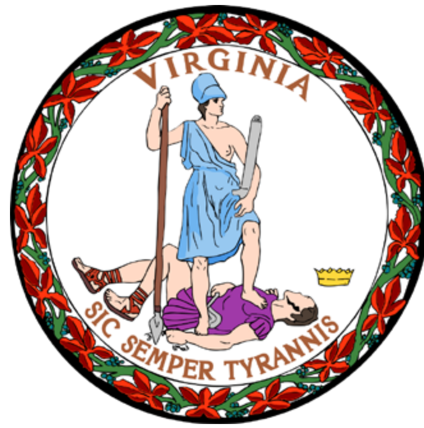


VIRGINIA
COUNCIL
ON
Women

Executive Summary 2022

Table of Contents

I. 2021-2022 Virginia Council on Women Membership
II. 2022-2023 Virginia Council on Women Membership
III. About the Virginia Council on Women
IV. Committees for the Virginia Council on Women
V. Executive Summary: Rural Health Access for Women and Girls of the Commonwealth
VI. Virginia Council on Women Recommendations

2021-2022 Virginia Council on Women

Members

- Ashley Reynolds Marshall, M.P.A., J.D.
- Mary Kate Andris, Ed.D.
- Heather Caputo
- Nicole Carry
- Margie Del Castillo
- Lashawn Farmer
- Diana Gates
- Kristina Hagen
- Courtney Hill
- Aisha Johnson
- Alencia Johnson
- Da'Shaun A. Joseph
- Hyun Lee, Ph.D.
- Aesha Mehta
- Karishma Merchant
- Marisol Morales-Diaz
- Kara Moran
- Honorable Donna Price
- Holly Seibold
- Brigitta Toruno
- Ramunda Lark Young
- Advisory Member: Kelley Powell

Ex Officio Members

- Kelly Thomasson, Secretary of the Commonwealth

Administration

- Suzanne M. Holland, Special Assistant for Advisory Board Administration

2022-2023 Virginia Council on Women

Members

- Ashley Reynolds Marshall, M.P.A., J.D.
- Mary Kate Andris, Ed.D.
- Heather Caputo
- Katrina L. Chase, Ph.D.
- Pastor Valerie R. Coley
- Anh Tu Do
- Kristina Hagen
- Courtney Hill
- Aisha Johnson
- Alencia Johnson
- Elizabeth J. Level
- Georganne W. Long, M.D.
- Joely K. Mauck
- Aesha Mehta
- Karishma Merchant
- Marisol Morales-Diaz
- Kara Moran
- Teresa Pregnall
- Honorable Donna Price
- Honorable Erin Rayner
- Honorable Nikki Thacker
- Brigitta Toruno
- Advisory Member: Kelley Powell

Ex Officio Members

- The Honorable Kay Cole James, Secretary of the Commonwealth

Administration

Ms. Suzanne M. Holland, Special Assistant for Advisory Board Administration

About the Virginia Council on Women

The Virginia Council on Women (Council) is established by § 2.2-2630 as an advisory council in the Executive branch of state government. The purpose of the Council is to identify ways in which women can reach their full potential and make their full contribution to society and the Commonwealth.

The Council consists of 18 or more members from around the state, who are appointed by the Governor, as well as one of the Governor's Secretaries who serves as an ex-officio member with full voting privileges. Members serve a term of three years and may be reappointed. Over the past several years, the Council has focused its efforts on engaging and empowering women through STEAM, healthcare, and convening.

Purpose

1. Determine the studies and research to be conducted by the Council;
2. Collect and disseminate information regarding the status of women in the Commonwealth and the nation;
3. Advise the Governor, General Assembly, and the Governor's Secretaries on matters pertaining to women in the Commonwealth and the nation;
4. Establish and award scholarships pursuant to regulations and conditions prescribed by the Council;
5. Review and comment on all budgets, appropriation requests, and grant applications concerning the Council, prior to their submission to the Secretary of Health and Human Resources or the Governor; and
6. Develop programs and projects on matters pertaining to women in the Commonwealth and the nation through public-private partnerships.

The Council focuses its work on four key areas that are important to the prosperity of women and girls in the Commonwealth. Board members serve on committees to help advance these areas.

Committees

Civic Engagement Subcommittee

The Civic Engagement Subcommittee assesses the engagement of the adults and children in the Commonwealth who identify as women in the areas of public services and programs, voter engagement, and civic participation. We explore the barriers to awareness and access for women & girls; as well as improve communication between the Administration, service and program providers, and our disparate communities.

- 2021-2022 Chairwoman: **Aisha Johnson**
- 2022-2023 Chairwomen**: Courtney Hill & Kelley Powell**

Education Equity Subcommittee

The Education Equity Subcommittee, formerly known as the Science, Technology, Engineering, and Mathematics (STEM) Initiative Subcommittee, is focused on ensuring that the adults and children in the Commonwealth who identify as women have fair and inclusive opportunities across the spectrum of educational opportunities. The subcommittee's most notable contribution is its annual STEAM-H Essay Contest which began in 2012 under Governor Bob McDonnell's administration. The contest awards high school seniors who identify as women and wish to pursue STEAM-H majors and careers with scholarships to aid with their tuition at institutions of higher education which include four-year colleges and universities, community colleges, and career and technical schools in the Commonwealth and throughout the United States. The Council has awarded more than $150,000 in scholarships.

- STEAM-H Essay Contest: Each year the Virginia Council on Women (Council) will provide two scholarships, one merit-based and one need-based, in each of five geographic regions across the Commonwealth. Award amounts may vary and are determined by the Council annually.
    - 2021-2022 Chairwoman: **Da'Shaun Joseph**
    - 2022-2023 Chairwoman**: Kristina Hagen**

Healthcare Equity Subcommittee

The Health Equity Subcommittee, formerly the Healthcare Initiative Subcommittee, works to ensure that all adults and children in the Commonwealth who identify as women have fair, inclusive, and culturally competent holistic healthcare access in the Commonwealth of Virginia. The subcommittee develops recommendations on what the state government can achieve to improve access to quality healthcare for women, girls, residents who identify as women, and families across the state since its establishment in August 2013.

- 2021-2022 Chairwoman: **Diana Gates**
- 2022-2023 Chairwoman: **Kara Moran**

Workforce Equity Subcommittee

The Workforce Equity Subcommittee, established by the Council in 2020, is committed to creating and cultivating a fair, inclusive, and just workforce for all adults and children in the Commonwealth who identify as women. The increased amplification and elevation of diverse women will be achieved in a variety of ways including through partnerships and mentorship programs to ensure women have access to fair wage employment, entrepreneurial opportunities, employer or quality self-paid healthcare, quality multi-shift childcare, and pay equity.

