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Chillicothe, MO

COMMUNITY FORUM ON MATERNAL RURAL HEALTH CARE

May 2024

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COMMUNITY FORUM ON MATERNAL RURAL HEALTH CARE

This May, the Missouri Perinatal Quality Collaborative (PQC), in partnership with Missouri Hospital Association (MHA), hosted a Community Forum focusing on rural maternal health in Missouri.

This collaborative forum included facilitated discussion groups, design sprint activities, and visual tools to help assess the challenges, barriers, and possible solutions to providing adequate maternal care in rural communities and maternal health deserts in Missouri.

Attendance included, but was not limited to, community members, health care providers, EMS, doulas and midwives, local public health agencies, birthing and non-birthing hospital administration, WIC offices, community action coalition, city leaders, maternal transport, crisis birth centers, coroners, and women's shelter leaders.

This Community Forum took place in Chillicothe, Missouri, and focused on maternal health in the Northwest region. The day-long session organized participants into six groups and led them through five design sprint activities, with each activity centered around a different visual tool. The data in this document is gathered from the outputs of these activities.

The Process
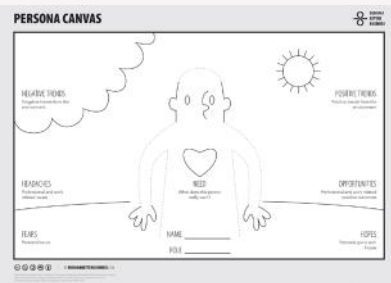
The day began with the Persona Canvas, a current state analysis tool that focused groups on their feelings surrounding maternal health in the Northwest region.
What are the positive trends surrounding this topic? Negative trends? Hopes? Fears? Opportunities? Needs?

The session then transitioned to the Sailboat Canvas, another current state analysis tool that had participants define their enablers and blockers when it comes to improving maternal health in the Northwest region. What are the "winds in their sails" pushing them forward versus the "anchors" holding them back?
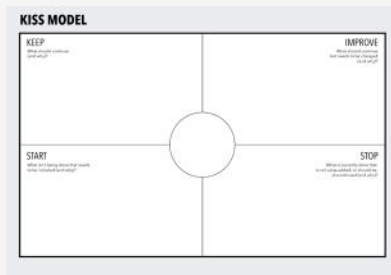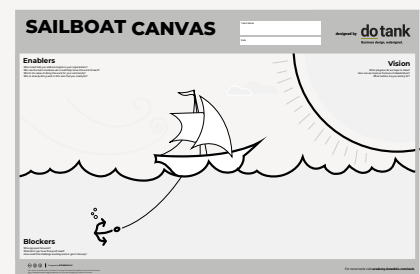
Then groups filled out a KISS model, where they began to discuss tangible action steps at a high level - defining what actions they need to KEEP doing, what actions they need to IMPROVE on, what actions they need to START, and what actions they need to STOP.

After the KISS model, participants broke for a short lunch before choosing the actions they found most important on their KISS model and transferring those actions to a matrix diagram, where they further assessed their importance before selecting a single action to focus on.

Participants concluded the day with the Big Idea Canvas, where they did some high-level planning around their selected action (or "big idea"). During this activity, participants also defined the concrete ways in which MO PQC can support their efforts.
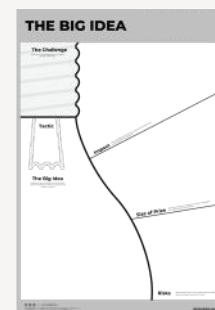
The four activities facilitated rich group discussions and led participants through a process of reflection, ideation, planning, and sharing. This document elaborates on the wealth of knowledge and overarching conclusions from that process.

PERSONA CANVAS
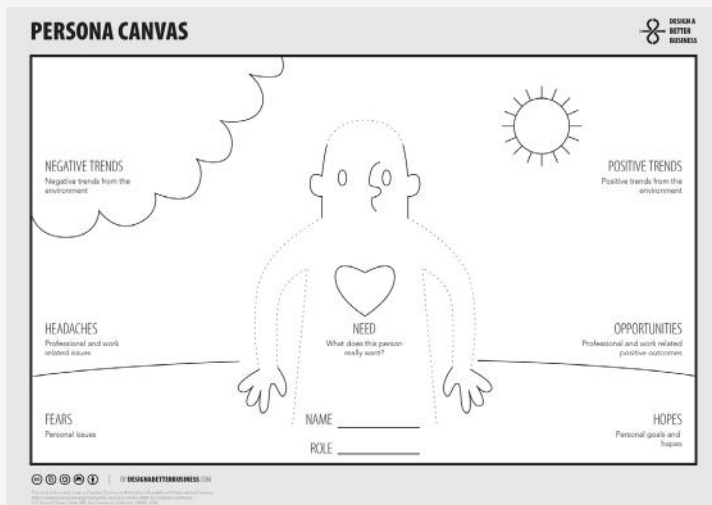
The biggest three themes repeated throughout the persona canvases were Access, Community Perception and Government Cooperation, and Training and Competencies. These themes were mentioned across all sections of the canvas and discussed in both negative and positive contexts, indicating their nuanced nature.

