



Maternal Telehealth Access Project (MTAP) Report on

COMMUNITY GRANT PROGRAM

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OVERVIEW



The University of North Carolina at Chapel Hill (UNC) received a one-year grant of \$4 million from the Health Resources and Services Administration (HRSA) through the Coronavirus Aid, Relief and Economic Security Act of 2020 (CARES Act). UNC engaged partners to join them in the work – Reaching Our Sisters Everywhere, National Birth Equity Collaborative, R.A.C.E. for Equity, the National Perinatal Association (NPA), National Area Health Education Center, Morehouse School of Medicine (MOM), and the Georgia Health Policy Center.

The overall goals of the Maternal Telehealth Access Project (MTAP) is to ensure that quality telehealth prenatal and postpartum services are accessible and available in communities bearing a disproportionate burden of maternal and infant disease and death during the COVID-19 pandemic. The mini and community grant funding program (Community Grant Program) was designed to address the first charge to **Increase access to perinatal services and supports via telehealth, including clinical care, care coordination, support, and doulas / community health workers.**

BACKGROUND

Quality and respectful care throughout pregnancy and the postpartum period are critical to ensuring the health and well-being of families, communities, and populations. COVID-19 social-distancing restrictions have disrupted access to essential and wrap-around prenatal and postpartum care services across the U.S. Maternal and infant mortality is higher within Black, Indigenous, and People of Color (BIPOC) communities, a long-standing public health crisis that has been exacerbated by COVID-19.



Telehealth and other forms of remote services delivery are a promising means to improve equitable delivery of maternity care. There is an urgent need to rapidly scale up the accessibility and use of quality telehealth services for prenatal and postpartum care in BIPOC communities. Telehealth and various models of remote/virtual care have potential to ensure timely, equitable care delivery before, during and after the birth of an infant, and in the first-year postpartum during COVID-19 times.

PROCESS



The MTAP team began the project with a listening / needs assessment process so as to best understand the needs expressed by birthing people, community leaders, and providers (see Assessment Reports). The request for proposals was then crafted to solicit projects to meet those needs. The three partner organizations (National Birth Equity Collaborative (NBEC), Reaching Our Sisters Everywhere (ROSE), and the University of North Carolina at Chapel Hill (UNC)) coordinated efforts but had slightly different process for identifying and funding projects. See Table 1.

Each of the organizations has different networks and relationships, which allowed for greater diversity in the portfolio. NBEC and ROSE had greater flexibility in providing funds to small community-based groups and practitioners while UNC had the capacity to provide larger grants. Initially the team considered prioritizing COVID-19 hotspots, but that data changed frequently and did not emerge as the best metric to use. The team created a system to ensure that they were not funding the same organizations for the same work. They also sought to fund a diversity of populations and areas of the country. All three teams engaged volunteers in the grant review process and used carefully considered methods for centering equity.

Table 1: Request for Application Process by organization (UNC, NBEC, and ROSE)

ORGANIZATION	APPLICATIONS RECEIVED	ELIGIBLE FOR REVIEW	REVIEWED & SCORED USING A RUBRIC	TOP APPLICATIONS	APPLICATIONS IDENTIFIED FOR FUNDING
UNC	200	155	✓	45	16 Received \$900,000
NBEC	88	86	✓	15	15 Received \$190,000
ROSE	141	141	✓	60	60 Received \$258,500

PURPOSE

All resources were to be used in alignment with the charges given by the federal government. Funds supported the following:

- Increasing access to telehealth services such as prenatal and postpartum care appointments, lactation, behavioral health, etc.
- Increasing access to telehealth monitoring services such as remote pregnancy monitoring.
- Expanding access of remote monitoring for pregnant women who receive Medicaid or are uninsured.
- Expansion of virtual doula services during and after pregnancy for women who receive Medicaid or are uninsured.
- Development or expansion of telehealth/telemedicine technology applications (apps) for remote monitoring, appointment reminders, and sharing of health information.
- Providing technology application (app) connections for parents with babies in the NICU to subscriptions to mindfulness applications, including notebooks, tablets/computers, enhanced WIFI.
- Purchase of supplies for remote pregnancy monitoring, including but not limited to blood pressure cuffs, digital scales, smart phones/tablets, and enhanced WIFI access.
- Expansion of virtual community health workers, midwives, lactation specialists and/or doulas to serve women before, during or after pregnancy.

