GOAL 2
Action 2.11

WHITE HOUSE BLUEPRINT EVIDENCE TO ACTION BRIEFS

Support state innovation efforts by establishing state-focused Maternal Health Task Forces

Maternal Health
Learning & Innovation Center™
MaternalHealthLearning.org

THE WHITE HOUSE BLUEPRINT FOR ADDRESSING THE MATERNAL HEALTH CRISIS

The White House Blueprint for Addressing the Maternal Health Crisis (White House Blueprint). has identified goals and actions to reduce the rates of maternal mortality and morbidity, eliminate disparities in maternal health outcomes, and improve the overall experience of pregnancy, birth, and postpartum period for people across the United States.

The following Evidence to Action Brief highlights Action 2.11 of Goal 2, Ensure Those Giving Birth Are Heard and Are Decision-makers in Accountable Systems of Care in the White House Blueprint.

Maternal Health Action 2.11

Support state innovation efforts by establishing state-focused Maternal Health Task Forces (MHTFs) and improving state-level data surveillance on maternal mortality and severe maternal morbidity.

Contribution to Quality of Life

The White House Blueprint is a "whole-of-government approach to combating maternal mortality and morbidity" so that all people in the United States who are capable of becoming pregnant and giving birth are healthy and safe.

MHTFs can drive evidence-based decision-making to improve maternal health at a state level by prioritizing the collection and analysis of data, thereby directing resources to under-resourced communities. Application by MHTFs of leadership, decision-making authority, and strategic goal setting with governmental and nongovernmental maternal health leaders and partners has the potential to help states make significant advances in the preventable maternal health crisis.

Basic Facts

In 2019, the Health Resources & Services Administration (HRSA) began investing in states to create MHTFs. Similar to the state-level implementation of Maternal Mortality Review Committee's (MMRCs), MHTFs may be legislatively mandated with bills or resolutions, or they may be a voluntary state initiative. Legislation can specify aspects of the task force that range from terms and appointments to the required number of meetings and reports.

On September 30, 2019, HRSA awarded 9 states (Arizona, Illinois, Iowa, Maryland, New Jersey, Ohio, Oklahoma, Montana, and North Carolina) 5-year cooperative agreements to implement State Maternal Health Innovation (MHI) programs. The goal of the State MHI programs is to improve maternal health in the US. To achieve this, State MHI programs are required to establish a state-focused MHTF, improve state-level maternal health data and surveillance, and promote and execute innovations in maternal health service delivery. On September 30, 2022, HRSA awarded to a second cohort of 9 states (Alabama, Arkansas, Colorado, Georgia, Indiana, Maine, Massachusetts, Minnesota, and Tennessee) 5-year cooperative agreements through the State MHI and Data Capacity programs. (See Figure 1.)

The MHI programs were awarded to state public health agencies and universities with the stipulation that an MHI program must collaborate with its state public health agency to strengthen state-level capacity in achieving program aims. The MHI program-sponsored MHTFs comprise, but are not limited to, state and local public health professionals (e.g., Department of Health, Title V Program, Medicaid program); state MMRC liaison(s); pregnant and postpartum individuals with lived experience; maternity care providers, including midwives and doulas; hospitals; representatives of community organizations focused on reducing maternal mortality and morbidity; insurers/payors; representatives from the state association of community health centers or primary care association; representatives of state and/or local corrections health care

providers; and tribes/tribal organizations, if applicable. Diverse membership can help to ensure that an MHTF addresses the root causes of the inequities in maternal health outcomes at the individual, institutional, and systematic level.

The main charge of an MHTF is to create a strategic plan using state-specific maternal health data to improve maternal health and address health equity. The HRSA Maternal and Child Health Bureau (MCHB) requires MHTFs to identify the gaps illuminated in MMRC reports and publications and address them in the development of a state-focused strategic plan. An MHTF also is expected to support State MHI program staff to carry out new interventions that address identified, critical gaps in service delivery, such as addressing substance use disorders in the perinatal population, preconception health initiatives, and implicit bias training and education.[1]

Each MHTF conducts a baseline assessment of state maternal care and coverage and identifies state-specific gaps that impact maternal health outcomes. In addition, under the guidance of HRSA MCHB, the 18 MHI states work with Title V MCH agencies to utilize their most recent Title V MCH Block Grant Program's needs assessment to understand the nature of maternal health in their state. This collaborative approach builds partnerships and helps to reduce duplication with other HRSA MCHB initiatives. Findings from the baseline and needs assessments are used to develop and implement a state-focused maternal health strategic plan that translates knowledge and recommendations into practice.

