

CIGNAL: Change Ideas to Grow, Nurture, and Lift for Maternal and Child Health in Rural Communities

CIGNAL All Grantees Webinar

Tuesday, April 26, 2022
1:00pm – 3:00pm ET

The Healthy Start TA & Support Center is operated by the National Institute for Children's Health Quality (NICHQ). This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number 1U55MC000100 titled Supporting Healthy Start Performance Project.

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Agenda

Welcome & Introduction	Healthy Start TA & Support Center (TASC)
Overview: <i>Challenges Around MCH in Rural Communities</i>	TASC
Main Challenges Connected to Healthy Start	TASC
Case Studies: <i>How Some Healthy Start Sites Are Addressing MCH in Rural Communities</i>	Joanah Wischmeier Healthy Start Communities that C.A.R.E. Alexis Northern Missouri Bootheel Regional Consortium Inc.
Main Strategies for Healthy Start	TASC
Potential Partnerships and Resources	TASC
Next Steps: Themes & Ideas to Explore in the Future	TASC
Closing	TASC





This session is being recorded.



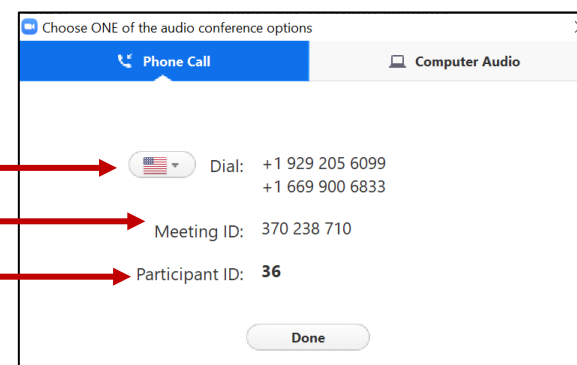
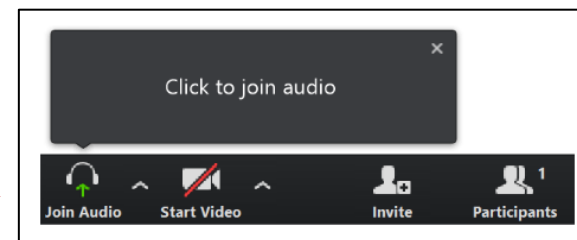
All participants are muted upon entry. We ask that you remain muted to limit background noise.



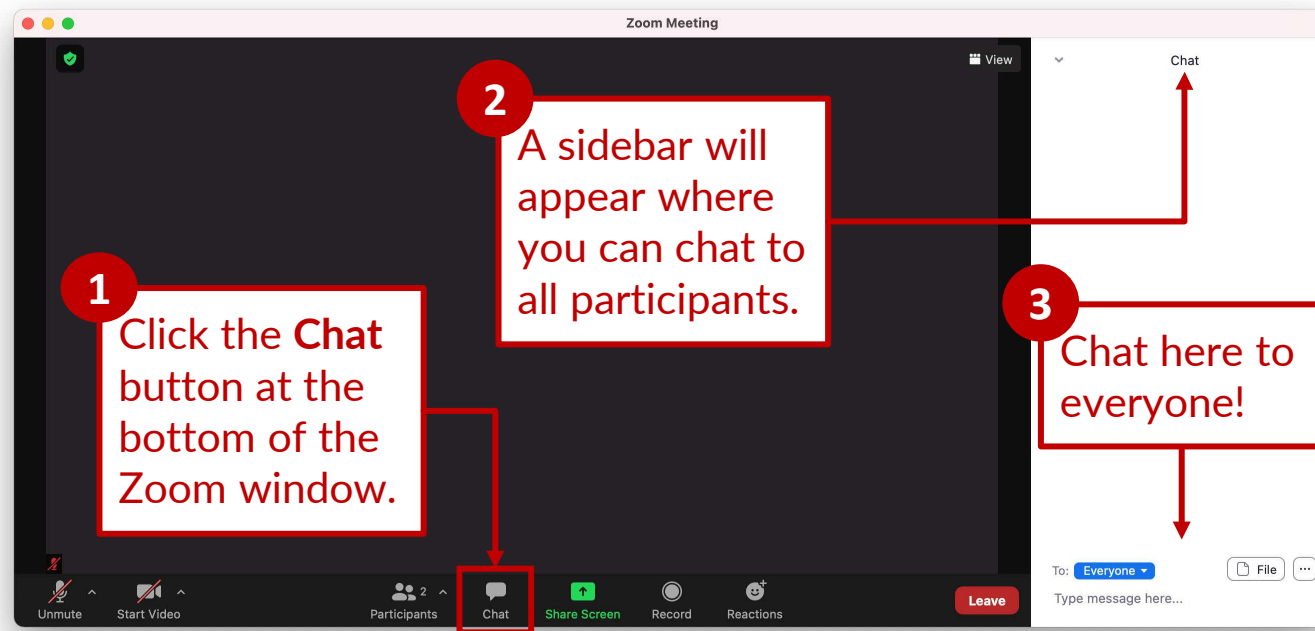
Participants are encouraged to share comments and ask questions using the chat box.