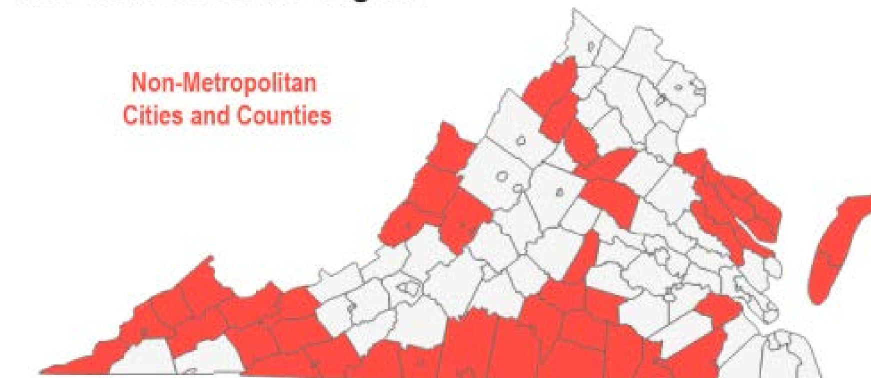
- 2021-2022 Chairwomen: **Ramunda Lark-Young & Brigitta Toruño**
- 2022-2023 Chairwomen: **Aisha Johnson & Karishma Merchant**

Executive Summary

Pursuant to Section 2.2-2630 of the Code of Virginia, the Virginia Council on Women (VCW) is pleased to submit to the Honorable Glenn Allen Youngkin this annual executive summary of its activities, findings, and recommendations which will be focused on the Council's annual holistic exploration of the needs of the adults and children in the Commonwealth who identify as women.

Rural Health Care: Access for Women and Girls in the Commonwealth

"Rural does not mean smaller" - Beth O'Connor, Executive Director of the Virginia Rural Health Association



[1]

In the United States, the definition of "rural" varies to where rural areas account for anywhere between 72% to 97% of the total landmass of the U.S. and from 15-19% of the population (Rural Institute Research & Training Center on Disability in Rural Communities, n.d.). The U.S. Census Bureau's urban-rural classification is focused on defining urban areas and any area outside of that would be considered rural. The Census defined "urbanized areas'' as areas of 50,000 or more people, and "urban clusters" are areas of at least 2,500 and less than 50,000 people; rural includes any area that is not classified as urbanized areas or urban clusters (Rural Institute Research & Training Center on Disability in Rural Communities, n.d.). Another way to differentiate between rural and urban areas is by using the terms ``metro" and "non-metro" areas as the U.S. Office of Management and Budget (OBM) does (Donovan, 2015; Waren & Goren, 2018). For OBM, any area not included in a Metropolitan Statistical Area is considered "non-metro" and could be considered rural or small town communities (Donovan, 2015; Waren & Goren, 2018).

"Access to providers, even family physicians, is a problem. If you want to go to an OB/GYN, depending on where you live in the country, you may have to go 200 miles." –Gary Hart, PhD, University of North Dakota School of Medicine and Health Sciences(AAMC, n.d.)

The National Academies defines health care access as "the timely use of personal health services to achieve the best possible health outcomes" (Rural Health Information Hub, n.d.-a). However, in 2017 it was reported that Rural Americans "face inequities that result in worse health care than that of urban and suburban residents" (AAMC, n.d.). Rural health is defined, by the U.S Department of Health and Human Services, as the health of people living in rural areas and living further away from healthcare facilities and health services, than

[1] Graphic Citation: (Waren & Goren, 2018)

people living in urban cities and suburban neighborhoods (U.S. Food & Drug Administration, 2021). Rural localities also face barriers in ensuring that there is a sufficient trained healthcare workforce, which is directly associated with reduced mortality and better health outcomes (Zimmermann et al., 2016, p. 10).

Additional challenges and lifestyle differences that can add to the disparities in health equality in rural areas sometimes includes limited grocery store access and a lack of healthy food options, air quality concerns, risks associated with agricultural and forestal industries, and environmental dangers (Centers for Disease Control, 2022; Rural Health Information Hub, n.d.-b). All of these obstacles lead to a higher risk of disease, injury, and death for people in rural areas, and these differences are referred to as rural health disparities (Virginia State Office of Rural Health, Virginia Department of Health, 2022).

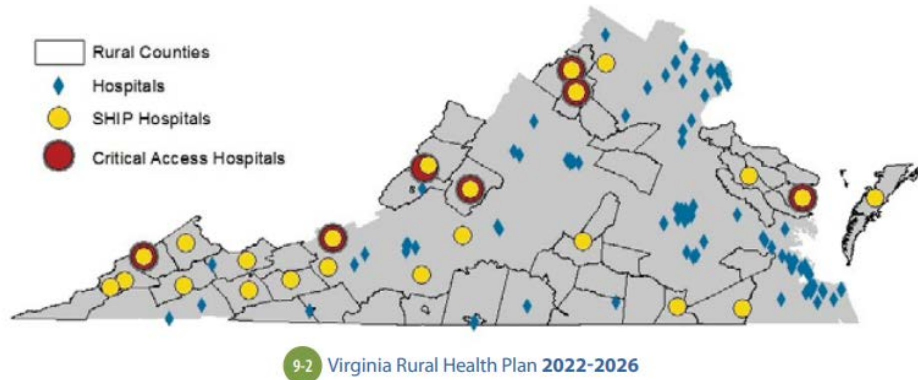
Rural Health Care in the Commonwealth

In rural Virginia, there is an apparent lack of economic development which led to the creation of the Rural Virginia Action Committee in 2016 by the Virginia Economic Development Partnership (Virginia State Office of Rural Health, Virginia Department of Health, 2022).

In 2022, the Virginia State Office of Rural Health (VA-SORH) updated the Virginia Rural Health Plan. The plan includes seven priority areas and metrics of Education; Broadband; Nutrition and Food Security; Healthy Moms and Babies, Access to Health Care Services; Behavioral Health, Substance Use Disorder and Recovery; and Employment/Workforce Development (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 1–3).

As discussed above generally, access to hospitals, healthcare services, healthcare providers, transportation challenges, and cost of services in rural Virginia are some of the issues prohibiting people living in rural Virginia from achieving optimal health and overall well-being, In regard to primary care, dental, and mental health services and providers, many parts of rural Virginia are designated Health Professional Shortage Areas (HPSA's). Affordability remains a continuous issue, even for people with insurance coverage, because of out-of-pocket minimums and high deductibles. In addition, health care professionals are not drawn to most rural areas of Virginia because of a lack of well-paying jobs, access to good schools for their children, and overall opportunities in respect to general growth for all family members.