MHTFs are an essential part of an MHI program, as they are designed to hold a state's maternal health actors accountable to meeting agreed upon maternal and child health goals. While MHTFs are a relatively new initiative with little data about their effectiveness, they have the opportunity to use the science of collaboration to make important leadership contributions to addressing the maternal health crisis at an urgent time.

CALL TO ACTION

MHTFs are charged with the responsibility of making birth safe for all people in their states. In addition to exhibiting leadership and strategic decision making, they must adhere to best practices in intersectoral collaboration, engage community members, investigate root causes, and hold all maternal health actors accountable for rapid improvements. Their mandate to strengthen a state's capacity to collect, analyze, synthesize, and disseminate state surveillance data related to maternal mortality and severe maternal morbidity is an essential part of the movement to make birth safe for all people in the US.

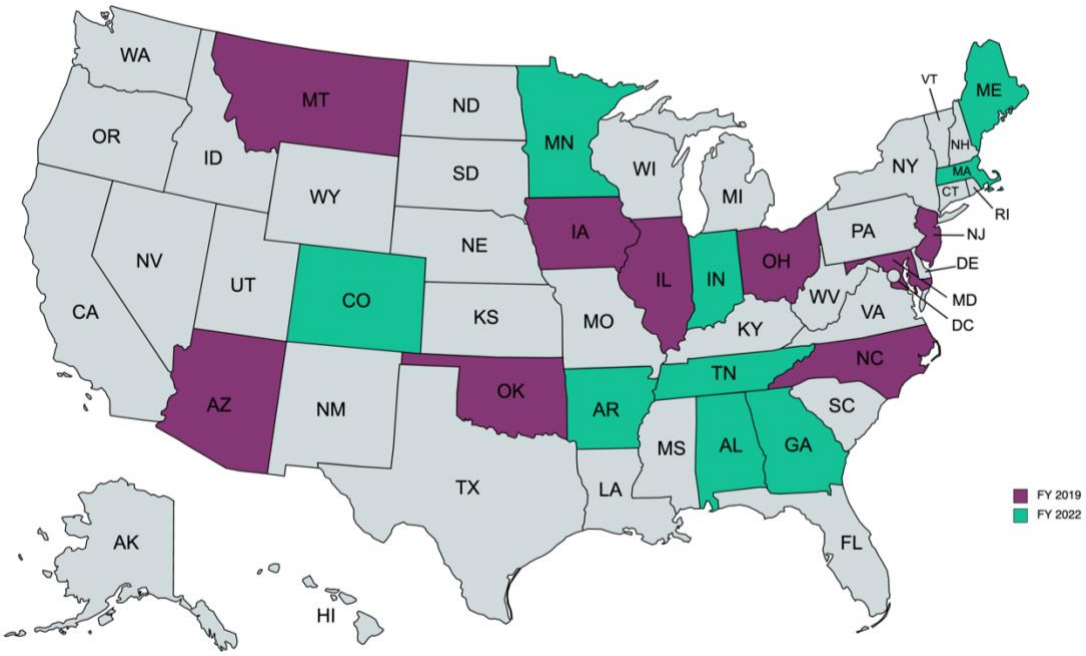
Evidence in Support of Collaboration

In health care, the consensus is that collaborative efforts produce improved health services and outcomes for the populations that are served.[2] The World Health Organization links interprofessional collaboration with better outcomes in family health, noncommunicable diseases, infectious diseases, and responses to epidemics[3]. The US Preventive Services Task Force—an independent panel of volunteer experts who make recommendations about clinical preventive services in the US—is considered an exemplar of a successful interprofessional collaboration.

State-level Perinatal Quality Collaboratives (PQCs) are another example of successful multidisciplinary collaborative bodies, with much evidence supporting their work to improve outcomes for maternal and infant health. PQCs are well-recognized for implementing successful evidence-based processes to achieve consensus in identifying population quality-improvement initiatives. An example is New York State's Perinatal Quality Collaborative's work, which led to a significant increase in the proportion of babies born full-term[4]. While great variability exists across PQCs in terms of structure and function, many have seen their efforts lead to significant improvements in the care of mothers and newborns.

