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Hannibal, MO

COMMUNITY FORUM ON MATERNAL RURAL HEALTH CARE

September 2024

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# COMMUNITY FORUM ON MATERNAL RURAL HEALTH CARE

This September, the Missouri Perinatal Quality Collaborative (MO 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, doulas and midwives, and hospital administrators.

This Community Forum took place in Hannibal, Missouri, and focused on maternal health in the East region. The day-long session organized participants into four groups and led them through four 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
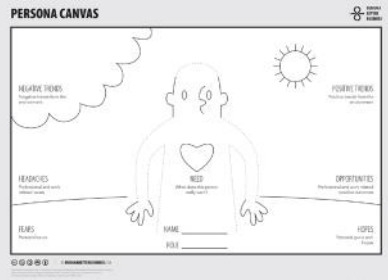
The day began with the Persona Canvas, a current state analysis tool that focused groups on their feelings surrounding maternal health in the East region.
What are the positive trends surrounding this topic? Negative trends? Hopes? Fears? Opportunities? Needs?

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 East region. What are the "winds in their sails" pushing them forward versus the "anchors" holding them back?
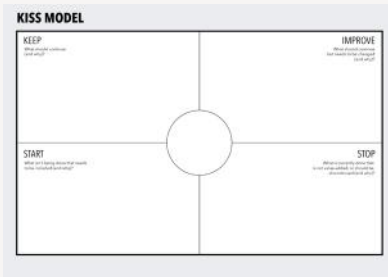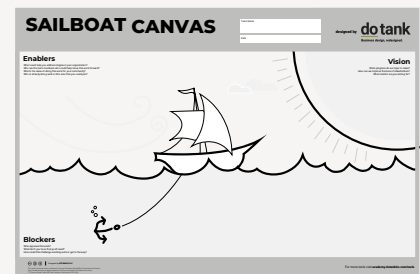
Then groups filled out a KISS model, where they began to discuss tangible action steps at a high level - defining what actions they need to KEEP doing, what actions they need to IMPROVE on, what actions they need to START, and what actions they need to STOP.

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.
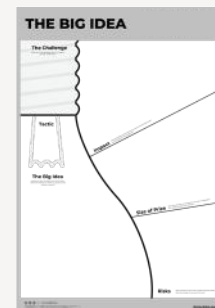
The four activities facilitated rich group discussions and led participants through a process of reflection, ideation, planning, and sharing. This document elaborates on the wealth of knowledge and overarching conclusions from that process.

PERSONA CANVAS
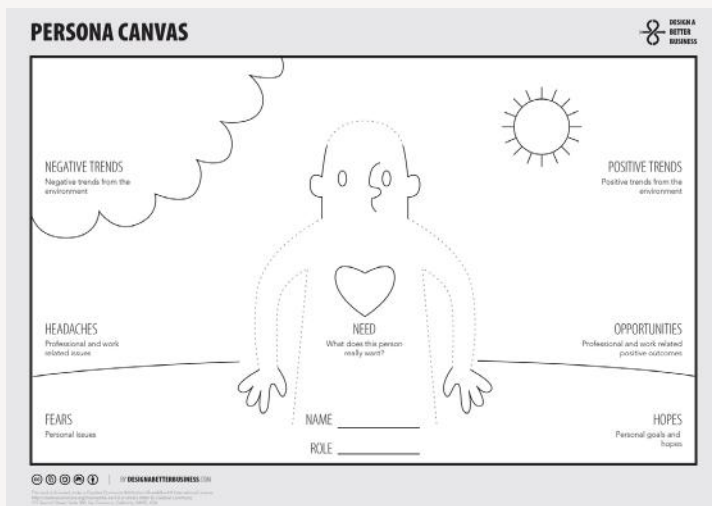
PERSONA CANVAS

The biggest four themes repeated throughout the persona canvases were **Workforce and Professional Development**, **Access to Care and Resources**, **Communication and Collaboration**, and **Quality and Safety**. These themes were all mentioned across nearly every section of the canvas and discussed in both negative and positive contexts, indicating their nuanced nature.

Themes

Workforce & Professional Development

Workforce and Professional Development refers to the availability, training and support of healthcare professionals. This theme was discussed as a negative trend (2 times) and headache (2 times), indicating that workforce development is a barrier to maternal health in the East region.

Interestingly, it was also listed as a positive trend (1 time). Those who talked about the maternal health workforce positively mentioned that the individuals within the workforce are mission driven. This theme was also discussed as an area for opportunity (2 times), with attendees discussing the development of mentorship and job shadowing opportunities to strengthen the workforce.

