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How One Corporate Foundation Is Backing Maternal Health in the U.S. and Abroad

Laurie Udesky | July 24, 2024



FROM LEFT TO RIGHT: ASH ROGERS (LWALA COMMUNITY ALLIANCE), CARLA WILLIS (URBAN INSTITUTE), DANIELLE HALSTROM (GE HEALTHCARE FOUNDATION), ABIGAIL EPANE-OSUALA (GE HEALTHCARE FOUNDATION)



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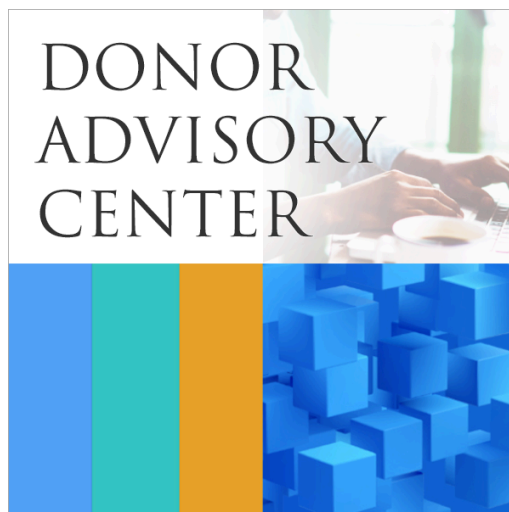
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Carla Willis recalls the grief that hit her full-on during her first meeting as a member of Georgia’s Maternal Mortality Review Committee in 2021. “I was so grateful that it was virtual because I had to turn my camera off. And I was literally sobbing the whole day,” said Willis, who was also serving as director of performance, quality and outcomes in Georgia’s Medicaid program. Most of the maternal deaths (89%) the committee had reviewed were likely preventable, and the majority of the women were Black and on Medicaid. “It was eye opening. It was heartbreaking,” she said. And, Willis recalls thinking, “I have the power to do something.”

That experience set the stage for a project Willis helped develop and for which she will serve as an advisor at the Urban Institute, one of four projects focusing on maternal and infant health funded by the newly formed [GE HealthCare Foundation](#). The Urban Institute will be exploring how Medicaid managed-care programs decide that a pregnant patient is high-risk and in need of extra care. Some Medicaid managed-care organizations use AI-generated algorithms for risk scores to determine whether someone is a high-risk patient and needs extra care or simply a regular check-up regimen, Willis said.

She points to recent [research](#) that raises questions about the use of these algorithms, which use previous costs to the medical system to determine who is high-risk, rather than the patients’ documented health needs. “This is problematic because due to deeply entrenched racism in the medical professions and the healthcare industry, many Black people avoid the



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healthcare system unless there are no other alternatives,” Willis said.

Zeroing in on maternal and infant health was a logical step for the foundation, given GE HealthCare’s work in diagnostics and technology, said Danielle Halstrom, president of GE HealthCare Foundation. The foundation also saw a dire need: “The United States has one of the worst maternal death rates of any developed country. And the women who suffer most are typically women of color,” she said.

The foundation has awarded a total of \$1,250,000 to the Urban Institute and the other three grantees, which also include the Atlanta-based [Black Mamas Matter Alliance](#) (BMMA). Two other grantees will be working outside the United States: the U.S.-based [Project ECHO](#) in Indonesia, and the [Lwala Community Alliance](#) in Kenya.

Building the maternal health workforce

Angela Aina, the cofounder and executive director of Black Mamas Matter Alliance, a group launched in 2016, said its goal is “to advance Black maternal health, rights and justice in communities both domestically and globally, and ensure that all Black Mamas have the rights, respect and resources to thrive before, during and after pregnancy.” Part of BMMA’s work involves organizing an annual global [conference and training institute](#) to nurture and bring together Black leaders in maternal health who share best practices in research, policy and health equity. “The grant provided by the GE HealthCare Foundation will significantly advance our efforts to develop workforce

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initiatives aimed at bridging the gap in the Black/BIPOC maternity care workforce,” Aina said.

Capacity-building is also at the center of the work of the grantees operating outside the United States. The [Lwala Community Alliance](#) in Kenya, for example, organizes community-led healthcare initiatives, a model based on the belief that “when communities lead, change is lasting,” according to the group’s [website](#). In Kenya, maternal and infant mortality rates are high — 530 and 29, respectively, per 100,000 live births.

