

# Arkansas Maternal Health Community of Practice



**General Meeting  
August 29, 2024**



# Welcome

Please introduce yourself in the chat:

Name

Organization

# Agenda

12:00	<b>Welcome</b> <i>William Greenfield, MD</i>
12:05	<b>Arkansas Center for Health Improvement</b> <i>Craig Wilson, JD, MPA</i> Director, Health Policy
12:25	<b>Questions</b>
12:35	<b>Behavioral Health and Available Services</b> <i>Laura Tyler, PhD, LPC, President and CEO, and Erin Willcutt, VP of Clinical Services</i> Arisa Health
12:55	<b>Questions</b>
1:05	<b>Update on Strategic Plan</b> <i>Jennifer Callaghan-Koru, PhD, Arkansas Perinatal Quality Collaborative (ARPQC)</i>
1:20	<b>Closing Remarks</b> <i>Zenobia Harris, DNP</i>
1:30	<b>Adjourn</b>

# **Name Change: Community of Practice**

***A community of practice (CoP) is a group of people who share a common interest or expertise and come together regularly to learn how to strengthen their work.***

The CoP name reflects the goals of our group to increase awareness and foster coordination and collaboration among partners working to improve maternal health in Arkansas.

# MHCoP Updates



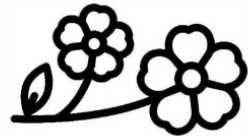
UAMS Health Jobs Giving

Fay W. Boozman College of Public Health

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## The PRIMROSE Project



### *Transforming maternal care in Arkansas*

Arkansas has among the highest rates of maternal mortality, pre-term birth and low birth weight in the US. The **PeRinatal IMpRovement of Outcomes Safety for Everyone (PRIMROSE)** project partners with stakeholders on core activities, described below, to contribute to reducing maternal morbidity and mortality in Arkansas and improve the state's national ranking for maternal health.

The primrose is a native wildflower commonly seen across Arkansas, and name derives from the Latin word "primus," because it is one of the first flowers to bloom in Spring. Healthy birth is also a "prime" requirement for healthy population, and the PRIMROSE acronym emphasizes the foundational importance of perinatal health for the state of Arkansas.

MHCoP presentations are now available on the PRIMROSE project webpage.

## Community of Practice Presentations

[AR MHCoP Presentation 18May2023](#)

[Download](#)

[AR MHCoP Presentation 17August2023](#)

[Download](#)

[AR MHCoP Presentation 16November2023](#)

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[AR MHCoP Presentation 8February2024](#)

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[AR MHCoP 2024 Spring Forum Summary](#)

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## Arkansas Maternal Health Community of Practice







# **Arkansas Center for Health Improvement**

*Craig Wilson, JD, MPA*  
Director, Health Policy

# MATERNAL HEALTH COMMUNITY OF PRACTICE

J. Craig Wilson, JD, MPA  
Director of Health Policy

August 29, 2024



# Arkansas Healthcare Transparency Initiative: APCD

COMMERCIAL  
FULLY INSURED

PUBLIC  
SELF-INSURED

MEDICAID  
CLAIMS

MEDICARE  
CLAIMS

Master Social  
Determinants

Longitudinal  
Child BMI

Medical  
Marijuana  
Cardholders

Medical  
Marijuana  
Point of Sale

Birth  
Certificate

Death  
Certificate

State Police  
Crash

Hospital/ED  
Discharge

Cancer  
Registry

Workers'  
Comp

 **ENCRYPTED  
ID\***

*\*Encrypted, concatenated member or patient last name and date of birth. Used with gender.*





# 9 POINTS ON A HEALTHY BIRTHING JOURNEY

1

## Pre-Pregnancy Preparation

Pre-pregnancy health education, planning, and access to contraceptives can help prevent unintended pregnancies, which have a greater risk of babies being born prematurely or at a low birth weight.<sup>1</sup>



1 OUT OF 3

New Arkansas mothers who experienced an unintended pregnancy in 2021.<sup>2</sup>

2

## Initiation of Prenatal Care

Prenatal visits should start in the first trimester. For uncomplicated first pregnancies, visits should occur:

- Every 4 weeks through week 28.
- Every 2 weeks for weeks 28 through 36.
- Weekly thereafter.

High-risk pregnancies require more visits.<sup>3</sup>

NEW ARKANSAS MOTHERS WHO RECEIVED INADEQUATE\* PRENATAL CARE IN 2022:<sup>4</sup>



3

## Education and Supports

Prenatal classes, providers of choice, and birthing companions such as doulas provide emotional and educational support to parents as they navigate pregnancy, childbirth, and the postpartum period.

16 STATES

provide Medicaid coverage for doula services: CA, CO, FL, KS, MA, MD, MI, MN, NJ, NM, NV, NY, OK, OR, RI and VA.<sup>5</sup>

4

## Safest Method of Delivery

For most pregnancies, a vaginal delivery is a safer method of delivery than a cesarean birth (C-section), with a lower risk of maternal morbidity and mortality.<sup>6</sup>

High-risk pregnancies should receive specialty care.



Arkansas births performed by C-section, 2019-2021.<sup>7</sup>

\*Prenatal care starting in or after the fifth month or less than half of the appropriate number of visits for the infant's gestational age.

achi.net



5

## Family Support and Bonding

Family supports such as parental leave, child care assistance, breastfeeding counseling, and safety education help a new mom as she adjusts to postpartum changes and bonds with her child.



Arkansas infants exclusively breastfeeding at 6 months in 2019.<sup>8</sup>

6

## Depression Screening

Mothers should be screened for depression and anxiety at least once during pregnancy and in the first year after delivery. Screening should be coupled with appropriate follow-up and treatment when indicated.<sup>9</sup>

NEW ARKANSAS MOTHERS WITH POSTPARTUM DEPRESSION IN 2021:<sup>2</sup>

20%



7

## Home Visits

Home visiting programs provide families with support from trained professionals in the families' homes. These professionals may include nurses, social workers, or early childhood specialists.

6%



Arkansas children ages 0-2 years served by home visiting programs in 2021.<sup>10</sup>

8

## Postpartum Visits

Within 12 weeks after birth, a mom should undergo a comprehensive postpartum checkup and continue to receive medical care during the postpartum period, as needed.<sup>11</sup> Contraception and urgent maternal warning signs should also be discussed.



Between 2018 and 2020, most pregnancy-related deaths in Arkansas occurred during the postpartum period.<sup>12</sup>

9

## Well-Child Visits

Well-child visits, recommended preventive checkups starting at infancy, help parents:

- Track growth and development milestones.
- Discuss specific concerns about a child's health and well-being.
- Ensure the child receives appropriate vaccines to prevent illnesses.<sup>13</sup>



Arkansas children covered by Medicaid or CHIP who did not receive 6 or more recommended well-child visits in the first 15 months of life in 2020.<sup>14</sup>

achi.net

Visit [achi.net/library/birthing-journey](http://achi.net/library/birthing-journey) for references.

