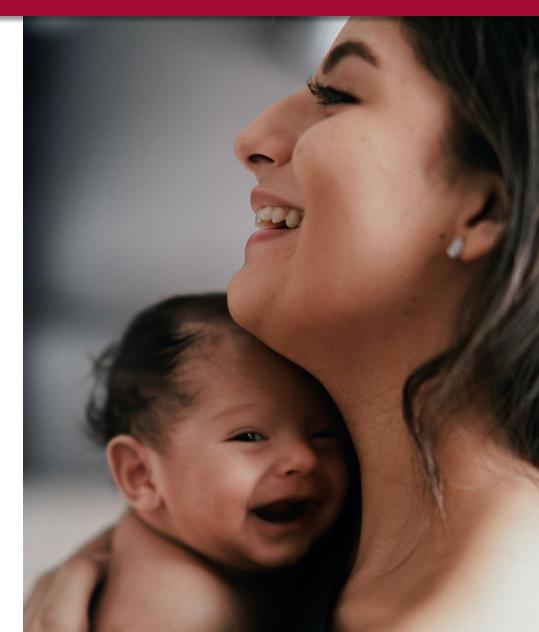
#### Several priorities appeared in multiple questions' top rankings:

- Lack of geographic access to obstetric care
- Comorbidities/pre-existing conditions
- Racial disparities
- Systemic racism
- Poor quality of care

- Inadequate cultural competency
- Lack of health education/literacy
- Poverty
- Lack of insurance coverage
- Investing in communities/collaboration

## **Strategic Plan Next Steps**

- Strategic plan draft was submitted to HRSA.
- The draft is available to community of practice members upon request.
- We plan to workshop the strategic plan during future in person meeting.
- Final strategic plan draft is due in September 2024



#### **Future Meetings**



Next virtual meeting:
February 8<sup>th</sup>, 12:00-1:30pm

#### **Potential in person meeting dates:**

- Tuesday, May 7<sup>th</sup>
- Thursday, May 9<sup>th</sup>
- Thursday, May 16<sup>th</sup>