Connecting Women to Healthcare Through HRSA's Programs Webinar
May 17, 2023 1:00-2:00 PM EST
Transcript

Helenka Ostrum: Good afternoon, everyone.

Helenka Ostrum: Thank you all so much for joining us today, for connecting women to health care through HRSA's programs.

Helenka Ostrum: I'm going to turn it over to Nancy Mautone-Smith, the director of the Office of Women's health at HRSA.

Nancy Mautone-Smith: Thank you so much, Helenka. I really appreciate it. Thank you for your leadership on this important event today. So good afternoon and welcome to today's event on connecting women to healthcare through HRSA's programs. This event is in celebration of National Women's Health Week.

Nancy Mautone-Smith: As Helenka said, I'm Nancy Mautone-Smith. I'm the director of the HRSA office of Women's health, and this event today was developed in collaboration with HRSA's Bureau of Health Workforce, the Federal Office of Rural Health Policy and the Bureau of Primary Health Care and It's part of the Office of Women's Health Leadership Series

Nancy Mautone-Smith: next slide, please.

Nancy Mautone-Smith: During today's event you will hear how HRSA's supported health care settings are increasing access to women's, health providers in high need and underserved areas. The National Center for health workforce analysis located within the HRSA Bureau of Health Workforce will share some women's health provider data. Then we will hear from two organizations that receive funding from HRSA to connect women to health care.

Nancy Mautone-Smith: The West Virginia rural maturity and obstetric management strategies collaborative is a grantee with the HRSA Federal Office of Rural Health Policy.

Nancy Mautone-Smith: And the Union Community Health Center, located in the Bronx, receives funding from the HRSA Bureau of Primary Health Care. We've also set aside a few minutes for questions at the end, so please use the chat box to raise any of those questions that you might have throughout today's presentation.

Nancy Mautone-Smith: The transcript of the presentation will also be made available on our website after the event today.

Nancy Mautone-Smith: Next slide, please.

Nancy Mautone-Smith: Great. Thank you. So, before we get started with our speakers today, I wanted to share briefly a little bit about our agency. And as you get to know us, please help us also get to know you by adding into the chat your name, your organization, and where you're joining us from.

Nancy Mautone-Smith: the health resources and services Administration, or HRSA, is an operating division of the US Department of Health and Human Services, and we support a broad range of

programs to provide health care to people who are geographically isolated, economically, or medically challenged.

Nancy Mautone-Smith: Every year, HRSA programs serve tens of millions of people, including people with HIV/AIDS, pregnant women, mothers and their families, and those otherwise able to access quality health care. Specifically, my office, the office of women's health, provides leadership on women's health and sex and gender-specific issues to improve the health, wellness and safety of women across the lifespan

Nancy Mautone-Smith: we've partnered with several HRSA programs today. A bureau of health workforce strengthens the health workforce, and connects skilled health care providers to communities in need. The Federal office of rural health policy works to increase access to care for underserved people in rural communities.

Nancy Mautone-Smith: the bureau of primary health care funds health centers in medically underserved communities providing access to affordable comprehensive high-quality primary health care services for people who are low income, uninsured, or face other obstacles to getting health care.

Nancy Mautone-Smith: Next slide

Nancy Mautone-Smith: the HRSA Office of Women's health provides leadership on women's health and sex and gender-specific issues, and we are part of a network of women's health offices across the department.

Nancy Mautone-Smith: We work within and outside of the Department of Health and human services to improve the health, wellness, and safety of women across the lifespan.

Nancy Mautone-Smith: Next slide, please, and our event today is being held in recognition of National Women's Health Week, which is May the fourteenth to twentieth,

Nancy Mautone-Smith: and for this event we join with the HHS office on Women's health to encourage and remind women and girls to reflect on their individual health needs and take steps to improve their overall health. This year's theme, emphasizes whole health,

Nancy Mautone-Smith: physical, psychological, emotional and social well-being with the focus on primary care.

Nancy Mautone-Smith: We also want to celebrate the one-year anniversary of HHS' launch of the first ever national maternal mental health hotline, and this hotline launched on Mother's day in 2022.

Nancy Mautone-Smith: The service is available twenty-four hours a day, seven days a week, three hundred and sixty five days a year, and it provides free, confidential emotional support, information, and referrals to any pregnant and post-partum mothers facing mental health challenges and their loved ones.

Nancy Mautone-Smith: So visit the web page that's linked at the bottom of the slide to learn more about the hotline and to order and download hotline materials.

Nancy Mautone-Smith: Thank you so much for helping us spread the word.

Nancy Mautone-Smith: HRSA is on four social media platforms, and we encourage you to follow along and share our content on Twitter, Facebook, LinkedIn, and Instagram to stay up to date on the latest HRSA news, and our account handle on each platform is @HRSA.Gov.

Nancy Mautone-Smith: additionally, we encourage you to sign up for HRSA's e-news a bi-weekly email of comprehensive HRSA news, and to sign up for our press releases. And you can also visit our website listed here for more information about all of our programs,

Nancy Mautone-Smith: and with that I'd like to turn things back over to Helenka to get us started with our first speaker. Thank you so much.

Helenka Ostrum: Thank you, Nancy, for that welcome. My name is Helenka, and I am a public health analyst with the HRSA Office of Women's Health. It's my pleasure to introduce our speakers to you today.

Helenka Ostrum: Our first speaker is Steve Pegula. Steve is the chief of the workforce analysis branch in the National Center for Health workforce analysis.

Helenka Ostrum: Prior to working in NCHWA, he was an economist at the Bureau of Labor Statistics. He has a master's in public policy and management from Carnegie Mellon University.