Audio

- After you join the Zoom session, an audio conference box may appear.
 - If you do not see the box, click **'Join Audio'**
- From the audio conference box, select **'Phone Call'** or **'Computer Audio'**
 - If accessing the session audio via phone:
 - Dial one of the given numbers next to **'Dial'**
 - You will be prompted to enter the **Meeting ID**
 - Then you will be prompted to enter the **Participant ID**



Chat



Welcome & Introduction

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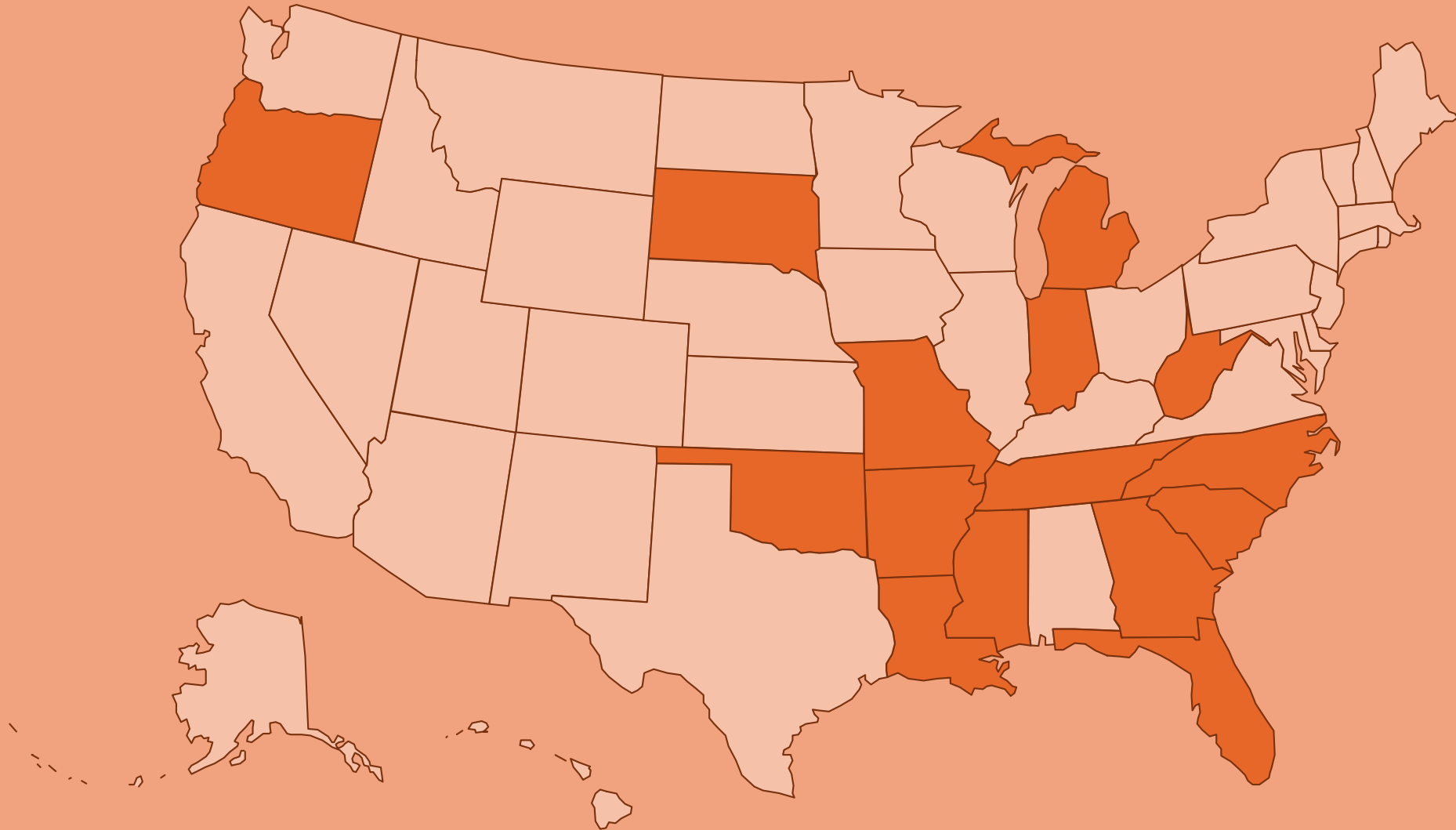
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CIGNAL for MCH in Rural Communities