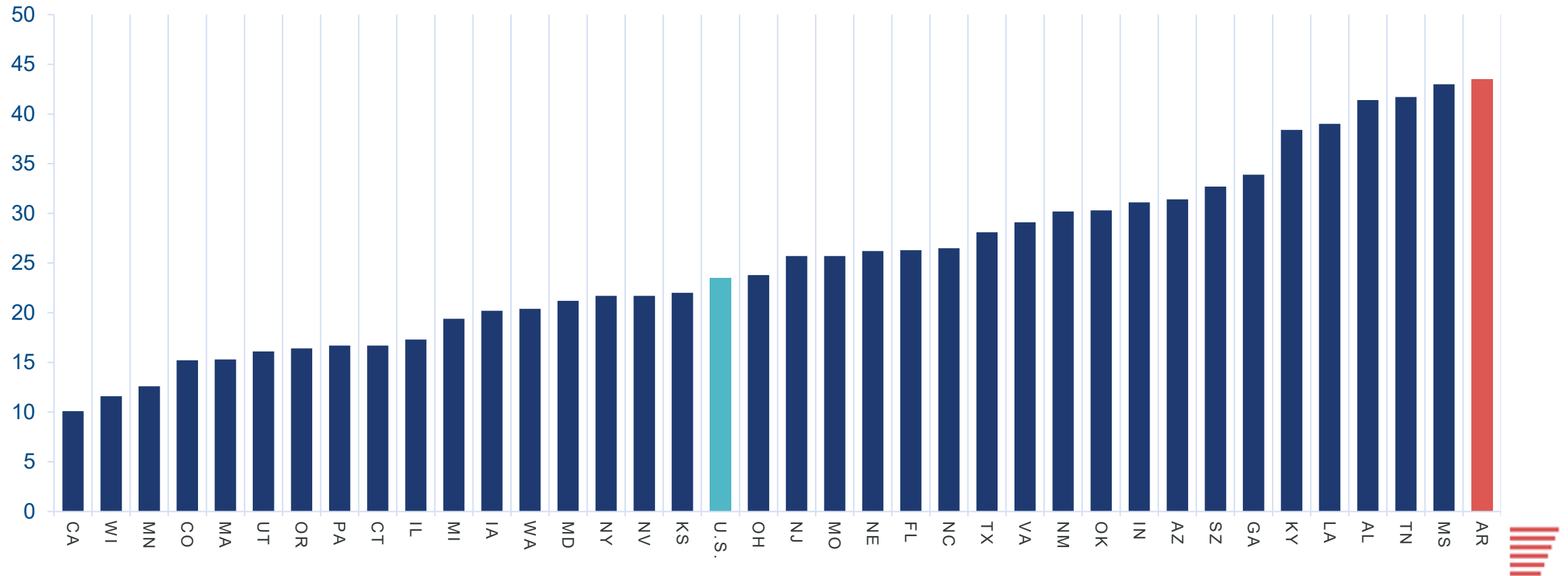
# MATERNAL MORTALITY IN ARKANSAS

Slides as of May 2024



# MATERNAL MORTALITY, AR VS. OTHER STATES

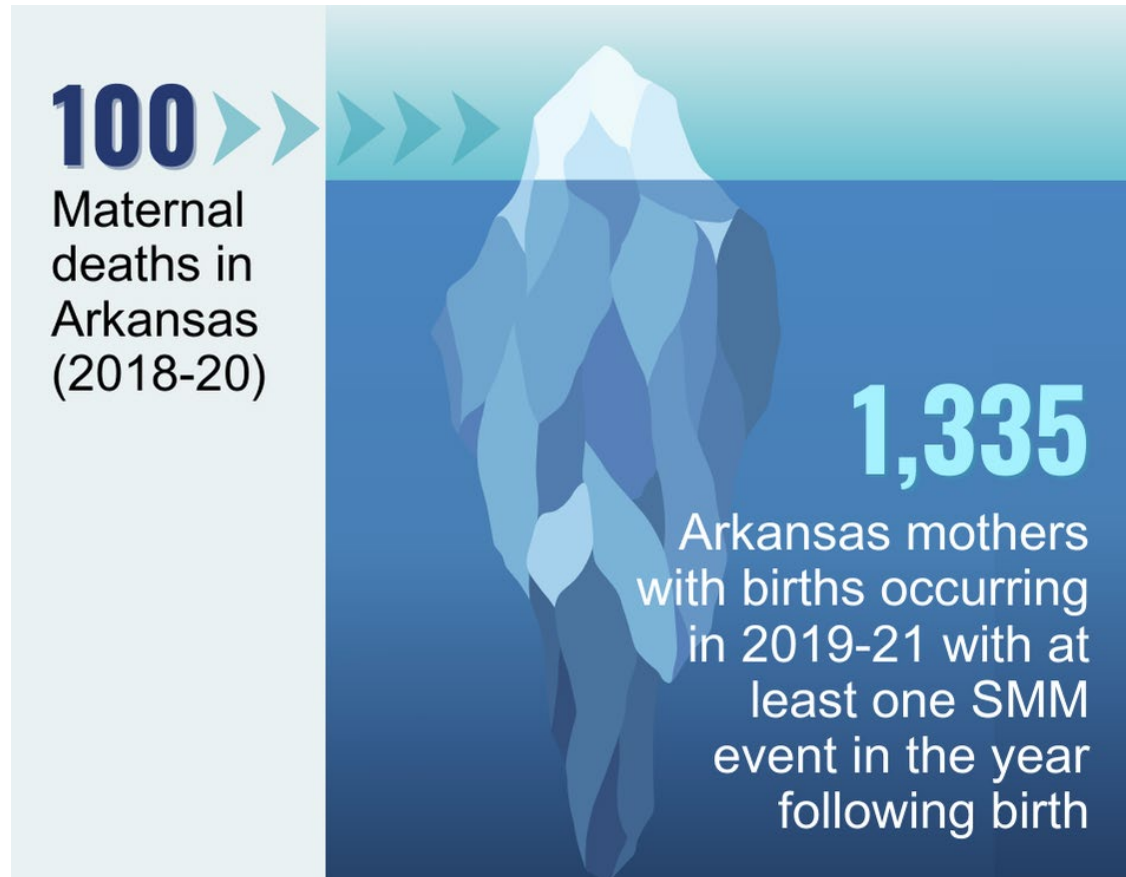
Deaths per 100,000 live births



# SEVERE MATERNAL MORBIDITY



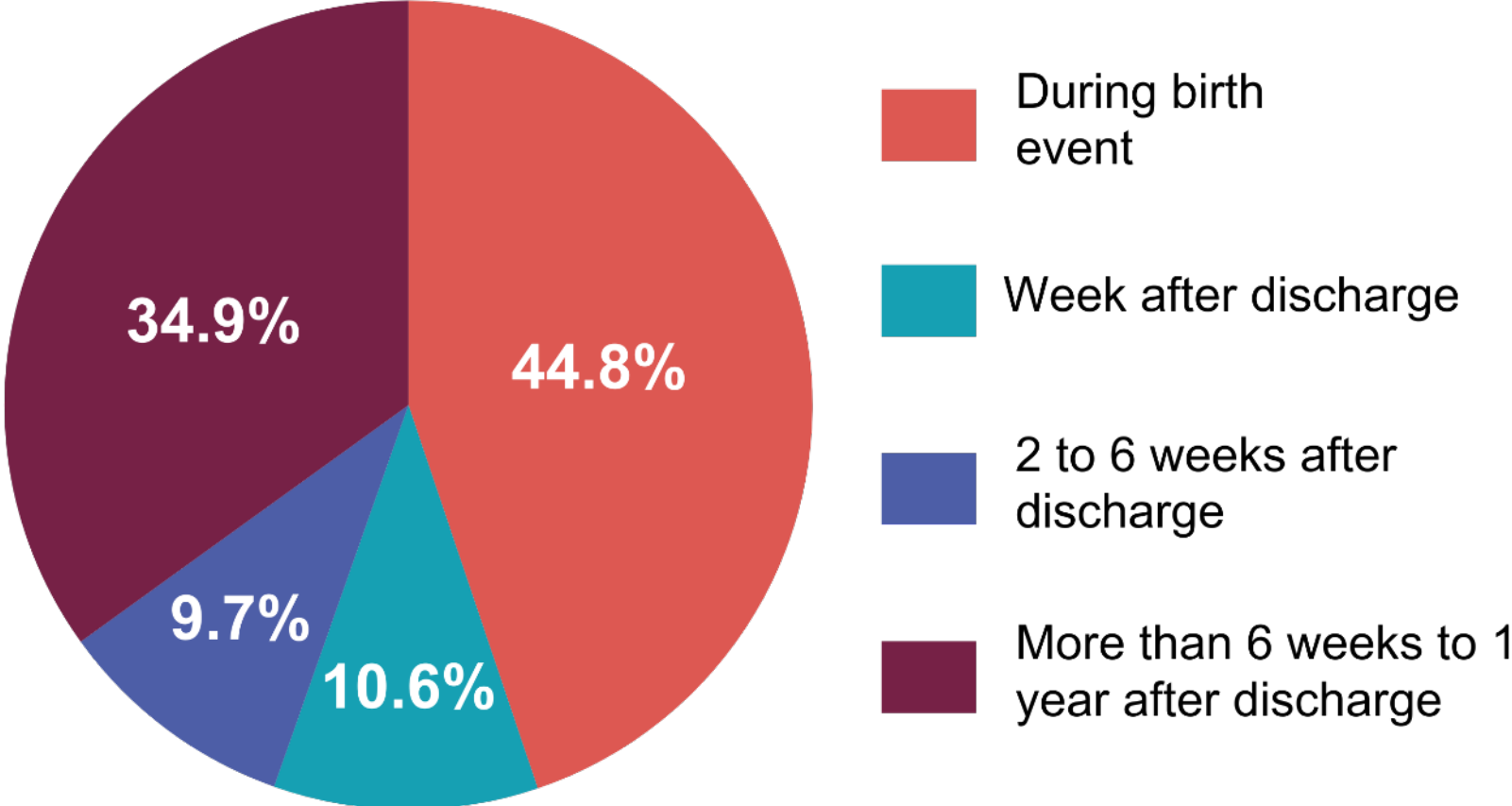
# SEVERE MATERNAL MORBIDITY IN ARKANSAS



- Maternal mortality has been described as the ‘tip of the iceberg’ and severe maternal morbidity (SMM) is the base
- CDC defines SMM as ‘unexpected outcomes of labor and delivery that result in significant short- or long-term health consequences’
- ACHI’s analysis goes beyond the CDC definition by looking at events up to 1 year after births (meaning SMM events could’ve occurred in 2019-22 for births in 2019-21)
- Analysis does not include behavioral health events