Steve Pegula: Thank you. It's great to be here today to chat with everybody on this very important topic, and looking forward to providing a little bit of data on the women's health workforce that we have here in the National Center for health workforce analysis.

Steve Pegula: So on our next slide, and I just wanted to go over very briefly a quick agenda. After this introduction We're going to look at hopefully. Three aspects of the of the women's health workforce, a snapshot of the current workforce looking ahead to the future workforce, and also talking about some work that my organization, NCHWA, the National Center for health Workforce analysis did on the maternal workforce not too long ago.

Steve Pegula: So on. Let's move on to our next slide.

Steve Pegula: Just a quick introduction to our National Center, our National Center for health workforce analysis, or I think we publish data on a lot of different occupations and areas regarding the health workforce. So we really see our role as making sure that there is accurate, reliable, and accessible data when it comes to health workforce out there for anybody to use,

Steve Pegula: and what we're going to talk about today. The example I'm going to use for Women's health is obstetrics and gynecology physicians.

Steve Pegula: I just wanted to note up front that of course, those aren't the only people who are providing women's health care. There's numerous occupations and organizations that do that. But just for the sake of an example. I'm getting these ob/gyn physicians as we go through,

Steve Pegula: so let's move on to the first part, which is taking a look at our current workforce, and the best way to do this is one of our using one of our existing applications. It's called our AHRF, or Area Health Resources Files.

Steve Pegula: So AHRF is a collection of a lot of different data sets that that relate back to the health workforce. And part of that is is data on the number of clinicians practicing,

Steve Pegula: and one of the real strengths of AHRF that it can be, it's available at multiple different levels of of granularity in terms of geography. So that would include State level data, national Data, County level data, where accessible.

Steve Pegula: And it's, we have that. And We've externalized that through our AHRF dashboard which I'm going to show you in just a second, and I'm going to. I just placed it the URL in the chat if folks are are interested in that.

Steve Pegula: So I'm going to start sharing my screen right now.

Steve Pegula: Hopefully, everybody can see my area health resource form, our area health resources files, dashboard. This is available on our HRSA data warehouse, and it's something that we've developed to make sure that folks can easily access a lot of the data. So what I'm going to do right now is just to run through very, very quickly, and see how we can take a look at ob /gyn and physicians data, and just really quickly look at an example that that I put together.

Steve Pegula: So here I would go down. I'm simply going to select physicians

Steve Pegula: and select for their professions professional subcategory, obstetrics and gynecology. I'll touch on what these population categories are a little bit later but we'll just keep them at all, for right now, and I will select my home state/Commonwealth of Pennsylvania as an example,

Steve Pegula: and when you click, submit. You'll notice that we get here a graph or a a visual representation, and let me kind of zoom out a bit

Steve Pegula: on for the State of Pennsylvania, and let me just go up here to one of our counties. This is the Venango County in Northwestern Pa, and you can see here that There were three active, obedient physicians in Venango County, serving a population of a little under fifty thousand people,

and we also try to include a rate, whenever possible to kind of standardize things, because we realize counties and states are of different sizes, so the rate is the number of in this case would ob/gyn physicians per one hundred thousand.

Steve Pegula: Ah, one hundred thousand population, so you could go around here if you just wanted to look at it. We've got the scale down, or the legend with the scale. If you wanted to check out a particular county, you can do this for all the different counties and all the different states in the Us. Using Pennsylvania, though I think it's really interesting to look at the tabular output which I've scrolled down to right here, and we can sort it on a number of different ways. But one thing I wanted to sort on was the total number of ob/gyn physicians.

Steve Pegula: So for those of you who are familiar with Pennsylvania, it's probably not as a surprise that Philadelphia County, where Philadelphia is and Allegheny County where Pittsburgh is, have the two largest number of of ob/gyn physicians, because they have a large population that they serve.

Steve Pegula: But if I sort of the other direction, you can see there's a number of counties in.

Steve Pegula: Pardon me in Pennsylvania that have zero obedient physicians in them. So, just going through Cameron, Forest, Fulton, Greene County, Juniata, Perry, Snyder, Sullivan, Tioga.

Steve Pegula: There's a lot of them out there that have zero ob/gyn physicians serving their population, and there's quite a few that just have a single one as well. And some of these, like Pike County are. There's a good number of people here, so sixty thousand people are being served by one, a single ob/gyn physician,

Steve Pegula: and just to quickly know if you wanted to for the population here. If you wanted to limit it, say to the female population. And if I did that, for example, I could also even

Steve Pegula: subset it even further by looking at, let's say the black or African American female population, or the Hispanic or Latino female population, if you really wanted to hone in on the population being served there.

Steve Pegula: So that's just a very quick overview of our AHRF data. And just to give you an idea, there's a number of occupations that we have in there. It's not just physicians, and I definitely encourage you to take a look at. If you have any interest in just seeing kind of what the most current snapshot of your data

Steve Pegula: of your workforce is. We also try to cite the data down here whenever possible, so you can see where they are coming from this one, the physician data are coming from the American Medical Association, Master file.

Steve Pegula: So with that I'm going to stop sharing, and we can switch back to our presentation real quickly, and I would like to then kind of turn things to the future workforce. So NCHWA, our National Center for health workforce

Steve Pegula: analysis. We also publish a good amount of data on workforce projections. And the reason we do this for a number of occupations is that for many of these occupations in the health workforce. It takes quite a bit of time to educate, train, and then certify and get a clinician or provider out there into practice. So, for example, if today, on Wednesday, we say, well, there's a shortage of primary care Physicians

Steve Pegula: on Thursday we just can't make new primary care physicians. We have to really invest a lot here right now, if we want to. Let's say, minimize future of shortages of primary care, or Ob/Gyn, or a number of different types of professions that are out there. So our projections help us identify where those shortages might be the most acute, and where we want to spend some of our resources, if possible,

Steve Pegula: to hopefully limit or mitigate those particular shortages in the future. So let me. I'm just going to drop a, we're going to move now to the projection staff. or let me put a

Steve Pegula: and I'll try to drop that into the chat really quickly. If it will let me,

Steve Pegula: I will start sharing my screen again for workforce projections.

