



PARTICIPANT HANDOUTS **Region VIII Maternal Health Summit**

Session Four **Strengthening the Foundation: Innovations in OB Care and Workforce Development**

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.

Facilitated by:

Sharon Talboys, PhD, MPH, [University of Utah](#)

Featuring Panelists:

Carl Whittaker, MD, [CHC, Inc.](#)

Samantha Greenberg, MD, [Family Medicine Residency of Western Montana](#)

Tanya Baity, CNM, [Family HealthCare](#)

Live Session Date & Time:

Thursday, January 22, 2026

12:00–12:45PM Mountain Time | 1:00–1:45PM Central Time

Session Overview:

This session will discuss perinatal and obstetric care in community health centers, and promising practices for developing the obstetric clinical workforce through Graduate Medical Education, residencies, and fellowships. Health center clinical and enabling services staff, state and local health officials, and individuals from maternal health community organizations are encouraged to attend.

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

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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 & Panelist 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.

Carl Whittaker

Now in his eighteenth year of working in the Community Health Centers (CHC), an FQHC located in Salt Lake City UT, Dr. Whittaker brings experience and perspective as a strong clinical leader, as a mentor and instructor in resident education, as the Family Medicine Obstetrics Fellowship Director at the University of Utah for the past sixteen years and as the Principal Investigator for the Primary Care Training and Enhancement - Community Prevention and Maternal Health HRSA Grant for the past four years. Apart from his work on the above HRSA project, Dr. Whittaker is fortunate to work the rest of his time at CHC in a position where he cares for an urban, underserved population and teaches medical students, PA students, family medicine and obstetric residents, and family medicine obstetric fellows. With the help of the faculty, Dr. Whittaker and his team have developed a highly competitive, highly regarded fellowship program in the intermountain west of the United States. We have also developed lasting partnerships with different subspecialties and excellent interprofessional relationships across the healthcare spectrum. In the past sixteen years, we have recruited, hired and matriculated 35 graduates that have gone on to serve in areas from rural practices to tertiary hospitals in urban, underserved settings in the United States. It is inspiring to see the reach these graduates have in furthering excellent maternal healthcare in settings that frequently present challenges to such care.

Samantha Greenberg

Originally from the east coast, Dr. Greenberg is a graduate of Rutgers Medical College in New Brunswick, New Jersey. She attended residency at the Brown University Family Medicine Residency in Rhode Island after which she completed her Maternal-Child Health Fellowship in Rhode Island. Dr. Greenberg moved to Montana in 2018 and joined faculty at the Family Medicine Residency of Western Montana. She is based out of the rural training site in Kalispell, Montana where she is currently the residency site director. Dr. Greenberg practices full spectrum family medicine including surgical obstetrics with an emphasis on reproductive justice and equity as well as dyad-care and the intersection of perinatal and pediatric care in areas including parental mental health and breastfeeding medicine.

Tanya Baity

As a Nurse Midwife, Tanya Baity provides care during pregnancy, childbirth, and after delivery. She also sees patients for pap smears, birth control, menopause and other common gynecological needs. Tanya believes in an integrative approach to medicine, including appropriate complimentary, alternative and natural healthcare treatments along with conventional medicine. She also has a special interest in LGBTQIA healthcare and believes that people can be healthy in bodies of all sizes. Tanya obtained her Bachelor of Science in Nursing from Bethel University in St. Paul MN. She speaks Spanish fluently and spent one semester studying medical Spanish in Antigua, Guatemala. She obtained her Master of Science in Nursing (MSN) as a Certified Nurse Midwife from Frontier Nursing University in Kentucky. Tanya is certified by the American Midwifery Certification Board (ACMB). This means that she has passed the examination that accredits her as a Certified Nurse Midwife. She completed the Spinning Babies Workshop® and is a member of the American College of Nurse Midwives. When Tanya isn't working, she enjoys spending time with her family and dog, reading, traveling, arts and crafts and spending time in nature.