PRIMARY POPULATIONS SERVED



The MTAP portfolio supports a diversity of birthing people and families via enhanced telehealth services. Resources were to center people at highest risk for not receiving needed care and for poor birth outcomes. As such African American/Black, Hispanic/Latina, Asian/Pacific Islander, and American Indian/Native American Indian birthing people and families are the primary groups supported with these funds. At-risk, non-Hispanic White families are also being served, especially those who are low-income and/or live in rural areas. The majority of the people being served are Medicaid recipients or do not have access to health insurance. Additionally, the majority of the women being served have limited access to WIFI/broadband due to location (rural/frontier) and socioeconomic status.

In addition, women who are incarcerated, women who are survivors of gender-based violence, at risk for gestational diabetes during pregnancy or other pregnancy complications are being served with expanded telehealth services, including remote monitoring and virtual support groups.

Doulas, lactation consultants, midwives, nurses and community health workers are being trained to be able to offer their services via telehealth to increase access to and utilization of preconception, prenatal and postpartum care.

THERE IS AN URGENT NEED TO RAPIDLY SCALE UP THE ACCESSIBILITY AND USE OF QUALITY TELEHEALTH SERVICES FOR PRENATAL AND POSTPARTUM CARE IN BIPOC COMMUNITIES.

AGENCIES FUNDED



The response to all three agencies' request for proposals was overwhelming. More than 400 applications were received (UNC - 200; NBEC - 88; ROSE – 141). The decision process for deciding which applications to fund was challenging.

There is significant need for resources to address the lack of access, accessibility and utilization of telemedicine for maternal health.

A total of 91 organizations and individuals received support for telehealth care through this project for a total of \$1,348,500. A total of 34 states and Puerto Rico were funded – reaching every HRSA region.

UNC funded 16 grantees, totaling \$900,000. Seven identified as community-based and/or other 501C3 organizations and 6 identified as not-for-profit hospitals. See Table 2 for complete details.

NBEC funded 15 grantees, totaling \$190,000. One hundred percent identified as community-based and/or other 501C3 organizations.

ROSE funded 60 grantees, totaling \$258,500. Thirty-eight identified as community-based and/or other 501C organizations and 22 identified as individuals (e.g. community doulas, lactation specialists, etc.)

The majority of the organizations and community-based providers who received funds offer a variety of maternal health services including prevention services and services before, during and after pregnancy and will use the funds to enhance their telehealth infrastructure to deliver these same services. Table 3 describes the services offered by UNC, ROSE, and NBEC. Doula services are largely supported by NBEC and ROSE while mental and behavioral health services and overall medical services (OB/GYN, family medicine, nursing, midwives) are supported by UNC.



Table 2: Grantee Self-Identification of their Organizational Type*

	UNC
Community-based organizations, Faith-based organizations, other 501C-3	7
Not-For-Profit Hospital	6
Public Health Department, Free Clinic, FQHC	2
Academic Center	2
Tribal Organization	2
Other	1

