
CONFERENCE ABSTRACT

Policies, Leadership, and Funding - Oh, My! How we are working together to improve perinatal care access & integration in Arizona, U.S.

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The United States has the highest maternal mortality rate of any high resource country, and it is the only country outside of Afghanistan and Sudan where the rate is rising. The rate of pregnancy-related mortality in the US increased from 7.2 pregnancy-related deaths per 100,000 live births per year in 1987 to 17.2 in 2017. In Arizona, almost half of all pregnancy-associated deaths in 2016-2018 or three out of five deaths were related to mental health conditions or substance use disorder, and 98% of those deaths were deemed preventable with 48.5% of deaths having a good chance to prevent the death. Over 40% of these deaths were accidents or unintentional overdoses. Social determinants of health, system, and community factors have increasingly been acknowledged as contributing factors to the increasing rate of poor maternal health outcomes nationally, yet few states have been able to comprehensively address these issues due to fragmented health and public health systems of care, as well as severe workforce shortages.

The State of Arizona launched a series of initiatives beginning or enhanced in 2019 to improve maternal health outcomes for persons of reproductive age in the State, including a grant-funded initiative to strengthen Arizona's Maternal Mortality Review Committee and to fund prevention efforts. In 2020, maternal mental health was spotlighted by stakeholders as a crisis related to the COVID-19 pandemic. A maternal mental health task force was appointed by the state legislature and funded through a federal grant to bring statewide stakeholders together to identify gaps in care for the perinatal population, improve statewide data on maternal mortality, and to form a statewide action plan to promote and execute innovation in maternal health service delivery including recommendations to the state government for providers and facilities, regulatory and state policy, payers, law enforcement, other systems, public health, and communities.

While the effort to improve perinatal care statewide has legislative and grant-funded support, the input from individuals with lived experience, healthcare professionals specializing in serving this population, and our community health workers such as peer support professionals, patient advocates, and BIPOC advocacy organizations have been the key to our momentum and successes. Ultimately, a legion of volunteers (primarily mothers) across the state have co-designed improvements that truly meet the needs in close partnership with the state department of health and state medicaid agency.

Through community and provider participation, workforce development initiatives, compassionate and informed leadership, change management, and policy making, we have developed a comprehensive strategy to expand access to better care across the continuum of providers and facilities involved in perinatal care outcomes in our state.

What we've learned and achieved through our evolving statewide efforts will contribute to the efforts of others in communities globally who are working to reduce adverse maternal health outcomes. Lessons learned and best practices in capacity building and sustainability will be shared.