Barriers to Rural Health Care



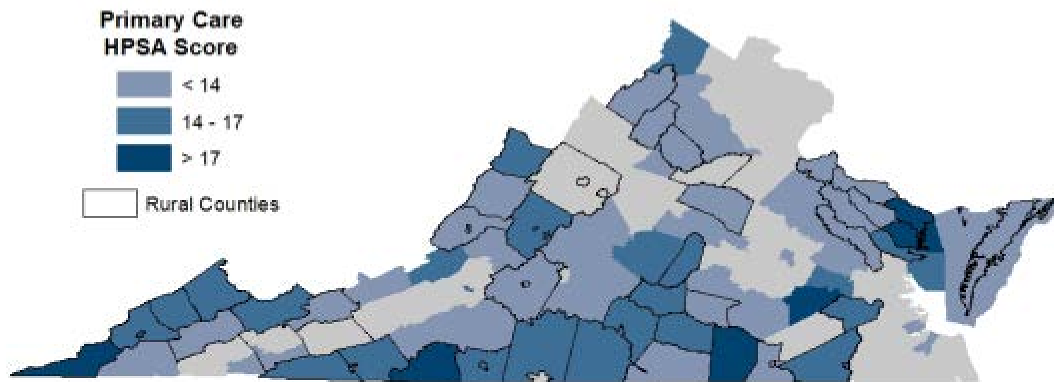
[2]

Nowhere To Go – Access to Facilities

The Center for Medicare & Medicaid Services reported in their 2019 "Improving Access to Maternal Health Care in Rural Communities" Issue Brief that "[s]ince January 2010, more than 100 rural hospitals have closed, with a disproportionate share occurring in the South" (Center for Medicare & Medicaid, 2019, p. 1). There are many factors that lead to a shortage of healthcare facilities in rural Virginia. One of the largest barriers is the affordability of health insurance (Center for Medicare & Medicaid, 2019). ***The second is the actual shortage of physicians, and dental and behavioral health care providers and a lack of initiatives to bring them to practice in rural parts of Virginia (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 9–3).***

Specific to the women and girls of the Commonwealth, the Virginia Rural Health Plan 2022-2026 notes that "[m]any of Virginia's rural areas are federally designated Health Professional Shortage Areas (HPSAs) for dental health, mental health, and primary care" (Id). An HPSA is an identification of areas that lack enough providers to serve their population. Virginia currently has 106 primary care HPSA designations in 83 counties and cities, and of those, 54 are based on geographic care designations and 11 are based on population-based designations (Id). The Commonwealth currently has 343.1 Full-Time Equivalent (FTE) primary care physicians working in our HPSA locations, but it is estimated that we still need close to ***192.3 additional FTE primary care physicians to adequately compensate for the overall needs in rural Virginia (Id).***

[2] (Virginia State Office of Rural Health, Virginia Department of Health, 2022)



Dental HPSAs, indicating a shortage of available general dental care in a designated area, have been identified in 98 unique locations in Virginia (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 9–4). Those 98 locations fall in 82 jurisdictions, and of those, 45 were established based on low-income data and 15 because of geographical settings (Id.). To eliminate the dental inequities in rural Virginia, ***an additional 171.5 FTE dentists would have to come on board and join in working in HPSA environments with the already 112.7 FTE dentists we have to serve in rural and underserved communities.*** While many people financially or access-constrained will focus attention on their physical health to the detriment of dental health, data makes clear that poor dental health and hygiene are directly related to poor physical health (Bramantoro et al., 2020; Mayo Clinic Staff, n.d.).

Finally, in the Commonwealth, there have been 72 Mental Health HPSA identified in 84 localities. Of those Mental Health HPSAs, 15 are within low-income areas and 11 hold geographical designations(Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 9–5). Virginia currently has 72 FTE psychiatrists practicing in our Mental Health HPSA but to eliminate the shortage, ***Virginia would have to hire another 83 FTEs who would work within medically needed areas throughout the Commonwealth*** (Id.).

The provision of care involves not only the experts providing the care, but also the accessibility of facilities in which care providers can occur. In rural areas, the impact of a lack of accessible facilities can be deeply felt both through the provision of care and the economic bust and boom that those localities may feel. Hospitals have been shown to be an economic multiplier when it comes to the jobs they create from construction all the way through daily productivity and services provided. A successful hospital and a good school system are what most large companies look for when it comes to expansion and or relocating. Virginia has experienced the closure of two hospitals in recent years and that has had a devastating effect on their surrounding communities (Kranitz, 2021). For example, after an abrupt hospital closure, Lee County residents drove 30 minutes or more

to access a hospital for eight years until in July of 2021 Balland Health reopened the County's facility (Kranitz, 2021).

Further, from data collected in 2022, many rural locations are suffering due to a lack of available inpatient hospital beds such as Essex County, Fauquier County, New Kent County, and Russell County(Stacker, n.d.). It is crucial that policymakers and legislators in the Commonwealth understand the differences between urban and rural hospitals and the challenges rural hospitals face. Offsetting typical hospital costs, requirements, and regulations with decreased patient volumes, and increased elderly and mostly uninsured patients does not lead to a successful hospital business plan (Department of Health and Human Services Office of Minority Health, 2021).

Yet, these challenges are not in a vacuum. Due to the lack of available care and facilities in our rural communities, we often see entities like Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), and free and charitable clinics (FCC) try to provide access to both medical experts and facilities for care (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 9–3).

Additionally, nonprofits attempt to fill the gap by holding RAM (Remote Area Medical) events. The purpose of RAM is to "prevent pain and alleviate suffering by providing free quality health to those in need" through the provision of free dental, vision, and medical services to the "underserved, functionally uninsured, and uninsured individuals" through pop-up events. These events provide dental cleanings, fillings, and extracts; eye exams, women's health exams, and general medical exams (Newsroom, n.d.).

In May of 2022, a Remote Area Medical opportunity provided two-day clinics in Emory, Virginia where the demand for services is so great that the parking lot opens at midnight for people to wait in line for services beginning at 6 a.m. Kim Fulkinbury, the Clinic Coordinated, stated "We help people who don't have anywhere else to turn" prior to the event (Dashiell, 2022). A RAM clinic is already set and seeking volunteers for its November trip to Augusta County, and per a data search, they have held clinics in Greenville County, Page County, Grundy, Roanoke, and Wide in addition to the Emory event.

