MSphi Mississippi Public Health Institute

MISSISSIPPI
Maternal Health
Innovation Task Force

Five-Year Strategic Plan

A BRIGHTER BEGINNING:

Transforming Maternal Health in Mississippi for the Next Generation

ACKNOWLEDGMENTS

The Mississippi Public Health Institute (MSPHI) would like to extend our deepest gratitude to the many partners who have joined us in the shared vision of making Mississippi the best place for moms and babies. Your unwavering commitment, collaboration, and passion have been instrumental in shaping this strategic plan. We are especially thankful to the mothers who graciously shared their personal stories with us. Their experiences keep us grounded in the humanity of the maternal health imperative. Their voices have not only guided our work but have also inspired us to strive for a future where every mother and baby in Mississippi thrives. Their experiences also remind us of the importance of this mission, and we are honored to carry these stories forward as we work together to create lasting change. Lastly, thank you to our consultant partners at SHARED Strategy Group LLC for leading the facilitation and development of the final strategic plan.

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"When you empower a mother, you empower a family, and when you empower a family, you empower a community."

-African Proverb

MISSISSIPPI MATERNAL HEALTH INNOVATION TASK FORCE (MHITF) MEMBER ORGANIZATIONS

Diverse, multi-sector representation on the MHITF is crucial for improving maternal health outcomes in Mississippi. MSPHI has been intentional in establishing a broader membership structure that engages traditional health care partners and representatives from non-clinical organizations that have influence on the supportive services, policies, or environments that also drive outcomes for moms and infants. Below is a list of the organizations that have been engaged as part of the MHITF. MSPHI will continue to identify new member organizations during the grant period and expects the roster will change as implementation of strategies progresses.

- Alcorn State University
- Amerigroup
- Association of Mississippi Midwives
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Bartkowski & Associates Research Team
- Be Well by Candace
- Black Women's Roundtable
- Blooming Moon Midwifery Services
- Blue Cross Blue Shield of Mississippi (BCBS MS)
- Born Free
- Bower Foundation
- Center for Health Policy (C4HP)
- Central Mississippi Planning and Development District
- Choctaw Health Center
- Community Health Center Association of Mississippi
- Converge
- David and Lucile Packard Foundation
- Delta Health Alliance
- Delta Health Partners Healthy Start
- Delta Health System
- Delta State University - School of Nursing
- Dilation Diva
- Entergy Mississippi
- GA Carmichael Family Health Center
- Gulf Coast Breastfeeding Center
- Hands and Hearts Birth
- Health & Wellness Ministry at Jackson Revival Center
- Health Help Mississippi
- Health Resources and Services Administration (HRSA)
- Healthy Moms/Healthy Babies of Mississippi
- Institute for the Advancement of Minority Health
- Jackson Hinds Comprehensive Health Clinic / Healthy Start
- Jackson Safer Childbirth Experience
- Jackson State University – School of Public Health
- Magnolia Medical Foundation
- March of Dimes
- Mississippi American College of Obstetricians and Gynecologists (MS ACOG)
- Mississippi Black Women's Roundtable
- Mississippi Center for Justice
- Mississippi Department of Education
- Mississippi Department of Mental Health (DMH)
- Mississippi Department of Rehabilitation Services
- Mississippi Department of Transportation
- Mississippi Division of Medicaid
- Mississippi Faith-Based Association
- Mississippi Food Network
- Mississippi Head Start Association
- Mississippi Health Advocacy Program
- Mississippi Housing Authority
- Mississippi Hospital Association
- Mississippi Maternal Mortality Review Committee (MMRC)
- Mississippi Medical Association (MSMA)
- Mississippi Midwife Association
- Mississippi Milk Leagues
- Mississippi Perinatal Quality Collaborative (MSPQC)
- Mississippi Rural Health Association
- Mississippi State Department of Health (MSDH) - Maternal and Child Health
- Mississippi State Department of Health, Communicable Diseases Division, Office of STD/HIV
- Mississippi State Department of Health - Women Infant and Children (WIC)
- Mississippi State Medical Association (MSMA)
- Mississippi Urban League
- Mom.ME
- Mothers Obtaining Justice & Opportunities
- Northeast Mississippi Healthy Start
- National Network Perinatal Quality Collaborative
- North Mississippi Medical Center
- Nyana Birthing Co
- Plan A Health
- Racial and Ethnic Approaches to Community Health (REACH)
- RMOMS
- Sharing Health Education Awareness (SHEA)
- Shared Strategy
- Six Dimensions
- Southern Mississippi Midwifery
- Springboard to Opportunities
- The Lady Who Cares Organization Inc.
- Therapy Plus
- University of Mississippi Medical Center (UMMC)
- University of Southern Mississippi College of Nursing and Health Professions
- William Carey University

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OVERVIEW

Historically, Mississippi has faced significant challenges in the efforts to improve health outcomes, particularly for communities of color, those living in rural communities with limited resources, and for those living at or below the federal poverty line. The conditions driving health outcomes for those with a heavier health burden are complex and systemic, having an impact on vulnerable Mississippians often for generations. The diversity and complexity of influencing factors contributing to current public health outcomes means that strategies must cross-cutting and have a focus beyond the clinical setting to engage housing leaders, community activists, transportation officials, environmentalists, educators, and employers. Most importantly, it means engaging those most impacted not as experimental subjects, but as power brokers and leaders.

Public health efforts have traditionally focused on controlling infectious diseases and addressing basic health needs, but these efforts have frequently been hampered by limited resources, political will, and deep-seated social inequities. As a result, social drivers of health—such as poverty, lack of access to quality education, inadequate housing, and limited health care access—have perpetuated poor health outcomes. The disparities experienced by Black Mississippians are evident in numerous health metrics, including higher rates of chronic disease, infant mortality, and maternal death, underscoring the need for more comprehensive, equitable public health strategies that address the root causes of health inequities.