Steve Pegula: All right. Well, hopefully, everybody is seeing my workforce projections, the our workforce projection dashboard right here, and the workforce projections. Let me zoom in a little bit. There are over one hundred different occupations for which we have projections, and most of them actually all

them right now are projected from starting in two thousand and twenty to 2035so I’m going to use obstetrics and gynecology physicians again. I’m going to click on Women's health

Steve Pegula: click on that. But the ob/gyn physicians. We

Steve Pegula: you might notice that we have there's really two components to our workforce projections. There's the supply of and demand for, each particular occupation.

Steve Pegula: So, for example, this this column, right here is looking at supply, and from two thousand and twenty to two thousand and thirty five. The national supply of Ob/gyn physicians is going to fall is going to decrease, by three thousand four hundred and thirty,

Steve Pegula: and just a quick note. These are in terms of full-time equivalent or FTE physicians or workers.

Steve Pegula: Conversely, the demand for ob/gyn physicians is going to increase. It's going to increase by five percent. It's going to go up to two thousand three hundred and sixty,

Steve Pegula: So that means that in 2035 we're going to have, if you can see where my pointer is. We're going to have four thousand and forty-seven thousand three hundred ob/gyn physicians in the supply. But we're going to have a demand of fifty three thousand ninety. So we're going to have a shortage of somewhere in the neighborhood of

Steve Pegula: Uh five thousand five hundred will be ob/gyn positions in 2035.

Steve Pegula: This last part right here that I’m showing is called percent adequacy, and it's a very nice way to really compare the supply and demand the

Steve Pegula: and you would read that in this case, as

Steve Pegula: the projected supply of ob/gyn physicians in 2035 is going to be sufficient to meet only eighty nine percent of the projected demand that we have in 2035,

Steve Pegula: and I I’d like to show you, but we just don't have time to go through some of the other aspects of this dashboard that we'll note that there are data where available by state. So if you like to see how your State is doing, or some neighboring states. You could go to the dashboard and click on U.S. map and see what's available. But I did want to highlight one other dimension of the data that, especially for ob/gyns is especially important. And that's the rurality of it.

Steve Pegula: So this one, the data that I just showed you is for all ob/gyn physicians. If we look at Metro. So these are ob/gyns in Metro metropolitan areas. You can see that there's still going to be a similar story of a decline in the supply and an increase in demand.

Steve Pegula: But the ah, instead of an eighty nine percent adequacy here, it's ninety three percent. meaning that the supply is going to be adequate to really meet ninety three percent of demand for those in metro areas.

Steve Pegula: Unfortunately for non-metro areas, it is a different story,

Steve Pegula: and they are their percent adequacy is much lower. So in non-metro areas in 2035 for ob/gyn physicians. The projected supply is going to meet only fifty-four percent of the projected demand for part of the ob/gyn positions.

Steve Pegula: So again, this is just a very brief overview of how you might want to, how you could go in and use these workforce projections that we have out there and potentially identify some areas where resources could be expended to hopefully eliminate or mitigate some of these projected shortages.

Steve Pegula: So I'm going to stop sharing right now and

Steve Pegula: go on to the last part of what I'd like to talk about today, which is some of the work that we did recently on the maternal workforce. So last year we did a brief, NCHWA did a brief on the state of the maternal work for the internal health workforce, and I posted that in the chat in case you were interested,

Steve Pegula: and I might be a bit biased when I say this, but I think we did a very nice job pulling together data from a lot of different places to try to provide some information and context around the maternal health workforce. And

Steve Pegula: some data points really don't need context.

Steve Pegula: And I tried to. I I included this one here that ten million, two hundred and seventy, eight thousand six hundred and nineteen women in 2020 lived in U.S. counties that had no ob/gyn physicians. So that just gives you an idea of the work that that is still needed to be done to make sure that we that in this case the maternal health workforce but just women's health in general to make sure that everybody has access to this type of care that they very much need.

Steve Pegula: And on the next slide, just to close things out, I wanted to highlight one other aspect that we went into for the maternal health workforce. But it's also more broadly applicable to to women's health workforce and to the health workforce at large, and that is really the the composition of the workforce and the composition of those with whom they are serving.

Steve Pegula: So you can take a look at right here in the in the in the two left most numeric columns we have a breakdown by the race or ethnicity of the providers, maternal physicians and maternal registered nurses, and on the right we have a 2018

Steve Pegula: breakdown by race ethnicity of the female population of ages 15-49, and also a similar one for 2030. And, as you can see here, the the composition of those providing care is different than those who are going to who are receiving care right now, and who will need care in the future. So, for example, Hispanic or Latino make up, or Hispanic or Latino clinicians make up only 7.5% percent of maternal physicians and

Steve Pegula: 14.3 percent of maternal registered nurses. However, they were serving in 2018, a female population, ages fourteen, pardon me, fifteen to forty-nine, that was 20.5 percent with Hispanic and Latino, and in the future it's It's going to grow even more to 23.6.

Steve Pegula: So again, this is just very important to make sure that there is a skilled, geographically equally distributed workforce. That is also also culturally competent to meet the needs of the current and the future population with whom they are

Steve Pegula: with whom they serve.