Seeking Experts - Lack of Providers

One of the largest additional issues involves the lack of providers in rural Virginia. It is evident that the shortage of physicians and other medical professionals is problematic, often most visibly in rural, underserved communities (American Hospital Association, 2021). As the "baby boomer" generation practitioners begin to retire, there has been an uptick in the closing of small independent family practices. Many new family doctors and healthcare providers have concluded that it is too expensive to open their own family practice and would prefer to work at a hospital or as part of a group.

Many new graduates believe it is too time-consuming to open their own small practice and have looming school debt to start paying immediately. Some newer doctors cannot understand the differences in rural mentality when it comes to preventative care, and find the work-life balance barely exists within rural communities as health care providers. The lack of access and options for education, child care, care for seniors, and overall opportunities for families are also all deterrents to moving to rural parts of Virginia (Siegler, 2019). This is in addition to the well-documented barriers for providers that include "lack of opportunities for families [of the provider], the quality of school [in the community], and low pay in the face of high debt upon graduation [from medical education opportunities]" (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 9–3). Further, there is also a compounding issue of the lack of culturally and linguistically competent care in the nation, including in our rural communities. The United States Department of Health and Human Services Office of Minority Health defines culturally and linguistically competent services as "those that are respectful of and responsive to the health beliefs, practices, and needs of diverse patients." Cultural competency and cultural humility are ways that quality of care can be elevated by understanding patients' individual needs and background experiences. Health literacy and linguistic diversity in staff, educational materials, and translating care and diagnostics are very important for successful healthcare visits in rural Virginia (Department of Health and Human Services Office of Minority Health, 2021).

Seeking Services- Lack of Immediate Access

According to the U.S Census Bureau, 1 out of every 5 people live in rural areas in the United States of America. Rural Virginians deserve to have a complete health care system that consists of high-quality services like their flourishing urban counterparts. The differences in job duties between rural and urban areas lead to many people in rural areas having different chronic and acute health issues that can stem from hard physical labor, farming, forestry, using large machinery, mining, and chemical usage. Concurrently, rural areas lack the specialist to address these issues that surface from these employment differences. Additionally, some of the much-needed medical services that are extremely hard to access in rural Virginia are services including but not limited to Obstetric services, substance abuse recovery, oral health services, palliative and hospice care, home health services, and mental health care (Wolstenholm, 2020).

Specific to healthy moms and babies, VA-SOAR noted that rural areas of the Commonwealth experience a higher rate of low birth weight than non-rural areas (rural experiences 94 per 1,000 live births with low birthweight versus non-rural areas experiencing 82 per 1,000 live births with low birthweight) (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 8–2). Further in rural communities, access to quality health insurance can also prohibit access to healthcare services and products. The Center for Medicare &

Medicaid reports that Medicaid is not only the United States' largest payor of prenatal care, but that in 2017 an estimated 50-60% of births in rural areas was paid through Medicaid(Center for Medicare & Medicaid, 2019, p. 1).

Seeking Transportation- Lack of Public Options

The lack of public transportation affects all aspects of life, overall health, and well-being. Reliable transportation means better outcomes when it comes to accessing schools, educational opportunities, employment, doctor visits, healthcare appointments, recreational activities, and even attending places of worship. Rural parts of Virginia lack traditional transportation services for a multitude of reasons. The landscape, distance between stops, and irregular traveled routes make traditional public transportation extremely difficult to set up. Remedies will require outside-of-the-box thinking, especially to help the disproportionate amount of elderly people in rural Virginia (Virginia State Office of Rural Health, Virginia Department of Health, 2022).

According to Humana, more than 3.6 million Americans do not obtain medical care as a result of transportation challenges (Daniels et al., 2022). This is representative of the shared experience of citizens from the Commonwealth. In many parts of rural Virginia, transit options are very limited if you do not own your own car or have access to a car. Uber and Lyft are not plentiful, viable options. Some regional and more affordable transportation options do exist like Mountain Empire Older Citizens Inc. which serves Lee, Scott, and Wise Counties; as well as JAUNT which provides "curb-to-curb on-demand rides" to those in Buckingham, Fluvanna, Louisa, Nelson, and rural Albemarle Counties (JAUNT, n.d.; *Transit – Mountain Empire Older Citizens, Inc.*, n.d.). In addition, specialized services like the Veteran-focused Virginia Navigator and the older American-focused Senior Navigator help connect people with affordable ride options and assistance throughout Virginia provided the citizen has access to the internet through their home computer, smartphone, or even their local library (SeniorNavigator, n.d.; VirginiaNavigator, n.d.), Broadband access in rural areas remains a substantial barrier to residents; even in spite of the tremendous strides to improve that access over the past several years (Oliver, 2021).

In November of 2021, RoundTrip, a digital transportation marketplace for better health outcomes providing a patient ride ordering software that makes available a community of ride providers who complete the transport, surveyed 51 healthcare organizations about their knowledge of and experience with non-emergency medical transportation. According to the 2022 State of Healthcare Transportation Survey, RoundTrip asserts that "transportation access is not just a rural problem" and that a further 54% of patients with transportation challenges are suburban or urban which may indicate firm support that by addressing the transportation challenges within our rural communities, citizens throughout the state of the Commonwealth may benefit (HIMSS, n.d.). Providing solutions to transportation challenges is an investment toward better outcomes rather than an expense - a finding shared among "leading health systems across the US learned through the pandemic that rides add value in the healthcare journey, they are not just an expense" (Id.). Currently, RoundTrip is working within Hanover County, Virginia to provide a ride program for seniors and disabled residents (RoundTrip, n.d.)

It's Not Just Rural

Rural Virginia is not the only place seeing metrics of health care changing. As market-driven health care continues to expand, via mergers, shifting towards for-profit care, the push for outpatient care, and closures of less profitable locations, something referred to as health care gentrification is surfacing and becoming more prevalent in urban cities. Health care gentrification is created when there is an increase in care for some residents, while other residents cannot afford or do not qualify for healthcare. These "other residents" tend to fall into a few categories which include uninsured, publicly insured, people of color, and lower income. These people are usually cared for by what is referred to as "safety net hospitals". As safety net hospitals continue to close in urban cities due to decreasing profits, and gentrification takes place, an increase in health care gentrification is inevitable.