# TIMING OF SMM EVENTS IN ARKANSAS (BIRTHS OCCURRING IN 2019-2021)

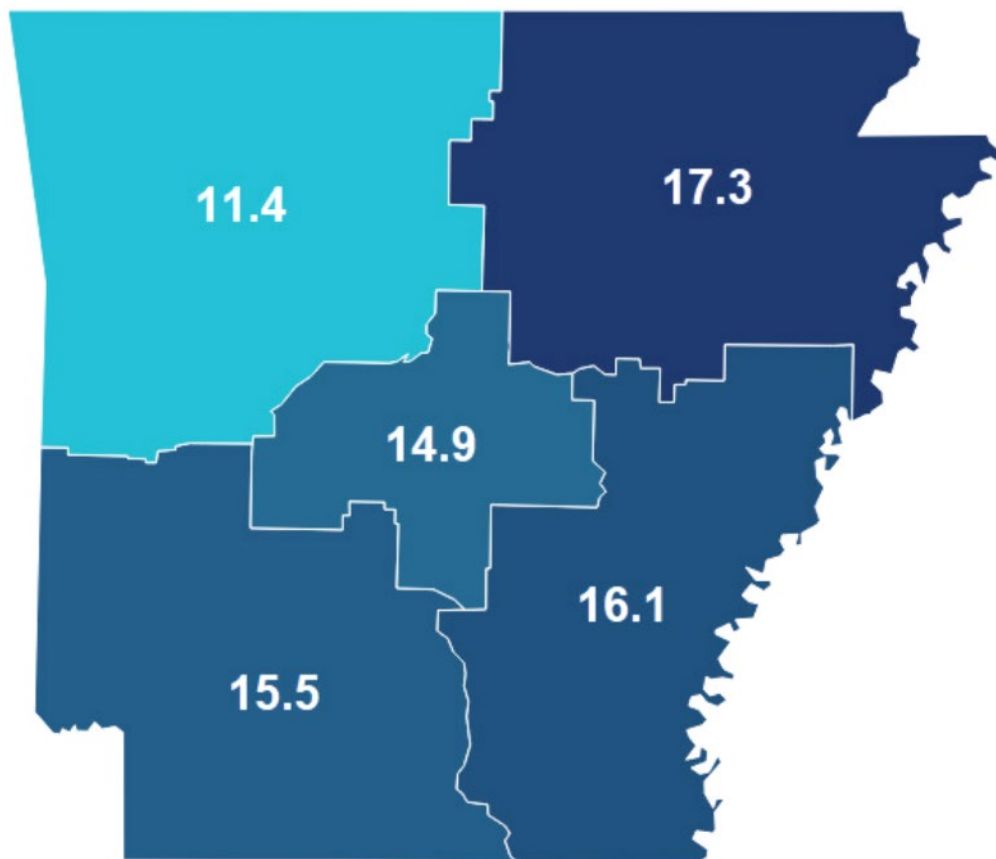


Data source: Arkansas Department of Health hospital discharge data.

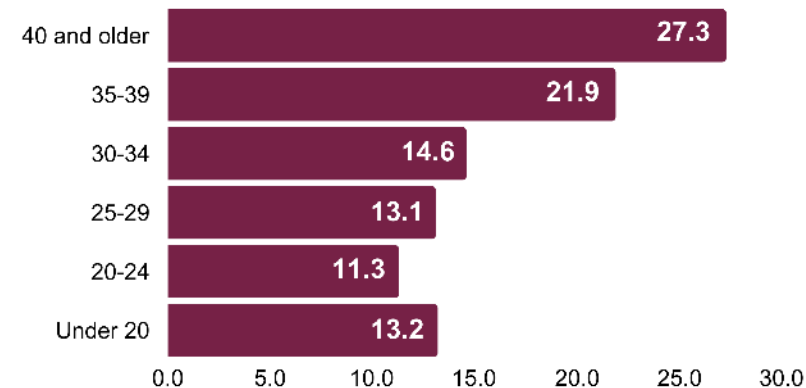


# SEVERE MATERNAL MORBIDITY IN ARKANSAS

## SMM by Arkansas Public Health Region per 1,000 Birth Events, 2019-2021



## SMM by Age per 1,000 Birth Events in Arkansas, 2019-2021



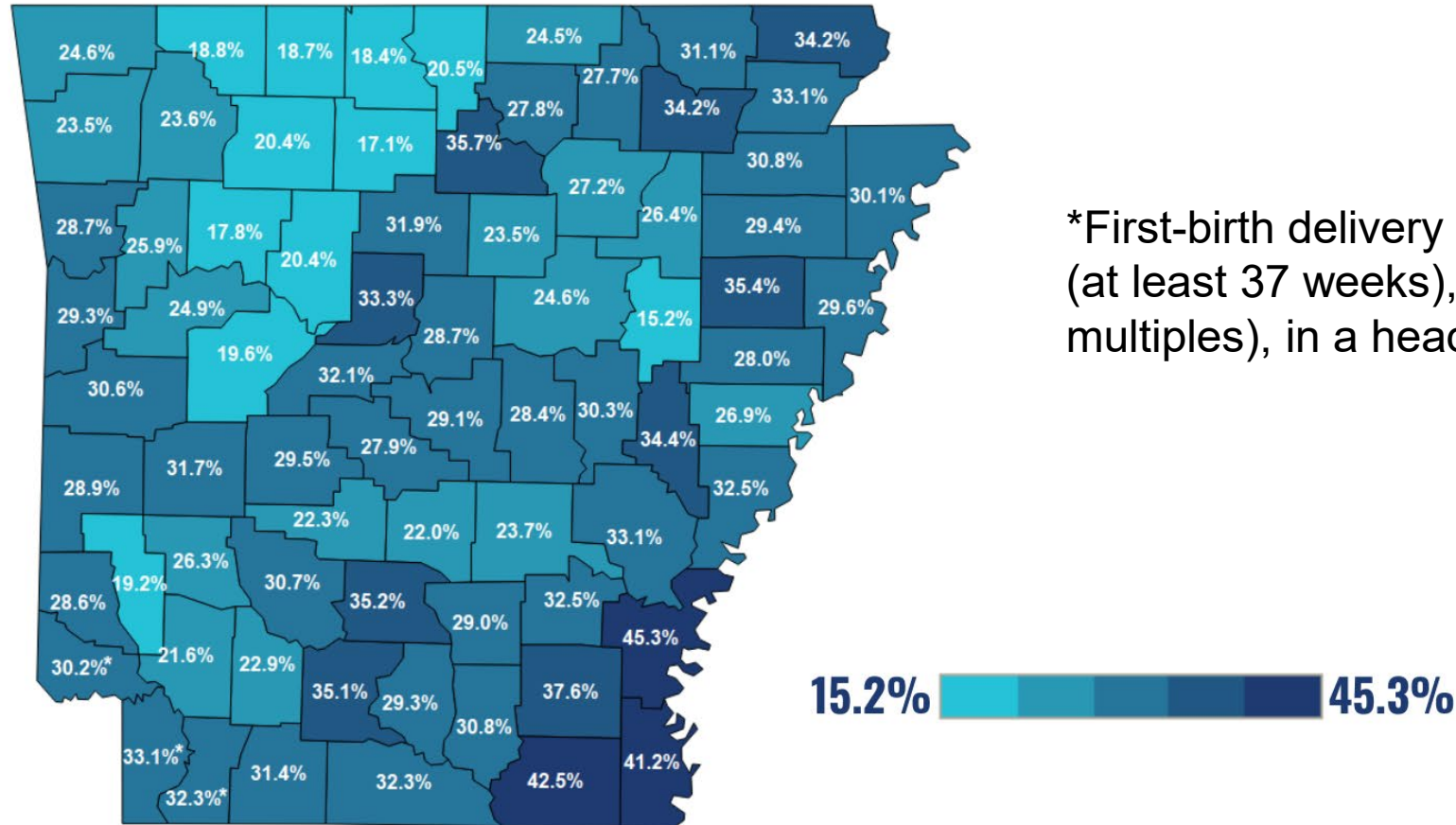
## SMM by Race per 1,000 Birth Events in Arkansas, 2019-2021



# C-SECTION ANALYSIS



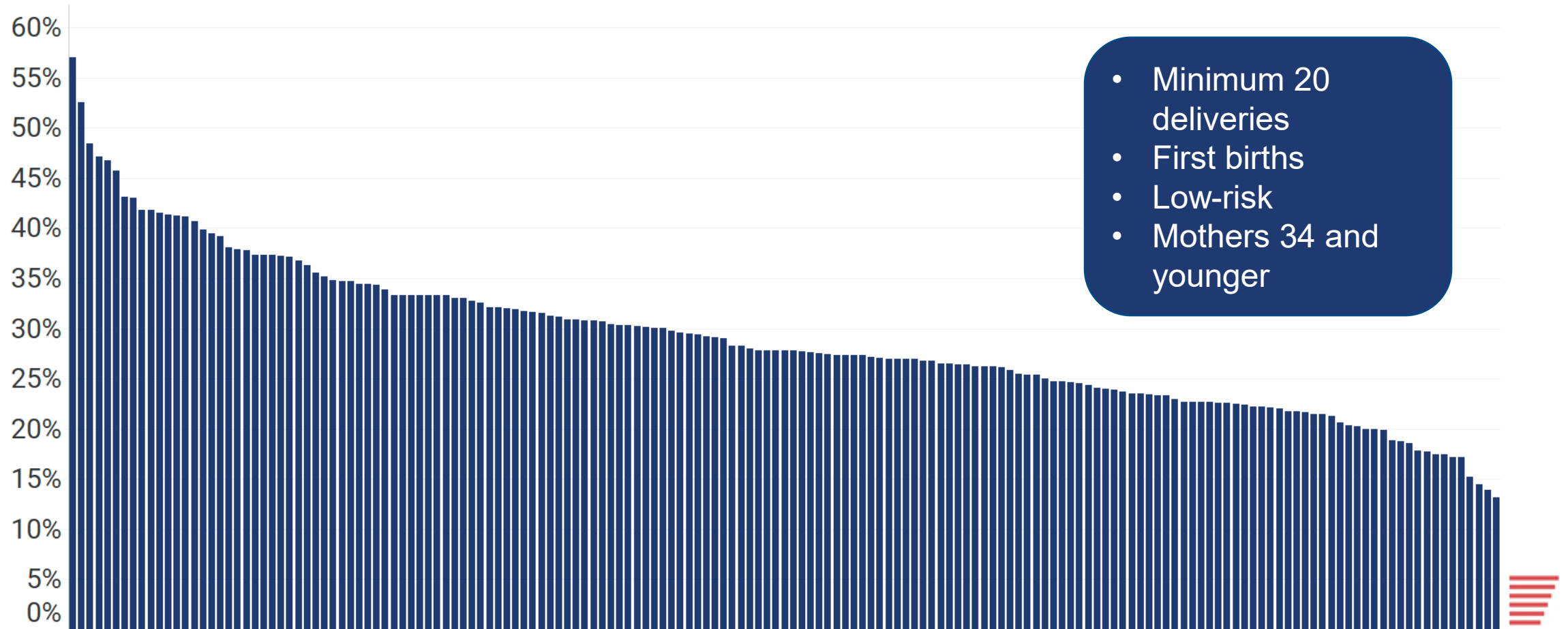
# C-SECTION RATES FOR FIRST-BIRTH\* DELIVERY BY COUNTY OF RESIDENCE, 2019-2021



\*First-birth delivery is a full-term pregnancy (at least 37 weeks), singleton (not twins or multiples), in a head-down position.



