PARTICIPANT HANDOUTS

Region VIII Maternal Health Summit
Session One
Region VIII Maternal Health Landscape: Setting the Stage for Change

Addressing maternal health is a federal priority area, and many community, state, and federal partners are actively engaging in a variety of initiatives throughout Region VIII (CO, MT, ND, SD, UT, WY) aimed at improving maternal health outcomes. This online convening of health center and maternal health experts is intended to foster efficient cross-program collaborations and to share evidence-based models or promising practices that support improved maternal health.

Presented by:
Sharon Talboys, PhD, MPH, University of Utah
Shahpar Najmabadi, PhD, MPH, MS, University of Utah

Live Session Date & Time:
Thursday, January 22, 2026
9:00–9:45PM Mountain Time | 10:00–10:45PM Central Time

Session Overview:
CHAMPS began working with Dr. Sharon Talboys and Dr. Shahpar Najmabadi from the University of Utah earlier this year to better understand the landscape of maternal health agencies and organizations across Region VIII. They conducted an environmental scan and key informant interviews across the region that aimed to define and describe the governmental agencies and community-based organizations supporting maternal health and related initiatives in Region VIII states and to determine their highest priority areas. This session aims to discuss their findings and themes that emerged and to engage the audience in discussion of additional needs.

Maternal Health Landscape in RVIII Summary of Findings:
CHAMPS partnered with the University of Utah to conduct an environmental scan of maternal health programs in Region VIII. View the Summary of Preliminary Findings that will serve as the basis for Summit discussion.

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CHAMPS Archives

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit https://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events.

Description of CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII federally designated Community Health Centers so they can better serve their patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. The Happenings box in the middle of the CHAMPS home page highlights the newest CHAMPS offerings. Staff and board members of CHAMPS Organizational Members receive targeted benefits in the areas of business intelligence, networking and peer support, recognition and awards, recruitment and retention, training discounts and reimbursement, and more. Be sure to take advantage of CHAMPS' programs, products, resources, and other services. For more information about CHAMPS, please visit www.CHAMPSonline.org.

Speaker Biographies

Sharon Talboys

Sharon Talboys, PhD, MPH is an Associate Professor in the Division of Public Health at the University of Utah. As a 'pracademic' for over 25 years, her focus is on accelerating the implementation of best practices in public health and healthcare to improve health outcomes and address upstream drivers of health. She has expertise in maternal and child health, health workforce, community health needs assessments, strategic planning, and policy development. She has worked extensively with communities in Utah, Ghana, India, and Latin America. She is a former president of the Utah Public Health Association and received her public health training at Emory University and the University of Utah.

Shahpar Najmabadi

Shahpar Najmabadi, PhD, MPH, MS, is a Research Assistant Professor in the Division of Public Health at the University of Utah. Her work focuses on advancing maternal and child health through rigorous, evidence-based research. With a clinical background and international experience in public health and disaster response, including work with UNICEF and non-governmental organizations, her scholarship is grounded in a sustained commitment to improving care for medically underserved communities. Her expertise spans maternal and child health needs assessment, evidence informed policy and strategy development, and research addressing reproductive health outcomes, preventable maternal morbidity and mortality, and health workforce diversity and sustainability. Dr. Najmabadi received her PhD and MPH in Public Health from the University of Utah and holds an MS in Midwifery and Education.

The views and opinions expressed in this program are solely those of the speakers, based on their individual expertise, and do not necessarily reflect the views of CHAMPS.

REGION VIII MATERNAL HEALTH SUMMIT

Thursday January 22, 2026

Region VIII Maternal Health Landscape: Setting the Stage for Change

Sharon Talboys, PhD, MPH &
Shahpar Najmabadi, PhD, MPH, MS
Department of Family Medicine and Public Health,
University of Utah

HEALTH
UNIVERSITY OF UTAH

CHAMPS

Acknowledgements

- CHAMPS - Jennifer Anderson, Julie Hulstein
- University of Utah – Shahpar Najmabadi, Angelica Lloyd, public health students
- Participants
- HRSA

HEALTH
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Community Health Association of Mountain/ Plains States

People affected by poor maternal health outcomes and those who serve them

+ Participatory polling & discussion

SESSION TOPICS

- Introduction & Methods
- Patterns and Trends
- Key Findings
- Inner Landscape - SWOT
- Outer Landscape – SWOT
- Closing Discussion