Continued Expansion of Broadband is Critical

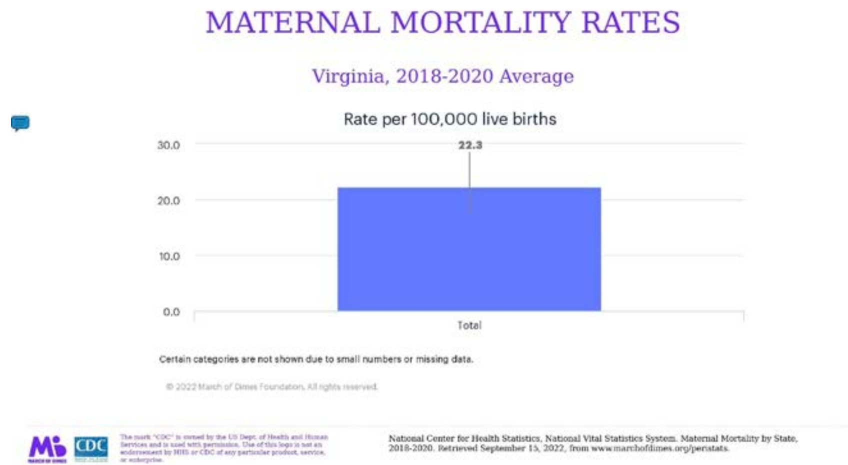
Broadband expansion is critical in Virginia, especially when it comes to the functionality and options of telehealth. Having connectivity that is sufficient for businesses to flourish is defined by the Federal Communications Commission (FCC) as being 50-100 Mbps (Megabits/sec). Based on the data from a 2018 American Community Survey throughout Virginia, 70% of rural Virginians have access to the internet compared to 90% of Virginians in urban settings. This is referred to as a digital divide. Digital divides are not constructed by just locations and geography, but also by financial constraints.

Many rural Virginians face obstacles when it comes to transportation and commute times to get to the closest specialist or even a doctor. The option of telehealth opens up the possibilities in regards to receiving adequate health information, access to specialists and their technologies, personal health education, and the sharing of medical information in a timely manner. Internet costs should not be a barrier to telemedicine options in rural Virginia. Virginia does have a state-funded project, through the Virginia Department of Housing and Community Development, called the Virginia Telecommunication Initiative. The goal of this initiative is to "create strong, competitive communities throughout the Commonwealth by preparing those communities to build, utilize, and capitalize on telecommunications infrastructure" (Virginia State Office of Rural Health, Virginia Department of Health, 2022). It is crucial for rural Virginians to be able to access affordable broadband for telehealth options and continue to expand Medicare Telehealth Services for safe low risk urgent care and continuing care for people living in long term care facilities.

The bipartisan policy center published its Rural Health Care Report findings in 2022 and included in it the findings from the Rural Health Care Task Force. " Lawmakers' adoption of the policy recommendations from the Bipartisan Policy Center's Rural Health Care Report can transform Virginia's rural communities from being devoid of technological opportunities to a place where health care and other services are more readily available through increased access to broadband" (Virginia State Office of Rural Health, Virginia

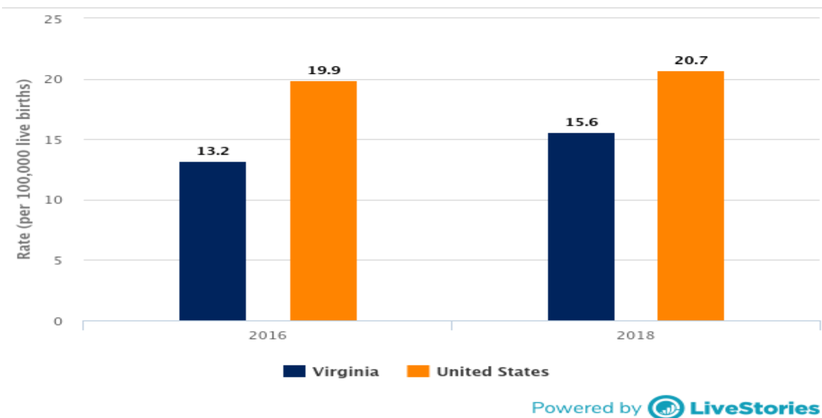
Department of Health, 2022). Some of the recommendations include but are not limited to supporting increased broadband access, expanding authorized sites to include patient homes, data collection, and rural-specific training. "

Urgent Response Needed: Issues for Rural Women and Girls Considering Maternity, and Postpartum Needs



[3]

As part of its 2022 Virginia Rural Health Plan update, the Virginia State Office of Rural Health (VA-SOAR) specifically included healthy moms and babies as one of its even priority metrics (Virginia State Office of Rural Health, Virginia Department of Health, 2022, pp. 1–3). VA-SOAR defines "maternal health" as the "health of women during pregnancy, childbirth, and the postnatal period" which is "influential in determining the overall health outcomes of both mother and baby"(Virginia State Office of Rural Health, Virginia Department of Health, 2022).

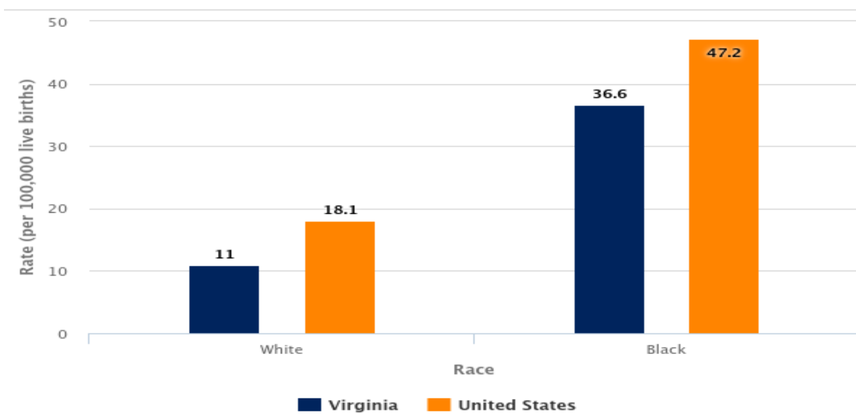


[4]

[3] Chart Source: (March of Dimes, n.d.)
[4] Chart Source: (Virginia Maternal & Child Health, n.d.)

However, women in the Commonwealth today are more likely than their mothers to die a pregnancy-related death[5], either during pregnancy, during childbirth or within one year of having a child or terminating a pregnancy rural or urban. According to early numbers from Virginia's Maternal Mortality Review Team, the state's maternal mortality rate in 2018 was 37.1 deaths per 100,000 cases. In 2020, that figure rose to 86.6 deaths per 100,000 cases, said Dr. Ryan Diduk-Smith, director of the Office of the Chief Medical Examiner's Division of Death Prevention."

