MATERNAL HEALTH

AT FEDERALLY QUALIFIED HEALTH CENTERS (FQHCS)

ADVOCATES FOR COMMUNITY HEALTH



CHCs serve over 31.5 million patients, including 9.6 rural residents in the U.S. annually

There are more than 1,400 CHCs with over 15,000 delivery sites in the U.S.

COMMUNITY HEALTH CENTERS (CHCS)

ACH







Provide person-centered, comprehensive, and culturally competent primary care to all patients, regardless of a person's ability to pay. They serve maternal health patients across the continuum of care - 1) prenatal services, 2) labor & delivery, and 3) postpartum services.

Are required to provide primary health services including prenatal and perinatal services, preventive screenings, emergency medical services, well-child visits, and voluntary family planning services.

Screen patients for health-related social needs, including food insecurity and transportation access. CHCs are required to provide non-clinical services that often improve health and quality of life. They serve patients where they are needed most, including via telehealth, home visits and mobile units.



CHCs serve 560,000 prenatal care patients annually.

Almost 403,000 health center patients had their first prenatal care visit within their first trimester.

Supporting 71,000 deliveries each year has led to a reduction in the rate of low birth weight.

HOW CHCS ADDRESS THE MATERNAL HEALTH CRISIS

- 1. Increase access to prenatal, delivery, and postnatal care, especially in rural and medically underserved communities.
- 2. Provide integrated, coordinated care, behavioral health, care coordination, primary care, and often dental services
- 3. Provide culturally and linguistically competent care.
- 4. Serve those most in need.
- 5. Address social determinants of health.
- 6. Focus on quality improvement.
- 7. Serve and educate the community.

If FQHCs didn't provide access to prenatal care, the maternal health crisis would get worse - <u>and more</u> <u>women would</u> <u>die</u>.



4 out of 5 pregnancy-related deaths are considered preventable.

Pregnancy-related mortality is higher in rural counties than urban counties.

Black, non-Hispanic mothers have a 2.5x higher maternal mortality rate compared to white mothers.

90% of CHC patients have incomes less than 200% of the federal poverty level



63% of patients identified as racial/ethnic minorities





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OUR 3 ASKS

Increase sustainable and flexible funding for the Health Center Program

How would this funding help health centers fulfill their mission?

1. Expand Access: allow funding for CHCs to reach the community via mobile health units, extended hours, and other flexible models of care

2. Build Infrastructure: ensures coordinated care via IT capabilities, trainings, and enhancing partnerships

3. Grow Workforce: builds, expands, and diversifies the maternal health and rural workforce to continue providing comprehensive care throughout all stages of maternal health care

4. Allow Innovation: Flexible funds allow health centers to expand telehealth and value-based care to improve maternal health outcomes by addressing patient's unique and underlying health-related social needs

About Us

ACH

Advocates for Community Health (ACH) is a national membership organization focused on visionary policy and advocacy initiatives to effect positive change across the Health Center Program and nation's health care system.

ADVOCATES FOR

COMMUNITY

HEALTH

Rooted in community health, our membership comprises of forwardthinking, federally qualified health centers (FQHCs) leading the way in modeling comprehensive, integrated primary care and innovations to help shape a rapidly evolving health care landscape.





Support the Rural MOMs Act

- Sponsored by Senator Tina Smith (D-NM)
- Addresses maternal health in rural areas
- Requires HRSA to establish rural obstetric networks to foster collaboration and improve maternal and birth outcomes



Support the Health Center Community Transformation Hub Act

- Sponsored by Congresswoman Yvette D. Clarke (NY-09) and co-sponsored by Reps. Troy A. Carter (LA-02), Jamaal Bowman (NY-16), Nanette D. Barragan (CA-44), Eleanor Holmes Norton (DC-At Large), Bonnie Watson Coleman (NJ-12), Gwen Moore (WI-04), and Barbara Lee (CA-12)
- Empower CHCs through creation of local grants to know their community best and set up networks with local community based organizations to address the health-related social needs of the patients they serve



38 Members Strong



3M+ Patients Represented

16 States Represented Plus DC & Puerto Rico

Who is HRSA?

Health centers are partly funded by the Health Resources and Services Administration (HRSA) as authorized by Section 330 of the Public Health Service Act.

HRSA supports the Administration's efforts to reduce maternal morbidity and mortality through 5 goals: 1) increasing access, 2) providing person-centered care, 3) data collection and transparency, 4) expanding and diversifying the perinatal workforce, and 5) strengthening social supports for persons before, during, and after pregnancy.





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