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BETTER STARTS FOR ALL CASE STUDY

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BETTER STARTS FOR ALL PILOT CASE STUDY

March of Dimes and Reckitt are partners on the Better Starts for All campaign, which is a 3-year initiative that will drive support, education, clinical care, and virtualized care to women in at-risk, maternity care desert populations. This work illustrates March of Dimes and Reckitt's shared commitment to make a fundamental change in U.S. prenatal care and ensure that moms and babies get the best start in life.

SUMMARY

Background: In the U.S., nearly one-third of counties are maternity care deserts, affecting over five million women of reproductive age. In 2020, March of Dimes and Reckitt began piloting interventions to increase access to care and improve outcomes in maternity care deserts through the Better Starts for All pilot. The pilot's primary interventions include Mom & Baby Mobile Health Centers™ and Community Health Workers (CHWs) in both Southeast Ohio and the Washington D.C. area. **Methods:** Medical record data were collected, including services provided, mental health screenings, patient education provided and referrals for additional services such as tobacco cessation. Patients were surveyed regarding satisfaction with services and their behaviors. Descriptive statistics from ongoing multisite longitudinal evaluation are reported. **Results:** As of June 2022, 2,292 visits were provided to 724 women across the pilot program. The majority of patients served were pregnant (54%) and 38 percent were postpartum. More than half of the patient visits (63%) have been with the mobile health centers. Most women (65%) seen by CHWs were insured by Medicaid and 95 percent of women seen on the mobile unit were uninsured. A fourth of women (28%) stated that they would not receive care if the mobile health center was not available. Nearly all women (99%) felt treated with respect by their provider. **Conclusion and public health implication:** The Better Starts for All pilot has increased access to care in two maternity care desert communities. We've learned the value of piloting during a global pandemic, which has strengthened our knowledge and programming for our patients. We're encouraged that the pilot interventions of Better Starts for All will be helpful in increasing access to care for marginalized community members and hold promise as a mechanism for improving health equity.

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BETTER STARTS FOR ALL PILOT

WOMEN IN MATERNITY CARE DESERTS SUFFER FROM POOR HEALTH OUTCOMES

In the 2020 report *Nowhere to Go: Maternity Care Deserts Across the U.S.*¹, March of Dimes highlighted the needs in “maternity care desert” counties. An estimated twelve percent of births occur in maternity care deserts, which are counties where access to maternity health care services is limited or absent, either through lack of services or barriers to a woman’s ability to access that care. There are also counties where women have limited access to maternity care, due to few obstetrics providers or maternity care sites and a high proportion of uninsured women. Birthing women living in these deserts traditionally have poor maternal and infant outcomes related to the lack of services and support.²

TWO PILOT AREAS CHOSEN TO ADDRESS MATERNITY CARE DESERTS

While maternity care deserts are present in nearly every state in the U.S. (Figure 1), March of Dimes recommended piloting interventions in both urban/rural regions that are maternity care deserts or have low access to maternity care, the Washington D.C. area, and southeast Ohio. Currently, twenty percent of Washington D.C. residents and thirty-three percent of Ohio residents receive inadequate prenatal care. Maternal mortality in Washington D.C. is double that of the United States as whole.³

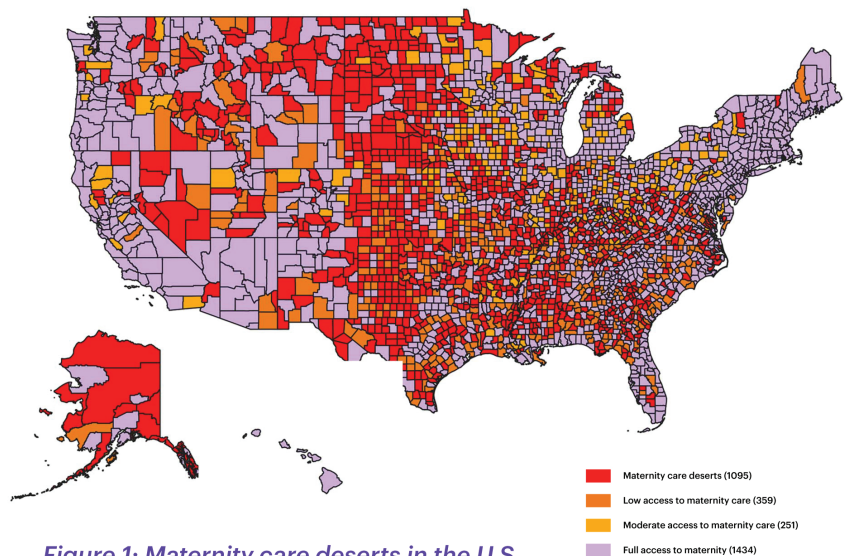


Figure 1: Maternity care deserts in the U.S.