Project Goal:

Enhance and strengthen the capacity of Healthy Start grantees to identify and execute strategies to improve MCH services in rural communities.



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CIGNAL Project: Part 1

Expert Meeting

Identify and explore potential change ideas related to MCH for rural communities.

Describe challenges in rural communities that impact MCH.

Brainstorm steps that programs can take to assure improved and equitable MCH services in rural communities in the future.

CIGNAL Project: Part 1

Expert Meeting – Questions

1. What are the challenges in rural communities that impact Maternal and Child Health?
2. How has COVID-19 affected Maternal and Child Health services in rural communities – taking into account distinctions between rural and urban communities, and the intersectionality between the populations served?
3. What steps can be taken to assure improved and equitable Maternal and Child Health services in rural communities in the future?
4. What else is important for Healthy Start projects to know about this topic? What resources or partnership opportunities are available to them?
5. Based on your understanding of Healthy Start, what are the change ideas for strategies and approaches to promote MCH in rural communities that Healthy Start projects can grow, nurture, and lift?

Andrew D. Williams, PhD, MPH
University of North Dakota School of
Medicine & Health Sciences
North Dakota



Joanah Wischmeier, BSN, RN
Healthy Start Communities that
C.A.R.E. (HSCC)
Indiana



March 23 Constellation of Expert Advisors



Cynthia Dean
Missouri Bootheel Regional
Consortium Inc.
Missouri



Ryan Spencer, MD, MS
University of Wisconsin
School of Medicine and
Public Health
Wisconsin

Charles Stephenson
Powerhouse Community
Development
Missouri



Victoria (Vicky) Tsai
HRSA Rural Maternity &
Obstetrics Management
Strategies (RMOMS)
Program
Maryland

Kathryn Umali
HRSA Federal Office of Rural Health Policy
Maryland

CIGNAL Project: Part 2

Healthy Start Grantee Webinar

Discuss key issues and strategies around MCH in rural communities.

Highlight stories from Healthy Start grantees doing work in rural communities.

Provide participants with resources and tools for testing these strategies in their own communities.

Temperature Check

1. What did you know about the challenges the communities you serve were facing before COVID?
2. What do you know (have learned) about the challenges in the communities you serve since COVID?
3. What new challenges do we need to address for the future?



Overview: Challenges Around MCH in Rural Communities

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“ We need our neighbors and community to stay healthy, produce jobs, raise our children, and care for those on the margin. Institutions and professional services have reached their limit of their ability to help us. The consumer society tells us that we are insufficient and that we must purchase what we need from specialists and systems outside the community. We have become consumers and clients, not citizens and neighbors. ”

John McKnight and Peter Block, The Abundant Community

Background

- About 60 million people (one in five Americans), live in rural America - [What is Rural America? \(census.gov\)](#)
- Rural communities lack access to high quality maternal health services, leading to premature birth, low-birth weight, maternal mortality, severe maternal morbidity, and increased risk of postpartum depression - [Improving Access to Maternal Health Care In Rural Communities: An Issue Brief \(cms.gov\)](#)
- Since January 2010, more than 100 rural hospitals have closed - [Improving Access to Maternal Health Care In Rural Communities: An Issue Brief \(cms.gov\)](#)
- Between 2004 and 2014, 179 rural counties experienced closures/loss of hospital obstetric services - [Improving Access to Maternal Health Care In Rural Communities: An Issue Brief \(cms.gov\)](#)

What are the key challenges your Healthy Start project is facing around supporting maternal and child health in rural communities?