Public health innovations play a vital role in improving maternal health outcomes in Mississippi, especially for Black women, who face disproportionately high risks of maternal-related complications. Innovative approaches are essential to address the deep-rooted disparities and systemic gaps that contribute to this alarming statistic. By leveraging multi-sector partner resources, addressing policy barriers, using data-driven strategies, and enhancing people-centered interventions, public health innovations can help to create more equitable health care systems, enhance access to quality care, and ultimately save the lives of countless women and infants in Mississippi. The urgency of this issue demands a commitment to pioneering solutions that prioritize the health and well-being of all mothers, with a focused effort on those most at risk. The Mississippi Public Health Institute through the Maternal Health Innovation Program will focus on four innovations that will address system gaps while centering women at the heart of statewide efforts.

These innovations include:

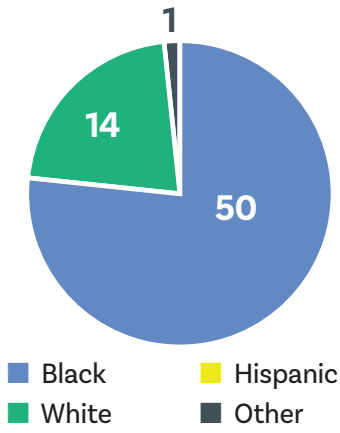
- Increasing Medicaid enrollment
- Improving data on maternal health experiences
- Increasing mental health support and access
- Building the capacity to respond to obstetric warning signs

PROFILE ON MATERNAL HEALTH IN MISSISSIPPI

Baseline Data on Maternal Health and Care

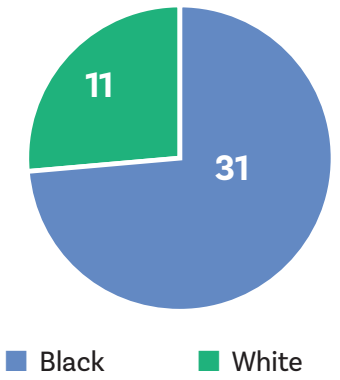
In the 2023 report released by the Mississippi State Department of Health (MSDH), the Maternal Mortality Review Committee (MMRC) reviewed the state's maternal mortality data from 2016–2020. Mississippi data showed a significant increase in maternal deaths from a rate of 26.4 deaths per 100,000 live births to 44.2 deaths per 100,000 live births. During the reporting period there were 65 pregnancy-related deaths in the state of Mississippi. Of those 65 deaths, 50 deaths were Black women. That proportion represents over 76 percent, which is a staggering disparity in providing adequate care for Black women. Figure 1 illustrates Mississippi's pregnancy-related deaths disaggregated by race.[1]

Figure 1. Mississippi Pregnancy-Related Deaths 2016–2020



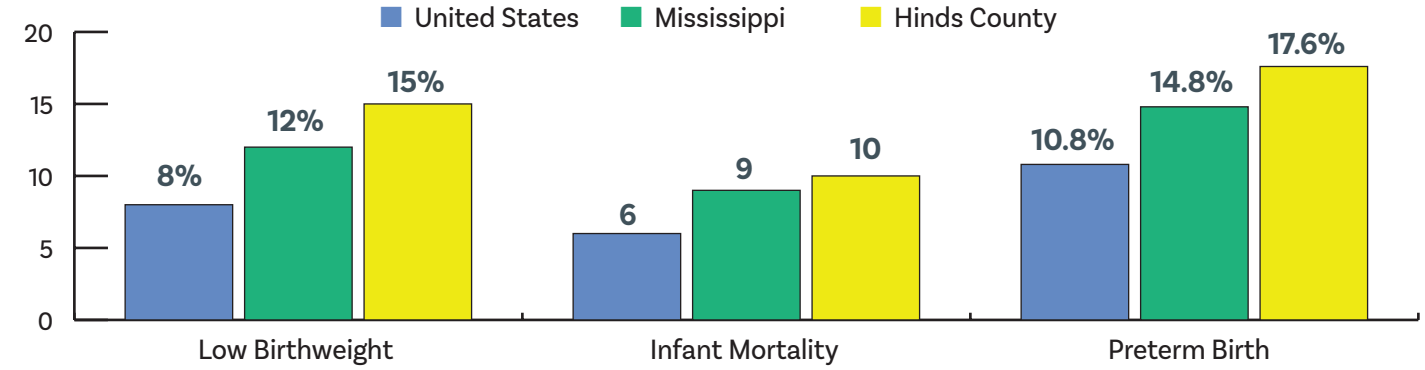
According to the Maternal Mortality Review Committee's (MMRC's) 2017–2019 data, four in five (80 percent) pregnancy-related deaths in the U.S. are preventable.[2] For Mississippi, that means 54 of the 65 pregnancy-related deaths could have been avoided. This statistic reflects a profound gap in the provision of timely, adequate, and equitable health care. The avoidable loss of life underscores the urgent need for systemic change, highlighting gaps in access to care, health education, and demonstrated cultural competency in care by providers providers.

Figure 2. Avoidable Pregnancy-Related Deaths in Mississippi



According to 2019–2023 data from U.S. Census Bureau and the County Health Rankings and Roadmaps reporting, 12 percent of babies born in Mississippi were considered low birthweight compared to 8 percent nationally. In Hinds County, Mississippi which includes the capitol city of Jackson, the percentage of low birthweight babies was even higher at 15 percent. Additionally, the infant mortality rate for Hinds County exceeded both the U.S. and state rate. Currently, the population of Jackson is approximately 82 percent Black, which was relatively unchanged during the aforementioned reporting period. In 2022, Mississippi led the nation in preterm births with a rate of 14.8 percent while for Hinds County the rate was 17.6 percent. This is compared to the U.S. rate of 10.8 percent. Figure 3 illustrates the comparison of key infant health indicators.

Figure 3. Infant Health Indicators



1 Mississippi Maternal Mortality Review Committee Report p. 13

2 https://www.cdc.gov/media/releases/2022/p0919-pregnancy-related-deaths.html

Understanding System Gaps in Care and Coverage in Mississippi

Mississippi is currently facing a severe health care shortage, particularly in the field of obstetrics and gynecology, which poses an additional threat to maternal health. Several counties in the state lack a single OB-GYN provider, forcing women to travel long distances to receive essential prenatal and maternal care. According to the American College of Obstetrics and Gynecology (ACOG), based on number of births and women of reproductive age, Mississippi would need an additional 465 OB-GYNs to provide the necessary level of care. This shortage is worsened by the closure of rural hospitals and maternity wards, further limiting access to specialized care, especially for low-income and minority women. The scarcity of OB-GYN services in Mississippi not only increases the risk of complications during pregnancy and childbirth but also contributes to the state's high maternal mortality rate. This shortage of medical personnel underscores the need to expand the maternal health care team and to provide workforce training for first responders and emergency providers. Figure 4 takes a broader look at the maternal health provider landscape in Mississippi.

