



The Bootheel
Miner, 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 (MO PQC), in partnership with Missouri Hospital Association (MHA), hosted a town hall focusing on rural maternal health in Missouri.

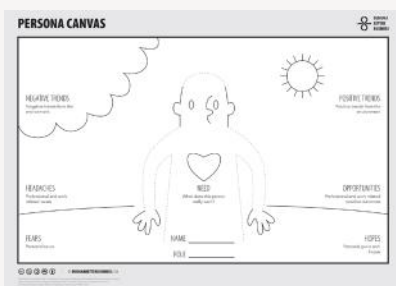
This collaborative forum included facilitated discussion groups, design sprint activities, and visual tools to help assess the challenges, barriers, and possible solutions to providing adequate maternal care in rural communities and maternal health deserts in Missouri.

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 coalitions, city leaders, maternal transport providers, crisis birth centers, coroners, and women's shelter leaders.

This town hall took place in Miner, Missouri, and focused on maternal health in the Bootheel region. The day-long session organized participants into eight 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.

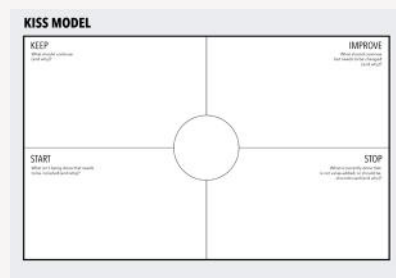
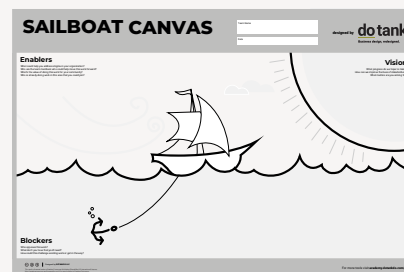


The Process



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

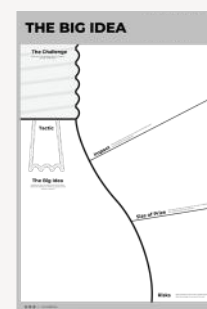
The session then transitioned to the Sailboat Canvas, another current state analysis tool that had participants define their enablers and blockers when it comes to improving maternal health in the Bootheel region. What are the “winds in their sails” pushing them forward versus the “anchors” holding them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

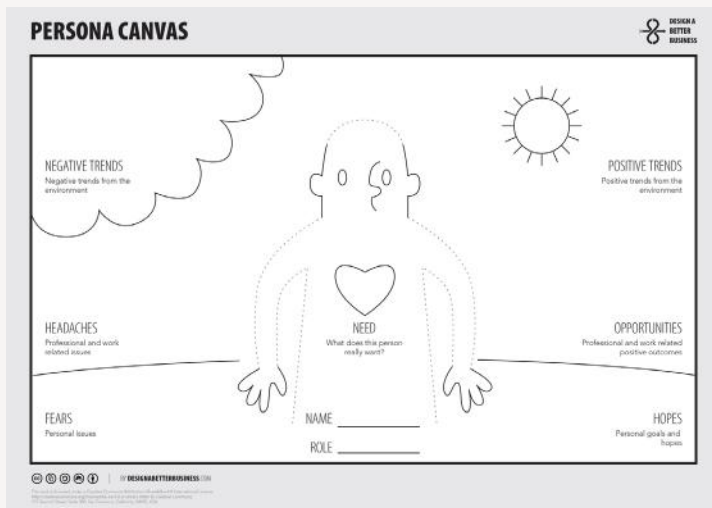
After the KISS model, participants broke for a short lunch before choosing the actions they found most important on their KISS model and transferring those actions to a matrix diagram, where they further assessed their importance before selecting a single action to focus on.

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, teamwork, and social determinants of health (SDOH). 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 the number of providers and facilities in a community, resource availability, and transportation options. This theme was mainly discussed as a negative trend (17 times) and headache (19 times), indicating that access to care is a large barrier to maternal health in Miner. Interestingly, it was also listed as a positive trend (7 times) and a hope (4 times).

Those who talked about access positively mentioned upcoming Medicaid opportunities, new funding, and growing doula support. Given this discussion, potential areas of focus for Miner include securing funding for access-related initiatives and growing the doula network.

Negative Trends	17
Headaches	19
Fears	9
Needs	9
Positive Trends	7
Opportunities	8
Hopes	4

Teamwork

Teamwork refers to communication, collaboration, and trust between providers, patients, CBOs, government agencies, and other stakeholders. This theme was largely discussed as a negative trend (15 times) and a need (12 times). Those who mentioned teamwork in a negative context spoke of distrust between stakeholders, fears of speaking up, and decisions being made without appropriate input. Similar to access, teamwork was mentioned in both a negative and positive context (listed 9 times as a positive trend).

On the other hand, those who discussed it in a positive context mentioned a growing number of formalized partnerships among stakeholders and an increasingly diverse workforce.