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



REGION VIII MATERNAL HEALTH SUMMIT

Thursday January 22, 2026

Strengthening the Foundation: Innovations in OB Care and Workforce Development

Featured Panelists:

Carl Whittaker, MD, CHC. Inc &

Samantha Greenberg, MD, Family Medicine Residency
of Western Montana &

Tanya Baity, CNM, Family HealthCare



About the panelists

Moderator: Sharon Talboys, PhD, MPH, University of Utah



Carl Whittaker, MD, CHC. Inc



**Samantha Greenberg, MD,
Family Medicine Residency
of Western Montana**



**Tanya Baity, CNM, Family
HealthCare**

Today's topics



Workforce challenges
and opportunities



OB residency and
fellowship programs &
Midwifery in CHCs



Innovative models of
care



Challenges and
Opportunities

Environmental scan findings: Models of care



“we were not able to find an OB/GYN partner that would provide C-section backup for our family medicine doc who was actively doing deliveries at [another facility]... So sadly, we had to phase out our prenatal services.”

Hot topics

- **Labor and delivery** – on-site and referral partnerships
- **Prenatal to post-natal** (maintaining the care continuum)
- **Mental health** - Postpartum depression and SUD screening and treatment
- **Integrated care**, warm handoffs, centering pregnancy, behavioral health
- **Linking to resources**, Home visiting, Basic needs, transport, telehealth, CHWs

Environmental scan findings: Workforce

Workforce

Malpractice Insurance
Distrust the healthcare system
Provider availability
Training Needs/Interests
Residencies and training
Recruitment and Retention
Paraprofessionals
Payment Models for workforce
Legal liability Lack of emergency back-up