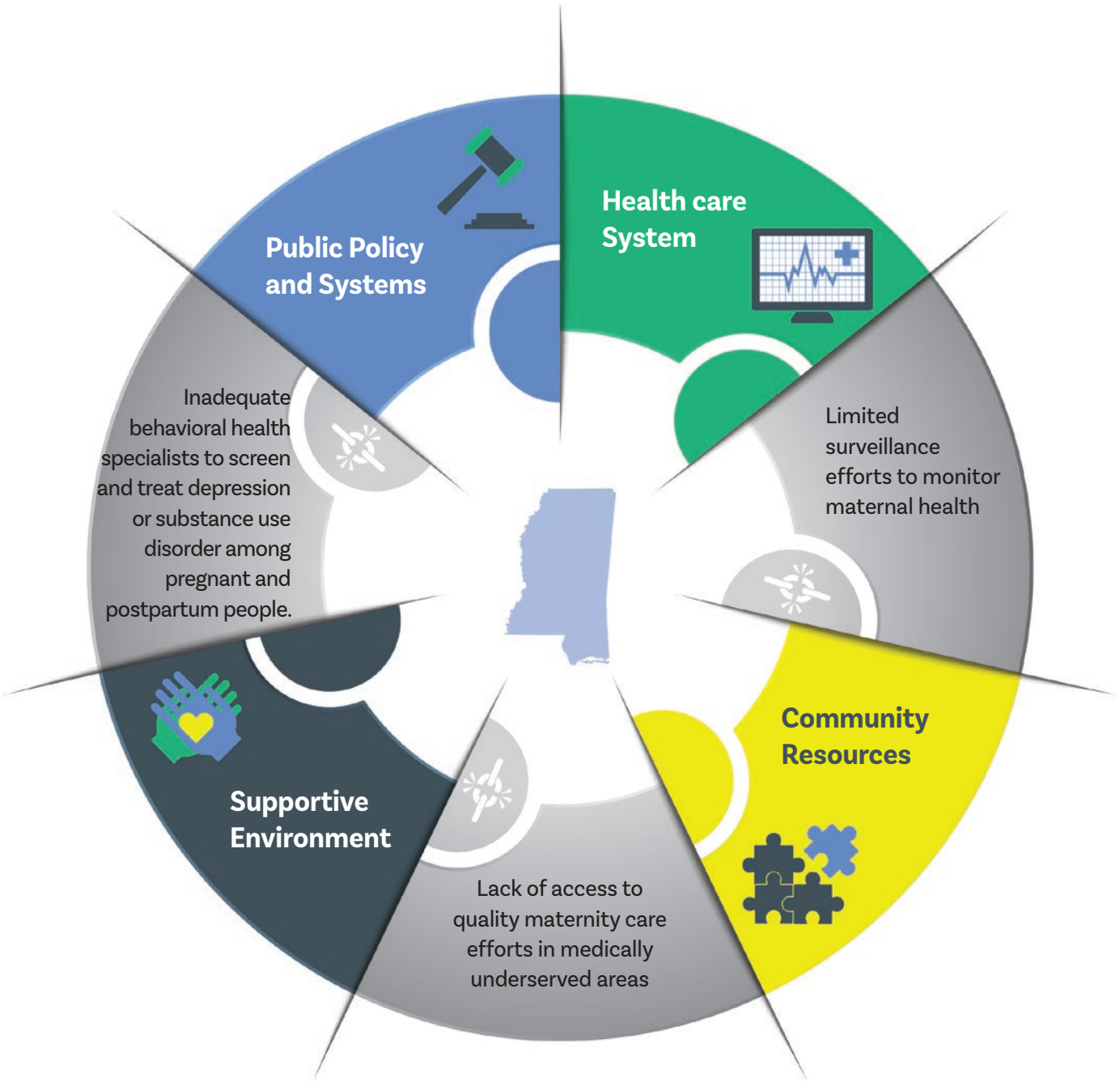
Figure 4. Mississippi Maternal Health Landscape

Maternal Care Recommendations Data	Current Mississippi Provider Landscape
1 OB-GYN per 1,250 reproductive-age women	429 OB-GYNs, need 465 per ACOG
6 midwives per 1,000 live births (WHO)	29 Midwives, need 206 per WHO
1 doula per 15 women	232 Doulas (estimate), need 2,290
34,354 births (2023)	2,007 Family Physicians
581,259 women of reproductive age (2022)	MS Patient-Provider Ratio 1,880:1 compared to U.S. 1,330:1

Current Mississippi Maternal Care System Model

An effective maternal health system integrates primary care providers, specialty care, hospitals, supportive services, and community resources to ensure comprehensive care for expectant mothers. At the center of this system should be the mother and family, empowered to lead in the decisions regarding care. This system aligns health care providers for a seamless transition from prenatal to postpartum services, ensuring continuity of care. Supportive services, such as mental health counseling, nutrition assistance, maternal advocacy, and supportive environments play a vital role in addressing the broader needs of mothers beyond medical care. Additionally, community resources, including education programs, transportation services, and peer support networks, are essential for reducing barriers to access and providing holistic, culturally sensitive care. Figure 5 illustrates the current maternal health care model and the primary system gaps as identified by the MMRC.

Figure 5. Current Mississippi Maternal Care System Model



MHITF DISCUSSION COMMENTS

What are the system or approach gaps in maternal care?