Negative Trends	15
Headaches	4
Fears	3
Needs	12
Positive Trends	9
Opportunities	5
Hopes	2

Negative Trends	7
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Headaches	5
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Fears	0
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Needs	0
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Positive Trends	8
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Opportunities	3
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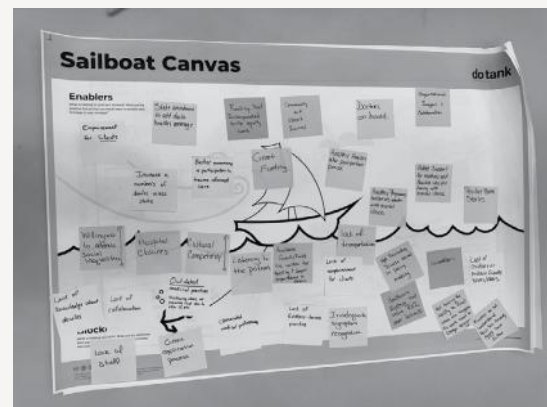
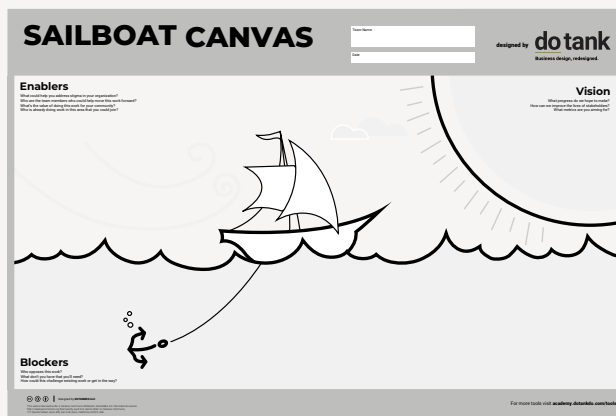
Hopes	7
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SDOH

SDOH refers to housing and food security, education, mental health, SUD, and other factors impacting maternal health equity in the Bootheel community. SDOH was mentioned frequently and brought up fairly equally in both a negative and positive context.

In a negative context, groups discussed a lack of education, affordable housing, and childcare. In a positive context, groups discussed increased awareness surrounding mental health.

SAILBOAT CANVAS



The data from the Sailboat Canvas was clustered into six major types of enablers and six major types of blockers that were repeatedly mentioned. The two biggest enablers listed were whole-encompassing care and community awareness and investment. By a stretch, the biggest blocker was staff competency and structural practices.

ENABLERS

Community awareness and investment into this work	25%
Community mindset and motivation for change	13%
Success stories proving this work matters	7%
Quality care that currently exists	9%
Leveraging existing resources to provide all-encompassing care	28%
Collaboration and buy-in among all community members	9%

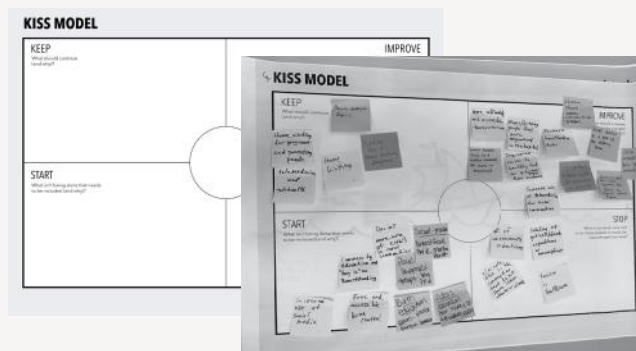
BLOCKERS

A lack of funding	12%
Existing patient population disparities and SDOH	15%
A lack of access to providers and facilities (non-transportation related)	12%
A lack of transportation	6%
Poor staff competency and organizational practices	44%
A poor mindset among patient population	12%

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 resources, improve quality of care, start providing community education, shelters, resources, and provisions, and stop ignoring what patients say.



Keep

Existing programming and resources	45%
Home visiting	15%
Existing financial benefits and help	12%

Improve

Quality care	25%
Available programming and resources	18%
All-encompassing care (doulas, midwives, pre/post natal care)	14%
Mental health care	11%
Access and insurance practices	9%
Referral systems	7%
Transportation services	7%
Breastfeeding support	7%

Start

Community education	22%
Shelters, resources, & provisions	22%
Initiatives to build community culture	16%
All-encompassing care (doulas, midwives, pre/post natal care)	8%
Transportation services	8%
Resources that decrease financial burdens	8%
Leveraging social media	5%

