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Breaking Barriers to Continuum of Care

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Introduction

Maternal mortality, a key indicator of overall population health, has worsened in many parts of the U.S over the past two decades^{8,9}. In regions where maternal health outcomes have historically declined and remained stagnant ²⁶, it is imperative to adopt more innovative models of care, as existing traditional frameworks are insufficient in tackling this critical issue7. These disparities are driven by a myriad of factors, including socioeconomic barriers and a healthcare system that fails to meet the needs of the communities it serves^{3,7}. However, **community-based solutions**, such as clinics with diverse providers including physician assistants and midwives, have shown promise in addressing these issues^{4,5}. This case study explores how The Community of Hope Family Health and Birth Center (COH), a Federally Qualified Health Center in Washington, D.C., emerges as an **adaptive approach** to address maternal healthcare delivery in underserved communities.

Objectives

This study aims to explore alternative care models that integrate a broader range of providers and services to meet the unique needs of communities.

Physician Assistants (PAs) are uniquely positioned to address healthcare inequalities by integrating into care models that bridge the gap between medicine and community-centered care.

Methodology

Researchers conducted semi-structured interviews with leadership and clinical staff at the COH. Interviews were conducted in person or via Zoom, recorded with verbal consent, transcribed, and thematically analyzed. Purposive sampling was used to select participants, and all identifying information was anonymized. Thematic findings inform conclusions about organizational practices and their impact on community-centered care.

Results

Thematic analysis identified **5 major themes of unique approaches** Community of Hope takes to addressing barriers to providing responsive health care, including:



similar health experiences.

pharmacy,

Communal workspaces enable providers to share tasks more efficiently, especially when caring for patients alongside their family

Discussion

Creating a clinical space that provides **comprehensive care** to marginalized populations is strengthened by centering the patient. Using a life-course approach, Community of Hope challenges the limitations of more typical clinical settings by utilizing a range of providers to meet the unique needs of the community.

According to COH's 2024 Outcome Report, mothers who utilize COH's birthing services have infants with lower rates of low birth weight compared to mothers who do not access COH care, and lower rates of preterm births compared to the national average for Black birthing people.



This study highlights the need for investment in community-based care models and **policies that prioritize health equity** to address these longstanding disparities. Such models can be further integrated into Federally Qualified Health Centers to deliver better care and health outcomes in a variety of settings.

References

- 1. Sajedinejad, S., Majdzadeh, R., Vedadhir, A., Tabatabaei, M. G., & Mohammad, K. (2015). Maternal mortality: a cross-sectional study in global health Globalization and Health. 11(4).
- 2. World Health Organization. (2019). Trends in Maternal Mortality: 2000 to 2017, Estimates by WHO, UNICEF, UNFPA, World Bank Group, and the United lations Population Division. Geneva. https://www.cdc.gov/healthequity/features/r
- 3. Grablick, C. (2020). Black people accounted for 90% of pregnan cy-related deaths in D.C., study finds. DCist. Retrieved from https://dcist.com/story/22/04/28/dc-maternal-mortality-study-2022/
- 4. Nedhari, A., Marea, C., Beebe-Aryee, J., Martin, T., & Byrd, T. (2021). Maternal Mortality Review Committee 2019 2020 Annual Report. MATERNAL MORTALITY REVIEW COMMITTEE. Retrieved from
- https://ocme.dc.gov/sites/default/files/dc/sites/ocme gency_content/Maternal%20Mortality%20Review%20Committee%20Annual%20Report_Fina v2 ndf
- 5. Oribhabor, G.I., Nelson, M.L., Buchanan-Peart, K.A.R., & Cancarevic, I. (2020). A mother's cry: A race to eliminate the influence of racial disparities on maternal morbidity and mortality rates among Black women in America. Cureus, 12. doi:10.7759/cureus.9207
- 6. Bowser, M., Nesbitt, L. S., Khan, N., Animashaun, M., Analyst, D., & Hernandez, M. (2023). Government of the District of Columbia, DC Health Matter Retrieved from https://www.dchealthmatters.org/?module=demographicdata&controller=index&action=index&id=131495§ionld=
- 7. Zephyrin, L.C., Seervai, S., Lewis, C., & Katon, J.G. (2021). Community-Based Models to Improve Maternal Health Outcomes and Promote Health Equity. The
- Commonwealth Fund. https://www.commonwealthfund.org/publications/issue-briefs/2021/mar/community-models-improve-maternal-outcomes-equity 8. Lassi, Z.S., Kumar, R., & Bhutta, Z.A. (2016). Community-Based Care to Improve Maternal, Newborn, and Child Health. In Disease Control Priorities, Vol. 2. Washington DC USA pp 263-284
- 9. Thomas, M.P., et al. (2017). Doula Services Within a Healthy Start Program. Increasing Access for an Underserved Population. Maternal and Child Health Journal, 21(1 Suppl.): 59-64.
- 10. JP Morgan. (2024). Vital Institution takes aim at women's health disparities. Retrieved from https://www.jpmorganchase.com/news-stories/community