- Lack of education and training on the impact midwives and doulas can have in supporting a positive maternal / birthing experience
- Support for increasing the use integration of doulas as part of the maternal health care team
- Language and culture barriers
- Minimal partnerships with community-based workers, midwives, and doulas
- Resource distribution too centralized
- Failing to make data-informed decisions/plans
- Providing education of services available to consumers
- Transportation between insured and uninsured; distance
- The need for updated training for health care providers that moves from standard cultural competency to the demonstration of humanity in the care of Black women and families of color
- Cashing in on federal dollars i.e., Medicaid expansion
- Lactation support, MHT and midwife care
- Increased collaboration between government, private, chief executive officers, and pregnancy recource centers, to enhance resource allocation
- Better use of health data

These comments were captured during a engagement exercise with participants.

Maternal Health Insurance Coverage

In Mississippi, Medicaid is a critical source of maternal health coverage, offering prenatal, delivery, and postpartum care to eligible low-income women. Under Medicaid, pregnant women receive benefits for one year following the birth of the child. Pregnant minors (under age 19) can qualify for Medicaid coverage regardless of family income. According to the Mississippi Division of Medicaid, the program covers nearly 60 percent of all births in the state, ensuring that a significant portion of pregnant women receive necessary health care services. However, despite this coverage, a substantial gap remains, with approximately 22 percent of women of childbearing age in Mississippi being uninsured, as reported by the Kaiser Family Foundation. This uninsured rate presents significant barriers to accessing maternal health care, contributing to the state's ongoing challenges in improving maternal health outcomes. Unfortunately, Mississippi has not expanded Medicaid, and the regulatory practices have contributed to the loss of coverage for those previously covered, as well as created additional barriers to increasing the number of providers willing to accept Medicaid patients.

AMPLIFYING THE EXPERIENCES OF BLACK MOMS IN MISSISSIPPI

In identifying stakeholders to engage as members of the MHITF, MSPHI was intentional to center moms as leaders in the development of the five-year strategic plan. Their lived experiences provide invaluable insights into the unique challenges they face, ensuring that strategies are tailored to meet their specific needs and implement innovations that speak to the experiences of those most impacted. MSPHI hosted a focus group conversation with Black moms who graciously shared the personal stories of their birthing experiences. Figure 6 below highlights experiences of bias, disempowerment, and care concerns from participating moms.

Figure 6. Highlighted Quotes from Black Moms in Mississippi

GROUNDING IN THE HUMAN EXPERIENCE

Highlighting the experiences of moms of color In Mississippi from the April 2024 coffee and tea conversations.

"The doctor didn't believe me that I wasn't feeling well, and I had to tell him several times. I brought my mother with me back to the doctor and when I was in the bathroom, I heard him say, 'I don't think anything is wrong with her physically,' and he gave me medicine for schizophrenia."

"My doctor told me they didn't allow patients to bring their children to my post-partum appointments, so I had to find another doctor."

"Even after COVID my doctor didn't want my husband in the room during exams, and it was like they didn't acknowledge the dads. My husband and I came up with the birth plan together."

"I had a doula for both pregnancies. I had a baby when I lived in another state and one here. When I had a doula connected to the hospital, it was a different experience. The doula that was from outside the hospital, I felt was a better advocate, she was part of a community resource."

ENVIRONMENTAL SCAN: OBSERVATIONS ON INFLUENCING FACTORS

Through a rapid environmental scan engagement process, the MHITF identified various external factors that could potentially impact the development and implementation of the MHITF strategic plan. This engagement process focused on examining political, economic, social, technological, legal, and environmental factors (often referred to as PESTLE analysis), as well as public health trends, stakeholder perspectives, and potential barriers and opportunities. These factors are stratified across three domains of historical context (past); current conditions (present); and trends or emerging conditions (future). Comments reflected below are directly captured during the group discussions of the MHITF. Duplications in influencing factors are intentionally represented in the list below which is the result of analyzing the reflections and input that emerged from multiple group discussions.

PAST: Historical Context

- Systemic racism
- Lack of resources
- Culture + beliefs
- *No civil + human rights/viewed as property to limited civil rights
- Laws prohibiting formal education
- Unethical sexual and reproductive medical experimentation
- Limited employment opportunities/income potential
- Generational poverty
- Structural racism and paternalism
- Inadequate access to care
- Unfair access to opportunities to improve the economic conditions for many families of color
- Models of care (midwife/doula)
- Access to care
- Ineffective health literacy efforts that do not align with resources
- Poor quality of housing
- Inadequate investment in community infrastructure
- Neighborhood quality
- Male dominant providers – lack of representation in OBGYN space
- Impact of Flexner Report (closing of medical schools)
- Differential treatments between boys and girls
- Generational message - (negative message disempowering young girls)
- Social norms around health conditions
- Women not feeling comfortable to share experiences, postpartum depression pain, etc.
- Racism's impact on medicalization of birth and Black rural patients birthing

PRESENT: Current Conditions

- Lack of cultural awareness by health care providers (breastfeeding, trauma, stress, etc.)
- Shortage of providers, time available to spend with patients
- Pressures from outside forces influencing treatment – Medicaid patients treated differently
- Limited access to care for uninsured or self-pay patients
- Ineffective policies at all levels that are not congruent to promoting or supporting optimal maternal health
- Social drivers of health such as transportation, housing, employment, and education
- Limited number of providers
- Limited number of doulas
- Availability of natural helpers being included in "change" discussions
- Maternity care deserts/underprepared non-birthing hospitals
- Geographical migration/change

PRESENT: Current Conditions (continued)

- Systemic racism
- Politics in health care
- Lack of accessibility (transportation, providers, etc.)
- Poverty (education, nutrition, etc.)
- Hospital budget cuts (staffing, supplies, etc.)
- Medicaid expansion and doulas being necessary but under-publicized

FUTURE: Trends or Emerging Conditions

- Doctor shortage + graduating med students moving out of state
- Mental health (Postpartum)
- Rural areas are experiencing declining access to health care
- Use of technology and A.I. as a tool for increasing access to health
- Limited employment support
- Reimbursement/Support (Rx: policies and employer/employee)
- Social drivers of health such as transportation, housing, employment, and education
- Limited number of partners - across the board (especially rural communities)
- Alternate pathways for education and support due to medical mistrust will be sought by more pregnant people and families
- Doula/Midwives (increasing need)
- New models (centering, medical/legal partnerships)
- Threats to progress if Affirmative Action/Diversity, Equity, and Inclusion attacks could impact people of color and families
- Maternal care is rooted in racism and is disconnected from fact that the states with most restrictive state policies are also the ones with the greatest issues of disparities
- Present funding opportunities to aide more collaboration and new funding for community-based organizations.
- Focus on improving administrative processes and streamlining access to programmatic grant dollars
- Acknowledgment of data and Black patients' birthing challenges

