



Joplin, MO

# COMMUNITY FORUM ON MATERNAL RURAL HEALTH CARE

September 2024

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# COMMUNITY FORUM ON MATERNAL RURAL HEALTH CARE

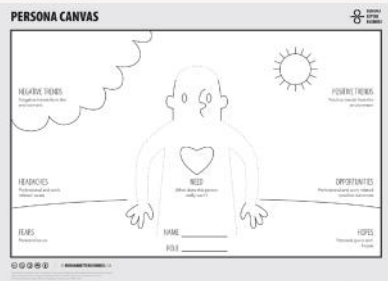
**This September, the Missouri Perinatal Quality Collaborative (MO PQC), in partnership with Missouri Hospital Association (MHA), hosted a Community Forum focusing on rural maternal health in Missouri.**

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 Joplin, Missouri, and focused on maternal health in the Southwest region. The day-long session organized participants into six 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.

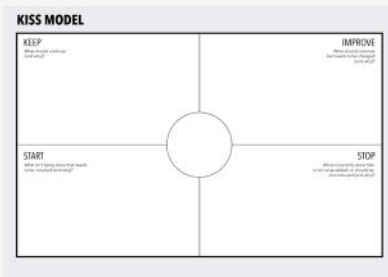
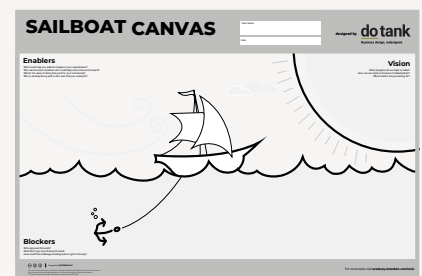


# THE PROCESS



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

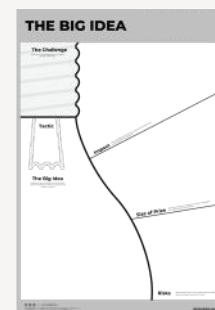
The session then transitioned to the Sailboat Canvas, another current state analysis tool that had participants define their enablers and blockers when it comes to improving maternal health in the Southwest region. What are the “winds in their sails” pushing them forward versus the “anchors” holding 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.

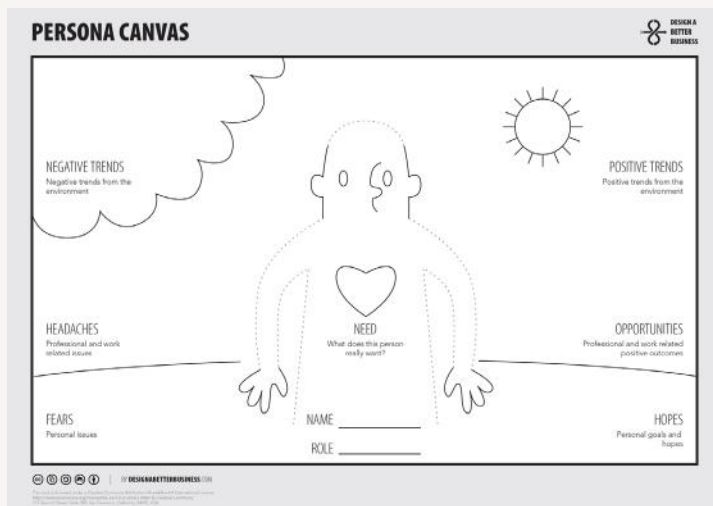
After the KISS model, participants broke for a short lunch before choosing the actions they found most important on their KISS model and transferring those actions to a matrix diagram, where they further assessed their importance before selecting a single action to focus on.

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 five themes repeated throughout the persona canvases were **Access to Care, Provider Shortages and Training, Maternal Health and Substance Use Disorders, Health Equity and Disparities, and Systemic Issues.**

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

### Access to Care

Access to Care refers to the availability of maternal healthcare services, including providers, facilities, and transportation. It also includes affordability and insurance coverage, which significantly impact access. This theme was discussed as a negative trend (5 times) and need (4 times).

Those who mentioned this theme in a negative context discussed maternity care deserts, lack of transportation, high cost of care, lack of insurance, and long wait times. It was also mentioned multiple times as an opportunity (3 times), with discussions around opportunities to expand telehealth and community worker programs.

Negative Trends	5
Headaches	2
Fears	2
Needs	4
Positive Trends	2
Opportunities	3
Hopes	2

## Themes continued

**Negative Trends** 3

**Headaches** 1

**Fears** 1

**Needs** 3

**Positive Trends** 1

**Opportunities** 3

**Hopes** 2

## Provider Shortages & Training

Provider Shortages & Training refers to the lack of healthcare professionals specifically trained in maternal care, including OBGYNs, nurses, and midwives. It also touches on the need for ongoing training and education for existing providers.

