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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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”

Source: S.C. Department of Health and Environmental Control.
https://gis.dhec.sc.gov/chp/
There are 708 persistent child poverty counties. 558 of them are rural.

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

Data from 2011-12 NSCH
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

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

Community Support for Young Parents Evaluation

Fact Forward
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
MIECHV is in:
- all 50 states
- District of Columbia
- 25 Tribal grantees

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
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.