Maternal and Child Health Rapid Community Assessment

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VIRGINIA DEPARTMENT OF HEALTH INTERNSHIP ACADEMY

VIRGINIA TECH

3,133 Live Birth Count — Annual Births in CSHD

1,064 Live Medicaid Births — Medicaid Births in CSHD

Introduction

This project aims to compile, analyze, and synthesize Maternal and Child Health (MCH) data for CSHD to highlight disparities, service gaps, and key trends in access, care, and coverage affecting mothers, infants, and children.

MCH data were analyzed to determine significant trends and disparities within CSHD. Analysis highlighted that six CSHD localities have high rates of no/late prenatal care. The interviews held within this study will be used to continue the investigation.

Key MCH Indicators:

- High risk factors – e.g. distance to care, chronic health burden, prenatal care
- Residing in a maternal and child health care desert or an area with limited and MCH health services

>1542 sq. miles — Over half of CSHD is a maternal care desert

2 of 4 — Need-based Perinatal Hubs Awarded to CSHD

Certain MCH data points for Buena Vista and Bath and Highland Counties has been withheld by VDH and is currently unavailable for release due to small case counts and confidentiality requirements.

Percentage of No-Late Prenatal Care

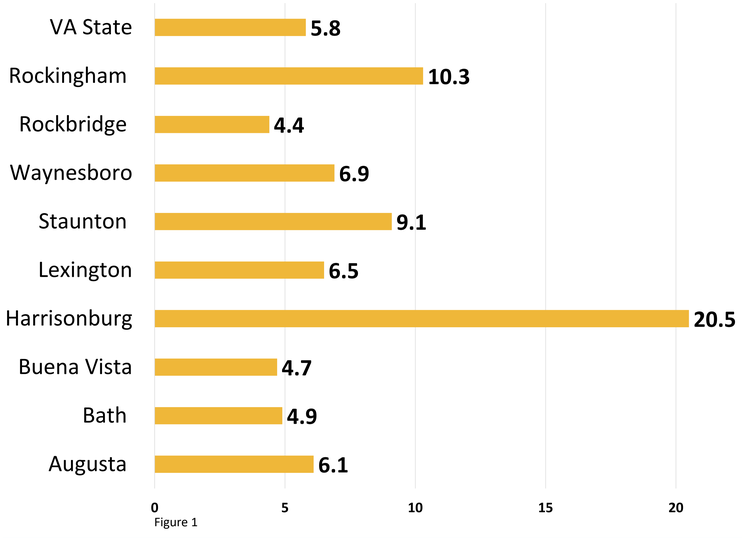

Figure 1

Maternal Health Outcomes

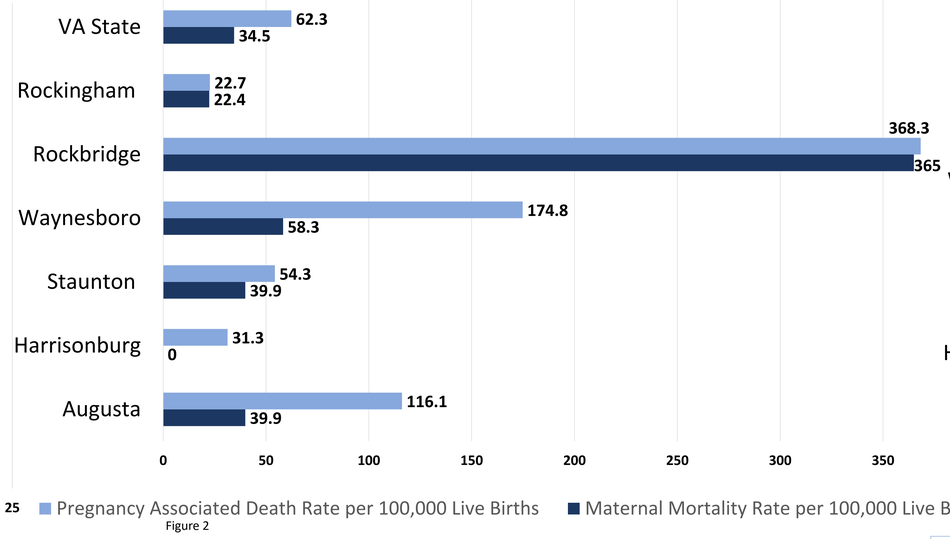

Figure 2

Annual Infant Mortality Rate per 1,000 Live Births

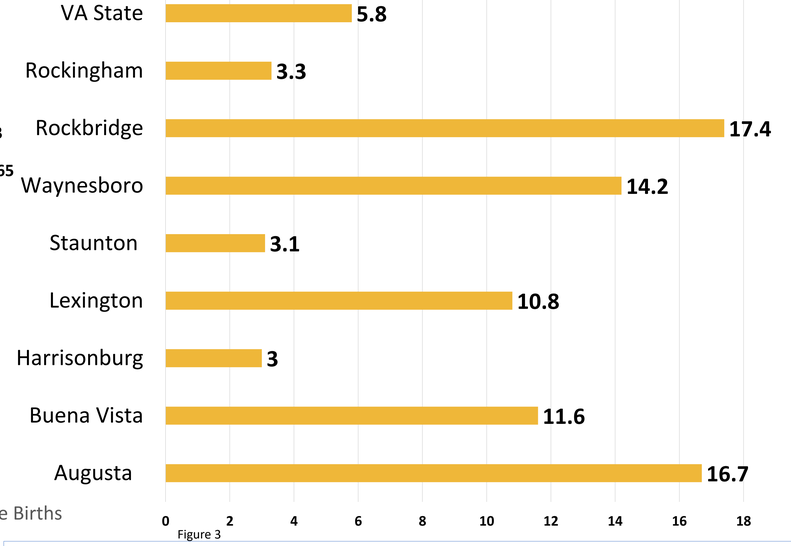

Figure 3

Methods

Focus group discussions and key informant interviews were conducted with women living in CSHD to learn their lived perinatal experience within this region. To participate, women were required to reside in CSHD, have attempted to receive or received perinatal care, and have a child under the age of 5. The sample size was 11 (n=11).

Participants were asked a total of five questions, with three key research questions: what supported their perinatal care, what barriers delayed or prevented perinatal care, and how they experienced the perinatal care and time in CSHD. Asking about community resources and communication/access of information and care gave further insight on the CSHD perinatal experience. These questions address the gaps, disparities, and trends in maternal care.

The objectives of this project are as follows:

- Create a unified dataset of MCH indicators
- Conduct qualitative data collection through facilitation of community discussions and thematic coding