Community engagement is considered an essential aspect of cross-sector collaborative efforts.[5] In a systematic review that included 95 studies, researchers suggest that the most fundamental components of cross-sector collaborations are: breadth of active membership, organizational structure and processes, shared vision, and interventions. The study's researchers synthesized their findings into the Consolidated Framework for Collaboration Research (CFCR), a tool that could prove useful for an MHTF or other maternal health collaborative body when starting, maintaining, or evaluating its efforts. The CFCR provides flexibility for use across diverse settings, contexts, and topics.

Figure 1: HRSA MCHB–Funded State Maternal Health Innovation (MHI) Program, FY 2019 and FY 2022 (n = 18)



In FY 2019 and FY 2022, the HRSA MCHB funded a total of 18 state-led MHI programs across the country.

Source: Health Resources & Services Administration Maternal and Child Health. State Maternal Health Innovation (MHI) Program. Award Recipients. Last reviewed January 2023. Accessed September 7, 2023.

Story Behind the Data: Factors Affecting Progress

While MHTFs have largely been successful at implementing evidence-based initiatives, there are some factors that may affect their ability to implement change. In the US, there is no standard definition of what an MHTF is or what activities it should implement to address maternal mortality and morbidity. This lack of a standard definition and identified actions may make it difficult to measure the effectiveness of MHTFs. In addition, data on membership of individual MHTFs is limited and there is no size requirement; among current MHI grantees, membership ranges from 15 participants in Minnesota to more than 100 participants in Illinois.

Another challenge is related specifically to the data that MHTFs use to make decisions. MHTFs use data to drive decisions, yet they are not directly involved in the collection or analysis of raw data. Furthermore, there is no federal mandate for the collection of maternal health data, making it difficult to align and compare efforts to improve maternal health across the country.[6]

Both within states and across states, there are multiple systematic and infrastructural issues with maternal health data collection, standardization, harmonization, transparency, analysis, and dissemination. (For a more detailed description of efforts related to advancing data collection see Goal 3.) States have varying levels of resources and capacity related to data collection, linkages, and surveillance.[6] Experts agree that the best data linkages for understanding the root causes of maternal mortality and morbidity would include not only data from state health departments and centers for health statistics but also state Medicaid data.[6] However, there are numerous barriers between the three agencies that manage this data, including the lack of a memorandum of understanding or data use agreement that would allow timely access to data and accurate data linkages.[6] Furthermore, hospital mergers and acquisitions leave the question of "data ownership" unanswered in many cases.

Human and financial investments could aid state-level epidemiologists in carrying out data collection, disaggregation, analysis, and dissemination. Specifically, funding is lacking at the state level for MHTFs to improve timely and accurate data collection, linkage, transparency, analysis, and dissemination. Without appropriate investments in state agencies/data infrastructure, MHTFs are limited in their data-to-action activities. Among the funded MHI states, however, there is widespread data collection occurring to measure policy action toward health equity, which advances intersectoral practices. The Centers for Disease Control and Prevention's Enhancing Reviews and Surveillance to Eliminate Maternal Mortality is an example of a funded initiative that seeks to standardize maternal health measures across states.

What can be done to address the issue?

The White House Blueprint identifies actionable steps to address Action 2.11. In addition, experts from the maternal and child health field have identified the following innovative, evidence-informed strategy from several databases and national repositories.

Maternal and Child Health (MCH) Innovations

MCH experts selected the following resource for action after a review that included: the MCHbest Database, a database developed to aggregate evidence-based strategies that can be used as is or adapted to fit local and state-level contexts; the Association of Maternal & Child Health Program's Innovation Hub, a searchable repository of local and state practices, policies, and community-based innovations considered to be "what's working" in the MCH field; the Robert Wood Johnson Foundation's What Works for Health database, a tool that helps local communities to identify policies and programs that fit within their context and match their priorities; the Maternal Health Learning & Innovation Center, a national resource for improving maternal health inequities; and a search of leading organizations and agencies working in this field.

- Essentials of Collaboration. An Interactive Guide to Effective Collaboration. This course, from the National Institute for Children's Health Quality, explores how to produce positive population health outcomes through effective collaboration. Using a case study to share key concepts, the course gives directions on how to break down silos, align activities, and work productively as a team.