This year, it was reported that preliminary data revealed Virginia's maternal mortality rate had more than doubled between 2018 and 2020 from 37.1 deaths per 100,00 cases (Vogelsong, 2022). However, unfortunately Virginia rates are similar to overall US rates, and continue to feature startling racial disparities concerning the disparate maternal mortality outcomes. In the Commonwealth, the maternal mortality rate was reported as 15.6 per 100,00 live births in 2018, a startling increase from 2016s 13.2 per 100,000 live births (Virginia Maternal & Child Health, n.d.). Further, in Virginia, black women are three times as likely as non-Hispanic white women to lose their lives in the process of becoming a mother (Hafner, 2018).



[6]

Having access to prenatal and postnatal care is crucial for positive outcomes for both mothers and babies in rural Virginia. Pregnant women living in rural Virginia combined with not having access to prenatal care, increases the chances of complications before, during, and after pregnancy. Dr. Makunda Abdul-Mbacke reported that when she moved to Ridgeway, Virginia in 2006, she was one of roughly 14 obstetrician-gynecologists in a 20 to

[5] A pregnancy-related death is "caused by a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy." (Creanga et al., 2017)

[6] Chart Source: (Virginia Maternal & Child Health, n.d.)

30 mile radius but as of 2021 there were only five in that area (American Hospital Association, 2021).

Minor complications can be exasperated by long drive times to the nearest hospital which has obstetric care. The lack of practicing obstetricians in rural Virginia also leads to more planned cesarean and induced labors, and these elective procedures also come with additional concerns and risks. **One of Virginia's top priorities moving forward should be improving and maintaining a maternal health care workforce in all rural areas of the Commonwealth (Virginia State Office of Rural Health, Virginia Department of Health, 2022).** In addition, new parents need time to heal from the birth and bond with their baby.

Access to Childcare and Paid Family Leave

Local economies thrive by having a healthy workforce. As reported in the February 4th, 2022, *Cardinal News* article, "In fact, lack of childcare is one of the biggest barriers to business and employment in Southwest Virginia, said Travis Staton, president and CEO of United Way of Southwest Virginia. For quite a long time, economic development has really focused on having flat land, broadband, natural gas, an interstate," Staton said. "Childcare also needs to be one of those assets in economic development." (Mamon, 2022)

Also, according to an August 25, 2022, *Cardinal News* article, "In Virginia, 47% of residents live in a childcare desert, an area where childcare options are insufficient. In 2021 more than 44,000 Virginians made career sacrifices because of childcare issues" (Trent, 2022). This is fundamentally a workforce access issue, as too many parents find themselves caught between working in order to provide for their children and either not being able to afford or not having access to quality childcare.

Additionally, working Virginians need the freedom to tend to their own medical needs without having to sacrifice a paycheck or fall behind on bills. Having the resources and accessibility to preemptive health measures, annual doctor visits, and healthy resources all work synchronistically to build a strong and reliable economy. Steady employment affects a person's overall health and well-being. Expanding and diversifying industries in rural Virginia will not be possible without a robust and healthy workforce ready and able to accept full time jobs.

Virginia Council on Women Recommendations

The Virginia Council on Women recommends the following actions that are under the purview of the Governor of the Commonwealth of Virginia or could be incorporated into legislative action:

Civic Engagement & Education Equity Subcommittees

The Council on Women has the following recommendations focused on Civic Engagement and Education Equity. These recommendations are suggested to be reviewed not only by the Governor and his team but in addition by The State Council of Higher Education for Virginia (SCHEV), Virginia Community College System (VCCS), and the Virginia Department of Education (VDOE).

- *Request institutions of state-funded education (colleges, universities, trade schools) to each host two in-person events at different locations, led by students, on separate dates each year with a healthcare component to the event as an outreach to the rural community.*
- *Incentivize additional rural residency training tracks in the Commonwealth to add to the two existing opportunities in Blacksburg, Virginia, and Big Stone Gap, Virginia.*

In addition, through outreach to educators within our community the Virginia Council on Women has discovered a need to connect students pursuing careers within healthcare with relevant and meaningful capstone opportunities. We would like to request the Governor's support in helping the Virginia Council on Women make a positive impact by appointing an official point of contact within the Governor's office to act as both an advocate and liaison in collaboration with the Virginia Council on Women and institutions of state-funded education (colleges, universities, trade schools) to:

- *Join current collaboration with James Madison University Graduate Programs for the School of Nursing pilot capstone targeted for spring semester of 2023.*
Initiative is led by Council Member Joely Mauck and Andrea Knopp, PhD, MSN, MPH, FNP-BC Professor, Associate Director of Graduate Programs James Madison University, School of Nursing. The next joint planning session with members of the Virginia Council on Women and James Madison University is scheduled for October 26, 2022, at 2:30pm.
- *Identify educators and courses that lend themselves to relevant capstone projects to be considered for future capstone projects with the Virginia Council on Women for fall 2023 post our successful spring pilot. Example programs include James Madison University's Health Policy and Advocacy course, curriculum within Shenandoah University's Midwifery Program, or healthcare certificate programs throughout the Commonwealth.*
- *Encourage other state departments and local governments to engage with those students to complete their work, both during our pilot and for a broader roll out fall of 2023.*
- *Help promote the initiative through communication efforts and outreach to our networks.*

- *Join student final capstone presentation alongside the Governor, the First Lady of Virginia, the Virginia Council on Women and other state department and local government representatives, preferably hosted at the Governor's mansion much like honoring the recipients of the STEAM-H contest and their honored guests.*

Healthcare Equity Subcommittee

The Council on Women has the following recommendations focused on healthcare equity. These recommendations are suggested to be reviewed not only by the Governor and his team but in addition by the Department of Health and Human Resources, the Virginia Department of Health's Chief Medical Examiner, and the Department of Educations' State Council of Higher Education for Virginia (SCHEV)

- *We are recommending the Governor draft a letter to Secretary John Littel requesting an update on funding for the existing program developed by Senate Bill 717 in 2015. Upon those findings, address the needs and possible ways we can enhance funding opportunities by making modifications to the program to then develop a plan and budget to market this program throughout Virginia and the surrounding states. This bill passed with bi-partisan support and was signed by the Governor. The intent of SB 717 was to allow hospitals and medical providers in rural Virginia a tool to compete with wealthier regions of the Commonwealth and recruit high quality doctors to rural and underserved areas of Virginia. This contractual scholarship program initiates and expands upon 2015 Senate Bill 717 that was incorporated into Code of Virginia Section 32.1-122.6. Conditional grants for certain medical students "that currently is barred only for medical school students versus students in the healthcare field holistically (Virginia Legislative Information System, n.d., 2015).*

- *We are recommending the Governor draft a letter to the State Council of Higher Education for Virginia requesting future discussions and outreach to multiple medical colleges with obstetric programs within the Commonwealth. The purpose of these discussions is to locate a medical college interested in spearheading a similar pilot program mirroring (UAMS) to achieve similar goals of decreasing infant and mother mortality in Virginia which could help fulfill the work requested in the Virginia Rural Health Plan (Virginia State Office of Rural Health, Virginia Department of Health, 2022). For example, of the work that can be done and is being completed in other states, the University of Arkansas for Medical Science (UAMS) has developed a program called the Institute for Digital Health and Innovation High-Risk Pregnancy Program. This program serves high-risk pregnancies throughout Arkansas by offering consulting services to existing obstetric providers via telemedicine. This program ensures that all women in rural Arkansas have access to assistance regarding high-risk services regardless of their location. This program has been in place for nearly 15*

years and has proven to decrease infant and mother mortality rates in Arkansas. (High-Risk Pregnancy Program | UAMS Institute for Digital Health & Innovation, n.d.).