Steve Pegula: And here's my contact information. We are going to do questions at the at the end of all three of our presentations. But if you'd like to reach out after my, Please feel free to reach out to me via my via my email, be more than happy to to help them provide any, or to answer any questions that you might have, and thanks so much for the opportunity to be here today to chat about this very important topic.

Steve Pegula: Thank you.

Helenka Ostrum: Thank you, Steve.

Helenka Ostrum: It is my pleasure to introduce our second speaker, Shauna Lively.

Helenka Ostrum: Shauna has spent over forty years in perinatal nursing in West Virginia. With high-risk obstetric experience, Lamaze certification, administrative leadership, and maternal Infant Care at West Virginia University, and as associate Professor at West Virginia Wesleyan College, She has a Broad base of practice in maternity care.

Helenka Ostrum: Since 2009, she has been the Director of Outreach Education at the West Virginia Perinatal partnership, the State's quality collaborative.

Helenka Ostrum: In August, 2021, she was named director of the HRSA. West Virginia RMOMS project to provide innovative solutions to enhance access to maternity care within an eight county area in the heart of West Virginia.

Helenka Ostrum: She is the past chair of the West Virginia section of the Association of Women's Health, Obstetric and neonatal nurses.

Helenka Ostrum: Shauna holds a certification, as a Lamaze childbirth educator, and is a member of the Lamaze International Board of Directors. I'll Now turn it over to Shauna lively.

Shauna Lively: Thank you. And I’m a grandma and a coal miner's daughter. What else can I tell you? Right? Okay. So

Shauna Lively: we were

Shauna Lively: looking at applying for this grant at the West Virginia Perinatal partnership, and I thought, you know there's no way that we are going to get it. This is a small rural state a small area. What can we do? And

Shauna Lively: we just decided to go for it, and much to my surprise, we were awarded that grant. So I want to share my passion with you, and let you know what we've done in the past year to hopefully affect some change. Next slide.

Shauna Lively: Pregnancy is a window into women's health. I think we need to remember that as we go forward and not just think of the pregnant person, but

Shauna Lively: the rest of the life and that of the child's next slide.

Shauna Lively: So in West Virginia we have about eighteen thousand births per year, and

Shauna Lively: you know I look at Mcgee Women's Hospital up in Pittsburgh, and my colleagues stay there, and they probably have ten thousand births in Mcgee Hospital just that one hospital, so that gives you a perspective of how rural we are. We have about three thousand and fewer births than we did a few years ago, but that's a trend throughout the nation, and globally as well,

Shauna Lively: we have high rates of obesity. More than sixty percent of people are above that twenty-five BMI. So we have gestational diabetes. We have hypertension, and we have a lot of cardiac disease, too.

Shauna Lively: We are basically white.

Shauna Lively: We have only 3.5 percent black moms and fewer than one percent of the Asian, and we have some Hispanic. So we are basically white population. That means that we have to dig a little deeper to reach out to our sisters that are not at the majority race.

Shauna Lively: Um!

Shauna Lively: Our main disparity is poverty. Next slide

Shauna Lively: so here you have we have the seventh highest c-section rate, and all of these things are up - pre-term births, low birth weight, very low birth weight, teen birth rate

Shauna Lively: infant mortality. Now our maternal mortality is about middle,

Shauna Lively: twenty highest. That's nothing to brag about, but it can still be improved. But the most devastating thing I think that we have, and this is among behaviors is substance use disorder,

Shauna Lively: and in 2009 we had a study. We did an umbilical cord study where all the cords were just thrown in some form, no sterile water I believe, and sent off to a lab. We had about I can't remember eight hospitals

Shauna Lively: in our state, and surprisingly, it came back that 19.4 percent were positive for illicit substances.

Shauna Lively: We also have a smoking problem. Tobacco usage is very high. As a matter of fact, it's the highest in the nation for pregnant women next slide.

Shauna Lively: So we

Shauna Lively: I applied for the grant. Like I said, Missouri, Minnesota, West Virginia. We have been in contact with each other, sharing some ideas, and we decided to do this project to see if this plan would work.

Shauna Lively: We were thinking that

Shauna Lively: if we did some social support. Yes, getting those ob/gyns into our areas is very important, and the mid-level providers as well, but we wanted to render some social support to see what would happen. next slide.

Shauna Lively: So the goals of the RMOMS project is, of course, improve maternal and neonatal outcomes. That's foremost of what we do at the perinatal partnership, develop a sustainable network

Shauna Lively: and have a safe environment for delivery and specialty care for these mamas, and to have a sustainable financial model, because all three of the first, the first three really

Shauna Lively: impinging on that financial support. You always have to have money for your programs. next slide.

Shauna Lively: Okay, in 1976, I was about a junior in nursing school in a very small college, and when I graduated, I worked in a delivering facility, one of the thirty six in West Virginia next slide.

Shauna Lively: Now, you can see we went from thirty-six delivering hospitals

Shauna Lively: down to twenty birthing facilities. Twenty-one if you count our freestanding birthing center in Charleston.

Shauna Lively: So you can see what the problem is.

Shauna Lively: This is my passion right here. Put your hand in the middle of West Virginia.

Shauna Lively: There's no ob/gyns. There are no hospitals that deliver babies

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Shauna Lively: right before um. About twenty sixteen we had a hospital in Summersville, West Virginia, in Nicholas County. You'll find that there's two little parallel lines if you can see CAMC women and children's and the Women's birth Center, right there the parallel lines is Nicholas County,

Shauna Lively: and

Shauna Lively: when they closed that facility there were some unintended consequences. Next slide.