Key Challenges Connected to Healthy Start

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Key Challenge #1: Lack of transportation and enduring long driving distances to receive healthcare



Key Challenge #2: Limited healthcare providers in rural areas due to lack of recruitment and retention



Key Challenge #3: Lack of access to prenatal and maternal care due to OB unit closures in hospitals



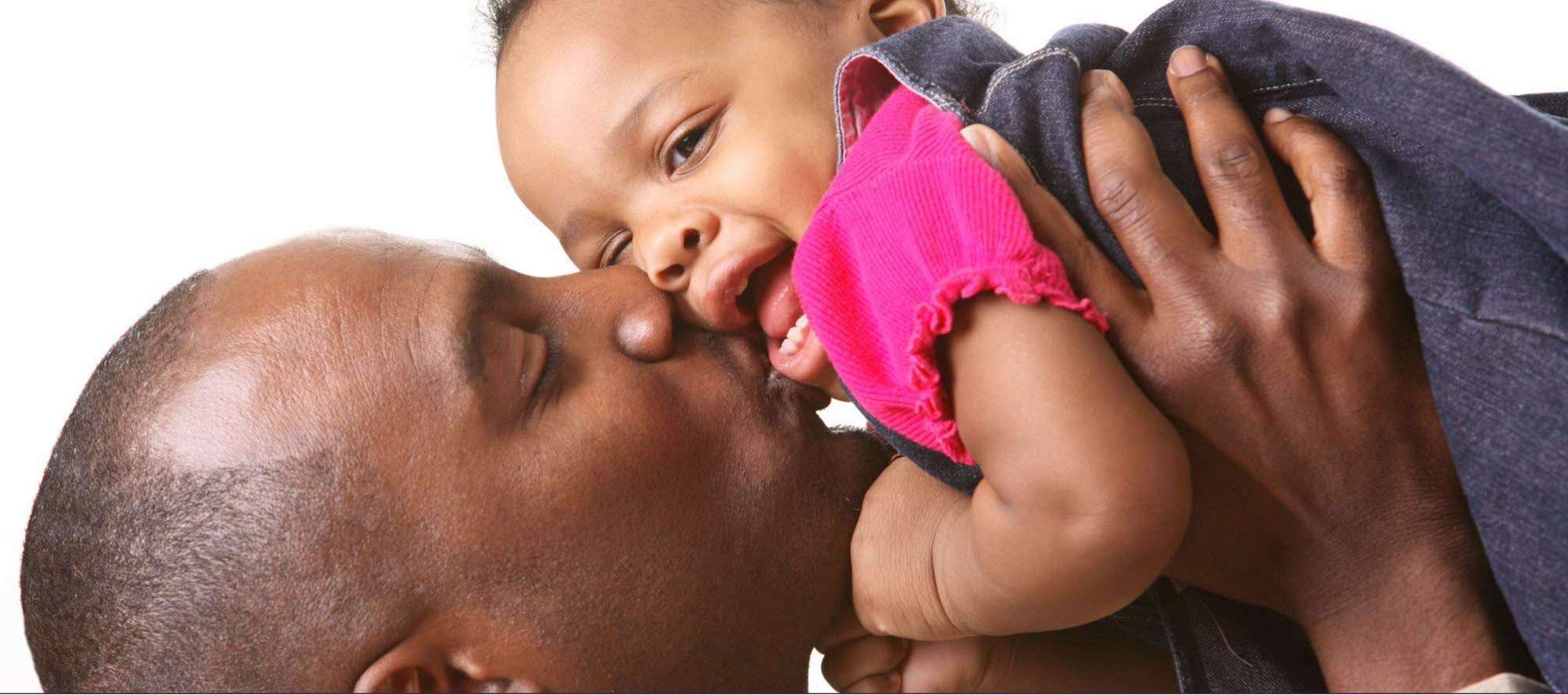
Key Challenge #4: Low quality healthcare due to an inequitable system: limited health insurance coverage, limited or lack of access to basic healthcare services



Key Challenge #6: Community members do not have access to co-location of services (healthcare services being in one place) or mental and behavioral health services



Key Challenge #7: Trust and connectedness between healthcare providers and community members has been eroded



Key Challenge #8: Those on the margins of care fell off during the pandemic



Key Challenge #9: Virtual care was established during the pandemic, but is it enough for or accessible to everyone?

Case Studies: How Some Healthy Start Sites Are Supporting MCH in Rural Communities

Joanah Wischmeier, Healthy Start Communities that C.A.R.E.

Alexis Northern, Missouri Bootheel Regional Consortium Inc.