ADDRESSING MISSISSIPPI'S POLICY CHALLENGES IMPACTING MATERNAL HEALTH: MISSISSIPPI MEDICAID

Medicaid Unwinding

Credit: Eric J. Shelton/Mississippi Today

Mississippi Medicaid Unwinding refers to the state's adopted regulatory practice of redetermining eligibility for Medicaid beneficiaries after the continuous coverage provision, which was enacted during the COVID-19 pandemic, ended. During the pandemic, states were required to maintain Medicaid coverage for all enrollees without conducting the usual eligibility predeterminations, which meant that no one could be disenrolled from Medicaid, even if their circumstances changed. In 2023, the continuous coverage provision was lifted as part of the broader unwinding of pandemic-related policies. As a result, Mississippi, like other states, began reviewing the eligibility of Medicaid enrollees, a process known as "unwinding." This process is critical because it can lead to a significant number of people, including women and children, losing their Medicaid coverage if they are unable to complete the required paperwork to verify their eligibility. In January of 2024, it was projected that over 98,000 Mississippians were dropped from Medicaid coverage due to unwinding. Of the 98,000 Mississippians, 54,918 were children.[3]

Preemptive Eligibility

As previously referenced, a significant proportion of pregnant women in Mississippi rely on Medicaid for health care coverage. According to the Kaiser Family Foundation, Medicaid covers about 60 percent of births in Mississippi, which is one of the highest rates in the nation. Preemptive eligibility plays a critical role in ensuring that pregnant women, who are likely eligible for Medicaid, receive timely access to prenatal and other necessary health care services while their full eligibility is being processed. On the surface, the policy would seem to be a tool to facilitate more timely access to care for pregnant women. However, Mississippi's preemptive eligibility policies present significant barriers to provider participation. Providers must complete an application process, training, and agreements that are considered to be unnecessarily cumbersome administrative burdens prohibitive to clinical practice. Additionally, concerns regarding delayed or denied Medicaid payments have limited the number of providers willing to see patients that qualify under preemptive eligibility.

Medicaid Expansion

Mississippi remains one of the states that has opted against Medicaid expansion. The state has one of the highest rates of uninsured individuals in the U.S. As of 2022, 12 percent of the state's population is uninsured, compared to the national average of approximately 8.6 percent. In 2023, the percentage of uninsured increased to 14 percent. Without Medicaid expansion, many low-income adults fall into the coverage gap, meaning they earn too much to qualify for traditional Medicaid but earn too little to afford rates provided under the marketplace insurance exchange. It is estimated that 138,000 women in Mississippi are uninsured, many of whom would have been eligible if Medicaid were expanded. Approximately 43,000 children in Mississippi are estimated to be uninsured, despite the Children's Health Insurance Program. Many of these children belong to families that fall into that coverage gap or face administrative barriers to enrolling in available programs.

3 'My only hope': Inside one Mississippi woman's quest for Medicaid coverage - Mississippi Today

MISSISSIPPI FRAMEWORK FOR MATERNAL HEALTH IMPACT

Five-Year Goals and Objectives

The MHITF has been intentional in defining goals and objectives that improve health outcomes for the population with the greatest maternal health burden in the state—Black women. The overarching goal is to reduce avoidable pregnancy-related deaths in Mississippi in five years by 10%. The targeted approach is to implement the defined maternal health innovations to address the significant disparities in maternal health outcomes experienced by Black women in Mississippi.

GOAL 1 Expand access to affordable, high quality prenatal, childbirth, and postpartum care across the state

- Objective 1.1: Expand access to Medicaid coverage for eligible women of birth age and pregnant women
- Objective 1.2: Increase access to health care resources and facilities available to women in rural communities and under resourced [or Black] communities
- Objective 1.3: Increase access to community-based maternal health programs and doulas that provide culturally competent and culturally proficient care team support for Black women and their families
- Objective 1.4: Strengthen the healthcare workforce's ability to demonstrate cultural competence and quality of care in providing perinatal services and in responding to obstetric warning signs

GOAL 2 Enhance mental health resources and supports available to Black women and families during the pregnancy and postpartum period

- Objective 2.1: Expand access to postpartum depression screening in trusted healthcare settings as part of routine prenatal and postpartum care
- Objective 2.2: Increase public awareness and education on postpartum depression signs, available resources, and appropriate interventions
- Objective 2.3: Increase community-based peer support and advocacy for prenatal and postpartum [Black] women.

GOAL 3 Promote education and awareness on maternal health, the importance of quality care, and how to access the resources needed to support women from prenatal to postpartum.

- Objective 3.1: Develop culturally appropriate, community-based educational resources that increase awareness on the maternal health needs and experiences of women.
- Objective 3.2: Strengthen statewide data collection and reporting on maternal health outcomes and disparities experienced by Black women.
- Objective 3.3: Strengthen provider level accountability metrics for healthcare quality and quality of interactions experiences by Black women.

Short-Term and Long-Term Measures for Success

The key indicators of success in maternal health in Mississippi focus on improving outcomes for both mothers and infants, particularly in reducing maternal mortality, infant mortality, and preterm birth rates. Additionally, the MHITF has identified measures for access to care and disparities in care based on race and socioeconomic status that will be used to measure the impact of coordinated public health innovations. The data provided represents baseline measures of these key indicators, with three-year targets set to demonstrate measurable improvement, and five-year goals aimed at more significant long-term progress. These targets are intended to guide strategic efforts in addressing the challenges facing maternal and child health in Mississippi.

