

Maternal and Child Health in Rural Communities

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Our center's mission

To illuminate and address the problems experienced by rural and minority populations in order to guide research, policy, and related advocacy.

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Identification of High-Need Rural Counties to Assist in Resource Location Planning

- This report demonstrates how a relatively simple technique can be used to measure the level of potential health care need across communities.
- It illustrates how sorting counties by need can identify areas in greatest need of additional safety net providers and resources.

BACKGROUND

Analyses of location selection by healthcare providers in the U.S. are often retrospective, mapping the results of previous decisions. Examples include studies of the location choices of new physicians [1], freestanding emergency departments [2], and diabetes self-management education programs [3]. These studies have generally documented that providers preferentially locate in urban, well-resourced areas, rather than areas with high rates of illness and/or low-income populations. Prospective analyses, which attempt to provide recommendations for future facility location based on need, are more common in situations where resources are administered through a central authority at the state or national level [4]. In the U.S., disaster management and emergency services use geospatial analyses for planning purposes, but generally employ computationally complex methodologies that may be difficult to implement [5, 6].

Findings briefs are produced 2-3 times/year on a variety of topics related to rural health and healthcare. Briefs are available at www.ruralhealthresearch.org.

Unique issues facing rural communities

DISPARITIES IN HEALTH

- Increased mortality rates
- Lower life expectancies
- Higher % of overweight adults
- Higher rates of pain and suffering
- Higher rate of teen births
- Higher rate of children hospitalized for unintentional injuries

DISPARITIES IN HEALTH CARE

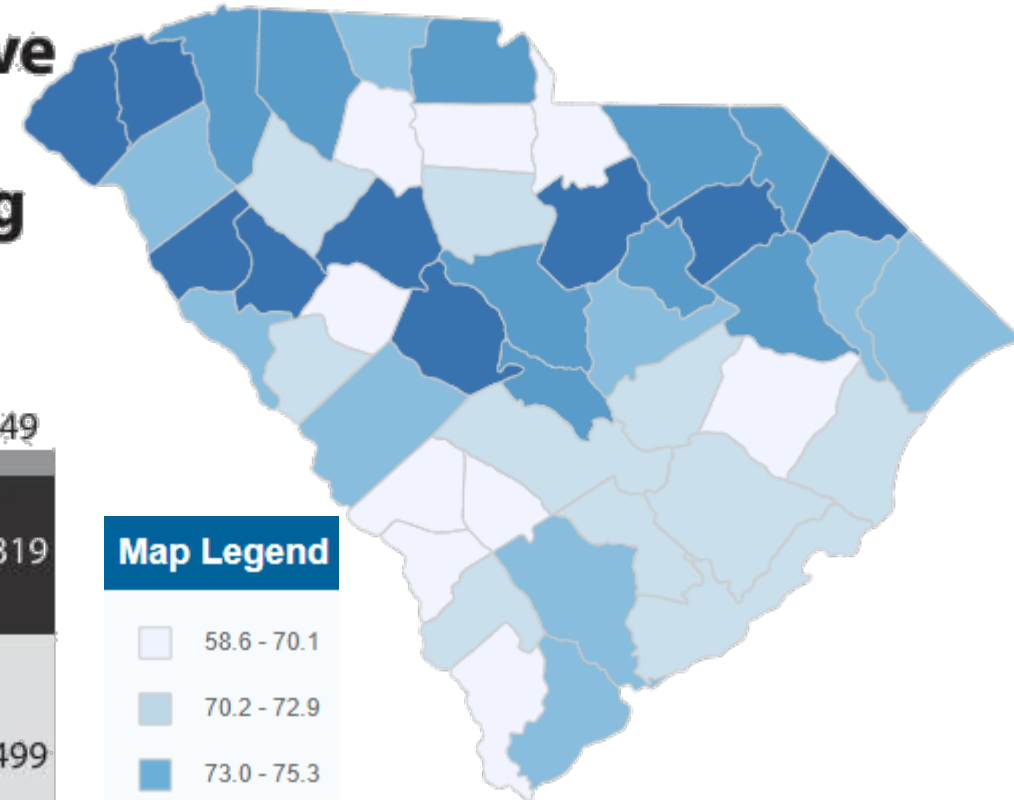
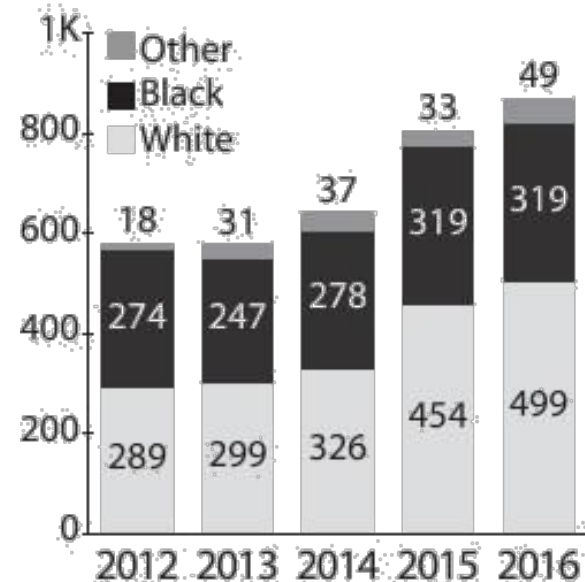
- Geographic isolation
- Lower socio-economic status
- Higher rates of health risk behaviors
- Limited job opportunities
- Lack of health care coverage
- Higher % of adults who delay seeing a doctor due to cost
- Lower % of screening for cervical, breast, and colorectal cancers