# FIRST-BIRTH DELIVERY C-SECTION RATES, BY ARKANSAS PROVIDERS, 2019-2021



# WHO IS DELIVERING BABIES IN ARKANSAS?

Slides as of May 2024



# WHO IS DELIVERING BABIES IN ARKANSAS?

347

## PROVIDERS DELIVERED BABIES IN ARKANSAS IN 2022

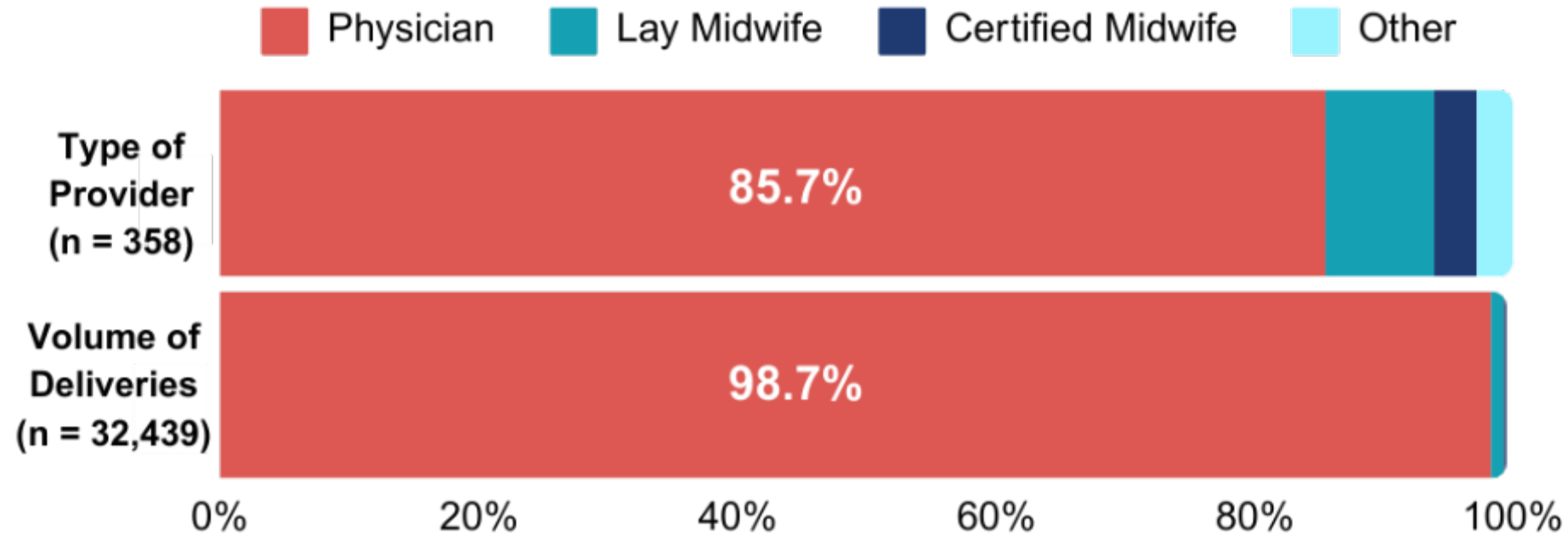
- 88.5% were physicians
- 7.2% were lay midwives
- 1.7% were certified midwives
- 2.6% were other healthcare professionals





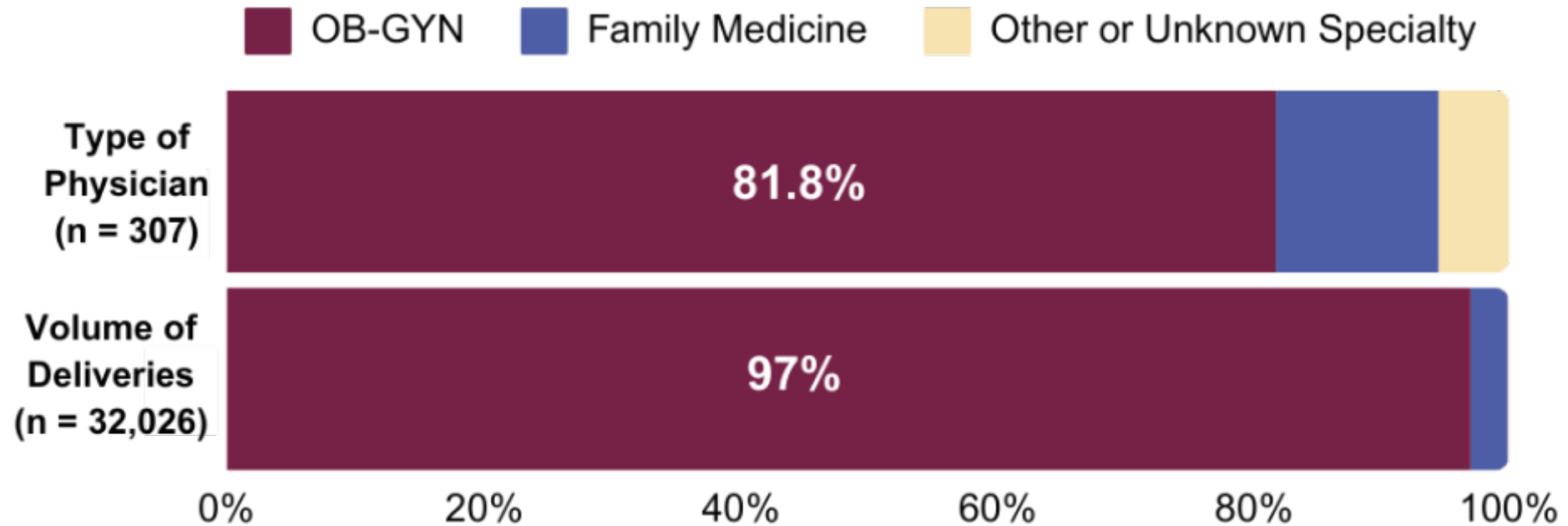
# WHO IS DELIVERING BABIES IN ARKANSAS?

## Delivering Providers by Provider Type and Volume of Deliveries, 2022



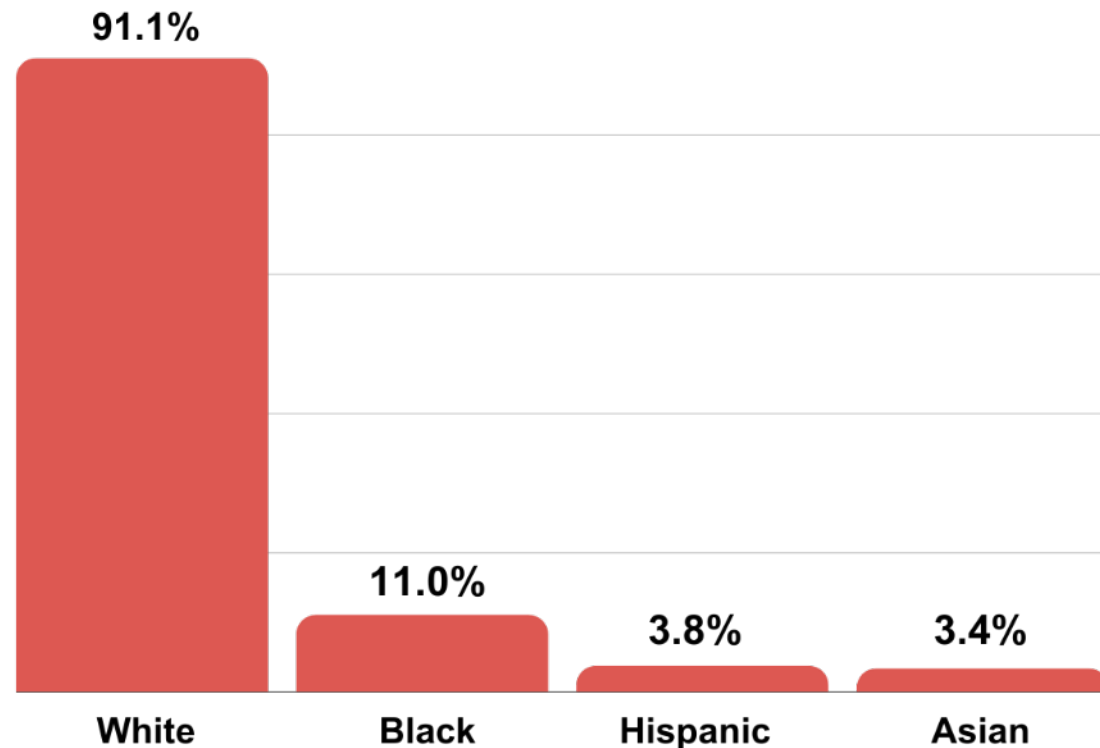
# WHO IS DELIVERING BABIES IN ARKANSAS?