The Washington D.C. pilot area includes Wards 7 and 8—which have the highest rates of maternal mortality in D.C.—and the adjoining Prince George’s County in Maryland, where a high number of pregnant women need maternity care. In Southeast Ohio, the maternal mortality rate is three times greater than the national rate.⁴

The second pilot area serves 11 rural counties in southeast Ohio (Perry, Ross, Hocking, Vinton, Athens, Pike, Scioto, Jackson, Meigs, Lawrence and Gallia) with high material mortality rates. Further, findings from a pilot-related community scan and customer journey mapping exercise identified that women in both sites are also cautious about using health services from providers that they don’t trust.²



INTERVENTIONS WE'RE PILOTING TO ADDRESS MATERNITY CARE DESERTS

We are implementing two evidence-based interventions, Community Health Workers and Mom & Baby Mobile Health Centers because these activities provide services in ways that are relevant and acceptable to the women in both pilot areas. Women in the pilot regions prefer services from providers that they trust and prefer individual, rather than group, services. We recruit participants through partner networking to build on an established client base. An overview of return visits, patient types and activities for the two interventions is broken out in Figure 2.

Community Health Workers are local community members who provide basic health services, education, referrals and support. CHW interventions can improve access to services, link clinical services and community resources.² Services are delivered through partnerships with local hospitals and community organizations in the pilot markets.

Mom & Baby Mobile Health Centers travel to provide health care services at designated places in the community, aiming to reach community members who would otherwise not receive health care services. Mobile Health Center providers often serve at-risk populations, and they strive to develop critical and trusting relationships with patients. Through these trusting relationships, participants are more likely to attend recommended appointments and adopt healthy behaviors.⁵

BETTER STARTS FOR ALL VISITS

■ Community Health Worker (835)
■ Mom & Baby Mobile Health Center (1,457)

Total for all markets through June 2022 = 2,292

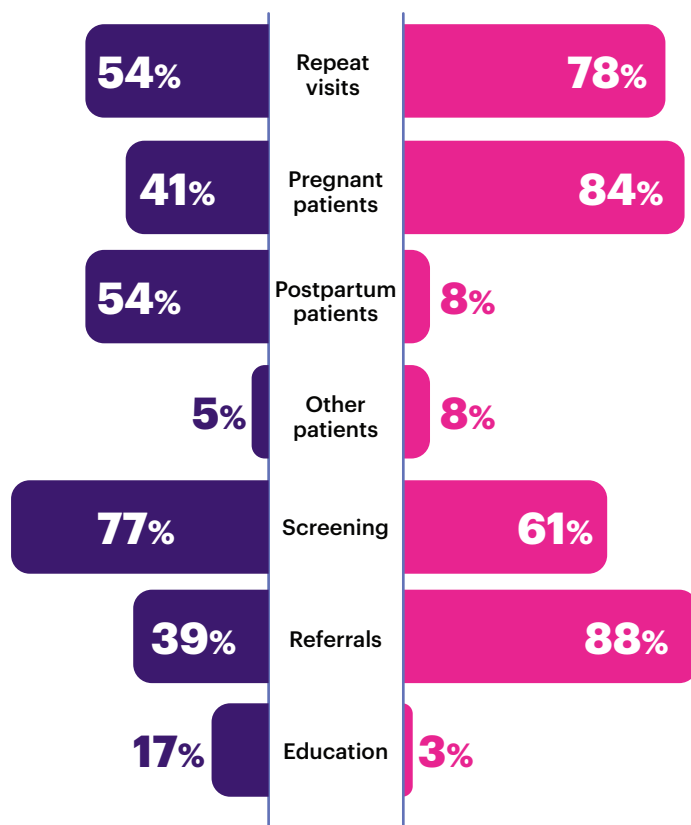


Figure 2: Mobile Health Center and Community Health Worker visits Jan 2021 - June 2022

WHAT WE'VE LEARNED SO FAR

Clearly meeting a need

The data below gives a snapshot of activities from January 2021 to June 2022 for the CHW serving Southeast Ohio and the Mom & Baby Mobile Health Center serving the Washington D.C. area. While the pilot project involves CHWs and Mom & Baby Mobile Health Centers in both markets, we're featuring results from locations that have seen the greatest traction.



COMMUNITY HEALTH WORKER INTERVENTION SPANSHOT - OHIO PILOT PROGRAM

- 803 visits provided between June 2021 and June 2022
- Fifty two percent of those were repeat visits
- 378 postpartum mental health screenings performed
- 428 referrals made to help patients access medical behavioral and support services
- Thirty five percent of patients who smoked reported quitting or reducing tobacco use after meeting with the CHW

COMMUNITY HEALTH WORKERS, OHIO

Providing a variety of services

Services provided by the CHWs are tailored to the unique needs of the patient and can range from finding solutions to transportation barriers to assisting a new mom with a college application. As a trusted provider, the CHWs work with patients to improve their access resources to meet basic needs and to medical, behavioral and support services.