Gaps to be addressed...

Prenatal Care

“More than **860** pregnant women gave birth in South Carolina last year having received no prenatal care — **the highest number in more than 20 years**”

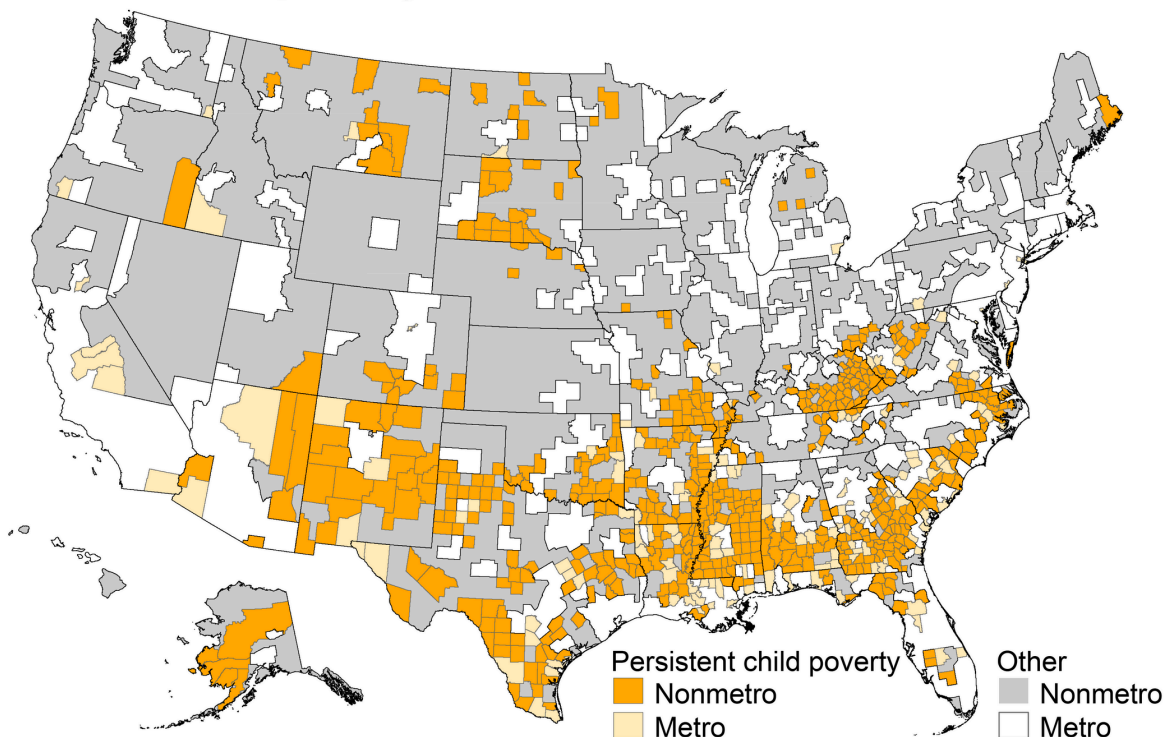
Women who gave birth in S.C. without receiving prenatal care