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A program of the Indiana Rural Health Association



Access to Mental and Behavioral Health Services for Rural Communities

JOANAH WISCHMEIER, BSN, RN
HSCC PROJECT DIRECTOR





Healthy Start CARE
COMMUNITIES THAT

A program of the Indiana Rural Health Association

Healthy Start Data Collection
Forms

Automatic Referral Process to
LSW/LCSW

LSW/LCSW -A part of the team!



Barriers & Solutions



BARRIERS

- Transportation
- Insurance Coverage
- Cultural & Language Barriers
- Immigrants & Undocumented participants
- Internet Access
- Limited Resources



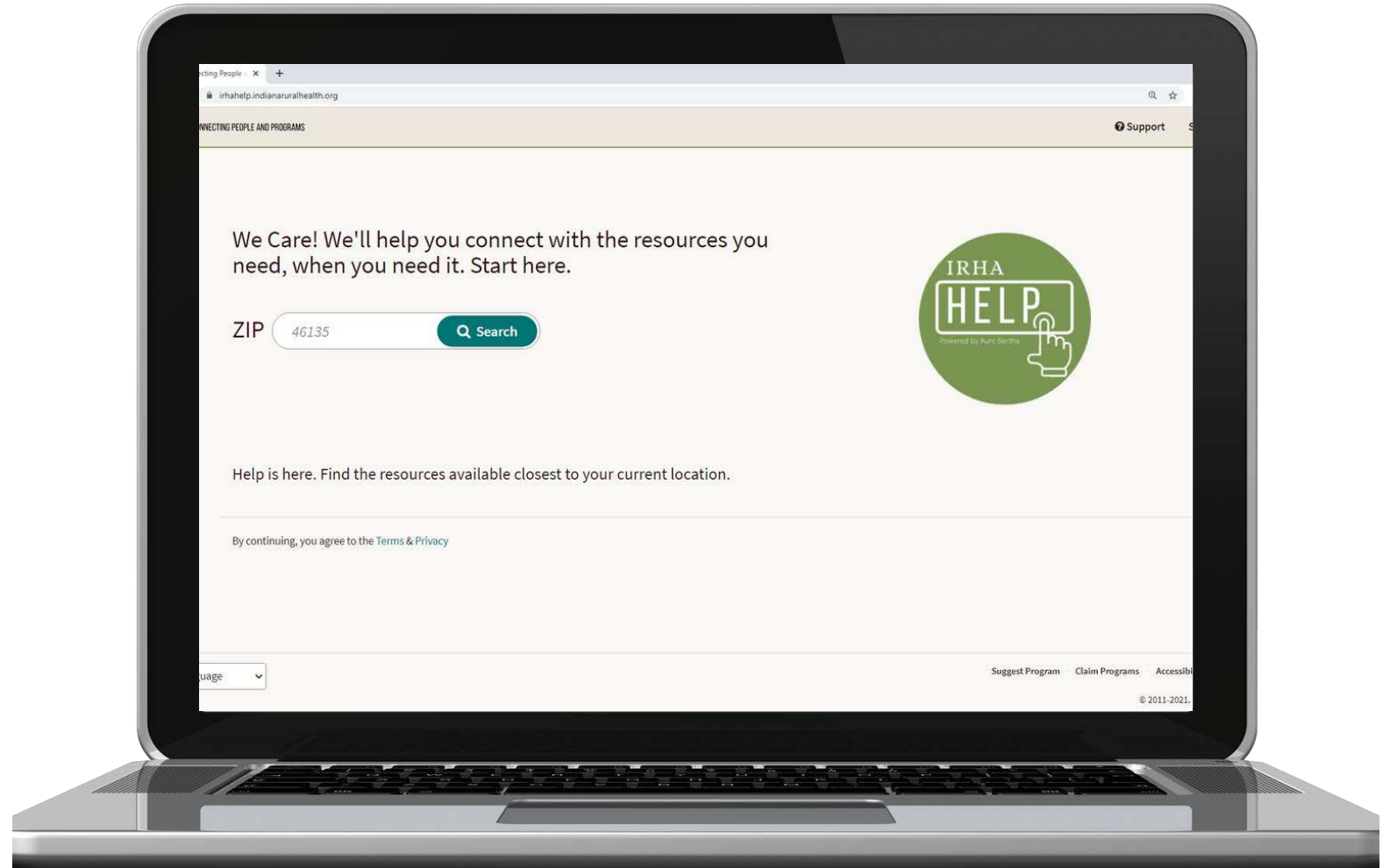
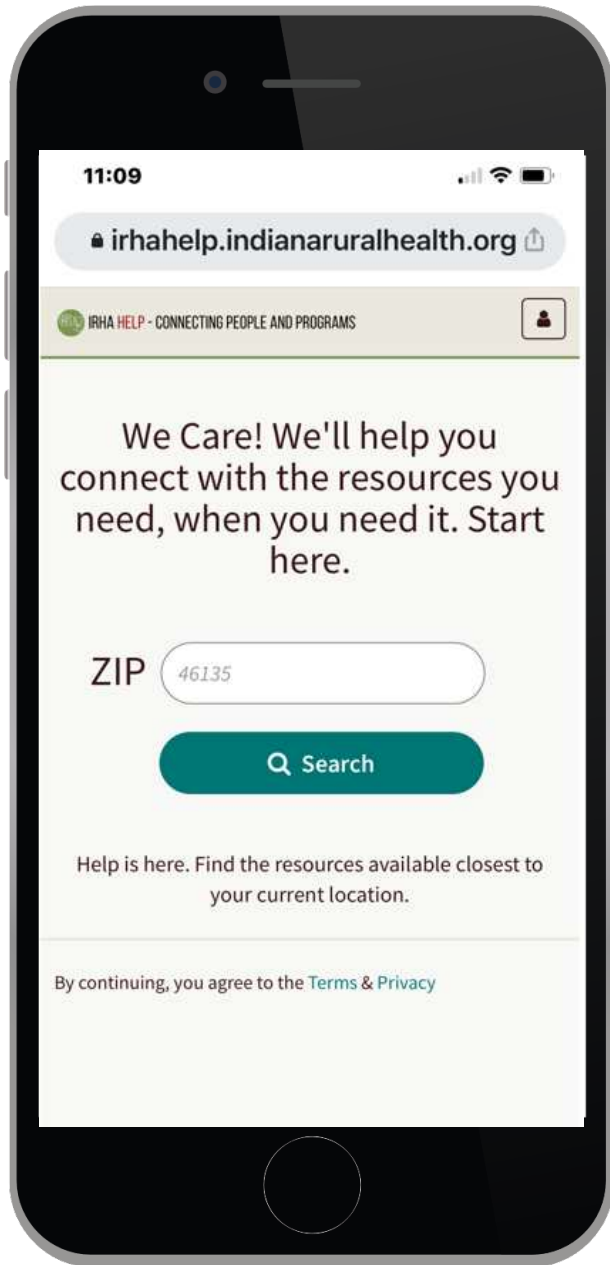
SOLUTIONS