Figure 7. Health Indicators of Success for Mississippi

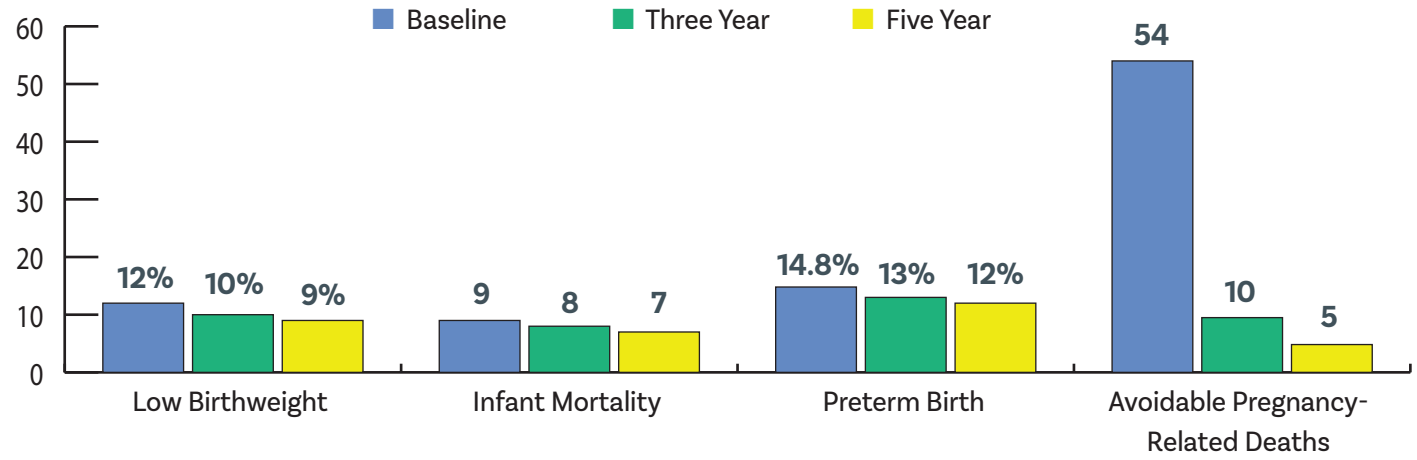
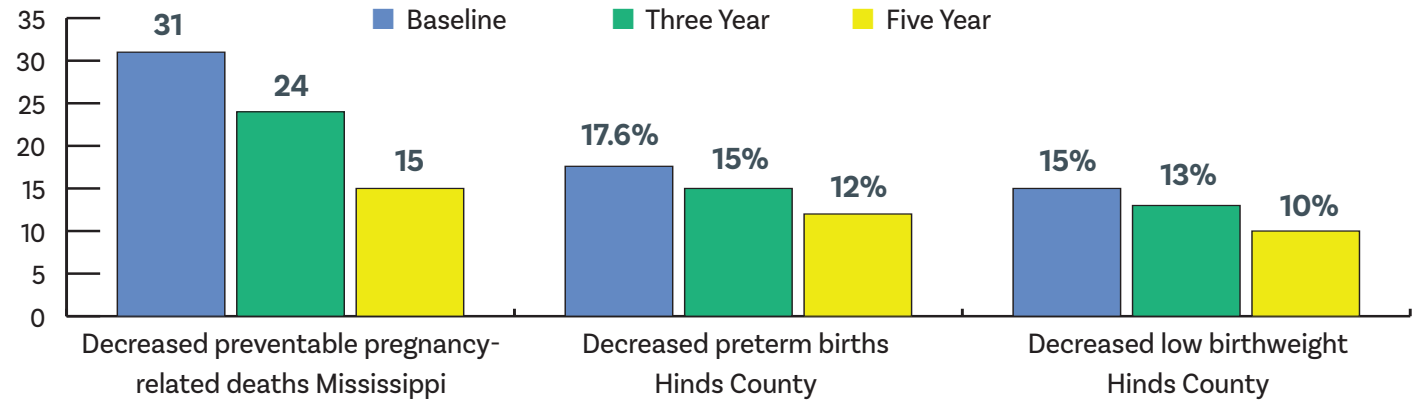


Figure 8. Access to Care Indicators of Success for Mississippi

Access to Care Indicators	Baseline	Three-Year	Five-Year
Increased number of doulas	232 (estimated)	300	350
Improved quality of patient / provider interactions	New intervention – no baseline data available		
Increased number of Black women reporting positive provider / patient encounters or positive birthing experiences under the quality care index.	New intervention – no baseline data available – currently 0	100	200
Decrease in percentage of women of childbearing age that are uninsured	22% uninsured	20%	17%