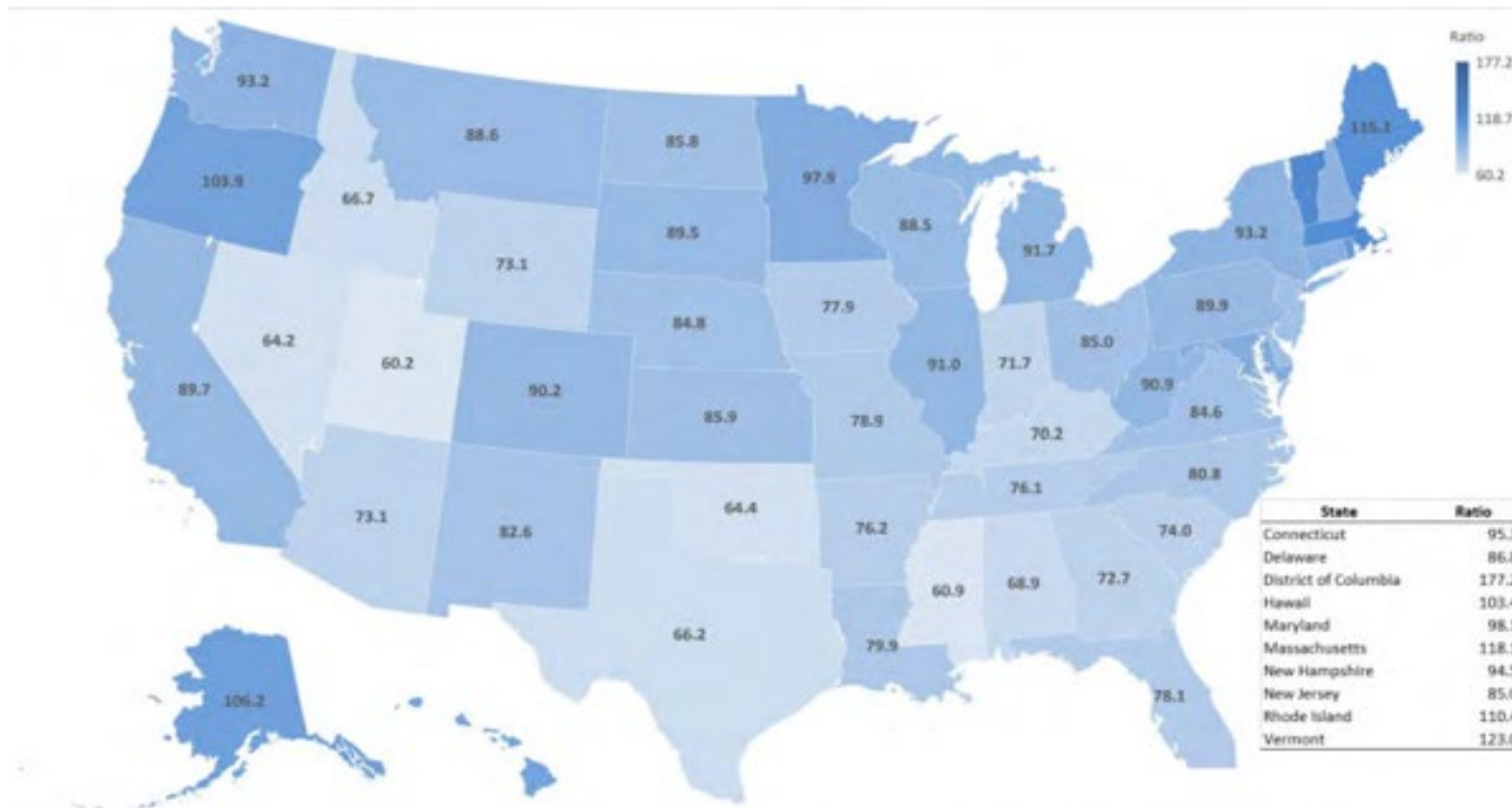
Hot topics

- **Maternal health deserts**
(number of providers and distribution)
- **Recruitment and retention** –
Residencies, retention, rural
- **Leveraging midwives**, Doulas, CHWs, lactation consultants, peer educators, behavioral health specialists
- **Payment models for the workforce**

Distribution of primary care providers



Figure 5: Primary care providers per 100,000 population, US, 2020 – 2023



CO has the highest
primary care provider
ratio in Region VIII
(90.2/100,000)

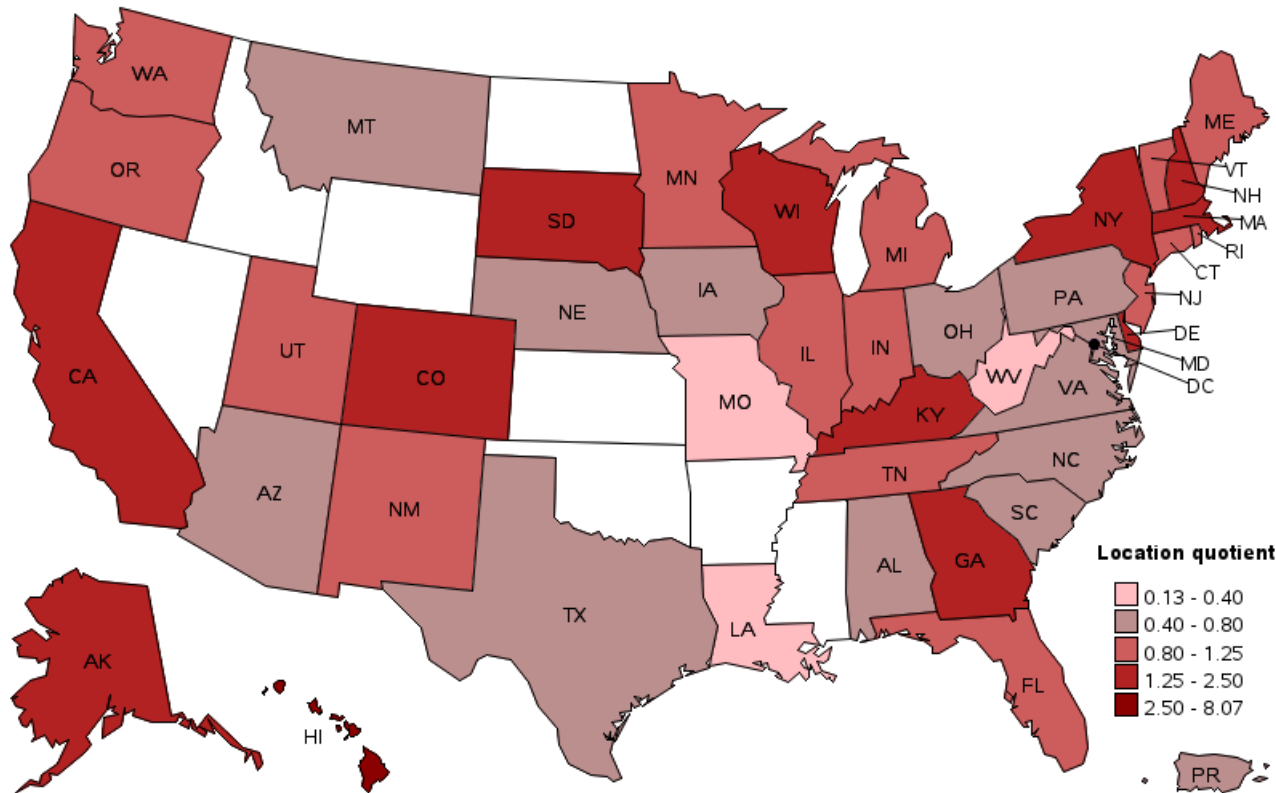
UT has the lowest ratio
in Region VIII and the
Nation at only
60.2/100,000