Table 3: Services provided by each grantee by each funder*

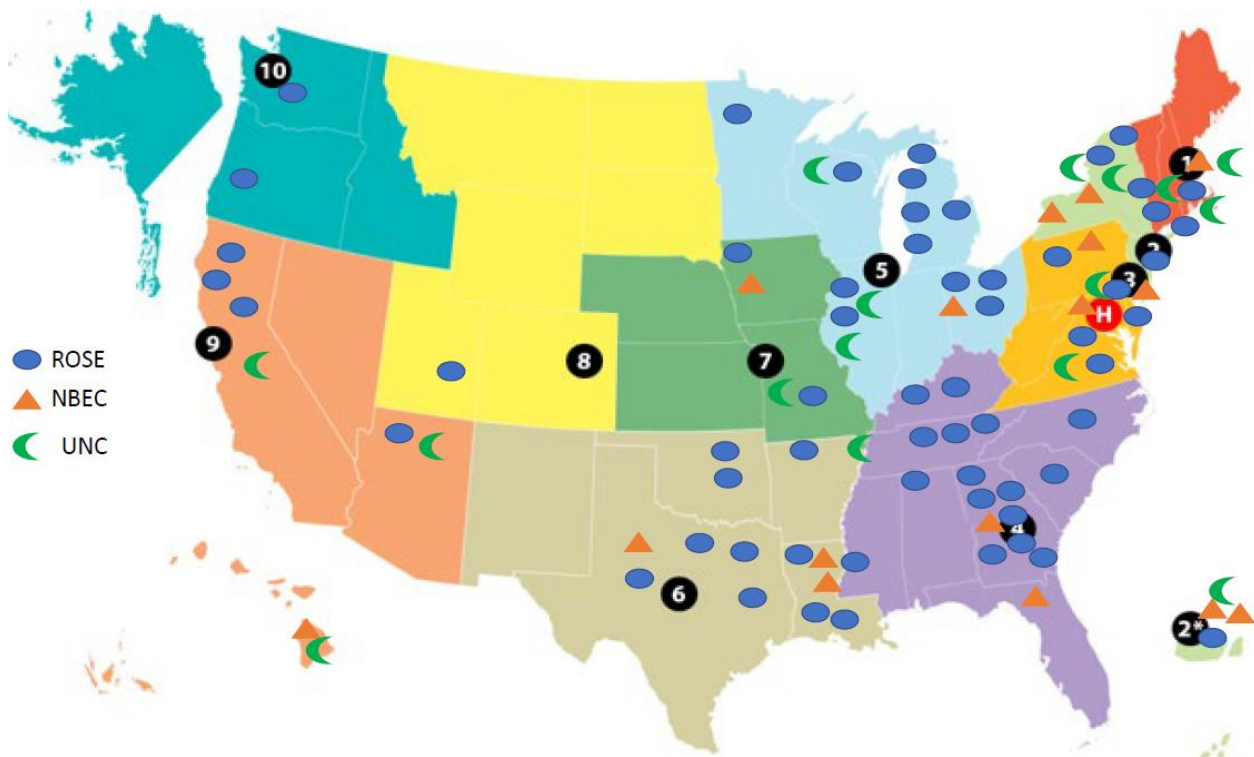
	UNC	NBEC	ROSE	TOTAL
Community Health Worker, outreach, education, etc.	6	3	1	10
Breastfeeding/Lactation Support	11	7	11	29
Childbirth Education Services	8	-	3	11
Doula Services (prenatal and postpartum)	3	10	11	24
Nutrition Services	9	-	-	9
Mental and Behavioral Health	11	-	-	11
Nurse/Midwife Services	-	12	-	12
Medical (preventative, before, during or after pregnancy, pediatric, family, OB/GYN)	13	-	-	13
Overall Maternal Health Services/Other Services	1	3	20	24

*Not all funders used the same language to identify the type of organization and the type of services provided. Multiple answers were allowed for Tables 1 and 2 by the grantee in the application process.

GEOGRAPHICAL DISTRIBUTION OF AGENCIES FUNDED

The map below (Figure 1) depicts where the funded agencies are located. Table 3 provides detail on the grantees by state and HRSA Region. Table 4 provides detail on the number of grantees per HRSA Region by funder (UNC, ROSE, NBEC). Very few applications were received from Region 8 and of those received, many did not meet the guidelines for what was to be funded. Overall, the projects reached every HRSA region and 68% of states and one territory.

