

# Facing criticism, feds award first maternal health grant to a predominantly Black rural area

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A federal program to combat the alarming rates of rural women dying

from pregnancy complications has marked a first: It's supporting an organization that serves predominantly Black counties in the Deep South.

The news came Sept. 27, three months after KFF Health News' reporting raised questions about why a federal Health Resources and Services Administration program targeting rural maternal mortality hadn't sent a grant to serve mothers in majority-Black rural communities.

Non-Hispanic Black women—regardless of income or education level—die of pregnancy-related causes at nearly three times the rate of non-Hispanic white women.

The Institute for the Advancement of Minority Health in Madison, Mississippi, was one of two winners in the latest round of an initiative administered by HRSA. Mary Hitchcock Memorial Hospital in Lebanon, New Hampshire, was the other winner, according to an agency announcement.

"Very happy to see Mississippi," said Peiyin Hung, deputy director of the University of South Carolina's Rural and Minority Health Research Center. Mississippi has the highest rate of maternal mortality in the U.S. and the highest proportion of Black births in the U.S., she said.

Hung, who is a member of the health equity advisory group for the maternal grant program, said the Mississippi nonprofit is an unusual awardee because it is not part of a larger health system.

In June, KFF Health News found that HRSA's Rural Maternity and Obstetrics Management Strategies Program, or RMOMS, had failed to fund any sites in the Southeast, where the U.S. Census Bureau shows the largest concentration of predominantly Black rural communities. The program began four years ago and had budgeted nearly \$32 million to

provide access and care for thousands of mothers and babies nationwide—including Hispanic women along the Rio Grande and Indigenous mothers in Minnesota.

The rural Southeast was omitted despite a White House declaration to make Black maternal health a priority, and despite statistics showing America's maternal mortality rate rising sharply in recent years.

Rep. Robin Kelly (D-Ill.) introduced the "CARE for Moms Act" in mid-September and—in response to KFF Health News' reporting — called for accountability and reporting requirements for maternal health grants under the Department of Health and Human Services.

"Where is the money going?" she said during a September press conference. "Is it going where it's needed or is it going to bigger organizations who have the people who can write the grants?" She added that "maybe smaller areas or more rural areas" need it more.

HRSA spokesperson Martin Kramer declined to provide more information about the rural maternity grant awards and did not respond when asked about Kelly's bill. The legislation also would establish regional "centers of excellence," Kelly said, to address implicit bias and cultural competency in [health care providers](#). She said the bill would also "build up the doula workforce" and establish a state-based perinatal quality collaborative to improve care nationwide.

In an interview with KFF Health News, Kelly, co-chair of the House Maternity Care Caucus and a congressional leader in expanding Medicaid for postpartum care, suggested the lack of grants to the predominantly Black rural South could be because of "implicit bias," and she said her bill would help "get to the heart of the matter and get [the money] to the people that really need it."

The roughly \$2 million in new rural grants are part of nearly \$90 million in [maternal health](#) funding announced in late September by HRSA, an agency within HHS.

The Mississippi-based Institute for the Advancement of Minority Health was created in 2019 to reduce health disparities through partnerships, according to federal filings. Chief executive Sandra Melvin confirmed in an email that this is the first time the institute has applied for the grant, but also noted that it has been working to reduce maternal and infant health disparities since 2019.

Work performed with the grant "will be successful," she said, because the organization plans to take a community-based approach that includes partnering with health centers, hospitals, and a university.

In past years, the grant application process skewed toward large health systems because they "have much higher capacity to form a statewide network," Hung said. That's, in part, because grant winners were required to create a network of specific health care clinics, hospitals, and the state Medicaid office. In recent years, the agency has "become much more flexible," Hung said.

The success of the Mississippi application is a "promising signal" for states that don't have large rural health systems focusing on maternal care, said Hung, who hopes a South Carolina applicant receives a grant in the future.

In New Hampshire—where awardee Mary Hitchcock Memorial Hospital is part of the larger Dartmouth Health system in New England — three rural hospital labor and delivery units have closed in recent years. The closures forced pregnant women to drive up to an hour and a half to appointments or delivery services, said Greg Norman, senior director of community health at Dartmouth Hitchcock Medical Center.

Its HRSA application included the North Country Maternity Network, a collaboration of hospitals and clinics created in late 2021, Norman said. The New Hampshire group did not win the federal maternity grant the first time it applied. But this time the network was more established , he said.

The money from the New Hampshire [grant](#)—up to \$1 million a year for four years—will help create standardized medical and social screening for pregnant people. It will also pay for a shared high-risk coordinator and increased use of doulas and community health workers who could do home visits, he said.

The whole project, Norman said, is "a step in the direction of more equitable care."

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