- Community Action Network (CAN)
- CKC-IN
- Language Line Solutions
- IPQIC (Indiana Perinatal Quality Improvement Collaborative)
- IRHA Help
- Home Visits
- Collaboration with community organizations and beyond

IRHA Help

- IRHA Help - Powered by findhelp (formerly Aunt Bertha)
 - www.findhelp.org
- Free or reduced-cost, direct social services
- A collaborative tool to ease the referral process for those facing social needs
- Able to assist users in requesting and scheduling appointments
- Available in 100+ languages





For more information....

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UNDERSTANDING VACCINE HESITANCY AMONG
Missouri Bootheel Healthy Start
Pregnant and Postnatal Women



Purpose

As such, the purpose of the study was to gain additional insight into community apprehension towards vaccination in the catchment area among pregnant and postnatal women

The purpose of this study is to gain an understanding of hesitancy in the catchment area among pregnant women in the Bootheel Counties.



Methodology

Participation was voluntary, transportation, mileage reimbursement, childcare reimbursement, and gift cards were offered as incentives for voluntary participation in the focus group.

Focus group consisted of 8 Women total from different Bootheel counties.

The focus group was conducted using a hybrid technique in which the moderator was virtual, and participants were on-site at the MBRC office, using social distancing procedures.



RESULTS



Only one participant (white) expressed obtaining detailed information regarding the virus and vaccine from her obstetrician's office. This participant indicated that her OB's office explained the vaccine, how it worked, and its impact on the baby.

Three key observations and findings. Mistrust play a pivotal role in Vaccine hesitancy. Social media outlets were reported as the top source from which the respondent's received information. Finally, racism and racial disparities in information provided concerning the vaccine was indicated based on an analysis of the data collected.

The remaining participants reported that their OB provided superficial information about the virus and the vaccine. For example, they reported being told "...everyone would get it eventually" ... "take the vaccine when you can"... "it was best for me and best for the baby".