Figure 1: Number of Grantees by Funder and HRSA Region

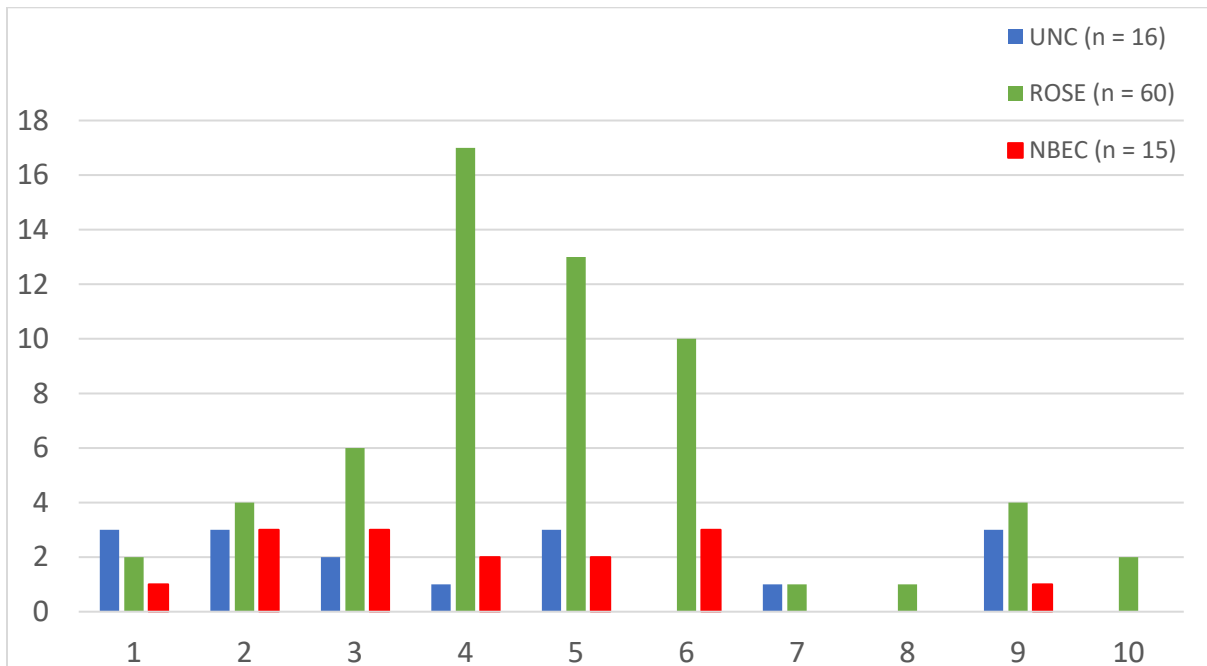


MTAP PROVIDED FUNDING TO 91 AGENCIES ACROSS ALL HRSA REGIONS, COVERING 34 STATES AND PUERTO RICO

Table 4: Number of Grantees by State within each HRSA Region

HRSA REGION	STATE (# PER STATE)	
1	Connecticut (3) Massachusetts (2)	Rhode Island (1)
2	New Jersey (2) New York (5)	Puerto Rico (3)
3	Maryland (3) Pennsylvania (2)	Virginia (4) Washington, D.C. (2)
4	Alabama (1) Georgia (8) Florida (1) Kentucky (1)	Mississippi (1) North Carolina (1) South Carolina (1) Tennessee (5)
5	Illinois (5) Indiana (1) Michigan (4)	Minnesota (1) Ohio (4) Wisconsin (2)
6	Arkansas (1) Louisiana (5)	Oklahoma (2) Texas (5)
7	Missouri (2)	
8	Colorado (1)	
9	Arizona (2) California (4)	Hawaii (2)
10	Oregon (1)	Washington (1)

Table 5: Total Number of Grantees by Funder (ROSE, NBEC, UNC) and HRSA Region



PORTFOLIO OF AGENCIES FUNDED

University of North Carolina Grantees (n = 16)

Services and Supplies

- Accompany Doulas, Massachusetts
- Big Springs Medical Association, Missouri
- Children's National Hospital, Washington DC
- Great Lakes Intertribal Council, Wisconsin
- Mujeres Ayundando Madres, Puerto Rico
- University Health Partners of Hawaii
- University of Tennessee Graduate School of Medicine
- Urban Health Plan, New York

Supplies Only

- Chicago Family Health Center, Illinois
- Kids Above All, Illinois
- Mercy Medical Center, Massachusetts
- Neighborhood Health, Virginia
- Northridge Hospital Foundation, California
- Saint Francis Hospital, Connecticut
- The Jamaica Hospital, New York
- Tuba City Regional, Arizona

National Birth Equity Collaborative Grantees (n = 15)

Services and Supplies

- Ancient Song Doula Services, New York
- Assertive Intuition Health Services, LLC, Georgia
- Breastfeeding Hawaii, Hawaii
- Cadermen, Inc., Puerto Rico
- Commonsense Childbirth School of Midwifery, Florida
- Dr. Jacynia Women's Care Consulting, LLC, Illinois
- Earthside Ease, LLC, Louisiana
- Elephant Song Doula Services, Pennsylvania
- Mamatoto Village, Washington, D.C.
- Reaching Our Own Through Transformation (ROOTT), Ohio
- Sueños Sin Fronteras de Tejas, Texas
- The Amandala Group, Louisiana
- The Bloom Collective, Maryland
- Village Birth International, New York
- Women's Charitable Association, Connecticut

Reaching Our Sisters Everywhere Grantees (n = 60)