There are 708
persistent child
poverty counties.

558 of them are
rural.

Persistent child poverty counties, 2015 edition

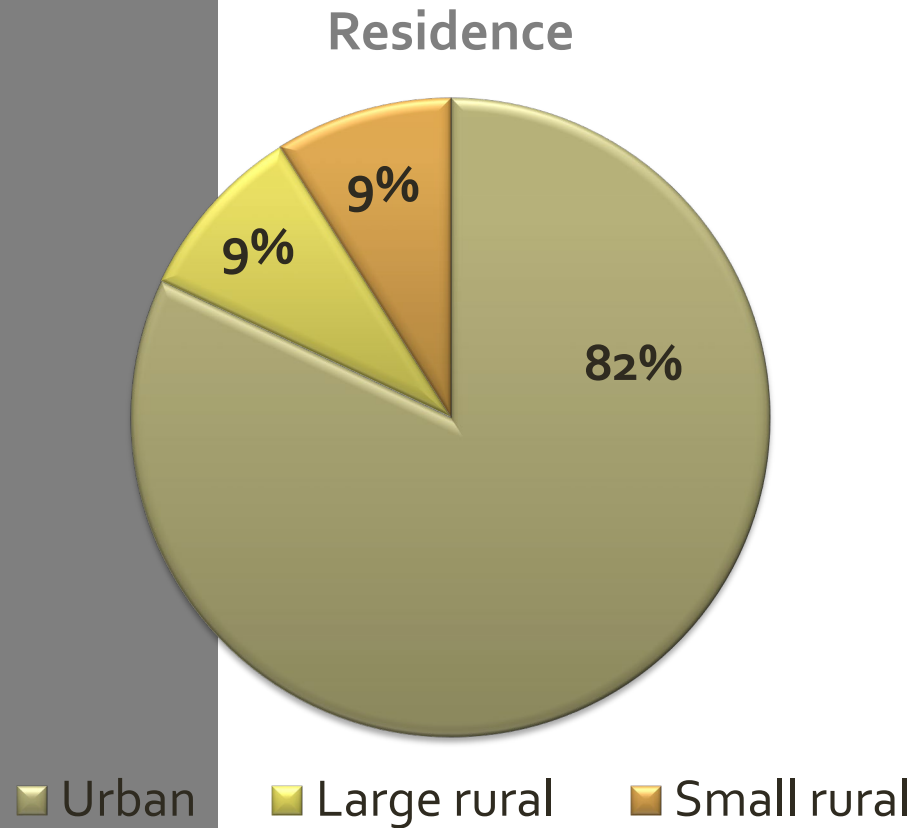


Persistent child poverty counties are those where 20 percent or more of county related children under 18 were poor, measured in the 1980, 1990, 2000 censuses, and the 2007-11 American Community Survey.

Note that county boundaries are drawn for the persistent child poverty counties only.

Source: USDA, Economic Research Service using data from U.S. Census Bureau.