Introduction

Environmental scan, objectives, and methodology

Objectives

1. State-by-state listing of maternal health organizations, roles, and key contributions
2. Describe current priorities, initiatives, and socio-political context
3. Convene Region VIII Health Centers, primary care associations, and maternal health organizations
4. Share environmental scan findings, with recommendations and opportunities, for collaboration

Methodology

- Review of secondary data and agency documents, reports, and websites
- Qualitative interviews with experts across Region VIII
- Qualitative coding with Dedoose – Template analysis and emergent themes (Grounded Theory)
- Iterative analysis with CHAMPs collaborators
- Participatory assessment and interpretation with YOU!
- SWOT Analysis to formulate recommendations

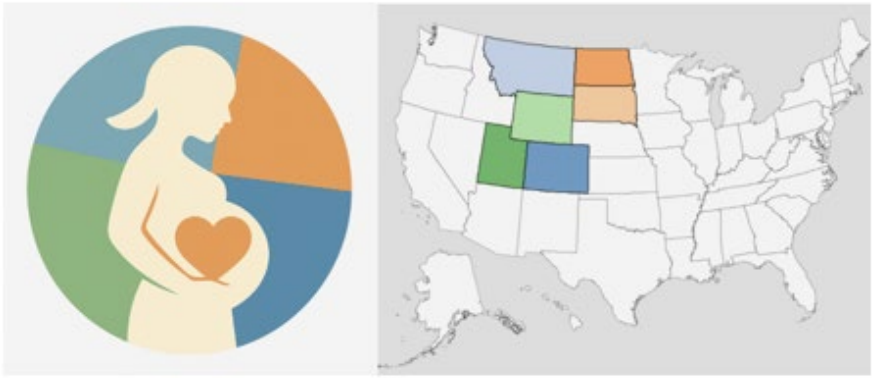
Participants and preliminary findings

Interview Participants (N=18)

- Participants: All Region VIII states represented
- Organizational Representation:
  - 69.2% CHCs or Primary Care Associations (PCAs)
  - 30.8% Public Health
- Populations served:
  - 50% statewide,
  - 25% urban only
  - 25% rural only
- 76.9% were clinicians
  - 38.5% Family Medicine/Primary Care
  - 23.1% OB/GYN
- 30.5% represented Academic Health Organizations or residency programs

Preliminary Findings

The Maternal Health Landscape in Region VIII:
Environmental Scan Preliminary Findings



MaternalHealthScanSummary.pdf

Let’s get started!

This is the interactive part.

Poll Questions

1. Where are you from? (see map)
2. What is your professional role? (multiple choice)
3. What is your chief concern for maternal health (write-in and up-voting)

Patterns and Trends

Population and maternal health metrics

Demographic Characteristics: Region VIII

- ~ 856,000 square miles, or one quarter of the lower 48 states
- ~ 11-12 million people, with Colorado accounting for more than half that population. Wyoming is the least populous state in the nation
- Much of the land is devoted to agriculture, ranching, national parks, and federal land management
- While most of the population is concentrated in urban and suburban areas, many who live in rural, frontier, and tribal lands face great distances to seek healthcare and commerce

Changing demographics

Increasing Life expectancy

Life expectancy for women is trending upward in all six states, with Montana and Wyoming falling slightly below the national average.