## Delivering Physicians by Physician Type and Volume of Deliveries, 2022



# RACE & ETHNICITY ALIGNMENT OF MOTHERS AND DELIVERING PROVIDERS IN ARKANSAS

Arkansas Mothers Who Delivered With Providers of the Same Race or Ethnicity



Mothers Who Did Not Deliver With a Provider of the Same Race / Ethnicity

89.0% of Black mothers

96.2% of Hispanic mothers

96.6% of Asian mothers

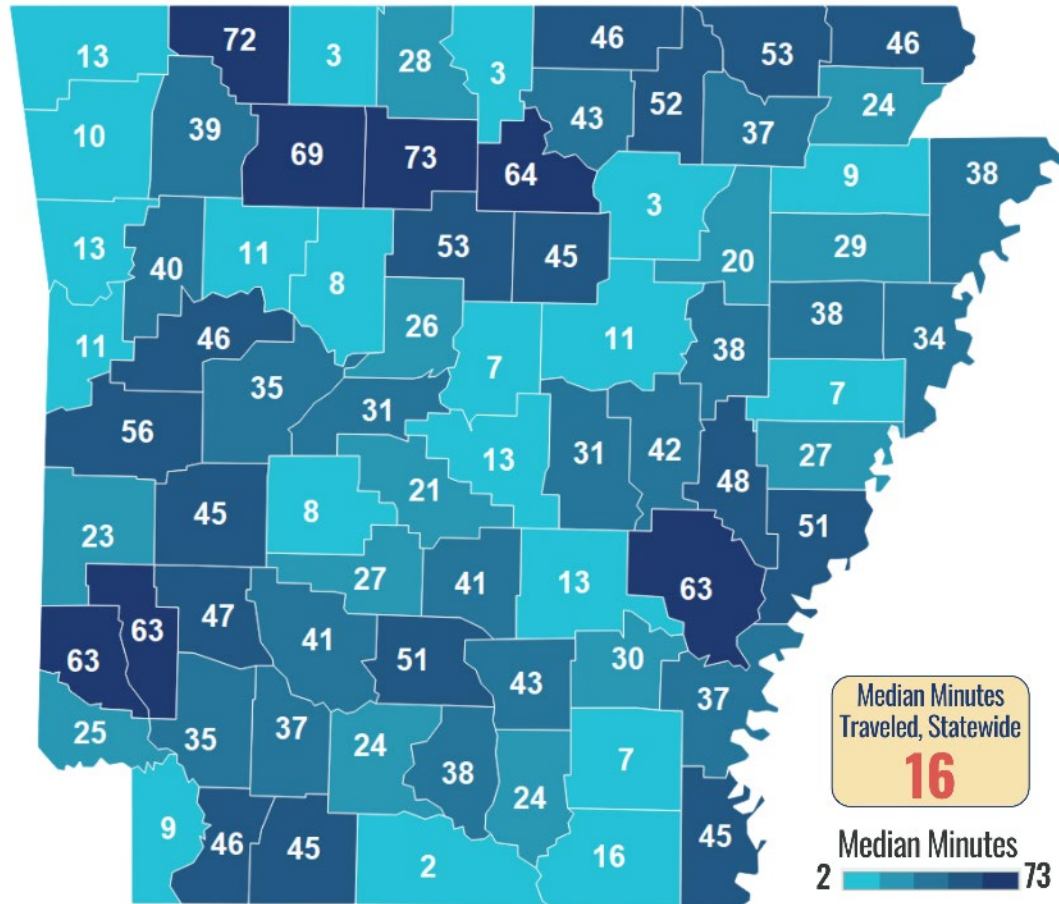


# TRAVEL TIME TO LABOR & DELIVERY SERVICES FOR ARKANSAS MOMS

Slides as of June 2024



# MEDIAN MINUTES TRAVELED TO DELIVERY FACILITIES, BY COUNTY OF RESIDENCE (2022)



- Increased travel times associated with higher risks of adverse outcomes for moms, babies
- 28% of Arkansas moms traveled 30 mins or more
- 8% traveled 60 mins or more



# MEDIAN MINUTES TRAVELED TO DELIVERY FACILITIES, BY COUNTY OF RESIDENCE (2022)



- From 2016 to 2022, median minutes traveled by Phillips Co. residents increased more than any other county
- Before closing its labor and delivery unit in 2020, Helena Regional Medical Center delivered roughly 65% of births in the county
- The next closest birthing hospital for the majority of mothers is 47 minutes away





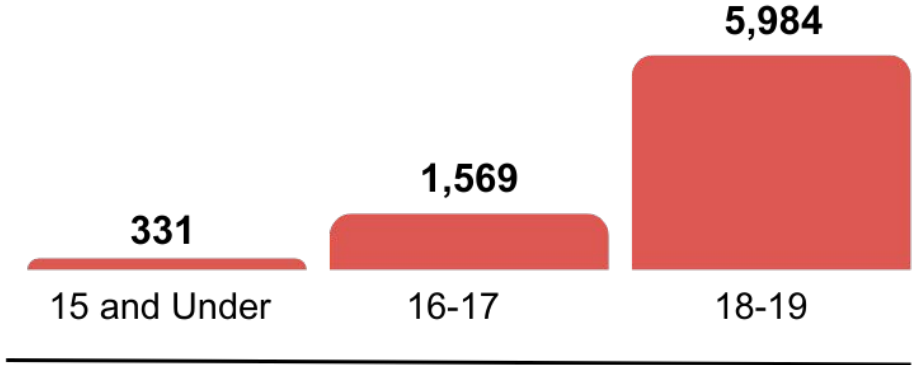
# TEEN BIRTHS AND TEEN BIRTH SPACING IN ARKANSAS

Slides as of July 2024

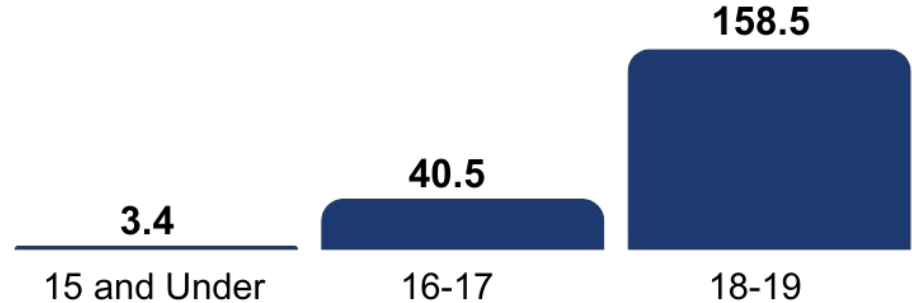


# TEEN BIRTHS IN ARKANSAS

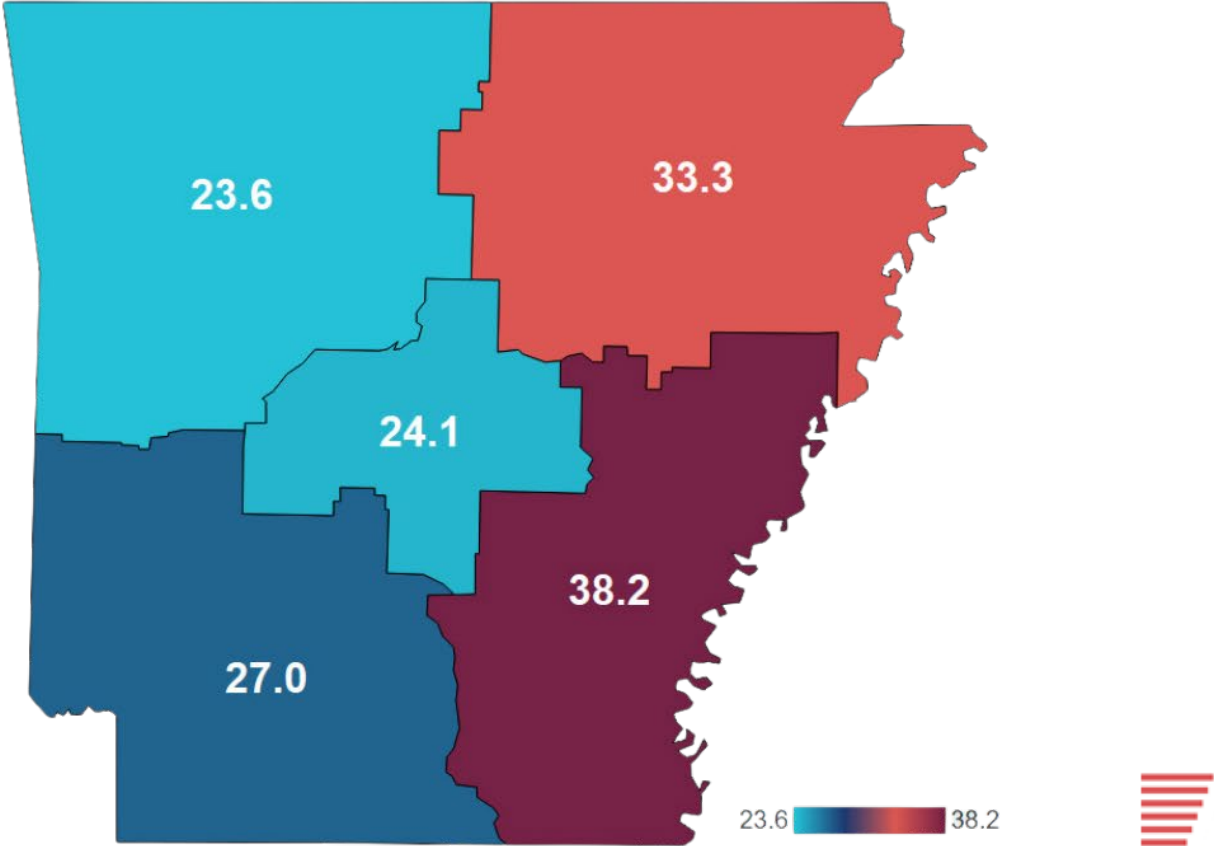
Births Among Arkansas Mothers 19 & Younger, 2019-21