State Maternal Health Innovations from the Health Resources & Services Administration (HRSA) Maternal and Child Health Bureau (MCHB) Grantees

The State Maternal Health Innovations (MHI) initiative, funded by HRSA's MCHB, currently provides funding to 18 states to develop, implement, and evaluate state-level equity-centered innovations. As of September 2023, all 18 MHI grantees have an MHTF either in place (Cohort

1) or under development (Cohort 2). States have flexibility in the development, implementation, and structure of their MHTF to ensure they are meeting the needs of their pregnant and birthing people. Below we highlight innovations that address Action 2.11 from the MHI cohorts (2019–2024):

- *Arizona.* The MHI in Arizona supports both an overall MHTF as well as a Tribal-led MHTF.
- *Illinois.* Innovations to ImPROve Maternal OuTcomEs in Illinois (I-PROMOTE-IL) is implementing the statewide MHTF.
- *Iowa.* The Iowa MHI program operates an MHTF.
- *Maryland.* MDMom, the MHI in Maryland, supports implementation of the state's MHTF. Support letters, membership lists, agendas, and the MHTF strategic plan can be found online.
- *Montana.* The Montana Obstetrics & Maternal Support (MOMS) initiative supports implementation of an MHTF with a rebranded name: MOMS Leadership Council. Membership lists, agendas, meeting schedules, and more can be found online.
- *North Carolina.* The MHI program in North Carolina operates its MHTF in conjunction with the NC Institute of Medicine and the NC Perinatal Strategic Plan.
- *Oklahoma.* The MHI program in Oklahoma supports implementation of the statewide MHTF.

Resources from the MCH Evidence Center's Digital Library

The MCH Digital Library is a digital repository of evidence-based and -informed toolkits, briefs, white papers, and more with seminal and historic resources. The following may support Action 2.11.

- Future of Public Oral Health in Virginia Taskforce. Virginia Health Catalyst. Future of Public Oral Health in Virginia: Taskforce Recommendations. 2021. Accessed August 28, 2023.

Strategy Development Criteria to Consider for State and Local Implementation

To select impactful strategies for local implementation, an organization may consider using the following criteria, based on the Results-Based Accountability framework outlined in the book *Trying Hard Is Not Good Enough* by Mark Friedman.

- **Specificity:** Ensure strategies are clearly defined, including responsible parties and timelines.
- **Leverage:** Evaluate how strategies can improve data quality and reliability.
- **Values:** Assess alignment with community and organizational values.
- **Reach:** Consider feasibility and affordability at the required scale.

Using these criteria can aid in developing feasible and impactful strategies. Visit maternalhealthlearning.org/Blueprint for more details.

References

1. State Maternal Health Innovation program. Health Resources & Services Administration. January 2023. Accessed August 30, 2023.
2. Green BN, Johnson, DC. Interprofessional collaboration in research, education, and clinical practice: working together for a better future. *J Chiropr Educ*. 2015;29(1):1-10.
3. World Health Organization. Framework for Action on Interprofessional Education and Collaborative Practice. Health Professions Network Nursing and Midwifery Office. Department of Human Resources for Health. 2010.
4. Centers for Disease Control and Prevention. Perinatal Quality Collaborative Success Story. Division of Reproductive Health. August 2014. Accessed August 30, 2023.
5. Calancie L, et al. Consolidated Framework for Collaboration Research derived from a systematic review of theories, models, frameworks and principles for cross-sector collaboration. *PLoS One.* 2021. Accessed August 30, 2023.
6. Office of the Assistant Secretary for Planning and Evaluation at the U.S. Department of Health & Human Services. State Data for Conducting Patient-Centered Outcomes Research to Improve Maternal Health: Stakeholder Discussions Summary Report. Assistant Secretary for Planning and Evaluation. December 2020. Accessed August 30, 2023.

Maternal Health
Learning & Innovation Center™

The MHLIC is available for consultation, coaching, and technical assistance to support your implementation of any innovations to improve maternal mortality and morbidity. For more information, visit https://maternalhealthlearning.org/connect.

DEVELOPED, EDITED, & DESIGNED BY

Leslie deRosset
Alexsandra Monge
Christine Bixiones
Abigail Holicky
Anne Elizabeth Glassgow
Dorothy Cilenti
Deitre Epps
Zoe Henderson
Kelli Sheppard

Follow / Listen / Visit

Listen on Apple Podcasts
Spotify
iHeartRADIO

MaternalHealthLearning.org