Negative Trends	2
Headaches	2
Fears	0
Needs	2
Positive Trends	1
Opportunities	2
Hopes	1

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

Access to Care & Resources

Access to Care and Resources refers to the availability and accessibility of healthcare services, resources, and support for mothers and babies. This theme was discussed as a negative trend (3 times) and need (3 times). Those who mentioned this theme in a negative context discussed OB closures, lack of transportation, and not having enough resources.

It was also mentioned multiple times as a hope (3 times), with discussions around hopes for more funding, specialty care spaces opening, and increased resources.

Communication & Collaboration

Communication and Collaboration refers to the importance of effective communication, collaboration, and community engagement in improving maternal health outcomes. It was discussed as a negative trend (3 times) and opportunity (4 times).

Opportunities related to communication and collaboration that were discussed include technology and new programs.

Negative Trends	3
Headaches	2
Fears	0
Needs	2
Positive Trends	2
Opportunities	4
Hopes	3

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Negative Trends	1
Headaches	0
Fears	3
Needs	1
Positive Trends	2
Opportunities	0
Hopes	2

Quality & Safety

Quality and Safety refers to the importance of providing high-quality, safe care for mothers and babies, including patient experience and outcomes. It was referenced as a fear (3 times), with discussions around not being seen as trustful caregivers and labor delivery crisis.

It was also referenced as a positive trend (2 times), with discussions around patients being empowered to ask for what they need and equitable care.

SAILBOAT CANVAS
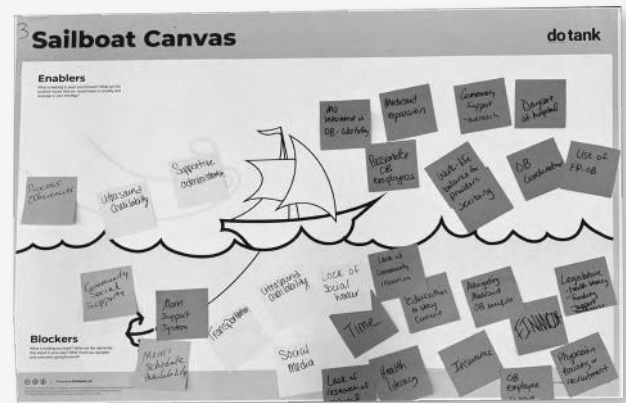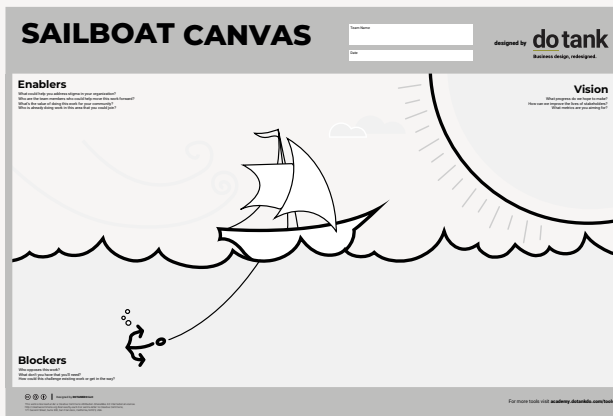
The data from the sailboat canvas was clustered into three major types of enablers and four major types of blockers that were repeatedly mentioned. The biggest enablers listed were having a **Supportive Environment and Resources** and **Community and Collaboration.** The biggest blocker was **Communication and Awareness Challenges**, followed closely by **Resource and Access Barriers.**

ENABLERS

Supportive Environment and Resources	39%
Community mindset and motivation for change	39%
Provider-Focused Initiatives	22%

BLOCKERS

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Comunication and Awareness Challenges	33%
Resource and Access Barriers	31%
Other Challenges	22%
Time and Management Constraints	14%

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** Existing Workforce and Professional Development Support, **Improve** Workforce Communication and Knowledge Sharing, **Start** Community-Based Programs and Support, and **Stop** Ineffective Practices.
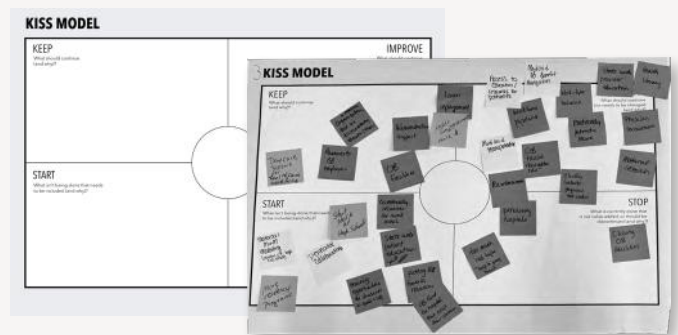
Keep

Workforce & professional development	67%
Community & Collaboration	33%

Start

Community-Based Programs & Support	60%
Education & Collaboration	22%

Improve

Comunication & Knowledge Sharing	69%
Resource Access & Navigation	31%

Stop

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Ineffective Practices	85%
Resource Misallocation	15%

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 four major themes. As shown, resources and infrastructure was the most common type of support requested.