Births per 1,000 Arkansas Mothers 19 & Younger, Annualized 3-Year Average, 2019-21

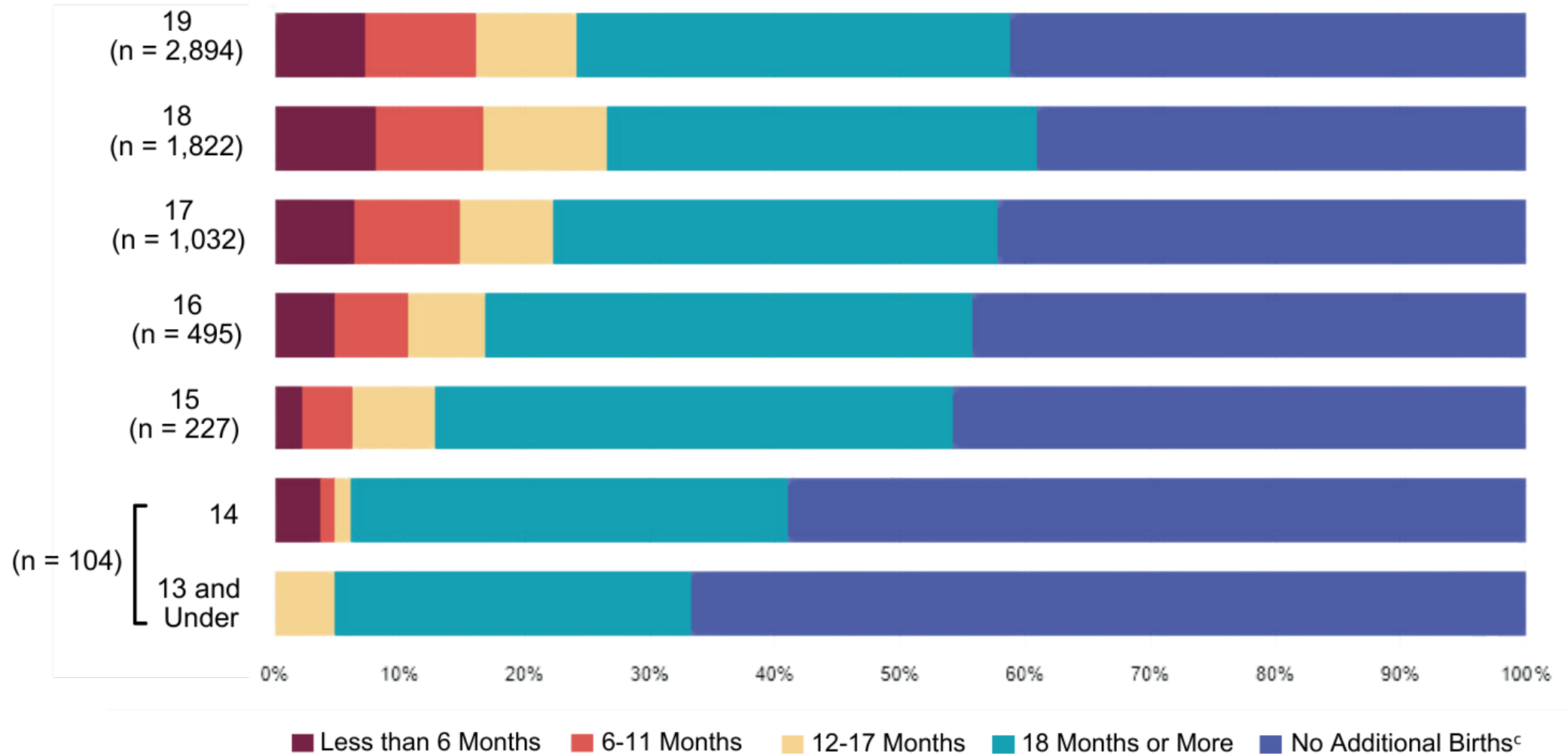


Teen Births per 1,000 Arkansas Mothers Aged 15-19 by Public Health Region (Annualized 3-Year Average, 2019-21)



Data sources: Arkansas Department of Health birth records, Arkansas Healthcare Transparency Initiative's All-Payer Claims Database, and National Center for Health Statistics 2020 population estimates.

# BIRTH SPACING: ARKANSAS TEENS (2016-18)



# MATERNAL BEHAVIORAL HEALTH EVENTS DURING THE BIRTHING JOURNEY



# PERINATAL EMERGENCY ROOM AND INPATIENT BEHAVIORAL HEALTH VISITS

## ER Visits



	PRENATAL	POSTPARTUM
	<b>1.3%</b> n = 1,078	<b>2.4%</b> n = 1,951

### Emergency Room Visits by Diagnosis Type

	PRENATAL	POSTPARTUM
MENTAL HEALTH	<b>1.1%</b> n = 849	<b>2.0%</b> n = 1,609
SUBSTANCE ABUSE	<b>0.3%</b> n = 271	<b>0.6%</b> n = 455

## Inpatient Stays



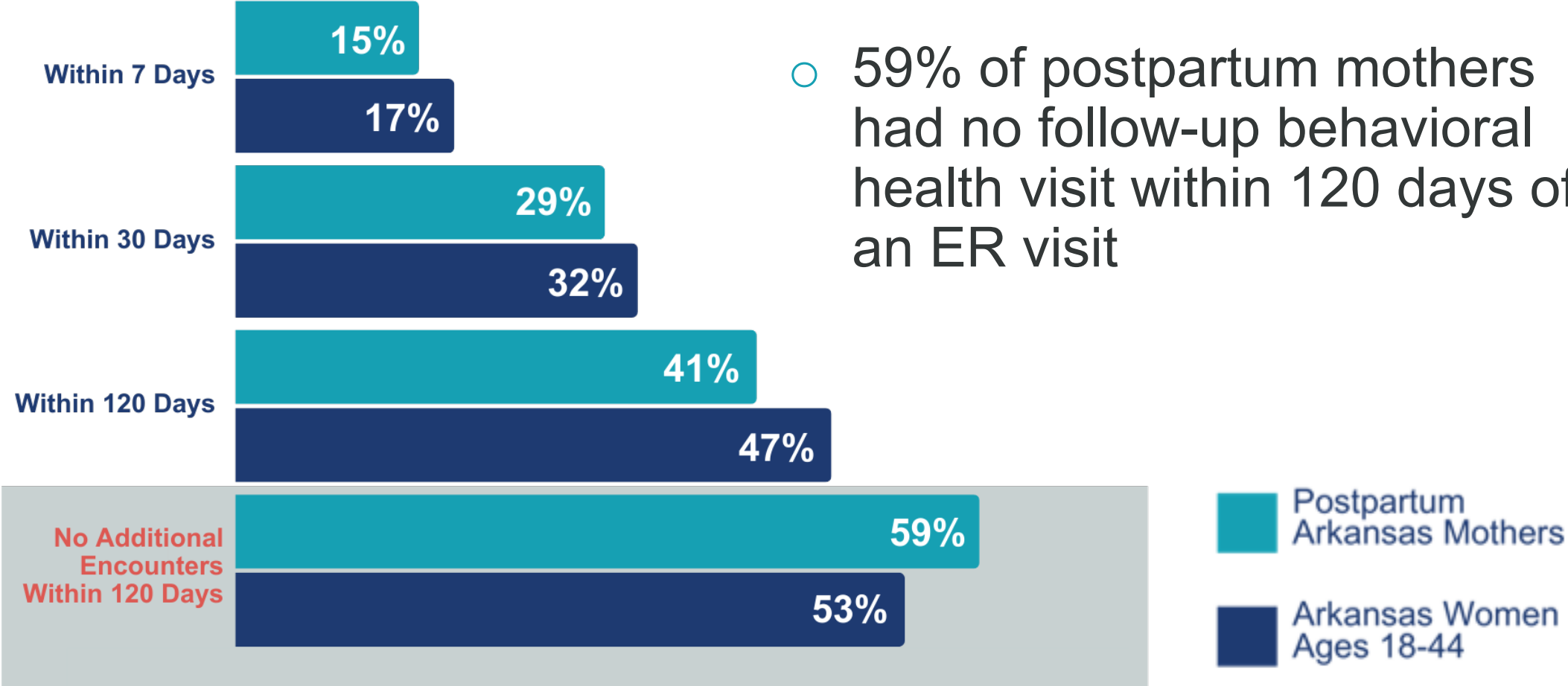
	PRENATAL	POSTPARTUM
	<b>0.7%</b> n = 558	<b>2.6%</b> n = 2,073