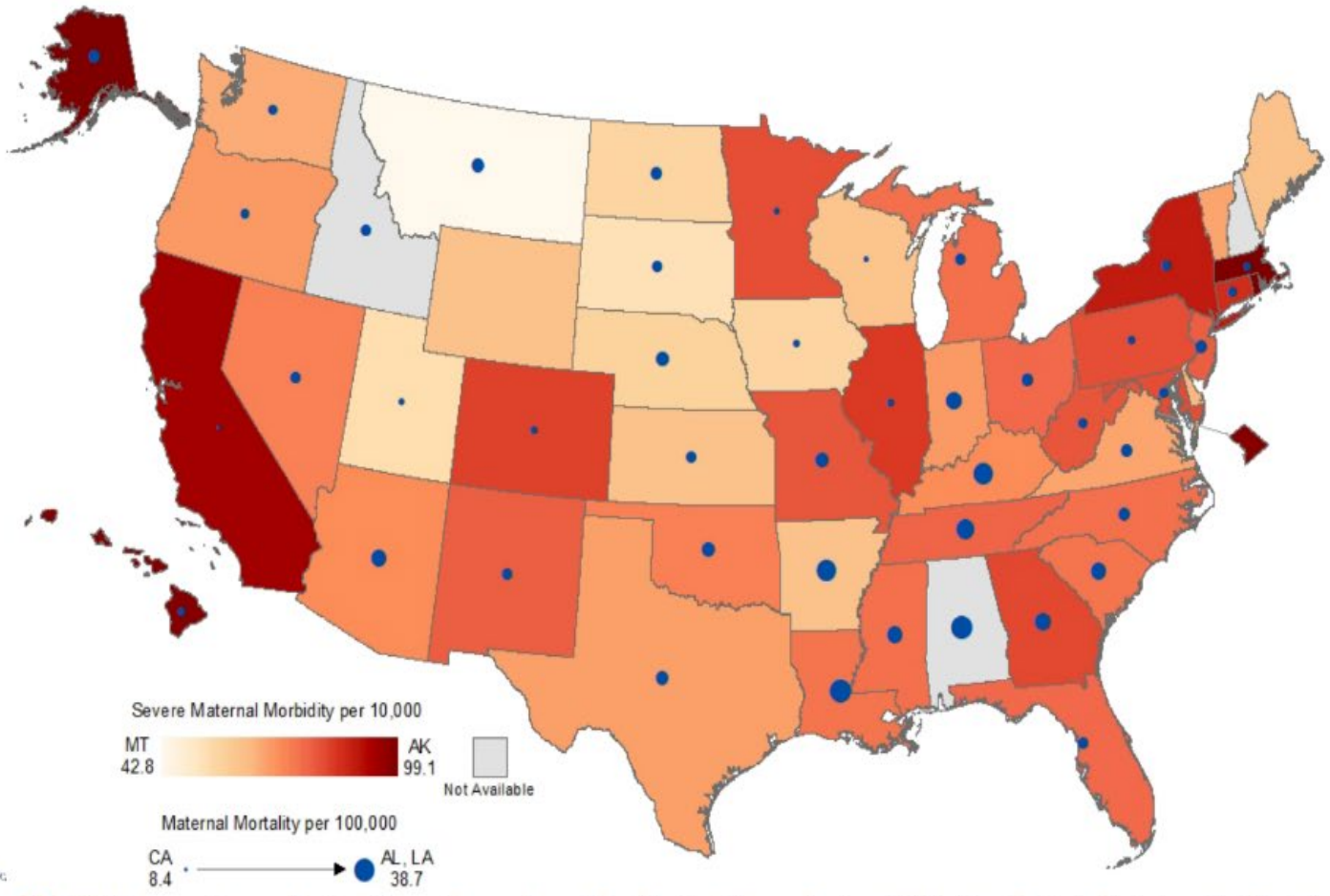
Decreasing birth rates

Table 1. Births per 1,000 women ages 15-44 in Region VIII States and US, 2018-2023

State	2018	2019	2020	2021	2022	2023
Colorado	54.1	53.3	51.5	52.5	51.5	50.2
Montana	59.6	56.8	54.3	54.8	53.2	52.2
North Dakota	72.2	70.6	67.4	66.7	62.0	62.0
South Dakota	73.6	70.6	66.7	68.6	66.5	65.6
Utah	68.4	66.7	64.1	63.6	61.3	59.6
Wyoming	61.0	60.8	56.4	57.5	55.4	54.5
USA	59.1	58.3	56.0	56.3	56.0	54.5

Sources: The Centers for Disease Control and Prevention (CDC), National Vital Statistics Reports (NVSR), Final Data for 2018-2023

Figure 1. Severe Maternal Morbidity (SMM) and Maternal Mortality in the US



SMM Source: Agency for Healthcare Research and Quality, Healthcare Cost and Utilization Project, State Inpatient Databases, 2017-2019
MMR Source: National Center for Health Statistics, National Vital Statistics System, Birth and Mortality Files, 2016-2020

HRSA Maternal & Child Health

MT has lowest SMM in the nation, but higher MM, like ND and SD

CO has highest SMM in the region, but lower MM relative MT, ND, and SD

UT has low SMM and MM

WY has moderate SMM and too few cases to reliably report MM

https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/infant-mortality/meetings/hirai-severe-maternal-morbidity.pdf

Maternal Morbidity and Mortality

Table 2. Maternal mortality rates in Region VIII States, 2018-2022

State	Births	Deaths	MMR
Colorado	312,580	50	16.0
Montana	55,789	17	30.5
North Dakota	50,828	11	33.4
South Dakota	56,872	16	29.9
Utah	232,217	36	15.5
Wyoming	31,541	7	53.9