Access

Access refers to geographical barriers, the number of providers and facilities in a community, resource availability, and transportation options. This theme was mainly discussed as a negative trend (10 times) and headache (7 times), indicating that access to care is a large barrier to maternal health in the Northwest region. Interestingly, it was also listed as a positive trend (3 times) and a hope (8 times).

Those who talked about access positively mentioned growing telehealth support, physician retention, and OB services reopening. Given this discussion, potential areas of focus for the Northwest region include increasing physician recruitment and retention, as well as supporting the reopening of birthing facilities.

Negative Trends	10
Headaches	7
Fears	3
Needs	1
Positive Trends	3
Opportunities	5
Hopes	8

Community Perception and Government Cooperation

Community Perception and Government Cooperation refers to trust and collaboration within the community and governmental and legislative support for maternal health efforts. This theme was largely discussed as a negative trend (5 times). Similarly to access, this theme was also mentioned both in a negative and positive context, as it was also listed as a positive trend (1 time) and opportunity (5 times).

Those who mentioned community perception and government cooperation in a negative context spoke of political interference and a lack of public trust. On the other hand, those who discussed it in a positive context mentioned community members stepping up to collaborate on a solution.

Negative Trends	5
Headaches	2
Fears	3
Needs	1
Positive Trends	1
Opportunities	2
Hopes	2

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Negative Trends	1
Headaches	1
Fears	1
Needs	1
Positive Trends	1
Opportunities	5
Hopes	3

Training and Competencies

Training and Competencies refers to the provider training, skill set, and implementation of whole-encompassing care. It was mainly mentioned in the context of opportunities (5 times) and hopes (3 times). Groups spoke of opportunities and hopes around increased EMS training and emergency OB care training.

SAILBOAT CANVAS
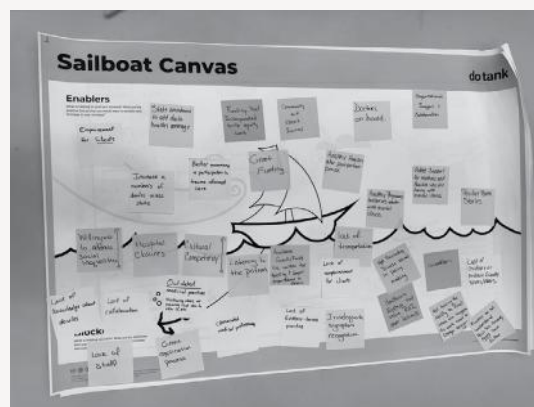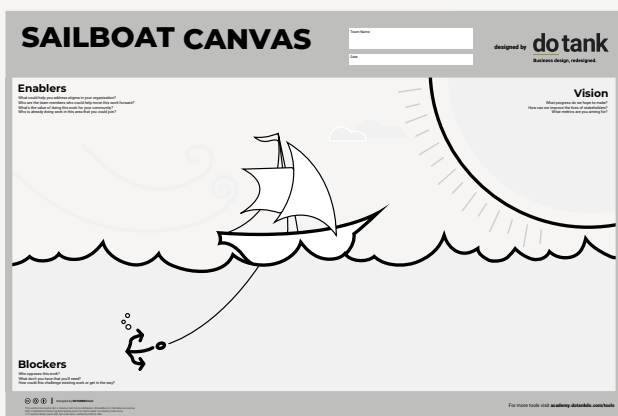
The data from the sailboat canvas was clustered into 5 major types of enablers and 5 major types of blockers that were repeatedly mentioned. The biggest enabler listed was Community Support and Resources, with Healthcare Systems and Providers in second place. The biggest blocker was Workforce and Staffing Challenges, followed by Financial and Resource Constraints.

ENABLERS

Community Support and Resources	45%
Healthcare System and Providers	19%
Organizational Culture and Values	23%
Training and Development	3%
Communication and Outreach	10%

BLOCKERS

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Workforce and Staffing Challenges	12%
Financial and Resource Constraints	15%
Community and Social Factors	12%
Healthcare Access and Delivery	6%
Other Factors	44%

KISS MODEL

The data from the KISS model was clustered into succinct themes for each of the four KISS categories: Keep, Improve, Start, and Stop.

Groups largely agreed they should **Keep** Addressing Workforce and Staffing Challenges, **Improve** Workforce Development and Support, **Start** Providing Healthcare Workforce Training and provide Infrastructure to Improve Access. Finally, they agreed they should **Stop** letting Cultural and Social Barriers hold back progress.
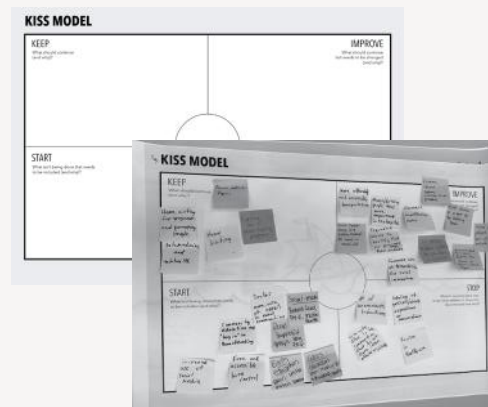
Keep