Myth | Facts
COVID DURING PREGNANCY

Myth

- COVID-19 vaccines are not safe for pregnant women.
- COVID-19 can harm my baby.
- I cannot breastfeed if I have gotten the vaccine.
- COVID-19 vaccines makes pregnant people sick.

Fact

- Evidence continues to build showing that COVID-19 vaccination before and during pregnancy is safe and effective.
- COVID-19 antibodies are passed on from mother to baby.
- Recent reports have shown that breastfeeding mothers who have received mRNA COVID-19 Vaccines have antibodies in their Breastmilk.
- Pregnant women have not reported different side effects from non-pregnant individuals after getting a COVID-19 vaccine.

Source: www.jopkinsmedicine.org
Missouri - COVID-19 Overview - Johns Hopkins (JHU.edu)
www.cdc.gov
<https://usafacts.org/>

FOR MORE INFORMATION CONTACT:
Missouri - COVID-19 Overview - Johns Hopkins (JHU.edu)
905 Kings Highway | Silvestria, MO 65804
216.413.6400 (Toll Free: 1-800-392-6989)
www.mbrcc.org

Studies Show

The majority (84%) of babies hospitalized with COVID-19 were born to pregnant people who were not vaccinated during pregnancy.

Scientists have not found an increased risk for miscarriage among people who received an mRNA COVID-19 vaccine just before and during early pregnancy (before 20 weeks of pregnancy).

IS VACCINATION SAFE WHILE PREGNANT?

Evidence continues to build showing that COVID-19 vaccination before and during pregnancy is safe and effective. Vaccination during pregnancy builds antibodies that might protect the baby. When people receive an mRNA COVID-19 vaccine during pregnancy, their bodies build antibodies against COVID-19, similar to people who are not pregnant. Antibodies made after a pregnant person received an mRNA COVID-19 vaccine have been found in umbilical cord blood.

COVID-19 DURING PREGNANCY

84% Not Vaccinated During Pregnancy
16% Vaccinated During Pregnancy

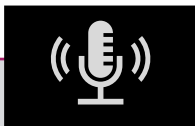
FOR MORE INFORMATION CONTACT:
Missouri - COVID-19 Overview - Johns Hopkins (JHU.edu)
905 Kings Highway | Silvestria, MO 65804
216.413.6400 (Toll Free: 1-800-392-6989)
www.mbrcc.org

Studies Show:

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Scientists have not found an increased risk for miscarriage among people who received an mRNA COVID-19 vaccine just before and during early pregnancy (before 20 weeks of pregnancy).

In a study of more than 40,000 pregnant women, COVID-19 vaccination during pregnancy was not associated with preterm birth or delivering an infant small for their gestational age.



Just finished a Podcast with two African American Couples

Thoughtful Insight



We are currently at 2147 vaccine given, first, second, and booster.

Strategies that lead to the trust and acceptance of the COVID-19 vaccine are crucial to improving vaccine acceptance rates.

MBRC is working forcefully to make an impact on vaccine hesitancy in our rural areas throughout outreach and education regarding Covid-19.

We Network with CHW in addition to local health Departments and pharmacist.

What strategies are your Healthy Start project using to support maternal and child health in rural communities?

Key Strategies for Healthy Start

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Strategy #1: Rebuild trust and connectedness between community members and the healthcare professionals



Strategy #2: Encourage community engagement in which stakeholders become decision makers



Strategy #3: Revise how programs are structured and ensure they are relevant to what the communities need



Strategy #4: Connect organizations that have gained trust of community to larger, well-funded organizations



Strategy #5: Provide culturally competent/care while not duplicating services. congruent
Culturally competent care is defined as care that respects diversity in the patient population
and cultural factors that can affect health and health care, such as language, communication
styles, beliefs, attitudes, and behaviors.



Strategy #6: Advocate for sustainability to be embedded in programs that are implemented in rural communities



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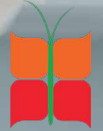


Potential Partnerships and Resources

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HRSA Federal Office of Rural Health Policy: Rural Health Resource Guide

- Guide for Rural Health Care Collaboration and Coordination (2019)
 - This guide describes how rural hospitals, community health centers, local public health departments, and other rural stakeholders can work together to assess and address their rural communities' health needs.
- Rural Health Information Hub (RHHub)
 - RHHub is the nation's rural health information source. The website offers a library of resources, coverage of rural issues, state guides, toolkits, program models and more. Customized assistance is available by phone or email.
- Rural Community Health Gateway
 - The Gateway can help build effective community health programs and improve services. Resources and examples in this Gateway are chosen for effectiveness and adaptability and are drawn from programs with a strong history of service and community success. Evidence-based toolkits include literature reviews and provide resources to implement programs on topics such as: care coordination, community health workers, mental health and substance abuse, obesity prevention, etc.