Source: CDC's National Center for Health Statistics

Maternal deaths include deaths of women while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental

Key Findings

Major problems and potential solutions

Limited access to maternal health services and resources, paired with **unmet perinatal mental health needs** are significant problems. Many solutions are evident and **we can overcome these challenges together.**

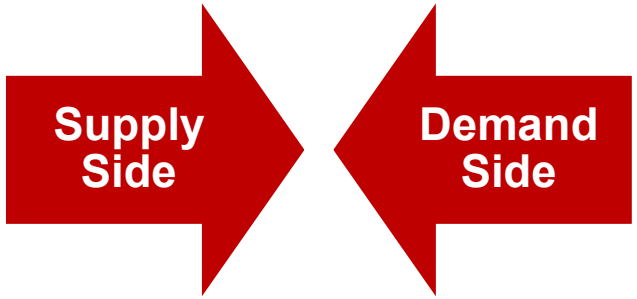
Conceptual Model of Access

- **Approachability** – Outreach, information, screening
- **Acceptability** – Professional values, norms, culture
- **Availability and accommodation** – sufficient amount of providers, Geographic location, hours of operation, appointment mechanisms
- **Affordability** – Direct, indirect, and opportunity costs
- **Appropriateness** – Technical and interpersonal quality, care coordination and continuity

Health Care Needs

Perception of Needs

Healthcare Seeking



Healthcare Reaching

Healthcare Utilization

Healthcare Outcomes

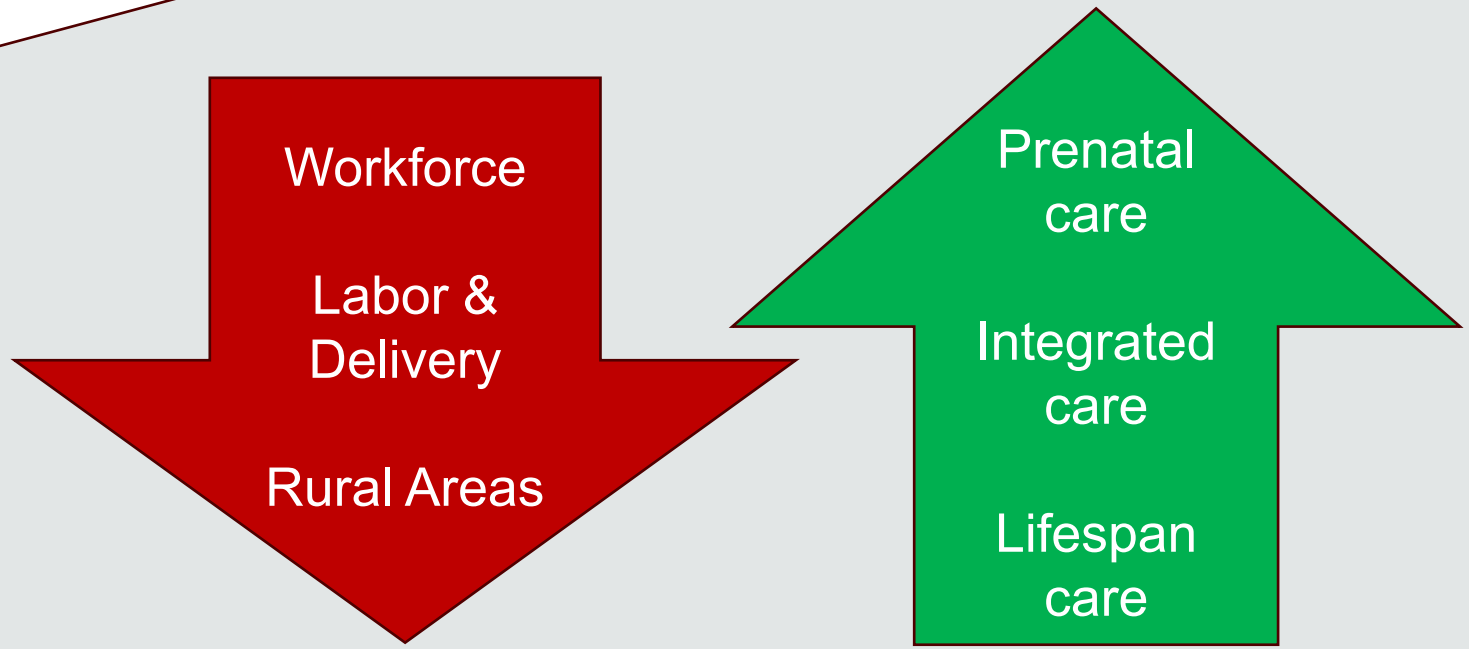
- **Ability to perceive and seek care** – Health literacy, beliefs, trust, culture, autonomy
- **Ability to reach** – Transport, time, mobility, childcare, social support
- **Ability to pay** –Income, assets, health insurance
- **Ability to engage** – information, empowerment, caregiver support