### Inpatient Stays by Diagnosis Type

	PRENATAL	POSTPARTUM
MENTAL HEALTH	<b>0.6%</b> n = 453	<b>2.0%</b> n = 1,621
SUBSTANCE ABUSE	<b>0.1%</b> n = 118	<b>0.6%</b> n = 500

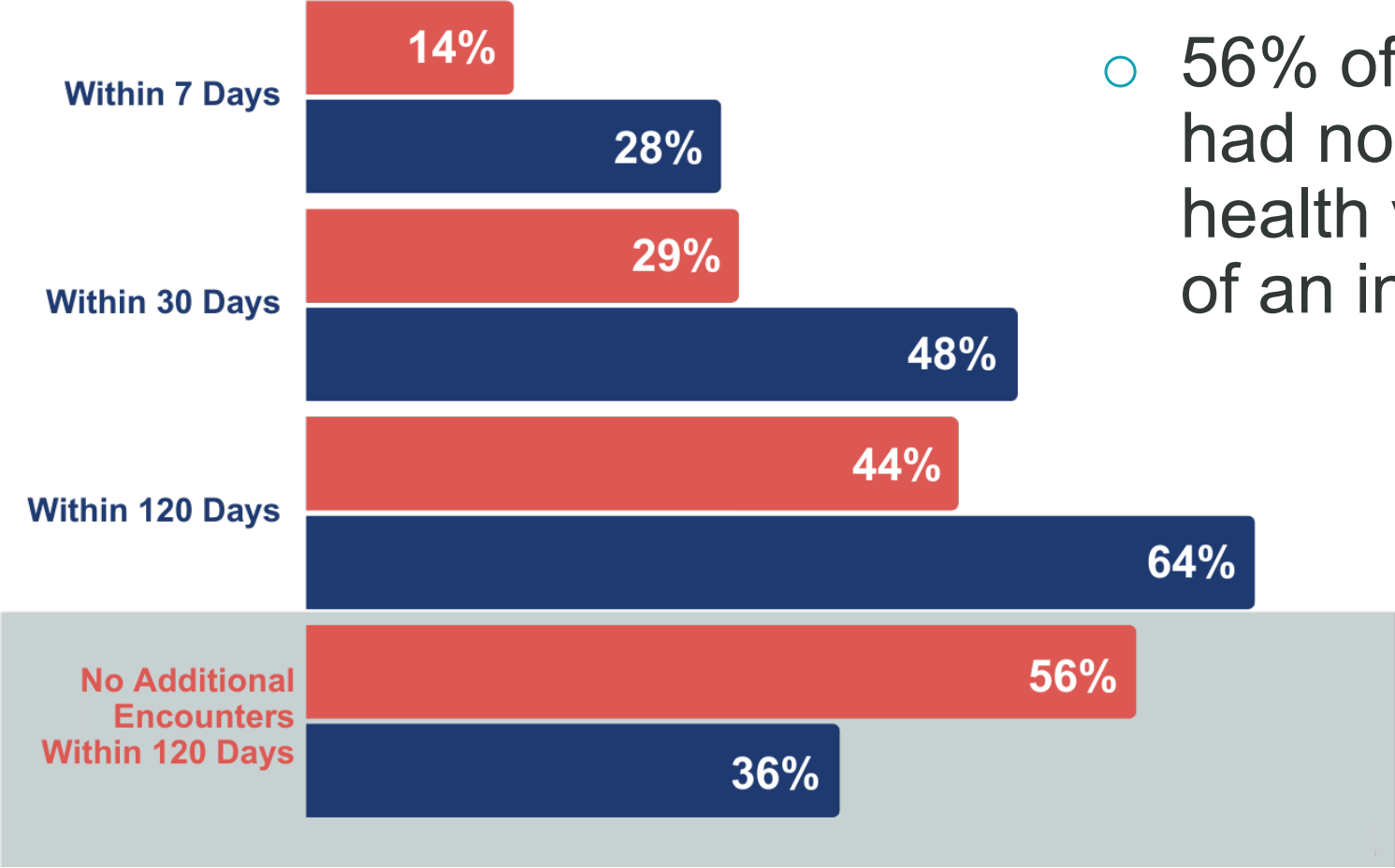


# TIMING OF FOLLOW-UP BEHAVIORAL HEALTH VISIT AFTER EMERGENCY ROOM VISIT



Sources: Arkansas Healthcare Transparency Initiative's All-Payer Claims Database. | Note: Includes mothers who gave birth in Arkansas between Jan. 1, 2019, and June 30, 2022. – A follow-up behavioral health visit is defined here as an outpatient visit following an emergency room visit or inpatient stay with a primary behavioral health diagnosis. Secondary diagnoses were not considered.

# TIMING OF FOLLOW-UP BEHAVIORAL HEALTH VISIT AFTER INPATIENT STAY



○ 56% of postpartum mothers had no follow-up behavioral health visit within 120 days of an inpatient stay

■ Postpartum Arkansas Mothers  
■ Arkansas Women Ages 18-44



Sources: Arkansas Healthcare Transparency Initiative’s All-Payer Claims Database. | Note: : Includes mothers who gave birth in Arkansas between Jan. 1, 2019, and June 30, 2022. – A follow-up behavioral health visit is defined here as an outpatient visit following an emergency room visit or inpatient stay with a primary behavioral health diagnosis. Secondary diagnoses were not considered.

# SIGN UP FOR WEEKLY UPDATES

Subscribe to ACHI's newsletter for weekly updates and critical insights on emerging and existing health issues

[achi.net/newsletter](https://achi.net/newsletter)







# ACHI



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**Questions?**





# **Behavioral Health and Available Services**

*Laura Tyler, PhD, LPC, President and CEO;  
Erin Willcutt, VP of Clinical Services*  
Arisa Health



arisa health

*For Health. For Hope. For You.*



In 2020, the four organizations below affiliated, creating Arisa Health.



Corporate office based in Conway, served 10 counties throughout Arkansas' central region.



Corporate office based in Jonesboro, served 20 counties on the northeast side of Arkansas.



Corporate office based in Springdale, served 8 counties in the northwest corner of the state.



Corporate office based in North Little Rock, served 3 counties within Arkansas' central region.



To share resources & become a stronger, unified organization that better serves Arkansans with quality behavioral healthcare and creates a more powerful voice for statewide advocacy.



# MISSION

We lead with exceptional care that nurtures health and well-being for all

# VISION

Transforming communities one life at a time



arisa health  
*For Health. For Hope. For You.*

# VALUES

- Be trustworthy
- Serve to make a difference
- Expect excellence
- Be innovative
- Promote inclusion
- Create collaborations
- Work and live with passion and purpose

- ▶ Arisa Health is a Private, non-profit organization  
Community Mental Health Center
- ▶ 55 volunteer directors comprise the governing board
- ▶ Last fiscal year Arisa Health served 52,446 clients and delivered 827,563 billable services
- ▶ 1,150 Associates
- ▶ Arisa provides services to individuals with mental health and substance use disorders
  - ▶ 24/7/365
  - ▶ All ages
- ▶ Most of our funding (\$91,446,639) is generated from fee-for-service billing
  - ▶ Undesignated funds from DHS equate to \$7.07 per cap
- ▶ Arisa is embedded in more than 500 local schools

## WHO IS ARISA HEALTH?





## SERVICES:

Our services include several evidence-based practices and a comprehensive whole health approach to individualized care.



- **Crisis Intervention & Emergency Screening**
- **Mental Health Counseling for Children & Adults**
  - Individual, Family & Group Therapy
- **Substance Use Counseling for Adolescents & Adults**
  - Drug & Alcohol Safety Program
  - Medication Assisted Treatment
- **Intensive Children Services**
  - Early Childhood Intervention
  - School-based Counseling
  - Therapeutic Day Treatment
  - Therapeutic Foster Care
- **Intensive Adult Services**
  - Rehabilitative Day Treatment
  - Community-based Outreach
  - Peer Support Services
- **Medical Services**
  - Psychiatric Assessment & Medication Management
  - Primary Care Services
  - Pharmacy Services
- **Residential Services**
  - Independent Living & Group Homes for Adults
  - Qualified Residential Treatment Program for Children (Haven)
  - Therapeutic Communities for Adults
  - Substance Use Residential Treatment for Adults (Arisa Recovery at Mills)

# SAMHSA Maternal Mental Health Task Force Five Pillars

1. Build a National Infrastructure that Prioritizes Perinatal Mental Health and Well-Being
2. Make Care and Services Accessible, Affordable, and Equitable
3. Use Data and Research to Improve Outcomes and Accountability
4. Promote Prevention and Engage, Educate, and Partner with Communities
5. Lift Up Lived Experience



# What is Arisa Health Doing in the Maternal Mental Health Space?

- Arisa Health has been serving individuals during the perinatal period of time; however, we are working to develop added expertise
- This population is underserved
- Arisa has offices in every county we serve, as well as telehealth capacity
- We are also seeking grant funds to expand these specialty services
- **Erin Willcutt, LPC**
  - VP for Clinical Services is helping us pilot a project in Clarksville and she is hear to tell us more