Among other things, groups requesting this support asked for funding expansion, education, project management for rural facilities, and partnerships between programs.
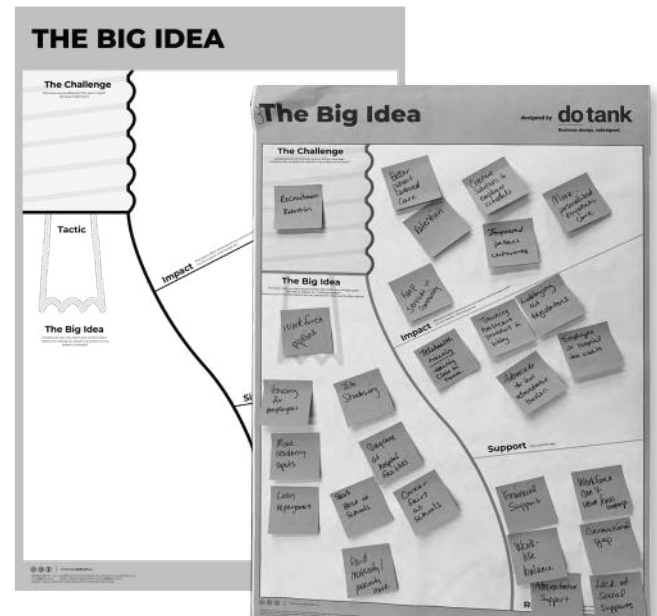
Themes

Resources & Infrastructure   47%

Ways for MO PQC to support:

- Implement standards in clinics
- Support with data
- Planned funding expansion
- Marketing to critical access hospitals
- Education / Evaluation
- Project management for rural facilites
- Partnerships between various programs

Relationship Building & Communication   20%

Ways for MO PQC to support:

- Host more in-person events
- Host regional meeting with LPHAs
- Help build relationships

Themes continued

Advocacy & Policy   20%

Ways for MO PQC to support:

- Lobbying for legislation

- Advocate for less administrative burden

- Advocate for employee or hospital tax credits

Training & Education   13%

Ways for MO PQC to support:

- Provide Telehealth Training

- Training providers how to lobby

The data from the Hannibal Community Forum points toward a need for increased funding and resources for the East region, as well as more advocacy support and help building relationships.

AIM STATEMENTS

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

1 We aim to improve maternal health outcomes by addressing social determinants of health (SDOH), increasing access to care through telehealth, and supporting healthcare providers with education and resources, ultimately leading to a positive impact on mothers and families. In order to minimize risks and succeed at this initiative, we would like MHA to help us collect impactful data and implement standards in clinics.

2 We aim to foster meaningful connections and collaboration within the maternal health community by providing opportunities for in-person engagement, knowledge sharing, and relationship building, ultimately leading to positive change and improved outcomes. Prior to starting this work, we are worried about cost and a lack of participation inhibiting our efforts. In order to minimize these risks and succeed at this initiative, we would like MHA to help us build relationships by hosting more in-person meetings and regional meetings.

3 We aim to strengthen the maternal healthcare workforce by promoting recruitment, supporting retention, and fostering a positive work environment, ultimately leading to improved patient outcomes and a more sustainable system of care. We plan to achieve this by focusing on workforce pipeline development, housing for employees, job shadowing opportunities, increasing residency spots, providing daycare at hospital facilities, starting HOSA programs in schools, holding career fairs, and advocating for paid maternity/paternity leave. Prior to starting this work, we are worried about costs, a lack of administrative support, and providers not having enough of a work-life balance. In order to minimize these risks and succeed at this initiative, we would like MHA to help us advocate for less administrative burden, lobby and provide staff training on how to lobby.

4 We aim to improve access to maternity care in rural Missouri by attracting and supporting healthcare providers, reducing travel burdens for patients, and fostering community development, ultimately leading to healthier families and thriving rural communities. Prior to starting this work, we are worried about there being a lack of facilities and resources to make this work possible. In order to minimize these risks and succeed at this initiative, we would like MHA to help us with planned funding expansion and program management.