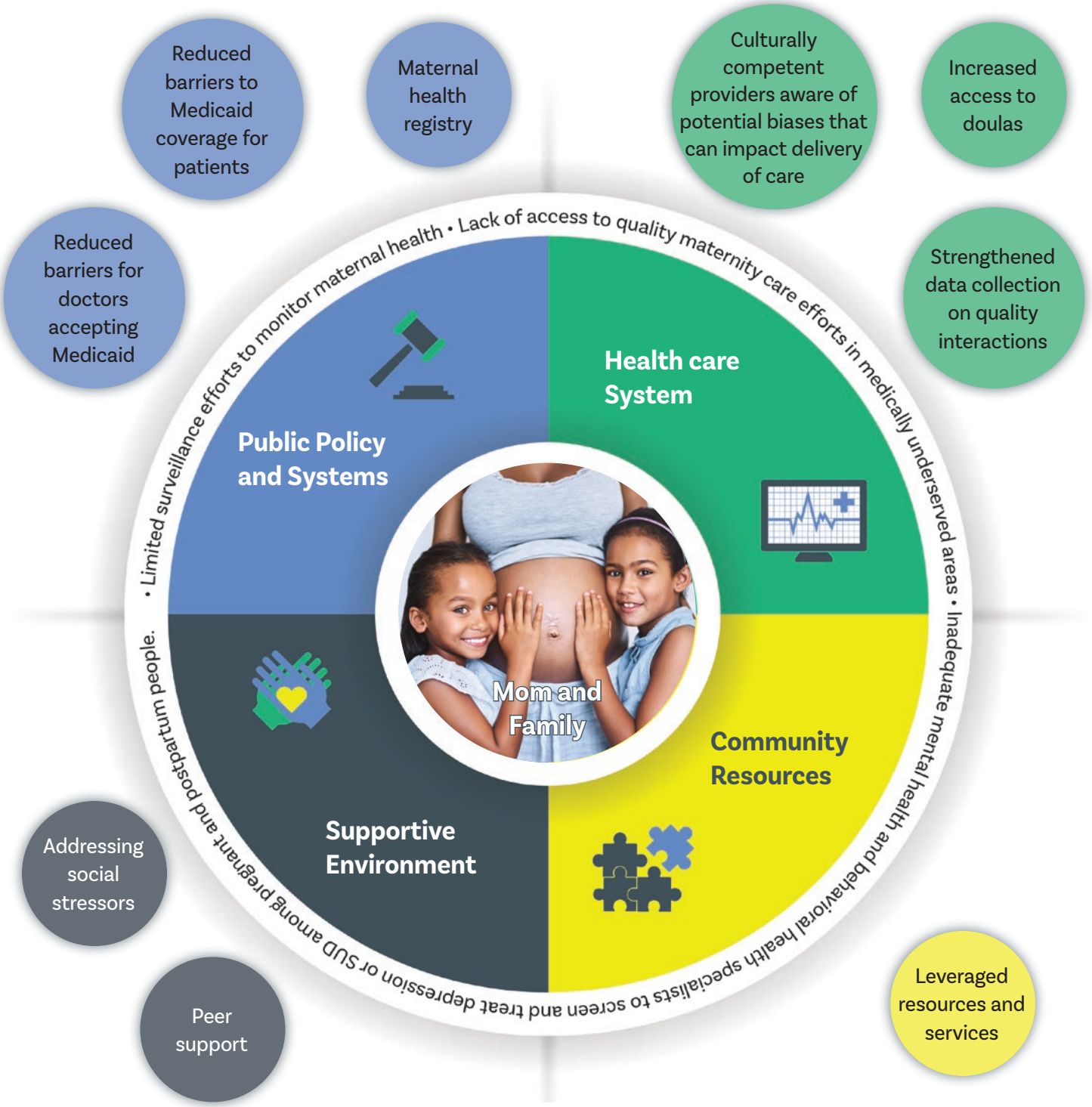
Figure 9. Eliminating Maternal Health Disparities Among Black Women



MISSISSIPPI'S INNOVATIVE APPROACHES TO IMPROVING MATERNAL HEALTH OUTCOMES

MSPHI's maternal health strategies focus on four primary innovations to address access barriers, build workforce capacity, strengthen cultural competence, improve health equity, expand maternal health data collection, and enhance supportive experiences for Black moms and women of childbearing age. These innovations were designed to address systemic gaps as outlined in Figure 5 on page 4. Figure 10 illustrates the remediation of such gaps through the MSPHI maternal health innovations program.

Figure 10. Addressing System Gaps in Care and Coverage: Mississippi Maternal Health Innovation Model



INNOVATION DESCRIPTIONS

Centering Pregnancy at the EversCare Clinic

The EversCare Clinic in Jackson, Mississippi, is a health care facility dedicated to providing comprehensive medical services to underserved and vulnerable populations in the area. Named in honor of civil rights leader Medgar Evers, the clinic is part of the broader EversCare initiative, which aims to address health care disparities in the community. The clinic offers a range of services, including primary care, chronic disease management, preventive care, and mental health support. It focuses on providing culturally competent care to meet the unique needs of its predominantly African American patient population, helping to improve overall health outcomes in the Jackson community.

Photo Credit: Joe Ellis/ UMMC Photography

Centering Pregnancy is a prenatal care program bringing women due at the same time out of exam rooms and into a comfortable group setting. Centering Pregnancy prenatal care follows the recommended schedule of 10 prenatal visits, but each visit is 90 minutes to two hours long—giving women 10x more engagement time with their provider. Moms engage in their care by taking their own weight and blood pressure and recording their own health data with private time with their provider for more personal exam protocols. Centering Pregnancy also provides facilitated discussions and access to doulas for participating moms. Providers are able to bill for Centering Pregnancy services.

Mom.ME. Peer-led Support and Culturally Appropriate Mental Health Resources

Mom.ME. is a Mississippi-based nonprofit organization focused on providing accessible and effective support systems to address maternal mental challenges in rural and underserved populations. Mom.ME. services prioritize mom's health and normalizes the struggles of motherhood that women face without support. As part of the MHITF program, Mom.ME. will offer provider training to improve cultural competence and sensitivity among health care professionals in the provision of maternal mental health care. Additionally, Mom.ME. will utilize its CaresNetwork to provide specialized mental heath support to mothers dealing with perinatal mood disorders, with individual therapy sessions facilitated by skilled clinicians.

Mom.ME. provides an eight-week maternal education program and a mother's retreat that arms expectant mothers with essential knowledge and confidence to navigate pregnancy and childbirth. The curriculum covers the full spectrum of prenatal care, pregnancy, labor, and for the postpartum period.

Obstetrics Warning Signs Training for First Responders and Emergency Care Providers

Early recognition and timely intervention can significantly reduce the risk of severe complications for both moms and babies. Having a trained care and response team expands the maternal health care capacity, especially in areas experiencing provider shortages and geographic limitations to accessing health care. This maternal health innovation will focus on providing education and training for health care providers at small, rural hospitals that do not offer obstetrical services. Providers will receive training on warning signs and promote increased routine screening of pregnancy status to help identify at-risk patients in hospitals and emergency settings. The Mississippi Hospital Association is an active partner in this intervention ensuring reach and buy-in among hospitals statewide.

Using Data Collection to Improve Patient–Provider Interactions

Currently, Mississippi does not have a specific state maternal health registry. The state does, however, utilize various initiatives and data collection efforts related to maternal health. Data collection efforts are primarily managed by the Mississippi State Department of Health (MSDH) through programs that track maternal and infant health outcomes. These include:

- **Mississippi Maternal Mortality Review Committee (MMRC)**: The MMRC reviews maternal deaths to understand the causes and contributing factors, which helps in developing strategies to prevent future deaths.
- **Pregnancy Risk Assessment Monitoring System (PRAMS)**: This is a CDC-supported surveillance project focused on collecting state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.
- **Birth and Death Certificates:** The state collects data on maternal and infant health outcomes through vital records, which can be used to monitor trends in maternal health.