HRSA Federal Office of Rural Health Policy: Rural Health Resource Guide Continued

- Rural Health Research Gateway
 - Online library of research and expertise. It's free to use, searchable, and provides access to the work of all ten federally-funded Rural Health Research Centers and Policy Analysis Initiatives.
- Resource Guide for New Applicants and Grantees
 - Non-comprehensive compendium that provides new applicants and grantees with an array of relevant resources, tools and services organized by topic area that will assist in the implementation and sustainability of rural health projects, organizations and networks.

Federal Resources

- Rural Action Plan
- Health IT Telehealth Start-up and Resource Guide
- FCC Rural Care Program

Centers for Medicare & Medicaid Services (CMS): Rural Health Resources

- Rural Crosswalk: CMS Flexibilities to Fight COVID-19
 - Highlights COVID-19 related provisions that CMS has issued by regulation or waiver that impact Rural Health Clinics, Federally Qualified Health Centers, Critical Access Hospitals, Rural Acute Care PPS Hospitals, and/or Skilled Nursing Facilities, and describes the significance for these rural providers.
- Rural Health Clinics Center
 - Serves as a hub for information related to RHCs, including payment and billing policies: educational resources, policy regulations, and billing/payment related fact sheets.
- Federally Qualified Health Centers
 - The CMS Federally Qualified Health Centers (FQHCs) Center serves as a hub for information related to FQHCs, including payment and billing policies: past training opportunities, policy regulations, and preventive service fact sheets.

CMS: Rural Health Resources Continued

- Connected Care: The Chronic Care Management Resource
 - The CMS Office of Minority Health, in partnership with the Federal Office of Rural Health Policy at the Health Resources and Services Administration implemented a public education campaign to inform health care professionals and consumers about the benefits of chronic care management services. The campaign has a special focus on encouraging participation by underserved rural populations and racial and ethnic minority populations.
- Quality Payment Program (QPP)
 - Clinicians in small practices, including those in rural locations, health professional shortage areas, and medically underserved areas are a vital part of our healthcare system. CMS provides [flexible options](#) to help you actively participate in the Quality Payment Program. For more information, view the [QPP Support for Small and Rural Practices Fact Sheet \(PDF\)](#) and the [QPP Technical Assistance Resource Guide](#).
- CMS Innovation Center
 - The Center for Medicare & Medicaid Innovation (the Innovation Center) with CMS supports the development and testing of innovative health care payment and service delivery models. This includes several models relevant for rural communities.

UNC: The Cecil G. Sheps Center for Health Services Research: NC Rural Health Research Program

The North Carolina Rural Health Research Program (NC RHRP) at the Cecil G. Sheps Center for Health Services Research seeks to address problems in rural health care delivery through basic research, policy-relevant analyses, geographic and graphical presentation of data, and the dissemination of information to organizations and individuals who can use the information for policy or administrative purposes to address complex social issues affecting rural populations.

Resources

- [Rural Health Research Gateway](#)
- [Rural Health Research Recaps](#)
- [Research Alerts](#)
- [Research Publications](#)
- [Research Centers](#)
- [Dissemination Toolkit](#)



Next Steps: Themes & Ideas to Explore in the Future

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Let's Take a Pause to Digest

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The logo icon for Healthy Start, featuring a stylized plant with green leaves and a red base.

What are your reactions to the ideas generated today?

What do you think about the change ideas and strategies we have discussed?



Share your thoughts, ideas, and reflections!

Satisfaction/Engagement Survey

Your feedback is extremely valuable and will help ensure the HS CIGNAL Projects address your needs!



CIGNAL Summary Artifact

- TASC will take the ideas generated during the CIGNAL Expert Call and the discussion from this webinar and create a summary artifact
- Document will be shared with the Healthy Start community

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Request 1:1 TA

- Our Quality Improvement Advisor, Jane Taylor can provide 1:1 TA support to help your HS project further develop and test change idea strategies
- Visit the EPIC website to submit a TA request!
 - Click the “HS EPIC Center Tab” and select “Request Technical Assistance”



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**If you have any questions, please email
the Healthy Start TA & Support Center
at healthystart@nichq.org**

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Thank you !

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