Note. 2022 AMA Physician Professional Data and the U.S. Census Bureau's State Population Totals: 2020-2023 (census.gov).

Distribution of OB/GYNS



Location quotient of obstetricians and gynecologists, by state, May 2023



Blank areas indicate data not available.

> SD and MT fare better than average

= UT is near the national average

< Montana is below the national average

? WY and ND data not available

Bureau of Labor Statistics:

<https://www.bls.gov/oes/2023/may/oes291218.htm>



OB residency
and fellowship
programs



Carl Whittaker, MD, CHC. Inc



Community Health Centers, Inc

FQHC founded in 1978, now 7 clinics in Salt Lake and Box Elder Counties

Our vision is that culturally relevant primary health care is available, accessible, affordable, appropriate, excellent and desirable to community members particularly for individuals, families and groups who are vulnerable and underserved

Payer Mix: 21% Medicaid, 4% Medicare, 24% Other Insurance, 51% Uninsured

High family physician retention (mean tenure 15 years) but high APP turnover in past 5 years (80% of new hires left with mean duration less than 2 years)

Tradition of teaching: CHC FM OB Fellowship over 25 years and clinical training for University of Utah FM and OB-GYN residents, medical students, PA students, NP students and CNM students



35,472
PATIENTS
SERVED



1,444
BABIES
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82%
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82%
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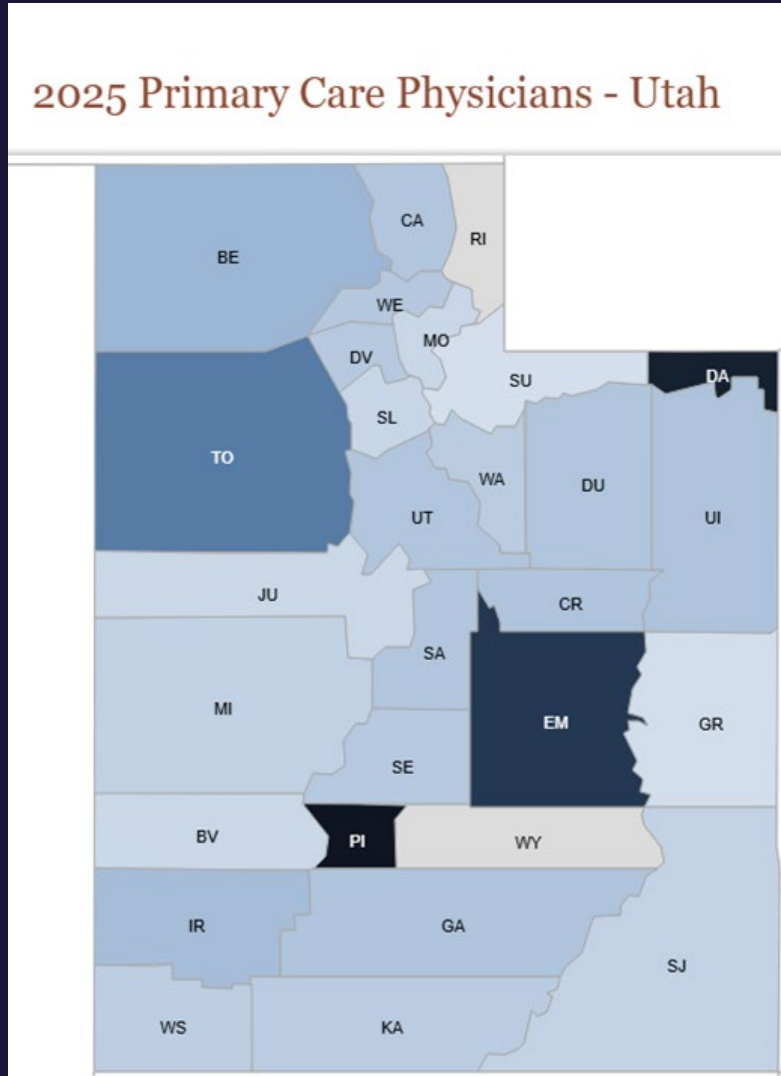
91%
PATIENTS IDENTIFY
AS A RACIAL OR
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Utah