To tackle a piece of the problem with the grant, the Lwala Community Alliance will train healthcare workers to perform ultrasound diagnostic tests on pregnant women, which the World Health Organization [recommends](#) prior to 24 weeks of gestation to identify fetal anomalies and other problems that might complicate a pregnancy. Less than 5% of pregnant women in Kenya receive ultrasounds, in part because of a dearth of trained ultrasonographers, according to Ash Rogers, the co-CEO of the Lwala Community Alliance.

“That’s a real missed opportunity to be able to provide better care, to be able to screen for high-risk conditions, and to be able to save the lives of mothers and babies,” Rogers said. The majority of maternal deaths in Kenya are concentrated in 15 of the country’s 47 counties. The initial training will be of 55 healthcare workers at 28 health facilities in Migori, one of the hardest-hit counties, using eight ultrasound machines provided by GE and 20 provided by the DAK Foundation. They expect to perform 6,000 ultrasounds

within a year, according to Rogers. The group will conduct a pilot study of the training and outcomes.

“Our ambition is to test this model, learn lessons to inform implementation and then scale it up more broadly in Kenya,” Rogers said.

“This isn't just learning best practices”

The University of New Mexico Health Sciences Center-based nonprofit [Project ECHO](#) will also be working to turn the tide on maternal and infant mortality. It will operate in Indonesia, where the maternal death rate of 173 per 100,000 live births is [higher than average](#) for the region and pre-term births number [600,000](#) annually, with [12,000](#) babies experiencing congestive heart failure from birth defects, and only half getting treatment for it.

Project ECHO, which stands for [Extension for Community Healthcare Outcomes](#), is a telementoring model developed by physician Sanjeev Arora more than 20 years ago. It brings specialists together in virtual learning communities, where they serve as mentors to healthcare providers working in rural and underserved communities. ECHO has been deployed in more than 200 countries, including Indonesia, helping local health care providers learn to manage serious public health problems in their communities, such as hepatitis C, HIV and cancer.

Working with Indonesia’s ministry of health, Project ECHO will train pediatrics clinicians to use ultrasound machines in one hospital and maternal health workers at another. The way the project will work, explained

Cynthia McKinney, Project ECHO's director of corporate and foundation relations, is that clinicians will receive in-person lectures and hands-on training. The last part of it will be joining the virtual communities, where the newly trained clinicians will present cases to each other and to their mentors.

"This isn't just learning best practices," McKinney said. "This is actually gaining the confidence to implement the best practices, because this is what we see over and over again with every disease area all over the world." As an example, she cites the opioid crisis. Clinicians can easily prescribe buprenorphine, a medication used to treat opioid addiction. But, she said, many are hesitant to do so because of concerns about side effects. "So ECHO is there to mentor them and hold their hand until they build that confidence."

The ultimate goal of the project, McKinney said, is for the trainings to have a "cascading effect," reaching 19 regional hospitals, 37 provincial hospitals, and 261 district hospitals that serve 35 primary care health centers.

What's next?

With its grants for this year allocated, GE HealthCare Foundation is looking toward 2025 and building long-term relationships. Although the foundation isn't settled on anything yet, Halstrom said, it's looking into partnerships with like-minded foundations. "We've talked to a foundation that supports doulas in the U.S. Is that something as we think about expanding our work and our support and focus in maternal and infant

care? Is there a natural opportunity to partner with this organization to support their doula program?”

Reflecting further, she said: “We feel a strong sense of responsibility and a great sense of opportunity. For while we are small, we feel somewhat mighty by having chosen a very discrete area for where we want to have an impact. And by being focused on maternal and infant care, we feel like we can fund initiatives that can return results that are measurable and that we can share.”

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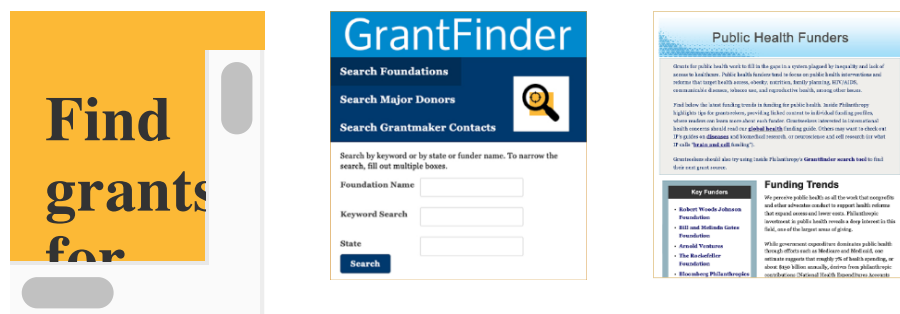
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