Services and Supplies

- All Moms Empowered to Nurse, Kentucky
- Arkansas Birthing Project, Arkansas
- Atlanta Doula Collective, Inc., Georgia
- Birth and Breastfeeding Color, Inc., Illinois
- Bellies to Babies Foundation, Georgia
- Black Mamas ATX, Texas
- Black Parent Initiative, Oregon
- Bloom Maternal, Louisiana
- Breastfeeding Sisters That Are Receiving Support, Tennessee
- Brown & Green Botanica Limited, Washington
- Bump to Birth Doula Services, LLC, Michigan
- Caderamen, Inc., Puerto Rico
- Community Birth Companion, Louisiana
- Crowned and Cradled, Maryland
- Delta Baby Café – Let’s Talk, Mississippi
- Families Forward Resource Center, Colorado
- Healthy Hearts Plus II, Virginia
- H.E.R. Institute, Louisiana
- Indiana Black Breastfeeding Coalition, Indiana
- JHM Solutions, Georgia
- Kind Comforting Births, New Jersey
- Latched Support, Texas
- Latch and Love Lactation Center, Georgia
- Making Lemonade Doula and Coaching Services, Tennessee
- Mamas and Tatas Lactation Consults and Childbirth Classes, Georgia
- Melanted Midwives, NFP, Illinois
- Mental Health Alliance of Ohio, Ohio
- MileStone Creations, LLC, Minnesota
- MODABA, LLC., Arizona
- Mommies in the D, Michigan
- Mommy and Me Lactation, Michigan
- Nearby Baby, Virginia
- New Familia Health Support Services, LLC, California
- NuBeing Doula Services, Connecticut
- P.S. Mariah Alice, Alabama
- Protector of the Womb, Georgia
- Pettaway Pursuit Foundation, Pennsylvania
- Postpartum Healing Lodge, Michigan
- Raising Resilience, North Carolina
- Sacred Wombhood Birth Support Services, Rhode Island
- SBCC Based Community Change, California
- SisterWeb, California
- Stork and Cradle, New Jersey
- Tawaret Midwifery, Texas
- The Maternal Matrix, Ohio
- The Intune Mother Society, Oklahoma
- The Ohio Hispanic Coalition, Ohio
- The Up Center, Virginia
- Together Inspiration, Maryland
- Vanderbilt University, Tennessee
- YOLO, Michigan Breastfeeding, Michigan
- 8 additional Individuals who are Doulas, Lactation Specialists, etc.) practicing in NY, GA, TN, WI, OK, TX, MO, SC

UNMET NEED

UNC, ROSE, and NBEC identified 45 additional organizations that scored extremely high, but in the end were not selected for funding. These unfunded organizations totaled more than \$1,592,300 in needs related to telemedicine/telehealth and maternal health. The unfunded organizations represent HRSA Regions 2 – 6, and 8 – 9 and 22 states.

Similar to the funded organizations, the unfunded organizations proposed projects to work with and support BIPOC that focused on the expansion of telehealth supplies and services including but not limited to:

- Doula support and services
- Breastfeeding support
- Peer education programs (including peer support and/or support groups) and outreach
- Mental and behavioral health services and supports
- Provision of remote pregnancy monitoring supplies
- Distribution of supplies to increase access to and utilization of telehealth services.

Tables 6 and 7 provide details on the unfunded organizations, by the type of organization and services provided. Figure 2 depicts where the unfunded agencies are located. Finally, Table 8 provides detail on the unfunded organization by HRSA Region and state.

UNC, ROSE, and NBEC will continue to maintain these databases in the hope that additional funding becomes available.

Table 6: Self-Identification of the Unfunded Organizational Type*

	UNC	NBEC	ROSE	TOTAL
Community-based organizations, Faith-based organizations, other 501C-3	10	15	14	39
Not-For-Profit Hospital	1			1
Public Health Department, Free Clinic, FQHC	4		2	6
Academic Center	2			2

Table 7: Services provided by each unfunded organization by each funder*

	UNC	NBEC	ROSE	TOTAL
Community Health Worker, outreach, education, etc.	10	4	Not collected for unfunded	14
Breastfeeding/Lactation Support	9	6		15
Childbirth Education Services	9			9
Doula Services (prenatal and postpartum)	2	11		13
Nutrition Services	5			5
Mental and Behavioral Health	9	1		10
Nurse/Midwife Services		5		5
Medical (preventative, before, during or after pregnancy, pediatric, family, OB/GYN)	6			6
Overall Maternal Health Services/Other Services	7	2		9

*Not all funders used the same language to identify the type of organization and the type of services provided. Multiple answers were allowed for Tables 5 and 6 by the grantee in the application process.