Fewest primary care physicians per population in US (67/100,000):
Highest need in rural and medically-underserved communities which
also have highest health-related morbidity

New PCPs needed	124 / year	Double current workforce
UME	465 / year	560% increase since 2012
GME (FM, IM, Ped)	98 / year	Only 29 FM
New GME grad PCPs in Utah	30 / year	20-40% IM, 50% Ped, 92% FM in primary care; in-state retention 50%





CHC Family Medicine Residency



Utah's first Teaching Health Center Graduate Medical Education program training physicians in community-based settings to meet healthcare needs in rural and underserved areas

- ★ 4-4-4 Program (First 4 pictured here!)
- ★ CHC is single-program sponsoring institution
- ★ Focus on clinic with high continuity, longitudinal and inpatient mini-block rotations
- ★ Benefits of THCGME training
- ★ Spanish language training within curriculum
- ★ Partnership with community hospital (Intermountain LDS Hospital) and two large systems (also UHealth)
- ★ Shared didactics with U of Utah FM Residency
- ★ Recurring rural rotations at FQHCs and hospitals
- ★ Street Medicine Curriculum



Family Medicine OB Fellowship

First FM OB Fellow Class 1999-2000, started with 2 fellows.

Developed as a program coordinated between the Department of Family and Preventive Medicine at the University of Utah and the Community Health Centers, Inc. (FQHC).

Unwavering support from the Department of OB/GYN at the University of Utah and Maternal Fetal Medicine colleagues at U of U and IHC.

Fellows split time between fellow activities (integral members of L&D services at 3 hospitals with operative responsibilities, specialty outpatient clinics, rural rotations) and half-time practice as an attending at CHC, Inc.

Recently awarded an HRSA grant in 2021 that enabled us to expand our training to 4 fellows annually and expand training opportunities.



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Environmental Scan – Rural residencies

*“Lots of labor and delivery units closing, as well as, I think, some hospital closures in the recent past, and more, sort of looming, um, hopefully not, but at risk of closure. Um, so we do feel like **this is a really important area, and an area that we're trying to grow in the residency program right now to help meet that need**, since there's lots of evidence that family physicians specifically going out and providing OB care is often a better answer for a rural community than maybe hiring an OB/GYN or having kind of a traveling person.”*



OB residency
and fellowship
programs



**Samantha Greenberg, MD,
Family Medicine Residency
of Western Montana**

Greater Valley Health Center

Family Medicine Residency of Western Montana (Kalispell, MT)

- 1:2 “rural-like” training track of an FM Residency embedded within a free-standing FQHC serving the Flathead Valley (pop ~115k)
 - Residency provides prenatal/delivery/postnatal services for birthing patient and babies
 - FQHC provides pediatric care, contraception, primary care for all
- 6 residents (3 R2s, 3 R3s), 2 faculty with OB (1 with c-sections)
 - 1 resident and 1 attending on call
 - Back-up in the community from hospital based OBGYN, MFM
 - 20-30 deliveries a year