Shauna Lively: This is a drive time map. The lighter the area, the more time they have to drive. So the light blue area is ninety minutes, and we're talking about a mountainous area in West Virginia, so that ninety minutes would be on a good sunny day.

Shauna Lively: Can you imagine having to drive

Shauna Lively: two hours

Shauna Lively: to a delivering facility? I tell you what my sister almost had her baby in the car. The doctor didn't even have time to take off his jacket. He delivered my nephew just by

Shauna Lively: reaching out, fortunately got his gloves on in time to deliver the baby, because it took her an hour and a half to get to the hospital.

Shauna Lively: Next slide.

Shauna Lively: Here is our target area right in the middle of the State, and you can see up at the top the little purple stars are our two level, one birthing centers or hospitals. Excuse me,

Shauna Lively: and it looks a little bit like a pac-man there because clay county was not deemed rural, and whoever made that rule, they obviously never been to Clay County next slide.

Shauna Lively: So this all too busy slide shows number one improve maternal and neonatal outcomes. This is what we've done at the Perinatal partnership throughout the past ten years or so we've developed programs. We've written grants. We've gotten funding to do.

I can an incentive program for a tobacco free baby in me. It gives diapers and whites to these moms to quit smoking, and it works. It's a good program. We have direct free moms and babies from another SAMHSA grant It's Um!

Shauna Lively: We have seventeen sites now in West Virginia to help these mothers

Shauna Lively: get off of their substances. We do medication-assisted treatments. We have counselors, peer counselors, and this program is fantastic and it has really helped keep families together,

Shauna Lively: and we have a breastfeeding institute now and we're really working to increase our breastfeeding right before it was like eleven percent. And now that's up, maybe thirty, five percent exclusive. So we're really working on that And now, today, actually, I'm here in Charleston, teaching a childbirth, education, seminar because we want to decrease c-sections and improve return birth. So we have many of these programs. Next slide

Shauna Lively: we're leveraging this. What we have done in the partnership and pushing it out to these rural areas. We had it before the

Shauna Lively: our month's money has enabled us to push it out even more and increase our serve. So we're going to be working on telemedicine. Some people have telemedicine. Some people don't. So we're going to push it out a little bit more into the rural areas. We work with hospitals, FQHCs and clinics to get this done,

Shauna Lively: and one of the things that I'm most passionate about is mother navigators, perinatal navigators. Sometimes they're called community health workers in that navigator role. At first I thought they'd have to be nurse navigators, but you know what

Shauna Lively: it's hard to get a nurse navigator in some of these areas. So let's do what we have, you know? Train people, grow our own resources there

Shauna Lively: now. We've been around to non-delivering hospitals emergency rooms. We show that what it's like for a pregnant woman to come in. Maybe her blood pressure is one hundred and sixty. That's my timer to tell me to be quiet. But anyway,

Shauna Lively: it tells the mother

Shauna Lively: we have to tell them to watch that one hundred and sixty over ninety blood pressure, for example,

Shauna Lively: emergency room physicians are like well, so what? Well, that's a critical level for an obi patient woman could see she could have a stroke. So we have to educate our fellow providers next slide,

Shauna Lively: And here's something I thought was interesting from Kaiser is they did almost every other visit for antenatal care by telemedicine, so I thought that this would be an interesting way that we could expand those few ob/gyn's that we have next slide,

Shauna Lively: and here we're trying to develop a sustainable network. We break silos. This is a picture of us training some people on emergency birth, and how to improve their services

Shauna Lively: next slide.

Shauna Lively: So the um wording that is in blue

Shauna Lively: tell us what we have done this past year. We've put about three community health workers navigators into rural areas. We've increased our ovg in by one day a week in a rural area.

Shauna Lively: Here

Shauna Lively: we have a women's health nurse practitioner that is now going to see ob patients in a very rural area, and we have one certified nurse midwife that is coming to the Cowen Clinic

Shauna Lively: once a week.

Shauna Lively: Next slide

Shauna Lively: finances. We have a peers group that meets Quarterly, and the last time we met, which is, I think, last week we talked about doula, doula care. How important Doulas are,

Shauna Lively: and so I'm trying very hard to convince them that they need to reimburse for doula care. So wish me luck. I think I can do it. next slide.

Shauna Lively: And here we are, breaking down some silos. This is a group of clinicians. It ranges from obstetricians to nurse midwives, nurses,

Shauna Lively: community health workers right from the start home visitors, and these people are coming together, the writing on a giant poster that we made of each county, and adding libraries, diaper banks,

Shauna Lively: food resources, next slide.

Shauna Lively: But we have to break down those silos.

Shauna Lively: Now I have a success story.

Shauna Lively: There is a moment in Cowen, West Virginia that is about two hours or so from Charleston,

Shauna Lively: and she was very grateful because Webster Hospital, a non-delivering hospital, decided to have a midwife there in their Cowen clinic one day a week,

Shauna Lively: and so this Mom was able to see the midwife

Shauna Lively: for all of her prenatal visit, and I was there for a postpartum visit, and it was phenomenal. We had a healthy mom, a healthy and happy baby. And so I just thought that that was a big success story.

Shauna Lively: She was doing great, and she didn't have to miss work. That would have been ten days that she would have been missing work, and she didn't have to. They worked with her.

next slide.

Shauna Lively: This is our iconic New River Gorge Bridge. Please come and visit us at the New River Gorge. It's our newest national park,

Shauna Lively: so

Shauna Lively: our Surgeon General, Dr. Murthy,

Shauna Lively: He has a wonderful vision. He wrote a book Together, and one of the sentiments is: We rise by lifting each other. We have to be together. We have to take care of each other. Medical care is very important, but that supportive care is essential.