Nationwide: Children by rural/urban residence



Urban: 58.9 million children
Large rural: 6.5 million children
Small rural: 6.4 million children

Children in rural areas

- Compared to urban children, rural children are:
 - less likely to be breastfed
 - more likely to be overweight or obese
 - more likely to live with someone who smokes
 - less likely to have preventative health & dental care
 - more likely to travel far for specialized care
 - more likely to require hospital readmissions
- more **likely to die**, largely due to unintentional injury

Lots of bad news



- Infant Death Rates Are Higher in Rural America - but Not for All Causes
- Eroding Access and Quality of Childbirth Care in Rural US Counties
- Delivering rural babies: Maternity Care Shortages in Rural America
- A Shrinking Number of Rural Texas Hospitals Still Deliver Babies
- Rural Maternity Care Losses Lead to Childbirth Risks
- Diminishing Access to Rural Maternity Care and Associated Changes in Birth Location and Outcomes

Maternal and Child Health Collaborations



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Children's Trust Maternal, Infant, and
Early Childhood Home Visiting
Evaluation

Community Support for Young
Parents Evaluation

Fact Forward

Maternal
Infant and
Early
Childhood
Visiting
Program



MIECHV was created under the 2010
Affordable Care Act

*Home visits by a nurse, social worker,
early childhood educator, or other
trained personnel during early parenting
improve the lives of children and families.*

Legislatively mandated benchmark measures

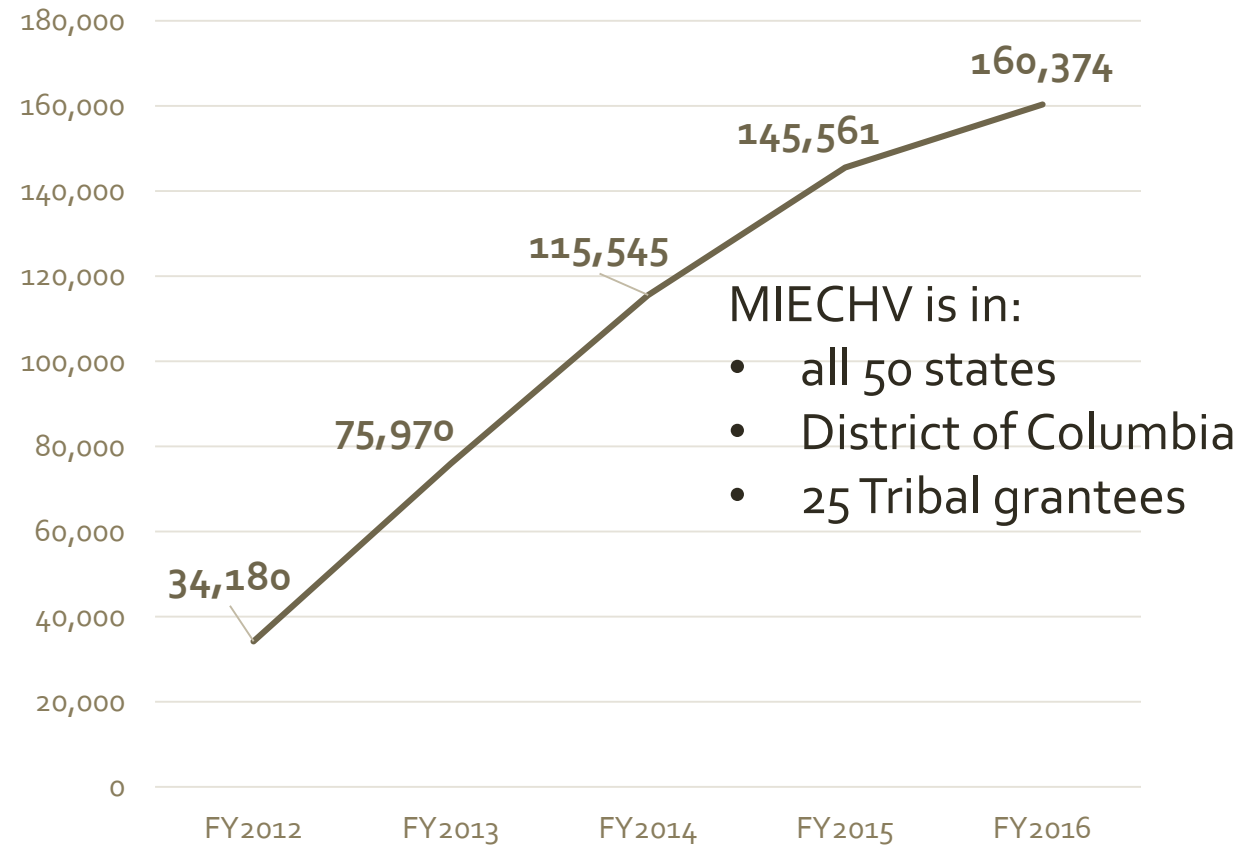
1. Improve maternal, newborn, and child health
2. Prevent child maltreatment & injury-related ER visits
3. Improve school readiness
4. Reduce crime and domestic violence
5. Improve family economic self-sufficiency
6. Improve coordination of community resources