Greater Valley Health Center

Family Medicine Residency of Western Montana (Kalispell, MT)

- Challenges:
 - Many providers in our area → low volume → difficulty maintaining skills
 - Limited faculty at our site + low volume deliveries + high volume of call → burnout
- Opportunities:
 - One stop shopping: Family Medicine can attract patients by providing wrap around care for the whole family unit → high PP follow-up rates
 - Creating programs that attract patients i.e. MOUD in pregnancy, perinatal mental health services, lactation medicine
 - Lowering barriers for marginalized communities i.e. colocated health and SUD treatment, patient navigation services, integrated US, sliding scale fees



Family Medicine Residency training in obstetrics

- Goal: train residents to go to rural and provide a broad scope of practice
 - Maintaining a robust residency obstetrics experience attracts residents with an OB interest
 - Modeling FM with OB promotes residents to continue obstetrics in their postgraduate careers
 - Residents gain additional volume and experience with community OBs and CNMs to balance out lower primary site volume
 - Residents graduate with competency to provide low risk prenatal care, deliveries, neonatal care/resuscitation or are prepared to be competitive in OB fellowship applications
- Challenges:
 - Fewer jobs in rural communities offer obstetrics as a service line
 - Non-surgically trained graduates: Who is their back up?
 - Maintaining skills in a low volume rural setting
 - High call burden in rural areas → new graduates prioritizing work-life balance





Midwifery
model



**Tanya Baity, CNM, Family
HealthCare**



Family HealthCare, Fargo ND

- Currently two CNMs providing full-scope midwifery including deliveries at Sanford Medical Center Fargo
- Partnership with Sanford for ObGyn and MFM collaboration
- Biggest challenges: Staffing, burnout, high risk pregnancies
- Opportunities: Increase in collaboration with Sanford Midwives?

	2025	2024
Total Births*	176	161
Our Midwives:	112	87
Delivered by Sanford OB or CNM	64	74
Overall C-section rate	27.4%	30.2%
Primary C-section rate	8.9%	15.4%
Low Birth weight % (<2500 grams)	3.8%	8.5%
Preterm Births	10.7%	6.8%

*Includes intrapartum transfers. Antepartum transfers excluded from this data set.

Environmental scan: Midwifery in CHCs

*[Certified Nurse Midwives] When you bring them into those areas, they're going to take care of women and maternity care. **If that's the emphasis, that's fantastic. But if there's a low volume of [maternity patients], what do we do with them when we don't have maternity patients?***

Discussion Questions – Workforce

1. Workforce shortages in maternal health are well-documented, particularly in rural and underserved areas. What creative strategies have you used or seen to recruit and retain maternal health providers?
2. What policy changes, whether at the state or federal level, do you believe are most critical to addressing workforce shortages in CHCs? This could include scope of practice laws, reimbursement policies, loan repayment programs, or training pipelines?
3. How can we better leverage partnerships with academic institutions, hospitals, state programs, and others to build and sustain a robust maternal health workforce in community health settings?

Discussion Questions

Innovative Models of care

1. How can CHCs address some of the legal or administrative hurdles with offering labor and delivery in-house or through formal partnerships with other facilities?
2. How are certified nurse-midwives or certified midwives integrated into your prenatal, labor, and postpartum care? What has that integration process taught you?
3. How can doulas, community health workers, lactation consultants, peer support specialists and other support professionals complement maternity care in your centers?

Closing Question

If you could implement one change tomorrow to strengthen the maternal health workforce in your community, what would it be and why?

Thank you for participating!



Join us at the top of the hour for the next session, Closing Keynote: From Insights to Action

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<http://champsonline.org/events-trainings/distance-learning/online-archived-champs-distance-learning-events>

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<http://champsonline.org/events-trainings/distance-learning/upcoming-live-distance-learning-events>

Please evaluate today's session:



The Health Resources and Services Administration (HRSA), Department of Health and Human Services (HHS) provided financial support for this program. The award totaled \$863,984 and provided 80% of total overall CHAMPS costs. The contents are those of the author(s). They may not reflect the policies of HRSA, HHS, or the U.S. Government.