Modified from Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access

Availability

Supply Side

- **Approachability** – Outreach, information, screening
- **Acceptability** – Professional values, norms, culture
- **Availability and accommodation** – sufficient amount of providers, Geographic distribution
- **Affordability** – Direct, indirect, and opportunity costs
- **Appropriateness** – Technical and interpersonal quality, care coordination and continuity



Availability

*"We've heard of places around us that have closed labor and delivery units but still have a hospital, and… obviously still have pregnant people in their community...**so they come into the emergency room and give birth, oftentimes without prenatal care**... And then it sounds like those same children are often not being seen for well visits and vaccines. …Their county public health is trying to find those women and find those children, but it's hard without a really clear system…"*

Availability, Appropriateness, Rural

*"…**they said the birth plan is that women call 911, an ambulance comes to their house, picks them up, takes them to the nearest emergency room, and then most of the time they're life-flighted**. They helicopter fly to [city]. That's how we're delivering babies in a lot of our [rural and] tribal communities. There are really big problems to solve for delivery care."*

Approachability and Acceptability

- **Approachability** – Outreach, information, screening
- **Acceptability** – Professional values, norms, culture

- Health centers excel at approachability with primary care but often don't promote or focus on or advertise their maternal health services.
- Health centers excel at acceptability. Providers value their patients deeply and are oriented and well-trained in cultural humility. Providers fear that they will not meet the same level of interpersonal care with external providers.

Affordability

- **Affordability** – Direct, indirect, and opportunity costs

- *"I think there's also* ***that internal battle for patients when they know there's no way I can pay for this, right? So, I need to keep working or I need to take care of my other kids****… I find that sometimes the things that as a provider, when we're saying "oh, this is really important,"* ***the degree of importance is relative, right?"***

Appropriateness

- **Appropriateness** – Technical and interpersonal quality, care coordination and continuity
- **Approachability** – Outreach, information, screening

- Models of care
  - Labor and delivery on-site or referrals
  - Integrated care – behavioral health, social work, CHWs, doulas, lactation, peer educators, centering pregnancy
- Continuity of perinatal care
  - Worry of loss to follow-up with patients who use an external provider for maternal health care – usually labor and delivery.
  - Linking to resources – health information, home visiting

Demand Side

Client perspectives

- The greatest threat to care-seeking is trust for patients who feel threatened by recent federal policy changes and immigration climate.
- Health literacy gaps may be best addressed through public health collaboration and increased attention to patient information about maternal health.
- Inflation is impacting affordability of basic needs.

- **Ability to perceive and seek care** – Health literacy, beliefs, trust, culture, autonomy
- **Ability to pay** –Income, assets, health insurance

Demand Side

Client perspectives

Transportation and lack of childcare tend to be the more common barriers to care seeking. Appointments are often cancelled or there are ‘no shows’ due to these constraints.

- **Ability to reach** – Transport, time, mobility, childcare, social support

Demand Side

Client perspectives

A great strength of community health centers is their accommodation of language and provision of culturally and linguistic access to information.

- **Ability to perceive and seek care** – Health literacy, beliefs, trust, culture, autonomy
- **Ability to engage** – information, empowerment, caregiver support

Mental health as a top priority

- More coordination is needed among behavioral health, primary care, and public health services throughout the perinatal period, including integrated treatment models that combine obstetric and behavioral health care.
- Postpartum care models need to extend beyond the traditional six-week visit framework to provide sustained support for individuals in recovery.
- *"Peer support models"* are showing success across the region, particularly for stigmatized populations dealing with substance use.

Opportunities for public health and primary care collaboration

- Continued participation on maternal mortality review committees, perinatal quality collaboratives and sharing data resources.
- Establishing routine warm handoffs to home visiting programs for high-risk perinatal patients.
- Direct information-sharing about local public health services by public health professionals to clinical practices and care team members.
- Consider co-locating some services, such as WIC, home visiting, or establishing a public health liaison within clinical settings.