Shauna Lively: Thank you, and thank you for having me.

Helenka Ostrum: Thank you so much, Shauna, for sharing all that information about the West Virginia RMOMS program.

Shauna Lively: my pleasure.

Helenka Ostrum: Next, I'd like to introduce our final speaker,

Helenka Ostrum: Dr. James Ryan, Associate Vice President of Women's Health Services at Union Community Health Center, located in the Bronx.

Helenka Ostrum: Dr. James Ryan attended Medical School at the Universidad Autonoma de Guadalajara, and completed an Ob/Gyn Residency at Maryland General Hospital.

Helenka Ostrum: after Residency. Dr. James Ryan worked as Medical director of family planning, and was the clinical Chief of Women's Health services at Harlem Hospital Medical Center for over twenty one years of his thirty year professional career.

Helenka Ostrum: currently. Dr. Ryan is the Assistant Vice President of Women's Health Services at Union Community Health Center.

Helenka Ostrum: Dr. Ryan finds that he always gravitates to the communities in need of health care, striving to be a caregiver to women in need, and to treat and educate so as to assure wonderful outcomes in a better life. I will now turn it over to Dr. Ryan.

Dr. James Ryan | UCHC: Good afternoon, everyone. Thank you for having me in celebration of HRSA's National Women's Health Week, I want to say

or give a belated, happy mother's day to all the mothers out there

Dr. James Ryan | UCHC: and to thank them.

Dr. James Ryan | UCHC: So today I'm. Going to be giving a brief presentation on improving postpartum care, compliance.

Dr. James Ryan | UCHC: It is going to be brief, because, as a result, the issues involved in postpartum care are numerous and hard to address in a short time period.

Dr. James Ryan | UCHC: But I will briefly, present some of the disparities, variables and obstacles preventing the achievement of optimum post-partum care and focus on some of the steps that Union Community Health Center is initiating to achieve that optimal goal.

Dr. James Ryan | UCHC: So with this slide I'm going to go, as I said, go through some of the disparities variables and obstacles.

Dr. James Ryan | UCHC: Now, a lot of my talk will be centered about

Dr. James Ryan | UCHC: or from New York statistics, so multiple agencies, such as the New York State expert panel on postpartum care, the New York State task force on maternal mortality, and the New York State Department of Health and Mental hygiene have been tracking mortality rates over the years

Dr. James Ryan | UCHC: in two thousand and one to two thousand and three. There was a mortality rate of twenty, five point, six per one hundred thousand live births

Dr. James Ryan | UCHC: in two thousand and fourteen to two thousand and sixteen. That number

Dr. James Ryan | UCHC: dropped to eighteen point nine, and in two thousand and sixteen to two thousand and eighteen. It dropped even further to sixteen, point eight. Now, though this all might seem encouraging during the same time period

Dr. James Ryan | UCHC: the pregnancy and the ratio of pregnancy-related mortality is nine and a half times higher in women of color compared to white women

Dr. James Ryan | UCHC: in two thousand and fourteen, two thousand and sixteen. The mortality rate nationally for women of color was forty, four point four,

Dr. James Ryan | UCHC: with the same percentage of only seventeen, point, three for white women in New York State. During the same time period the mortality rate was fifty, one point six, as compared to only fifteen point nine in white women.

Dr. James Ryan | UCHC: New York State continues to be challenged by increased rates of the maternal mortality, ranking twenty third in the nation in a state with our finances and resources. This is not a good show for us to be twenty third in the country.

Dr. James Ryan | UCHC: With these statistics it's obvious that a disparity and mental health and maternal health excuse me, is occurring in the areas of high need, and we need to close that gap,

Dr. James Ryan | UCHC: the variables significantly associated with non-attendance for a postpartum visit, include having medicaid or no insurance, being hispanic or Latino, having a vaginal delivery,

Dr. James Ryan | UCHC: an age of less than twenty years,

Dr. James Ryan | UCHC: a substantial proportion of women do not attend at least one post-partum visit potentially contributing to maternal mortality, as well as preventing a smooth transition to future. Well, women care. Unfortunately, mortality rates increase after delivery

Dr. James Ryan | UCHC: due to cardiac diabetes, um, and so that is where the numbers are high. That's how it How important it is to get these women into postpartum care. Nationally, less than sixty percent of Medicaid enrolled women attend their postpartum, visit

Dr. James Ryan | UCHC: the obstacles that these women encounter for trying to attend their postpartum visit. Lack of transportation,

Dr. James Ryan | UCHC: inadequate child care.

Dr. James Ryan | UCHC: No time paid time off from work and other social and cultural complex issues.

Dr. James Ryan | UCHC: All of this just highlights, the disparity in access to postpartum care and the importance of identifying variables and obstacles within the community,

Dr. James Ryan | UCHC: as well as developing creative strategies within the system of providing post-partum care outside of the traditional post-partum visit framework

Dr. James Ryan | UCHC: enhancing services to meet needs such as treatment for depression, utilizing Ph. Q. Nine. Initially, and throughout obstetrical care, addressing barriers related to transportation and child care, and aligning incentives to encourage,

Dr. James Ryan | UCHC: follow up of postpartum care among patients and providers. Postpartum is care essential to maternal and infant health.

Dr. James Ryan | UCHC: Social, environmental, cultural, and financial issues have only increased since the global pandemic medicine must also

Dr. James Ryan | UCHC: needs to adjust to these changes at Union Community Health Center. The

Dr. James Ryan | UCHC: here in Bronx, New York, we have been faced with these hurdles, and are striving to create a well-being, maternal and infant Health Center to assist and promote the best care and outcomes for our mothers and babies.