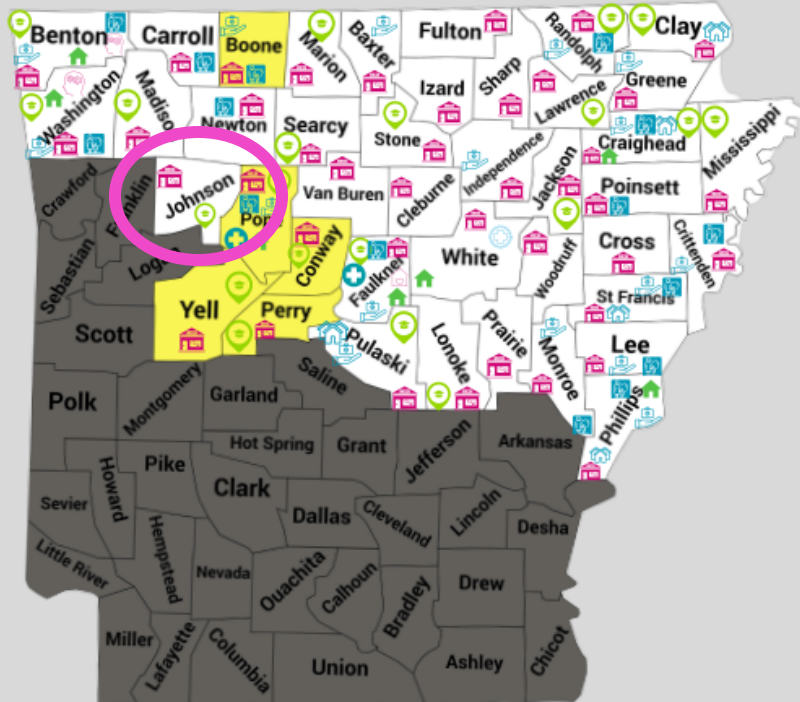


**arisa health**

*For Health. For Hope. For You.*

# ARISA HEALTH & CLARKSVILLE WOMEN'S CLINIC

Pilot Partnership  
Johnson County



-  New or renewed CCBHC funding in 2023/2024
-  CARF Accredited, Integrated Outpatient Clinic
-  School-based Services
-  Therapeutic Foster Care Homes
-  Primary Care
-  Therapeutic Day Treatment
-  Rehabilitative Day Program
-  Qualified Residential Treatment Program - Haven
-  Residential Recovery
-  Housing Program
-  Therapeutic Communities

**Arisa Health:** 217 Active Clients

**Crisis Contacts:** 35 Since January 2024

**Poverty rate:** 21.2%

**Children living in poverty:** 23.3%

**Severe Housing Problem:** 13.8%

**Uninsured Rate:** 12.5%

# JOHNSON COUNTY



### Same Day Screening and Access to Care

Two cases of severe suicidal ideation with successful intervention.



### Identified 7-10 Successful Referrals to Treatment with Positive Outcomes

Seven remain in care, receiving both psychiatric and therapy services.



### Tracking and Reporting

CWC: 120 deliveries per year. PHQ-9 screening. Began referring to Arisa Health Jan 2024.

# EARLY NUMBERS AND SUCCESS

JANUARY 2024





Arisa Health: Identified providers and training resources for Perinatal Mental Health Certification.



Explored and applied for grant opportunities to expand partnerships, tracking, training, screening, educational materials, and outcome reporting.





Reconvened with CWC to develop co-location, data collection, and tracking plan.

## ACTIONS



# IDENTIFIED NEEDS

- Increase follow up rates
  - Funding for mental health care past 60 days
    - Grants and state funding
  - Grief Counseling: Infant death and miscarriage
  - Expedited Psychiatric Care: Certified perinatal providers
  - Overcome stigma and barriers to follow up
  - Substance Abuse Services Inpatient and Outpatient
- 
- 



- ▶ Developed and implemented plan with CWC to track and share information
- ▶ Developed plan to co-locate mental health therapists on site at CWC (September 2024)
- ▶ Developed plan to utilize telehealth services to connect with other Arisa Health providers on site at CWC (September 2024)
- ▶ Continue to explore resources for expedited psychiatric care with perinatal certified APRN through Arisa Health on site at CWC (Telehealth)

## ACTIONS





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**Educational materials available onsite at CWC and Arisa**

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**In-service trainings for OBGYN clinics in Johnson County: Resources, Trauma Informed Care, Substance Abuse Treatment, and other relevant topics**

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**Provide psychoeducation on-site for families at CWC**

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**Care coordination provided for first year post partum**

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**Explore peer support role to provide support postpartum and in cases of infant death / miscarriage. Peer led support groups**

## FUTURE GOALS



# THANK YOU & Questions



Erin Willcutt, LPC  
Vice President for Clinical Services  
Central Region  
[Erin.Willcutt@arisahealth.org](mailto:Erin.Willcutt@arisahealth.org)

Laura H. Tyler, PhD, LPC  
Chief Executive Officer  
[Laura.Tyler@arisahealth.org](mailto:Laura.Tyler@arisahealth.org)





**Questions?**



# Updates

Strategic Plan Draft

# Revised Strategic Plan

- Phase 1-Delphi survey of Arkansas maternal health stakeholders
- Phase 2- Spring Forum discussion and feedback on the strategic plan incorporated into the draft

# Maternal Health Challenges

What are the biggest maternal health challenges in Arkansas?	No. respondents selected for the top 5	What are the biggest maternal health challenges in Arkansas?	No. respondents selected for the top 5
1. Lack of geographic access to obstetric care†	31	9. Mistrust in system/providers	11
2. Comorbidities/pre-existing conditions	23	10. Substance use	11
3. Low levels of health education/literacy	22	11. Lack of behavioral health/mental health screenings & resources	10
<b>4. Racial disparities in maternal health outcomes†</b>	15	12. Systemic racism	9
5. Lack of insurance coverage	14	13. Lack of family & community support	8
6. Lack of postpartum care & follow-up	13	14. Negative impact of Garrett's Law on screening for substance use disorder	2
7. Poor quality of care	12	15. Lack of (diverse) midwives	1
8. Lack of transportation	11	<b>16. Impact of social determinants of health on maternal health outcomes†</b>	n/a

Note: Each participant ranked their five selections in order of priority with "1" being the highest priority and "5" being the lowest priority. †Challenges identified by MHCOP members at the in-person May 16, 2024, meeting.

# Root Causes of Disparities

What factors contribute the most to maternal health disparities in Arkansas?	No. respondents selected for the top 5	What factors contribute the most to maternal health disparities in Arkansas?	No. respondents selected for the top 5
<b>1. Lack of geographic access to obstetric care†</b>	22	11. Mistrust of health systems/providers	9
<b>2. Poverty†</b>	20	<b>12. Systemic racism†</b>	8
<b>3. Lack of knowledge/education on maternal health†</b>	18	13. Lack of accessible childcare	7
4. Lack of providers in rural areas	15	14. Use of family planning/contraceptives	6
5. Comorbidities (e.g., obesity, hypertension)	14	15. Substance use	6
6. Low general education levels	10	16. Healthcare and social services availability is limited to regular business hours	5
7. Limited/no insurance coverage	10	17. Poor quality care	4
8. Inadequate cultural competency/humility among providers	10	18. Lack of family/social support	4
9. Lack of transportation	10	19. Poor mental health	2
<b>10. Implicit biases among providers†</b>	9	20. Negative impact of Garrett’s Law on screening for substance use disorder	2

Note: Each participant ranked their five selections in order of priority with “1” being the highest priority and “5” being the lowest priority. †Factors identified by MHCOP members at the in-person May 16, 2024, meeting.



# Promising Strategies

What strategies are most promising to improve maternal health in Arkansas?	No. respondents selected for the top 5	What strategies are most promising to improve maternal health in Arkansas?	No. respondents selected for the top 5
1. Improve geographic access to care	27	12. Increase the number of providers	9
2. Invest in communities/collaboration	19	13. Offer expanded hours (nights and weekends) for healthcare and social services	8
<b>3. Expand and adapt Medicaid policies†</b>	19	14. Implement telehealth solutions	7
4. Provide case management/individualized care to build relationships	15	<b>15. Increase the use of doula†</b>	7
5. Provide health education	13	<b>16. Increase the use of CHWs†</b>	6
6. Increase collaboration between rural family medicine physicians and delivering obstetricians	13	17. Increase access to lactation support	1
7. Increase access to transportation	12	<b>18. Mobile maternity care services†</b>	n/a
8. Increase the provision of care by midwives	10	<b>19. Family medicine physicians provide prenatal and postpartum care†</b>	n/a
9. Address maternal mental health	10	<b>20. Implicit bias training for providers†</b>	n/a
10. Increase insurance coverage	9	<b>21. Culturally congruent care†</b>	n/a
11. Implement CenteringPregnancy	9	<b>22. Increase the diversity of the healthcare workforce†</b>	n/a

Note: CHWs = community health workers. Each participant ranked their five selections in order of priority with “1” being the highest priority and “5” being the lowest priority. †Strategies discussed and identified by MHCOP members at the in-person May 16, 2024, meeting.

# Finalizing the Strategic Plan

- Revised plan will be sent to all taskforce members today
- Please provide any comments by Friday, Sept. 6
- Final plan is due to HRSA on Sept. 29

# Closing Remarks

- Open invitation to present at future MHCoP meetings
- Please share about new projects, resources, and opportunities related to maternal health in Arkansas



**Thank you!**

Our next meeting will be virtual via Zoom on  
**November 21, 2024.**

If any organizations have maternal health information that they would like to present at future meetings, please email Rachel Purvis at **[rspurvis@uams.edu](mailto:rspurvis@uams.edu)**.