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## Health Leaders Convene to Address Maternal Health Care Challenges in Rural Communities

*AMCHP Joins Experts & Advocates at Washington Forum to Explore Improving Access, Quality, & Outcomes*

Washington, D.C. – The Association of Maternal & Child Health Programs (AMCHP) joined health leaders from around the country in calling for increased investments and innovations to improve maternal health outcomes in America’s rural communities.

Jonathan Webb, CEO of AMCHP, stressed a multi-pronged approach, including stronger community engagement, exploring cultural and historical factors that affect access to and usage of health systems, new ways to incentivize providers in rural areas, and technological investments to bolster remote services.

"It’s unbelievable that women in rural counties have to drive hours to deliver their babies, due to local hospital closures," Webb told the audience gathered at the Kaiser Family Foundation and through a web simulcast for the day-long forum, [A Conversation on Maternal Health Care in Rural Communities](#): Charting a Path to Improved Access, Quality and Outcomes.

Event organizers noted that more than 100 rural hospitals have closed since 2010, while others have closed their obstetrics departments, and half of all counties in the United States lack an obstetrician or gynecologist. Fewer than 50 percent of rural women have access to perinatal services within a 30-minute drive of their home, organizers said.

"It is not just about how mothers die, but how women live and access care in rural America," said Katy B. Kozhimannil, associate professor in the Division of Health Policy and Management at the University of Minnesota’s School of Public Health, as she framed the state of maternal health in rural America.

Hosted by the Centers for Medicare & Medicaid Services (CMS), the forum focused on access to maternal health services before, during, and after pregnancy, and on promising practices and opportunities to improve access and address the social determinants of health. The event was kicked off by CMS Administrator Seema Verma, presidential counselor Kellyanne Conway, and U.S. Rep. Debbie Dingell (D-Mich.).



In the panel on Improving Policies that Impact Rural Maternal Health, Webb stressed the need to engage communities and offer cultural competence training so that when health leaders look at the “demand” issue that might affect some hospital closures, they look at whether people were or weren't utilizing the services because they didn't feel welcome, or if there was historical disinvestment in the hospital system that might reinforce a misconception about the quality of care they'd receive.

He urged health leaders to look at innovative approaches to incentivize providers to work in rural communities, implementing an approach to train providers from within their communities (to help avoid “brain drain”), and including groups that aren't typically at the table in such discussions.

In addition, he said, “We must do more to support telehealth strategies for delivering care as well as look at virtual approaches for facilitating quality improvement initiatives and information-sharing among rural hospital partners.”

Also contributing insights on that panel were moderator Joia Crear-Perry, president of the National Birth Equity Collaborative; Lisa Hollier, interim CEO of the American College of Obstetricians and Gynecologists; Pooja Mehta, chief clinical innovation officer for Louisiana Medicaid; Alan Moran, CEO of the National Rural Health Association; and Alicia Belay, director of Maternal Child and Health and Government Affairs at the March of Dimes.

The forum ended with discussions about action, with attendees prioritizing and gauging the impact of concepts brought up during the day and identifying next steps.

The forum was held in collaboration with the American Academy of Family Physicians, American College of Obstetricians and Gynecologists, Centers for Disease Control and Prevention, U.S. Department of Health and Human Services Office of Women's Health, Health Resources and Services Administration, National Birth Equity Collaborative, and the National Rural Health Association.

Learn more [about the forum](#) and see the Twitter conversations at [#RuralMaternalHealthForum](#), [#RuralMoms](#) and [#RethinkingRuralHealth](#).