Dr. James Ryan | UCHC: How are we going to do this? Well, First and foremost, we have to listen to our clients and the concerns and needs of our patients.

Dr. James Ryan | UCHC: How are we going to do this? With these innovative approaches? Well, quality improvement methods. Three gaps in post-part and follow-up process are patient education,

Dr. James Ryan | UCHC: appointment, scheduling and communication between delivering and postpartum providers.

Dr. James Ryan | UCHC: We, as providers, are joined and elated, and also relieved

Dr. James Ryan | UCHC: a celebratory birth of a loved one. But our job doesn't end there the

Dr. James Ryan | UCHC: Aiko's new guidelines are that all women should ideally have contact with them internal

Dr. James Ryan | UCHC: care Provider, within the first three weeks postpartum for initial assessment with ongoing care as needed, and then concluding with a comprehensive postpartum visit no later than twelve weeks

Dr. James Ryan | UCHC: patient knowledge that is probably one of the key. We, as providers are so centered on the pregnancy and just reaching that goal of a optimum delivery that we forget about the issues that occur and the need after delivery.

Dr. James Ryan | UCHC: We need to initiate the importance of post-partum care at the onset of obstetrical care and continue to educate throughout the pregnancy, letting these women know that it just doesn't end with the birth of their child. Appointment scheduling. Be proactive.

Dr. James Ryan | UCHC: Um automatically and appropriately schedule postpartum patients as a reminder to the patients and to the staff, so that when patients don't show up, we reach out to them, inquire why and try to get them back into care.

Dr. James Ryan | UCHC: Communication. It's so crucial to establish tight communication and collaboration with community hospitals, to ensure the continuity of care for all our patients, and instill trust in them

Dr. James Ryan | UCHC: to us

Dr. James Ryan | UCHC: for our health care

Dr. James Ryan | UCHC: work with these hospitals interfacing through their EMRs, and to increase the continuity and follow-up

Dr. James Ryan | UCHC: It has been more evident since the pandemic, utilize telehealth,

Dr. James Ryan | UCHC: or even telephonic visits to those patients who are not able to present for their postpartum. For at least an initial analysis and a preventive health visit, with anticipation of trying to get these patients in for an in-person visit.

Dr. James Ryan | UCHC: How are we going to do this? Well, after getting all these foundations and being able to bring these women in Union Community Health Center plans on launching the maternal and child health center which will provide a one-stop comprehensive, healthcare model for mothers and children

Dr. James Ryan | UCHC: to receive the primary care and specialty services they need, such as ob/gyn,

Dr. James Ryan | UCHC: pediatrics, behavioral health,

Dr. James Ryan | UCHC: and dental, plus more

Dr. James Ryan | UCHC: all on the same day in the same location, ensuring that access is equitable and effortless.

Dr. James Ryan | UCHC: Utilizing combination visits will help increase that, excuse me, access to care, and also the compliance for both the mother and child to follow up on these visits

Dr. James Ryan | UCHC: kind of incorporating the clinics of pediatrics and obstetrics. We can work and have a camaraderie between our providers, our ancillary staff,

Dr. James Ryan | UCHC: so that when patients are being seen by a pediatrician, if a mom has a question, if we're all working in the same

Dr. James Ryan | UCHC: basket, you might want to say

Dr. James Ryan | UCHC: pediatricians will be a little bit more aware of the of the need of what

Dr. James Ryan | UCHC: a postpartum women might need. And us, as Ob/gyn and providers, will be a little bit more aware of what an infant might be. And this is a great collaboration, and with being in the same area we can bounce off one another. It can be cross-training between the ancillary staff between the MAs or the PCAs, and obviously as obstetricians/gynecologists, we will learn from pediatrics and pediatrics will learn from us.

Dr. James Ryan | UCHC: So the goal of this clinic is to address the issues I've mentioned earlier

Dr. James Ryan | UCHC: and through innovator incentives and initiatives, and ultimately increase that access to health care in areas of high need.

Dr. James Ryan | UCHC: Thank you. And I appreciate you giving me this opportunity to speak.

Helenka Ostrum: Thank you so much, Dr. Ryan.

Helenka Ostrum: In our remaining time. I'd like to open it up to questions. We do have one question in the chat that Shauna, it's directed towards you

Helenka Ostrum: in West Virginia are the mother navigators reimbursed by insurance or the grant?

Shauna Lively: It's a grant and we have to work for the next two years to try to talk the insurance companies into reimbursement of this very important role, and I totally agree with our last speaker that

Shauna Lively: it would be wonderful to have a one-stop shop

Shauna Lively: for these moms.

Helenka Ostrum: Mhm Yeah, I think that's very innovative having one stop shop where they can go with their babies, with their young children, have their appointment, children's appointment same time. And as a follow up to that question, Shauna, they in the chat they asked. Are your discussions for Medicaid and private insurance reimbursement for both doulas and mother navigators?

Shauna Lively: Well, right now, I have been working on doulas, and we had a unicare grant that gave us um over one hundred thousand dollars to train Doulas. We did not have very many Doulas in West Virginia, and now we have gone through DONA, Doulas of North America, to um

Shauna Lively: help

Shauna Lively: These women who want to, and many of them are women. I think we have one man um that want to be come doulas. So we're really happy with that. That you don't care provided us with that

funding, and we look forward to providing. Um. I think we have sixty now that have taken the training, and we have birth doula, and postpartum doula, so I'm happy about that

Helenka Ostrum: excellent

Helenka Ostrum: And, Steve, I actually have a question for you, because you did mention during your presentation as well, that HRSA does have additional data on other providers. Um! Could you expand a little bit more on that? And what the data can be used for?