The CHW partner began providing services in Southeast Ohio in June 2021. They serve patients who have non-clinical barriers to care. Through screenings (Figure 3), referrals, education and assistance, the CHWs improved patients' access to a wide range of services—including prenatal and postpartum care, mental health care, social services, tobacco cessation support, substance use disorder treatment and family planning. Traditionally the screenings for smoking and substance abuse occur during the first patient visit, and the CHWs provide mental health screenings for patients that have received a screening from their provider at the six-week check-up appointment.

OHIO COMMUNITY HEALTH WORKER - VISITS WITH SCREENING

1,429 screenings performed during 803 visits (June 2021 - June 2022)

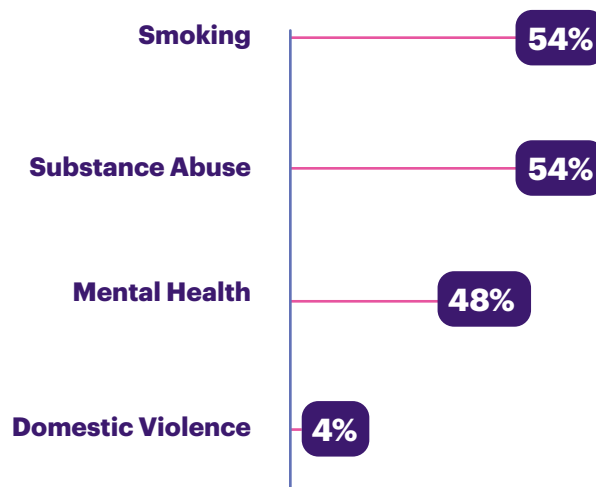


Figure 3: Community Health Worker distribution of services provided through June 2022



COMMUNITY HEALTH WORKERS: Providing individualized services to address barriers

“One of my very first patients was a transfer from another county. She was about 35 weeks pregnant when I started the intake. We completed something new each week and she was always eager to learn. We managed to transfer her SNAP benefits, WIC and applied for housing. Eventually, when she had her son, she texted me to come to the hospital. I assisted in filling out her birth certificate.

She had made the comment during this time that she was thinking about going back to college, but she didn't know where to even start. So, we made this our new goal. I helped her look at different local colleges. Then assisted her in applying for FAFSA and her college application. She was able to receive all grants to pay for college and even money left over to assist with books. She is doing fantastic in her schooling to this day and keeps in touch with me on occasion.”

-CHW, Ohio

MOM & BABY MOBILE HEALTH CENTER, WASHINGTON, D.C. AREA PILOT

Mobile Health Center intervention snapshot Washington, D.C. area pilot program

- 1,361 visits provided between January 2021 and June 2022
- Seventy eight percent of total visits were repeat visits
- Eighty four percent of total visits were for pregnant patients
- Five percent of total visits were for postpartum patients
- Twenty eight percent of patients surveyed would not have accessed care and support without the Mobile Health Center pilot
- Ninety nine percent of patients surveyed were satisfied with services provided

Addressing barriers

The Washington D.C. area Mom & Baby Mobile Health Center brings clinical health care services to underserved areas, aiming to reach people who otherwise would not seek or have access to care. Difficulties paying for health care, transportation and concerns around immigration status all contribute to challenges seeking care for residents in this area.



MOBILE HEALTH CENTER - VISITS WITH SCREENING

6,651 screenings performed during 1,361 visits
Jan 2021 - June 2022

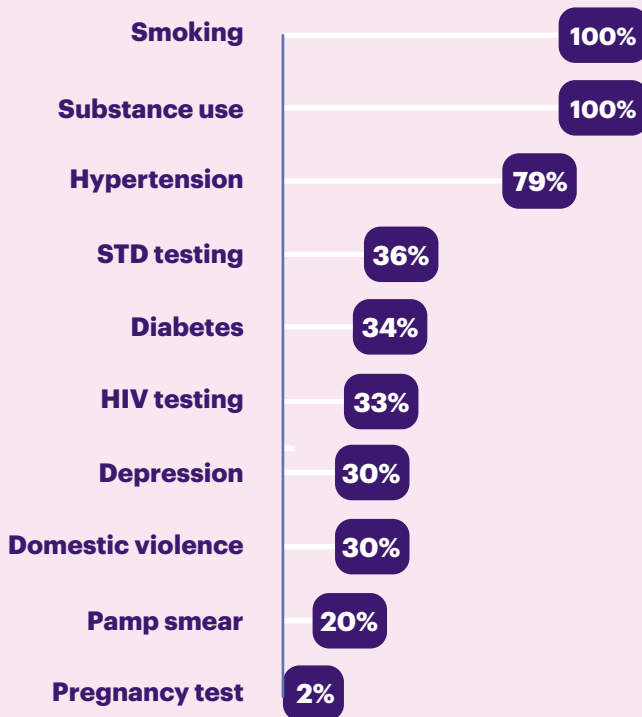


Figure 4: Screenings provided to Mobile Health Center patients in the D.C. area pilot program, through June 2022