Expanded data collection will provide the necessary information to improve health care quality and inform public health policies that influence maternal and infant health outcomes. Under this innovation, the MHITF will prioritize expanding data collection focused on measuring the quality of care interactions. Through the use of these data collection standards, moms are able to provide self-reported data on their experiences, satisfaction, perceived respectful treatment, shared decision-making, as well as experiences of bias and cultural competence of their provider. Additionally, providers will be able to report on maternal and neonatal outcomes and follow-up care.

MILESTONES IN THE IMPLEMENTATION OF MATERNAL HEALTH INNOVATIONS

Addressing Medicaid Coverage Barriers

2024

- Have community experts who assist with the completion of an application.
- Partner with health advocacy organizations and social service community organizations to expand supports for Medicaid re-verification / application.
- Address the issue of high turnover in Medicaid experienced by many state agencies. Engage Medicaid leaders to consider contracts to nonprofit agencies in order to build capacity in supporting Medicaid application processing and support.
- Develop public education messaging that can be shared with community partners ensuring that the responsibility of information sharing and education live outside of government websites and are user friendly.

2025

- Work with health advocates to provide public education on the impact of Medicaid Expansion in improving access to care.
- Look for better quality data that can be used to identify and target populations.

Current reality on challenges to be considered during implementation

- Language barriers.
- Lack of transparency.
- Looking at data and it is not understandable.
- Lack of political will to support Medicaid.
- Providers that truly do not want Medicaid collection.
- Medicaid expansion viewed as a Black issue.
- Health advocates are expected to continue education and advocacy efforts towards Medicaid expansion in 2025.
- Medicaid processes carry a heavy administrative burden for both the provider and eligible Mississippians.

Centering Pregnancy at the EversCare Clinic

2024

- Develop provider training and toolkits to support provider / clinical operations readiness for group care.
- Work through provider codes to ensure reimbursement.
- Develop evaluation instrument tailoring to those participating in the pilots and those who are not.

2025

- Assess provider readiness for expansion to telehealth options.
- Recruit DONA-certified (Doula Organization of North America) doulas.
- Develop awareness messaging to promote the availability and effectiveness of doulas in promoting positive maternal health outcomes.
- Provide training to providers on how to code for Centering Pregnancy reimbursement. Provide training on the Quality Care Interaction tool to hospitals and health care providers.
- Translate the QCI tool into Spanish and Vietnamese.
- Connect Centering moms with doulas.

Current reality on challenges to be considered during implementation

- Cost for startup and ongoing program implementation can be high.
- Though these services are covered by Medicaid, payment delays and denials can impact provider participation.
- This model requires adequate time for training and to allow participating providers to update internal processes and data collection.
- There may be some resistance to group care by patients concerned about privacy and their general comfort level engaging in social interactions.
- Consider scheduling and transportation accommodations for patients.

Mom.ME. Peer-led Support and Culturally Appropriate Mental Health Resources

2024

- Review and update existing provider cultural competency training in partnership with Mom.ME.
- Collaborate with Mom.ME. to review and update the existing eight week training for pregnant women and moms.

2025

- Develop culturally specific content for provider training with MSPHI, UMMC, and Mom.ME.
- Develop awareness messaging to promote the availability and effectiveness of doulas in promoting positive maternal health outlines.
- Develop outreach to recruit moms to participate in the training.
- Leverage existing community organizations and share recruitment materials that will help normalize discussions on mental health support for Black women, including churches, schools, and childcare providers as dissemination sites.

2025 (con't.)
- Partner with local health care providers to make referrals of moms to the mental health support network, mom retreat, and other Mom.ME. resources.

2026
- Evaluate and adapt the mental health supports.

Current reality on challenges to be considered during implementation

- Not all providers may welcome doulas as part of the birthing plan, though they support a positive birthing experience and postpartum.
- There is still cultural stigma and mistrust related to seeking mental health resources.
- Peer groups require building trust and comfort to recruit participants.
- Access to culturally competent providers willing to address or acknowledge bias may not be readily available.

Obstetrics Warning Signs: Training for First Responders and Emergency Care Providers

2024
- Identify hospitals and providers that would be participating in the training. (ongoing)

2025
- Engage key hospital stakeholders, MSDH, EMS organizations and professionals in the planning process.
- Develop and/or identify a tailored training program appropriate for different roles including but not limited to nurses, EMTs, ER physicians, etc. Ensure content reflects the bias training and cultural competency in addition to health risk warning signs. Identify maternal warning signs and other maternal complications along with providing evidence-based practice in the treatment of recognized symptom(s). Training should include didactic and hands-on simulation modalities.
- Establish evaluation metrics and support providers with data collection implementation guidance for reporting.
- Implement training and engage hospitals after the first year to make programmatic adjustments.
- Develop continuing education opportunities.

2026
- Work with participating hospitals on any sustainability issues.

Current reality on challenges to be considered during implementation

- Gaining buy-in from both administration and those providing direct care.
- There are staffing shortages at hospitals, particularly in rural areas, which can make it difficult to allocate time for training without disrupting patient care, as staff are already stretched thin.
- There is a resistance to change that is a resistance to cultural change. Additionally, there can be a lack of willingness to admit to bias or participate in trainings that focus on racial bias directly.
- This change has to be sustained and there has to be a level of true performance accountability for staff to be trained and demonstrate the skills learned in the delivery of care to patients.

LOOKING AHEAD: TASK FORCE ENGAGEMENT

The Mississippi Maternal Health Innovation Task Force has a broad partner base with representatives from nearly 50 multi-sector organizations. It is recognized that there can be a challenge in keeping task force members engaged throughout a five-year grant period. Changes in leadership, competing priorities and demands on organizational champions requires that MSPHI will continue to monitor changes in the sector landscape to maintain a strong level of diverse membership to influence implementation. Additionally, engagement of moms as leaders, particularly Black mothers, has been at the center of the composition structure of the task force. MSPHI will also prioritize leveraging of resources to support our task force moms' ongoing participation as thought leaders influencing action. Following development of the five-year plan, the task force will be structured into innovation action tables that will support implementation and monitoring of milestone actions.

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