Steve Pegula: Absolutely. So when it comes to even the data I showed in AHRF, our projections data we have in our projections. We have over one hundred different occupations. I think thirty-nine separate types of physicians, our nurses, ah behavioral different types of behavioral health providers, which, of course, is a is something that there's been a lot of interest in in lately so pretty much. If there's a if if there's a position out there, we probably have some type of

Steve Pegula: data for it. So yes, please do feel free to reach out to me, and just to kind of build off one of your other questions. We actually just fielded a a sample survey our 2022 national sample survey of registered nurses. So we're going to be getting data in hopefully later this year. Knock on wood. Everything goes smoothly and that will give us really a really a fantastic glimpse of the impact of the Covid nineteen pandemic on a lot of different things to the largest,

Steve Pegula: the largest single occupation out there, registered nurses in the workforce everywhere, from things like the impact on working hours, wages, and probably more importantly, burnout. And what the effect is not only of the immediate effect of the pandemic, but

Steve Pegula: the longer term effects of the pandemic of what that could mean for people staying in the workforce, and if they want to move to different types of positions, either outside of nursing or within nursing. So that's just an example right there. Another piece of workforce information that we have, and I just encourage anybody. If there's if there's anything you need on it, please feel free to let me know if we don't have it here in NCHWA, and if it's in another place, I'd be happy to write you to that resource too.

Helenka Ostrum: And Dr. Ryan, I have a question for you and Shauna feel free to answer as well. But you both have been in your respective fields for over thirty years, and In that time the technology has changed new health care recommendations. Science has changed. But what are you most excited for around innovations in women's health

Helenka Ostrum: looking for the towards the future. And now

Dr. James Ryan | UCHC: well, I'm going to first say I'm very anxious, and actually

Dr. James Ryan | UCHC: looking forward to that whole idea of the Maternal and Child Health Center, I think, as some of the presenters have mentioned, with the years ahead and provider shortage,

Dr. James Ryan | UCHC: health care will be faced with some very hard times in terms of providing the best care to our patients,

Dr. James Ryan | UCHC: and I think by

Dr. James Ryan | UCHC: having the center open up where we need to start combining, maybe departments not stay so isolated where it's always a matter of a refer to the primary medicine

Dr. James Ryan | UCHC: research, and for this and that that we need to use a model that's going to be the most efficient for the providers, and get the most out of the limited providers that we have, and that means opening ourselves up and coming out of our little cocoon to understand other departments, and maybe work with them a lot closer than we have in the parents

Dr. James Ryan | UCHC: being in medicine as long as I have. There's always been a great collaboration between departments, but I feel that things are going to be squeezed a little bit more, and we need to kind of step out of our little box and be willing to kind of start doing some of the things outside of our specialty.

Helenka Ostrum: Thank you.

Shauna Lively: I agree wholeheartedly with that, You know. I think that we could have a model that would um maybe solve a problem with

Shauna Lively: the limitation of Ob/gyn physicians.

Shauna Lively: there is a family practice family medicine um opportunity that one can go and get certified for, um, obstetrics. That means that your family practice Doc can do C-sections, because you know he Or she could use um, you know. Do the labor, the delivery and do a section as needed. So This is a very good combination. If

Shauna Lively: the family medicine person is interested in doing, maybe

Shauna Lively: women's health. Um, and in a small rural, rural area this is particularly wonderful, because they could see all kinds of different patients, and maybe the baby and the child and the grandma. You know that's what family docs do, and I see that as a win-win. If you had an Obstetrician, a family medicine with that specialty, a nurse midwife,

Shauna Lively: I think that that would be lovely. Have a pediatrician there, and of course, behavioral health. I think that would be a very good

Shauna Lively: scope for providing these, the care that's needed.

Helenka Ostrum: We have time, if we do one more question very quickly, we'll answer. We have a question about how you support mothers with domestic violence, and if there are any newer effective partnerships with local or state domestic violence programs. Can any of you all speak to that?

Dr. James Ryan | UCHC: I will say that there are plenty of resources out there for women involved in domestic violence

Dr. James Ryan | UCHC: Finally, even any issues and children.

Dr. James Ryan | UCHC: Um New York

to the

Dr. James Ryan | UCHC: that kind of provider that you're digging.

Excuse me,

Dr. James Ryan | UCHC: or the mother is in a situation where and again

Dr. James Ryan | UCHC: for them to be able to

Dr. James Ryan | UCHC: for them to be able to and get out of it, please.

Dr. James Ryan | UCHC: This is something that's a little out of like my specialty. But this is what we need to do. We need to

Open ourselves up to and include ourselves in more of

Dr. James Ryan | UCHC: with the pandemic. I have noticed I would say that mental issues

Dr. James Ryan | UCHC: and lemon as increased as it has gravity. And

Helenka Ostrum: thank you, Dr. Ryan,

Helenka Ostrum: and I will pitch as well that HRSA office of women's health. We are really excited that during this week we were able to launch a new two thousand and twenty-three to two thousand and twenty-five intimate partner violence strategy that HRSA will be using Ah! Across our different bureaus and offices to address intimate partner violence, and that is available now on our office of Women's health website.

Helenka Ostrum: With that I'd like to thank all of our speakers today for their time and their wonderful presentations. Thank you all for attending today,

Helenka Ostrum: and I'll put up how you can connect with HRSA.

Helenka Ostrum: Ah, further, thank you all for your time today, and happy national Women's Health Week.

END OF TRANSCRIPT