Figure 2: Number of Unfunded Organizations by Funder and HRSA Region

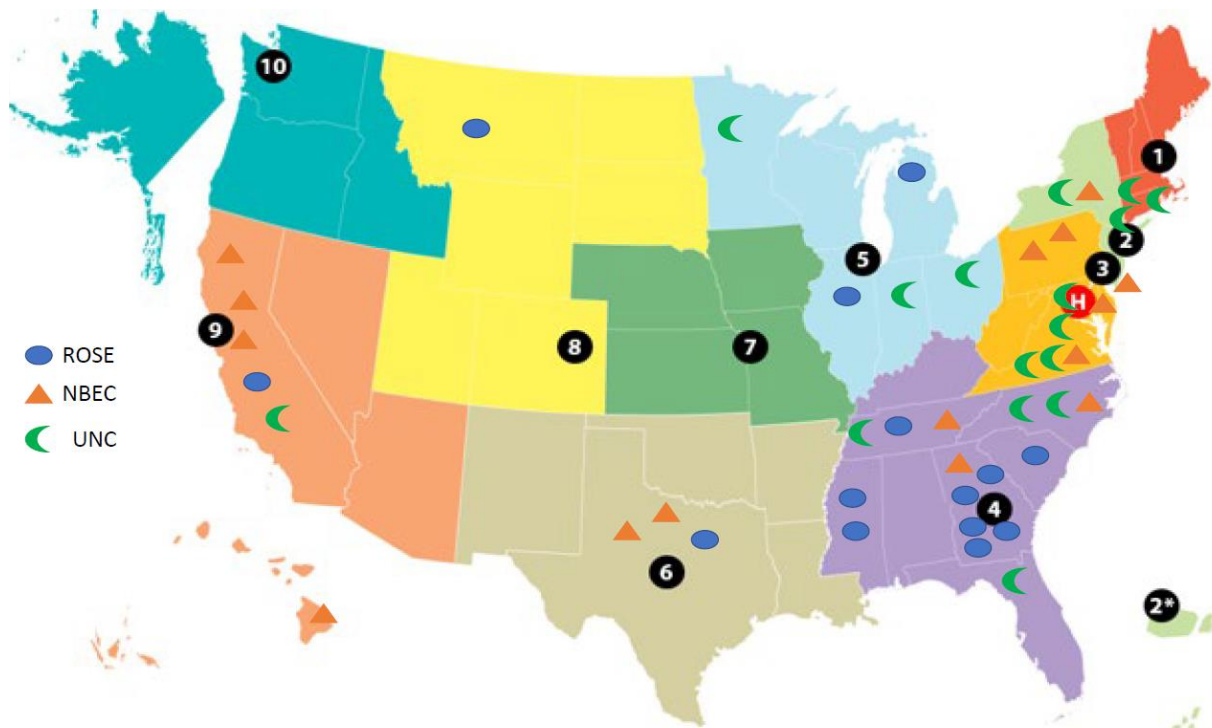
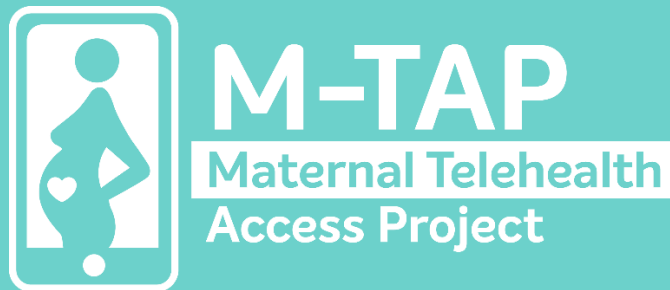


Table 8: Unfunded Organizations by State within each HRSA Region

HRSA REGION	STATE (# PER STATE)	
1	N/A	
2	New Jersey (3)	New York (2)
3	Maryland (1) Delaware (1) Pennsylvania (2)	Virginia (4) Washington, D.C. (1)
4	Georgia (6) Florida (1) Mississippi (2)	North Carolina (3) South Carolina (1) Tennessee (3)
5	Illinois (1) Indiana (1) Michigan (1)	Minnesota (1) Ohio (1)
6	Texas (3)	
7	N/A	
8	Montana (1)	
9	California (5)	Hawaii (1)
10	N/A	



The Maternal Telehealth Access Project: Collaboration and Innovation for Equity and Healthy Families (Grant # H7EMC37564) is a collaborative initiative with several partnering agencies aimed at ensuring that women at highest risk are receiving quality maternal care services via telehealth during the COVID-19 pandemic. The project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an Award totaling \$4,000,000 for one year with 0% percentage financed with nonmodernness of, nor an endorsement, by HRSA, HHS or the U.S. Government.