- *We are recommending the Governor draft a letter to the Chief Medical Examiner of the Virginia Department of Health, highly encouraging that a portion of the grant money ($450,000) in both 2023 and 2024, from the Center of Disease Control and Prevention, be allocated to pinpointing actual maternal death rates in rural counties in Virginia. We would like for the Director for the Division of Death Prevention, working with Virginia Neonatal Perinatal Collaboration, to recognize that many maternal deaths in rural Virginia are accounted for in the county of the hospital where the death occurred. This prohibits the accumulation of accurate data of maternal and infant deaths in rural Virginia. We would like for a proposed reporting solution to be part of their Maternal Mortality Surveillance Program in the near future.*

- *Increase support for key parts of Virginia's healthcare safety net such as free and charitable clinics (FCC) that care for the uninsured or underinsured in rural communities through state funding allocation increases. This fiscal support can not only provide additional access to quality healthcare for women and girls in rural areas but increase skilled workforce opportunities in rural communities when combined with educational accessibility programs for training in medical trades such as CNA, phlebotomist, and Surgical Technologist. In addition to increased funding, we are encouraging a more diverse rotation of the mobile medical units throughout rural Virginia.*

Workforce Equity Subcommittee

The Council on Women has the following recommendations focused on workforce equity. These recommendations are suggested to be reviewed not only by the Governor and his team but in addition by Secretary of Labor George "Bryan" Slater

- *Governor-Led/Initiated Actions:*
    - Expand on Governor Ralph Northam's Executive Order 12, which granted state employees up to eight weeks of paid parental leave per calendar year, by issuing a new Executive Order granting state employees up to twelve weeks of paid family and medical leave per calendar year.
    - Provide 10 sick days for new state employees at the start of employment. This can be of benefit to mothers, who often take time off from work to care for sick children.

    - As a major Virginia employer, the Commonwealth should lead by example by establishing on-site childcare for state employees to ensure that our Commonwealth makes government work for Virginia parents. The state can also model flexibility for parents, especially mothers who are often primary caregivers, by allowing flexible schedules outside of the 8 a.m. to 5 p.m. workday, and remote work options. These efforts may also allow women who left the workforce in the early months of the Pandemic, to re-enter the workforce. According to the U.S. Bureau of Labor Statistics, nearly 2 million fewer women are in the workforce compared to early 2020.

- *Legislative Actions:*
    - Incorporate comprehensive paid family and medical leave, as introduced in 2022 in Senator Jennifer Boysko's SB1, as a budget priority for the next biennium.

References

Daniels, R. S., Haase, J. Senft, J., & Spiekhout, N. (2022, April 27). Achieving the trifecta: Integrating SDOH and equity into care delivery. *Healthcare Mosaic* (26).

RoundTrip (2022, April). *2022 State of Healthcare Transportation Survey* [Report].

https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities

https://www.bls.gov/bls/omb-bulletin-15-01-revised-delineations-of-metropolitan-statistical-areas.pdf

Gonzales, M. (2022, February 2017). *Nearly 2 Million Fewer Women in the Workforce.* Society of Human Resource Management (SHRM). https://www.shrm.org/resourcesandtools/hr-topics/behavioral-competencies/global-and-cultural-effectiveness/pages/over-1-million-fewer-women-in-labor-force.aspx

https://doi.org/10.1353/hpu.2016.0177

AAMC. (n.d.). *Health Disparities Affect Millions in Rural U.S. Communities*. AAMC. Retrieved September 6, 2022, from https://www.aamc.org/news-insights/health-disparities-affect-millions-rural-us-communities

American Hospital Association. (2021, November 12). *Filling the obstetrical care gap in rural Virginia | AHA News*. https://www.aha.org/news/blog/2021-11-12-filling-obstetrical-care-gap-rural-virginia

Bramantoro, T., Hariyani, N., Setyowati, D., Purwanto, B., Zulfiana, A. A., & Irmalia, W. R. (2020). The impact of oral health on physical fitness: A systematic review. *Heliyon*, *6*(4), e03774. https://doi.org/10.1016/j.heliyon.2020.e03774

Center for Medicare & Medicaid. (2019). *Improving Access to Maternal Health Care in Rural Communities*. Center for Medicare & Medicaid. https://www.cms.gov/About-

CMS/Agency-Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf

Centers for Disease Control. (2022, February 17). *Agriculture, Forestry and Fishing Program | NIOSH | CDC*. https://www.cdc.gov/niosh/programs/agff/default.html

Creanga, A. A., Syverson, C., Seed, K., & Callaghan, W. M. (2017). Pregnancy-Related Mortality in the United States, 2011-2013. *Obstetrics and Gynecology*, *130*(2), 366–373. https://doi.org/10.1097/AOG.0000000000002114

Dashiell, J. (2022, May 19). *RAM Clinic to offer free medical care in southwest Virginia*. WDBJ7. https://www.wdbj7.com/2022/05/19/ram-clinic-offer-free-medical-care-southwest-virginia/

Department of Health and Human Services Office of Minority Health. (2021, December 30). *Think Cultural Health—The Office of Minority Health*. U.S. Department of Health & Human Services. https://www.minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53

Donovan, S. (2015). *OBM Bulletin No. 15-01: Revised Delineations of Metropolitan Statistical Areas, Micropolitan Statistical Areas, and Combined Statistical Areas, and Guidance on Uses of the Delineations of These Areas*. U.S. Office of Management & Budget. https://www.bls.gov/bls/omb-bulletin-15-01-revised-delineations-of-metropolitan-statistical-areas.pdf