Services provided by the Mom & Baby Mobile Health Center included well woman visits, prenatal and postpartum care, screenings (Figure 4), and testing; most visits included prenatal care. Similarly to our CHWs, providers on the mobile health center complete screenings such as those for smoking and substance use with all patients during their first visit. The remaining screenings are completed as patient needs are addressed during their remaining appointments. The mobile health center is not only seeing a higher number of visits than anticipated, seventy eight percent of women seeking care are returning for follow care.

MOBILE HEALTH CENTER DC/MD: BRINGING CARE TO WOMEN

I could go on and on about all the things that I like. I like the sense of purpose, that is a big thing. It's almost how I wanted to give midwifery care as that whole sense of, "I know I'm doing something good and purposeful for the community." Knowing that this is a worthwhile opportunity and experience for not only the providers, but for the patients as well and you know that it's doing such a good thing out there and it's become so popular and worthwhile. I think we're actually driving a force where we are—definitely showing where we're making sure that people are getting that care that they need.

—Mobile Health Center provider, Washington, D.C.

WHERE WE'RE GOING FROM HERE

The volume of repeat visits for both the Mom & Baby Mobile Health Center and Community Health Worker interventions reinforces the successful community and relationship building established throughout the pilot thus far, despite the various urban and rural market challenges. With the high demand for the current intervention services, we're adding partners and services in both pilot areas. In the Washington D.C. pilot, we've identified another partner to implement the CHW intervention in the D.C. area and they've reported success in less than a month of programming. Wolomi is a D.C.-based community organization that offers support to women of color to improve maternal health outcomes. Wolomi's CHW program draws on evidence based maternal health models for group perinatal health and combines virtual learning with facilitated live sessions to focus on topics that improve knowledge and support in a culturally competent manner.



In the Ohio pilot, our current CHW partner, OhioHealth Physician Group at O’Bleness Hospital is expanding CHW services with additional staff to supplement the Better Starts for All pilot. In addition, the Ohio-based mobile health center partners, The Ohio State University Wexner Medical Center in Columbus, and Adena Women’s Health in Ross County will continue to provide services to women in the region.

These pilot markets and other maternity care deserts in the United States will continue to need support to give all members of the community an opportunity to thrive and have the best possible start. This support includes future funding for interventions such as those of Better Starts for All and scalable solutions that can be implemented in both urban and rural communities across the country. Corporate funders, health professionals and communities across the country will all serve critical roles in addressing maternity care deserts.

March of Dimes is committed to expanding our footprint to support solutions like mobile health centers in maternity care deserts. March of Dimes is doubling down on our commitment to mobile health expansion with confidence that interventions such as those of Better Starts for All will be useful and necessary to bridge access to care. We look forward to working together and continuing to explore opportunities for innovations that will help us reach our goal—a long-term path of sustainability and scale to provide greater maternity care access to women across the United States living in maternity care deserts. To learn more or discuss how to get involved, contact Kiana Hardy at khardy@marchofdimes.org or visit betterstartsforall.com/

REFERENCES

¹ March of Dimes, (2020). Nowhere to Go: Maternity Care Deserts Across the U.S.

<https://www.marchofdimes.org/materials/2020-Maternity-Care-Report-eng.pdf>

² Pittman, M., Sunderland, A., Broderick, A., and Barnett, K. (2015). Bringing Community Health Workers into the Mainstream of U.S. Health Care. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC. <https://doi.org/10.31478/201502c>

³ United Health Foundation. (2018). 2018 Health of Women and Children Report, District of Columbia. America’s Health Rankings. <https://www.americashealthrankings.org/learn/reports/2018-health-of-women-and-children-report/state-summaries-district-of-columbia>

⁴ Ohio Department of Health. (2019). A Report on Pregnancy Associated Deaths in Ohio, 2008-2016.

https://odh.ohio.gov/wps/wcm/connect/gov/f5f620c6-d444-4873-bbc8-bbc76bba1a71/A+Report+on+Pregnancy+Associated+Deaths+in+Ohio+2008-2016+finalx.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGKIKON0J000QO9DDDDM3000-f5f620c6-d444-4873-bbc8-bbc7

⁵ Yu, S.W.Y., Hill, C., Ricks, M.L. et al. The scope and impact of mobile health clinics in the United States: a literature review. *Int J Equity Health* 16, 178 (2017). <https://doi.org/10.1186/s12939-017-0671-2>