The changing political landscape

- The maternal health system is under severe strain from the unwinding of Medicaid coverage.
- Providers expressed deep concern that these changes could eliminate essential maternal health services in the region.
- Significant cuts to Medicaid, paired with a wide range of cuts – real or proposed – impacts family planning and creates instability and stalls implementation of priority programs, such as integrated behavioral health services, substance use screening, and care coordination services.
- Despite documented need, CHCs cannot expand or strengthen services under current funding constraints.

The impact of policy volatility

"...from our last meeting with all the CMOs at the other health centers, ***finances are at the top of everyone's mind. I think everyone is bracing a little bit for potential reduction in services or clinics or staff****.*

"The noise is exhausting, and while nothing has changed with Title X so far… ***the noise is exhausting, and it's demoralizing, and it's confusing, and it's chaotic, and I think that's the point."***

Barriers to care in an evolving immigration policy environment

- Providers are very concerned about their patients without citizenship and losing the trust of their patients.
- Threat to Emergency Medicaid could further limit access to critical care and undocumented individuals remain excluded from most coverage options despite their essential role in the agricultural workforce.
- Fear of immigration enforcement has led some patients to avoid family planning and prenatal services altogether. One clinic noted that patients canceled appointments over concerns about ICE activity in the area.
- Others have not seen direct impacts to care but worry that it is only a matter of time.

SWOT Analysis: Maternal organizations, initiatives, contributions, and the forces at play (social, economic, political, etc.)

Internal	Strengths	Weaknesses / Challenges
"Inner"	• Approachability of CHCs • Lifespan and family care "one-stop" • Values and motivations of clinicians, staff, and other professionals • Experts at integrated care • Often offer prenatal care • Sometimes offer labor and delivery • Well-respected in community • Open to trying new models and building the evidence-base • Some have strong academic ties / fellowship / residencies	• Often lack number and type of providers needed (OB, CNM, mental health) • Very vulnerable to cuts to Medicaid and various grant programs • Prenatal patients lost to follow-up when they need to use an outside OB/GYN • Too busy to seek out and share community health information – despite wanting to do so • Provider pay is lower than the private sector • Uptake of telehealth could be faster • Gaps in how to deal with transportation, distance • Low bandwidth for extra training • Low morale – 'exhausting', 'demoralizing', unsupported
External	Opportunities	Threats
"Outer"	• Public health initiatives – MMRCs, PQC • Maternal health grants (e.g., Rural MOMS, MH innovation grants, Rural Transformation Grant • Improving how CHCs link people community resources (Home visiting, doulas, lactation, peer counselors) • Opportunities to collaborate with public health, CBOs, and maternal health advocates • Training and continuing education Rural access through outreach and telehealth	• Medicaid unwinding • Volatility of funding and maternal health policies • Fearful patients / could lose trust • Cultural stigma with PPD and SUD • Negative policies and rhetoric towards primary care and public health missions / functions • Affordability for basic needs, inflation • Increasing costs due to pharmaceutical tariffs (e.g., LARCs)

SWOT

Leverage Strengths, Minimize Weaknesses.
Seize Opportunities, Mitigate Threats

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Strengths (Inner)

1. What is our greatest strength in primary care, or public health?
2. Can you provide an example of one of these strengths in your organization or profession?
3. What is missing?

SWOT Analysis: Maternal organizations, initiatives, contributions, and the forces at play (social, economic, political, etc.)

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Weakness or challenges (Inner)

1. Can you provide an example of a weaknesses or challenge that you have seen in your organization or profession?
2. What weaknesses or challenges did we miss?

SWOT Analysis: Maternal organizations, initiatives, contributions, and the forces at play (social, economic, political, etc.)

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Opportunities (Outer)

1. What opportunities have the GREATEST potential to improve maternal health outcomes?
2. What threats or major challenges did we miss?

SWOT Analysis: Maternal organizations, initiatives, contributions, and the forces at play (social, economic, political, etc.)

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Threats (Outer)

1. What are the greatest threats to maternal health?
2. What other threats have you or your organization seen or experienced that are not represented here? (write-in)

Discussion

Closing remarks and Q&A

Thank you!

Contact information:

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Thank you for participating!

Join us at the top of the hour for the next session, Perinatal Mental Health: From Maternal Mortality to Meaningful Support

To view the **event archive** of this and other past CHAMPS events, visit: http://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events

To learn about other **upcoming CHAMPS events**, visit: http://champsonline.org/events-trainings/distance-learning/upcoming-live-distance-learning-events

Please evaluate today's session:

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