This theme was discussed as a negative trend (3 times) and need (3 times). It was also listed as an opportunity (3 times) and hope (2 times), with attendees discussing opportunities for partnerships with medical schools, continuing education programs, and support for rural providers.

## Mental Health & Substance Use Disorder

Mental Health & Substance use disorder refers to the impact of mental health conditions and substance use disorders on maternal health outcomes. It includes the need for screening, treatment, and support for women struggling with these issues.

It was referenced as a negative trend (3 times) and need (3 times), with discussions around increasing rates of postpartum depression, substance use during pregnancy, and a lack of mental health services.

**Negative Trends** 3

**Headaches** 2

**Fears** 2

**Needs** 3

**Positive Trends** 1

**Opportunities** 3

**Hopes** 2



# Themes continued

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

## Health Equity & Disparities

Health Equity & Disparities refers to the unequal access to care and varying health outcomes experienced by different populations, particularly racial and ethnic minorities and those in rural areas.

It was referenced as an opportunity (3 times), with discussions around community-based programs, partnerships with organizations, and advocacy for policy changes.

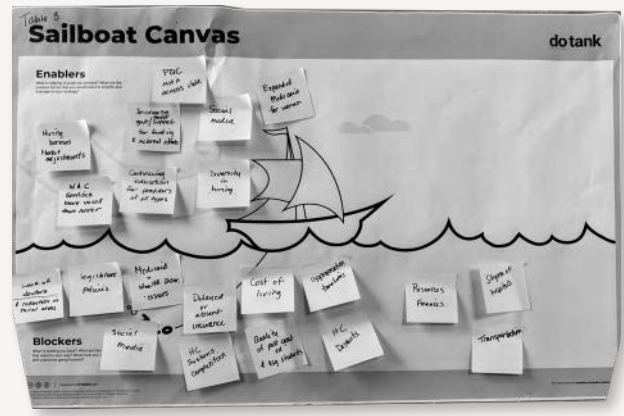
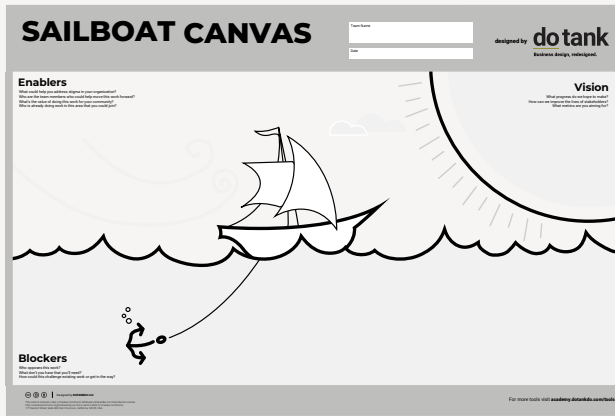
## Systemic Issues

Systemic Issues refers to the broader challenges within the healthcare system that impact maternal health, such as funding limitations, lack of coordination between providers, and policy barriers.

It was referenced as an negative trend (3 times) and need (3 times), with discussions around needs for increased investment, improved care coordination, and policy changes.

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

# 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 enabler was **Community and Collaboration**. The biggest blockers were **Resource Allocation and Accessibility** and **Systemic and Institutional Barriers**.

## ENABLERS

## Community & Collaboration

44%

## Resources & Funding

28%

## Motivation & Mindset

28%

# BLOCKERS

## Resource Allocation & Accessibility

30%

## Systemic & Institutional Barriers

30%

## Workforce & Professional Development

23%

## Social & Cultural Factors

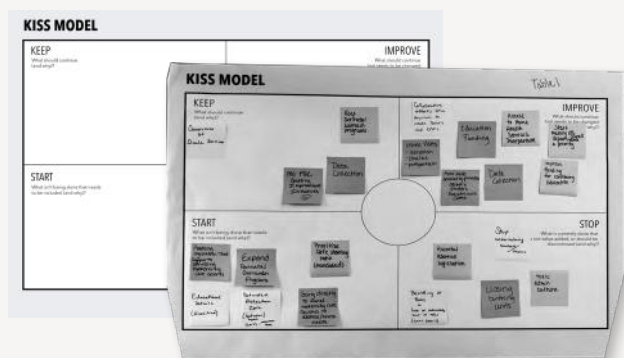
17%



# 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 Collaborative Care and Service Delivery, **Improve** Existing Resources and Infrastructure, **Start** Having More Access and Navigation Resources for Patients, and **Stop** Systemic Barriers to Equitable Care.