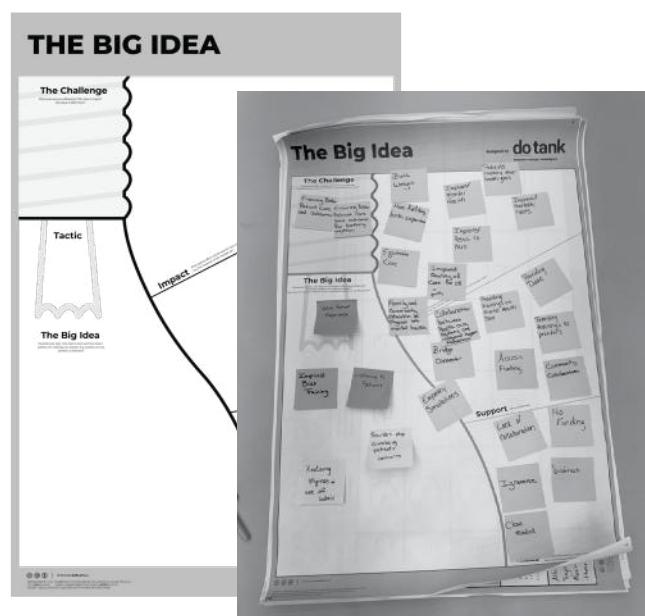
Stop

Not listening to the patient / not treating the patient as an individual	47%
Investing in poor initiatives	22%
Letting money be a barrier to care	13%
Facility closure	9%

BIG IDEA

Using data from the Big Idea Canvas, we compiled a list of the types of support that groups asked for MO PQC to provide. We also clustered this list into 6 major themes. As shown, education was the most common type of support

While education is an all-encompassing theme that includes both provider and community education, many of the requests for education were aimed toward provider training. This is aligned with the findings from the Sailboat Canvas, where staff competency was listed as the biggest blocker to improving maternal health in the region.



Themes

Education 32%

Ways for MO PQC to support:

Education providers
Empathy simulations
Providing training on mental health care
Providing training to providers

Education
Education/outreach
Safe sleep

Connection 24%

Ways for MO PQC to support:

Networking opportunities for providers
Collaboration between health care systems and maternal health professionals
Bridge connector

Community collaboration
Share resources or content of other HC systems
Collaboration

Themes continued

Provisions 12%

Ways for MO PQC to support:

Assist in creating resources available to the population

Transportation

Provide nutritional supplements

Funding 12%

Ways for MO PQC to support:

Funding for projects

Access funding

Outreach 12%

Ways for MO PQC to support:

Advertisement

Community outreach, word of mouth

One-stop-shop, database of services

Data 8%

Ways for MO PQC to support:

Providing data

Model data + statistics

The data from the Miner community forum points toward a need for increased and improved provider training in the Bootheel region and suggests that MO PQC should focus their efforts on educational support for this region. In addition, fostering increased community collaboration and trust, as well as increasing available provisions and accessibility to care, were discussed as future goals.

AIM STATEMENTS

In addition to assessing how MO PQC can best support the Bootheel region, the Big Idea Canvas data provided us with six different “aim statements” for this region, which are listed below.

1

We aim to expand our existing maternal health programs and increase collaboration between programs by improving education, streamlining feedback processes, securing more funding, and developing our rural facilities. The impact of this work will be increased knowledge and access, improved maternal health equity, and more community voices being elevated.

Prior to starting this work, we are worried about failing to listen to community members and providing inadequate resources as a result. In order to minimize these risks and succeed at this initiative, we would like MO PQC to help us secure funding, educate providers, and provide networking opportunities for providers.

2

We aim to ensure better patient care and birthing outcomes for mothers by valuing patient experience, listening to patients, instituting implicit bias training, and reducing existing stigmas. The impact of this work will be more fulfilling birth experiences, equitable care, improved quality of care for all, and improved mortality rates.

Prior to starting this work, we are worried about distrust, close-mindedness, a lack of collaboration, and a lack of funding being barriers to our success. In order to minimize these risks and succeed at this initiative, we would like MO PQC to help us coordinate collaboration, provide training, and access funding.

3

We aim to provide whole-encompassing maternal and child health resources by having perinatal and postnatal nurse navigators that provide patients with resources throughout the entire birthing process. The impact of this work will be increased access to resources and education that leads to healthier lives.

Prior to starting this work, we are worried about a lack of maintenance of the system we set up and a lack of collaboration. In order to minimize these risks and succeed at this initiative, we would like MO PQC to help us create resources, advertise them, and collect data on the success of this initiative.

4

We aim to increase access to information by leveraging social media and providing education on pregnancy and breastfeeding. The impact of this work will be more informed and empowered moms.

Prior to starting this work, we are worried about copyright, permissions, and information being misinterpreted. In order to minimize these risks and succeed at this initiative, we would like MO PQC to help us provide social media training and share resources and content from other healthcare systems .

5

We aim to increase access to care by securing a grant to launch a transportation initiative. The impact of this work will be increased access to care, improved patient outcomes, and a healthier Missouri.

Prior to starting this work, we are worried about securing funding and having strong community outreach. In order to minimize these risks and succeed at this initiative, we would like MO PQC to help us secure funding.

6

We aim to increase use of maternal health services by improving the existing services in our community. The impact of this work will be improved health outcomes for Missouri.

Prior to starting this work, we are worried about the demands being greater than our infrastructure can meet or existing services continuing to be unused. In order to minimize these risks and succeed at this initiative, we would like MO PQC to help organize transportation to existing services and outreach about these services.