- Create a concise and professional Rapid Assessment for stakeholder distribution
- Pursue data and communication skills, health equity, and community engagement

Both qualitative and quantitative data from community insights will be contextualized to strengthen the report. The report will be used in stakeholder discussions to promote MCH programming and services.

Socioeconomic Status of Participants

Correlation of Income & Insurance

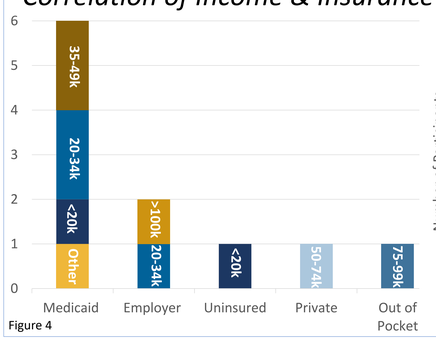

Figure 4

Resource Utilization

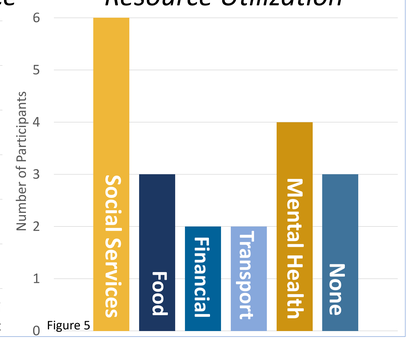

Figure 5

Recurring Experiences

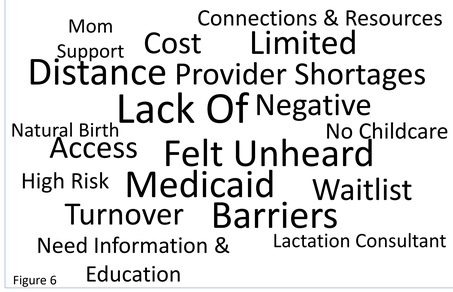

Figure 6

Maternal Care Access in CSHD

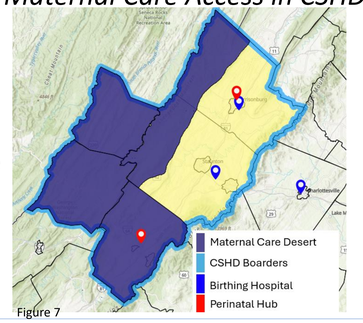

Figure 7

Results

From the analysis of interview transcripts, five most prominent and recurring themes were highlighted. Below are the five themes followed by supporting semantic codes.

1. Systematic Gaps – insurance coverage, Medicaid acceptance, limited specialty care, provider shortages and lack of diversity, labor regulations
2. Access Barriers – acquiring transportation, insurance and cost of care, lack of primary care and specialty providers, waitlists for care
3. Dissatisfaction with Care – trust, turnover, unanswered questions & fears,
4. Educational Resources – lack of programming, awareness of services, baby safety, MCH classes
5. Connection & Support – lactation consultant, advocates, mom-to-mom

Conclusion

This study found that, with only two birthing hospitals in CSHD, not equipped to handle high risk pregnancies, perinatal care was difficult for mothers to obtain due to a multitude of factors. These include systemic gaps, barriers to access, and dissatisfaction with care.

Findings call for further investigation concerning prenatal care and infant/ maternal mortality rates in CSHD. More data are needed to fully understand all factors impacting maternal and child care in the district. To carry on research, this study has become a pilot to be continued by James Madison University.

Within CSHD, conversations will be held with community partners and stakeholders to address the gaps highlighted in this study. Internally, an MCH Work Group is convening to implement a strategic plan to strengthen support, coordination, and referrals of MCH care.

Acknowledgements

References

Demographics – Data. (2020).. VirginiaGov. https://www.vdh.virginia.gov/data/demographics/

Maternal & Child Health Indicators – Data. (2023). Virginia.Gov. https://www.vdh.virginia.gov/data/maternal-child-health/mch-indicators/

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