## Keep

Collaborative Care & Service Delivery	35%
Quality Improvement & Data-Driven Practices	27%
Workforce Development & Support	23%
Advocacy & Funding	15%

## Improve

Resources & Infrastructure	40%
Access to Care	24%
Workforce & Education	24%
Collaboration & Advocacy	12%

## Start

Access & Navigation	34%
Systemic Improvements	34%
Education & Training	20%
Funding & Resources	12%

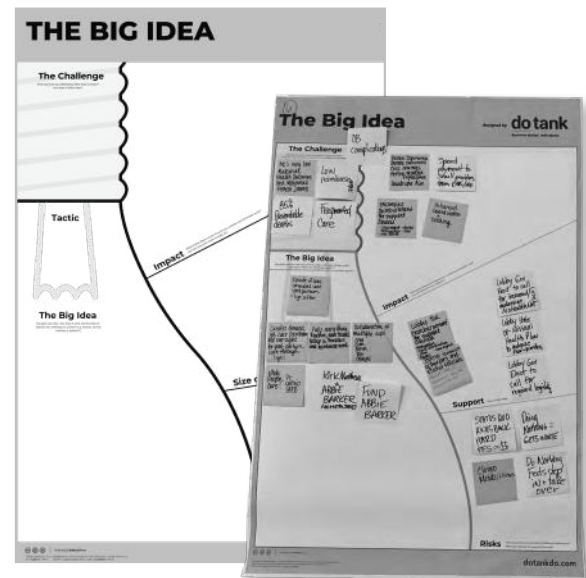
## Stop

Systemic Barriers to Equitable Care	85%
Harmful Practices and Misinformation	15%
Devaluation and Disrespect of Providers	19%

# 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, support related to Standardization and Collaboration was the most common type of support requested.

Among other things, groups requesting this support asked for continual education, stakeholder alignment, and help with data collection and analysis.



## Themes

### Standardization & Collaboration 47%

#### Ways for MO PQC to support:

- Help get stakeholder buy-in
- Help standardize processes and programs
- Convener & collaborator support
- Create consistency with area and state hospitals and clinics
- Help with data analysis
- Help with data collection
- Training standards / program
- Continual education

## Themes continued

### Advocacy & Policy Change

20%

#### Ways for MO PQC to support:

- Connecting to legislative support
- Lobbying
- Lobby government elect to call for required legislation
- Advocating for funding

### Funding & Resources

20%

#### Ways for MO PQC to support:

- Help secure buy-in for funding
- Create grant/funding opportunities database
- Increasing sustainable funding
- Lobby for reimbursement for support services (case mgmt, doulas, navigation, CHW, care coord)

### Awareness & Education

13%

#### Ways for MO PQC to support:

- Spread community awareness
- Bring awareness to the importance of this issue
- Provide better education about the roles of midwives and doulas in maternal health to providers and elected officials

**Overall, the data from the Joplin Community Forum emphasized a need for standardization and collaboration, as well as advocacy, to improve maternal health in the Southwest region.**

# AIM STATEMENTS

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

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1

We aim to improve maternal health outcomes in Missouri by optimizing care, providing more care options for patients, and providing patients with specialized nurses and navigators. Prior to starting this work, we are worried about time and financial constraints, as well as a lack of administrative buy-in. In order to minimize these risks and succeed at this initiative, we would like MHA to help us secure legislative support and buy-in for funding.

2

We aim to improve maternal health outcomes by allocating funds appropriately to decrease maternity deserts and increase accessibility to care. Prior to starting this work, we are worried about resistance to change and securing stakeholder buy-in. In order to minimize these risks and succeed at this initiative, we would like MHA to help us with gathering data to show this is a need, creating a database for funding sources, lobbying, and securing stakeholder buy-in.

3

We aim to advance maternal health and reduce infant mortality by promoting prenatal education, including safe sleep practices, breastfeeding education and support, and other essential perinatal services. Prior to starting this work, we are worried about transportation being a barrier to education, a lack of funding in this space, and not having stakeholder buy-in for this work. In order to minimize these risks and succeed at this initiative, we would like MHA to help us get the data to prove that this is a necessary investment, secure stakeholder alignment and buy-in, and develop a standardized program.

4

We aim to improve maternal health outcomes and reduce infant mortality by providing comprehensive prenatal and postnatal care. We will focus on whole person care and care coordination across multiple departments to do this. Prior to starting this work, we are worried about resistance to change and close mindedness being barriers to success. In order to minimize these risks and succeed at this initiative, we would like MHA to help us with lobbying and provider education.

5

We aim to improve access to comprehensive maternal health care, including pre and postnatal care, doulas, nurse navigators, and more. Prior to starting this work, we are worried about time restraints, liability, and a lack of understanding around doulas. In order to minimize these risks and succeed at this initiative, we would like MHA to help us with lobbying, spreading awareness, and data analysis.

6

We aim to improve the quality of maternal healthcare by having an OB/CHW health navigator available in clinical settings. This single role would act as a patient advocate while being respected by the system and would overcome multiple different barriers to improving outcomes at once. Prior to starting this work, we are worried about resistance from funders and securing ongoing support from leadership. In order to minimize these risks and succeed at this initiative, we would like MHA to help us with funding, collecting data, and developing a training program for the role.