Maternal Infant, and Early Childhood Home Visiting Program (MIECHV)

*Aimed at breaking
intergenerational patterns
related to
poverty, neglect,
and poor health outcomes*

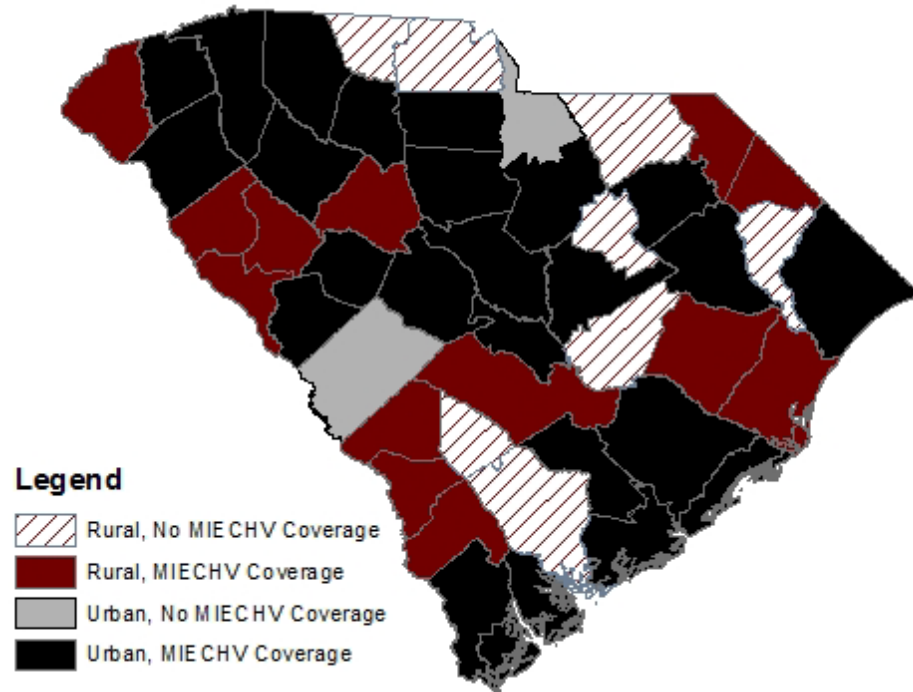
Number of children & parents served by MIECHV grantees, 2012-2016



3.3 million home visits
made in 2012-2016

SC MIECHV: rural vs. urban coverage

2015



thank
you

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**RURAL &
MINORITY**
Health Research Center



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of South Carolina

Questions and contact information

- The Rural and Minority Health Research Center receives funding from a variety of federal, state, and local grants and contracts including a cooperative agreement with the **Federal Office of Rural Health Policy**.

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