Programming around workforce challenges	50%
Programming around financial & resource constraints	30%
Leveraging advantageous community and social factors	12%

Improve

Workforce development and support	30%
Healthcare delivery and access	27%
Community and social determinants of health	19%
Data and communication	14%
Financial and policy considerations	11%

Start

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Healthcare workforce and training	33%
Healthcare infrastructure and access	33%
Reducing financial and legal barriers	11%
Community and social support	15%
Advocacy and collaboration	7%

Stop

Cultural and social barriers	45%
Systemic and political challenges	36%
Barriers resulting from individual biases and behaviors	18%

BIG IDEA

Using data from the big idea canvas, we compiled a list of the types of support that groups asked for MHA to provide. We also clustered this list into 5 major themes. As shown, financial and legislative support was the most common type of support requested.

Specifically, groups asked for funding, program participation stipends, and a reduction of legal barriers between hospitals. This is aligned with the findings from the Sailboat Canvas, where financial and resource constraints were listed as one of the biggest blockers to current maternal health progress. Furthermore, the call to reduce legal barriers aligns with the theme of community perception and government cooperation that was discussed in the persona canvas.
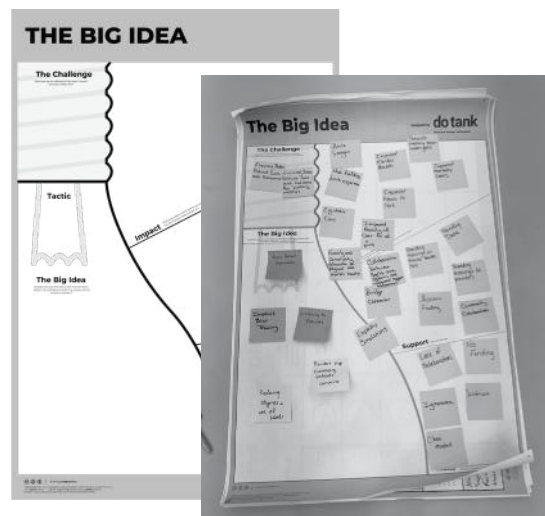
Themes

Financial and Legislative Support   36%

Ways for MHA to support:

- Bus in from state
- Financial support from funding programs
- Reduce legal barriers between hospital
- Stipend for participation

Collaboration and Communication   27%

Ways for MHA to support:

- Help us create more collaboration
- Provide educational platforms equally

Themes continued

Education and Training   18%

Ways for MHA to support:

- Create state standardized program for OB nursing care

- Increase community support for health education in schools

Technology & Access   9%

Ways for MHA to support:

- Telehealth

Standardization & Quality Improvement   9%

Ways for MHA to support:

- Missouri-wide standard of care in birth equity

The data from the Chillicothe Community Forum points toward a need for increased financial support and funding for the Northwest region, as well as more legislative cooperation, and suggests that MHA should focus their efforts on financial and legislative support for Northwest Missouri. In addition, fostering increased community collaboration, as well as education and training opportunities, were discussed as future goals.

AIM STATEMENTS

In addition to assessing how MHA can best support the Northwest region, the big idea canvas data provided us with five different "aim statements" for this region, which are listed below.

1

We aim to reduce geographical barriers to maternal health care by meeting the patients where they are with care, services, and resources. The impact of this work will be an improved maternal and child mortality rate in this region.

Prior to starting this work, we are worried about having adequate finances to fund this iniative. In order to minimize these risks and succeed at this initiative, we would like MHA to help us secure transportation.

2

We aim to increase the training available to nurses by establishing an OB nurse co-operative. The impact of this work will be more competent nurses, higher staff recruitment and retention, and improved care.

Prior to starting this work, we are worried about costs and collaborating across different standards of care. In order to minimize these risks and succeed at this initiative, we would like MHA to help us by encouraging collaboration and providing a stipend for participation.

3

We aim to increase community outreach and education by increasing education programs for moms and providers. The impact of this work will be more individualized care and better care for patients.

Prior to starting this work, we are worried about political/religious pushback. In order to minimize these risks and succeed at this initiative, we would like MHA to help us increase support for health education in the community and help us secure funding for the initiative.

Aim Statements cont'd

4

We aim to decrease maternal and child mortality by increasing awareness of existing services and developing interagency coalitions and partnerships. The impact of this work will be healthier pre/post-natal care, healthier kids, and healthier moms.

Prior to starting this work, we are worried about cost and conservative ideologies against birth control being barriers. In order to minimize these risks and succeed at this initiative, we would like MHA to help us expand our clinics and develop a state-wide standard of care.

5

We aim to improve maternal health in maternity deserts by securing resources to open OB practices in rural areas. The impact of this work will be healthier families and a healthier community.

Prior to starting this work, we are worried about getting hospitals to participate and the cost. In order to minimize these risks and succeed at this initiative, we would like MHA to help us recruit and secure funding.