Hafner, K. (2018, June 29). *Black women in Virginia die in childbirth at 3 times the rate of any other race. What's going on? – Daily Press*. https://www.dailypress.com/news/health/dp-nws-evg-vp-black-childbirth-mortality-virginia-20180629-story.html

High-Risk Pregnancy Program | UAMS Institute for Digital Health & Innovation. (n.d.). Retrieved October 14, 2022, from https://idhi.uams.edu/high-risk-pregnancy-program/

HIMSS. (n.d.). *2022 State of Healthcare Report | HIMSS*. Retrieved September 15, 2022, from https://www.himss.org/SoH-Report

JAUNT. (n.d.). *Ride Jaunt*. Jaunt. Retrieved September 15, 2022, from https://ridejaunt.org/

Kranitz, T. S., Photography by Stacy. (2021, July 8). In Southwest Virginia, Reestablishing a Rural Hospital System Requires Rebuilding Trust. *100 Days in Appalachia*.

https://www.100daysinappalachia.com/2021/07/in-southwest-virginia-establishing-a-rural-hospital-system-requires-rebuilding-trust/

Mamon, Grace. (2022, February 4) One county in Virginia has no daycare. Cardinal News. https://cardinalnews.org/2022/02/04/one-county-in-virginia-has-no-daycare/

March of Dimes. (n.d.). *Maternal mortality rates: Virginia, 2018-2020 Average*. March of Dimes | PeriStats. Retrieved September 14, 2022, from https://www.marchofdimes.org/peristats/data?reg=99&top=6&stop=370&lev=1&slev=4&obj=35&sreg=51

Mayo Clinic Staff. (n.d.). *Oral health: A window to your overall health*. Mayo Clinic. Retrieved September 14, 2022, from https://www.mayoclinic.org/healthy-lifestyle/adult-health/in-depth/dental/art-20047475

Newsroom, W. (n.d.). *RAM needs volunteers for November clinic in Augusta County*. Https://Www.Whsv.Com. Retrieved September 14, 2022, from https://www.whsv.com/2022/08/29/ram-needs-volunteers-november-clinic-augusta-county/

Oliver, N. (2021, September 15). Legal challenge slows rural broadband plans in Virginia. *Virginia Mercury*. https://www.virginiamercury.com/2021/09/15/legal-challenge-slows-rural-broadband-plans-in-virginia/

RoundTrip. (n.d.). Hanover County launches ride program for senior citizens, disabled residents. *Roundtrip*. Retrieved September 15, 2022, from https://roundtriphealth.com/press/hanover-county-launches-ride-program-for-senior-citizens-disabled-residents/

Rural Health Information Hub. (n.d.-a). *Healthcare Access in Rural Communities Overview—Rural Health Information Hub*. Retrieved September 6, 2022, from https://www.ruralhealthinfo.org/topics/healthcare-access

Rural Health Information Hub. (n.d.-b). *Rural Agricultural Health and Safety Overview—Rural Health Information Hub*. Retrieved September 14, 2022, from

https://www.ruralhealthinfo.org/topics/agricultural-health-and-safety

Rural Institute Research & Training Center on Disability in Rural Communities. (n.d.). *Defining Rural*. University of Montana RTC:Rural. Retrieved September 2, 2022, from https://www.umt.edu/rural-institute/rtc/focus-areas/research-methods/defining-rural.php

SeniorNavigator. (n.d.). *SeniorNavigator | Your Nonprofit Guide to Caregiving and Senior Living in Virginia* [.]. Retrieved September 15, 2022, from https://seniornavigator.org/

Siegler, K. (2019, May 21). The Struggle To Hire And Keep Doctors In Rural Areas Means Patients Go Without Care. *NPR*. https://www.npr.org/sections/health-shots/2019/05/21/725118232/the-struggle-to-hire-and-keep-doctors-in-rural-areas-means-patients-go-without-c

Stacker. (n.d.). *Counties with the lowest hospital bed capacity in Virginia*. Stacker. Retrieved September 14, 2022, from https://stacker.com/virginia/counties-lowest-hospital-bed-capacity-virginia

Transit – Mountain Empire Older Citizens, Inc. (n.d.). Retrieved September 15, 2022, from https://meoc.org/transportation/

Trent, my. (2022, August 25). *Provider warns "the child care industry will collapse."* Cardinal News. http://cardinalnews.org/2022/08/25/provider-warns-the-childcare-industry-will-collapse/

U.S. Food & Drug Administration. (2021, June 22). *Rural Health*. U.S. Food & Drug Administration; FDA. https://www.fda.gov/consumers/minority-health-and-health-equity-resources/rural-health

Virginia Legislative Information System. (n.d.). *§ 32.1-122.6. Conditional grants for certain medical students*. Retrieved October 14, 2022, from https://law.lis.virginia.gov/vacode/32.1-122.6/

Virginia Legislative Information System. (2015). *SB 717 Medical school scholarships; expands eligibility for program.* https://lis.virginia.gov/cgi-bin/legp604.exe?151+sum+SB717

Virginia Maternal & Child Health. (n.d.). *Pregnant Women and Infants—Morbidity and Mortality*.

Retrieved September 14, 2022, from https://insight-editor.livestories.com/s/v2/pregnant-women-and-infants---morbidity-and-mortality/dbcdd202-7b14-4143-af2c-bdafdef945d3

Virginia State Office of Rural Health, Virginia Department of Health. (2022). *Virginia Rural Health Plan 2022-2026*. Virginia Department of Health. https://www.vdh.virginia.gov/content/uploads/sites/76/2022/01/Virginia-Rural-Health-Plan_Book_POST_1-24-22_LR.pdf

VirginiaNavigator. (n.d.). *VirginiaNavigator | Your Nonprofit Guide to Veterans' Benefits, Caregiving Resources, and Disability and Aging Services in Virginia*. Retrieved September 15, 2022, from https://virginianavigator.org/

Vogelsong, S. (2022, September 27). *As maternal mortality rates rise in Virginia, health officials launch interviews into deaths*. Https://Www.Nbc12.Com. https://www.nbc12.com/2022/09/27/maternal-mortality-rates-rise-virginia-health-officials-launch-interviews-into-deaths/

Waren, A., & Goren, L. (2018, August 8). *The Rural-Urban Divide is Visible in Virginia's Recovery*. The Commonwealth Institute. https://thecommonwealthinstitute.org/the-half-sheet/the-rural-urban-divide-is-visible-in-virginias/

Wolstenholm, J. (2020, February 12). Rural Health & Medicine: The Lack of Healthcare in Rural Areas, Explained. *Leverage RX*. https://www.leveragerx.com/blog/rural-health-and-medicine/