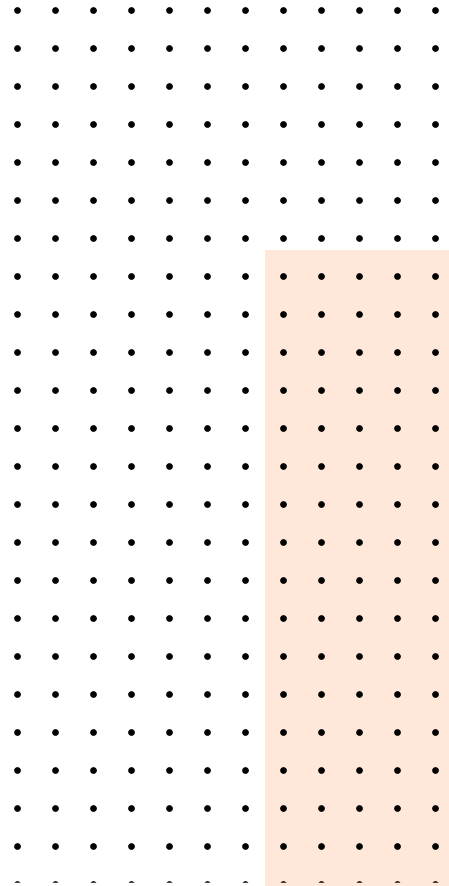


ASSEMBLING COMMUNITY AND  
CLINICAL STAKEHOLDERS TO  
EMPOWER AND STRENGTHEN  
FAMILIES (ACCESS) TASK FORCE



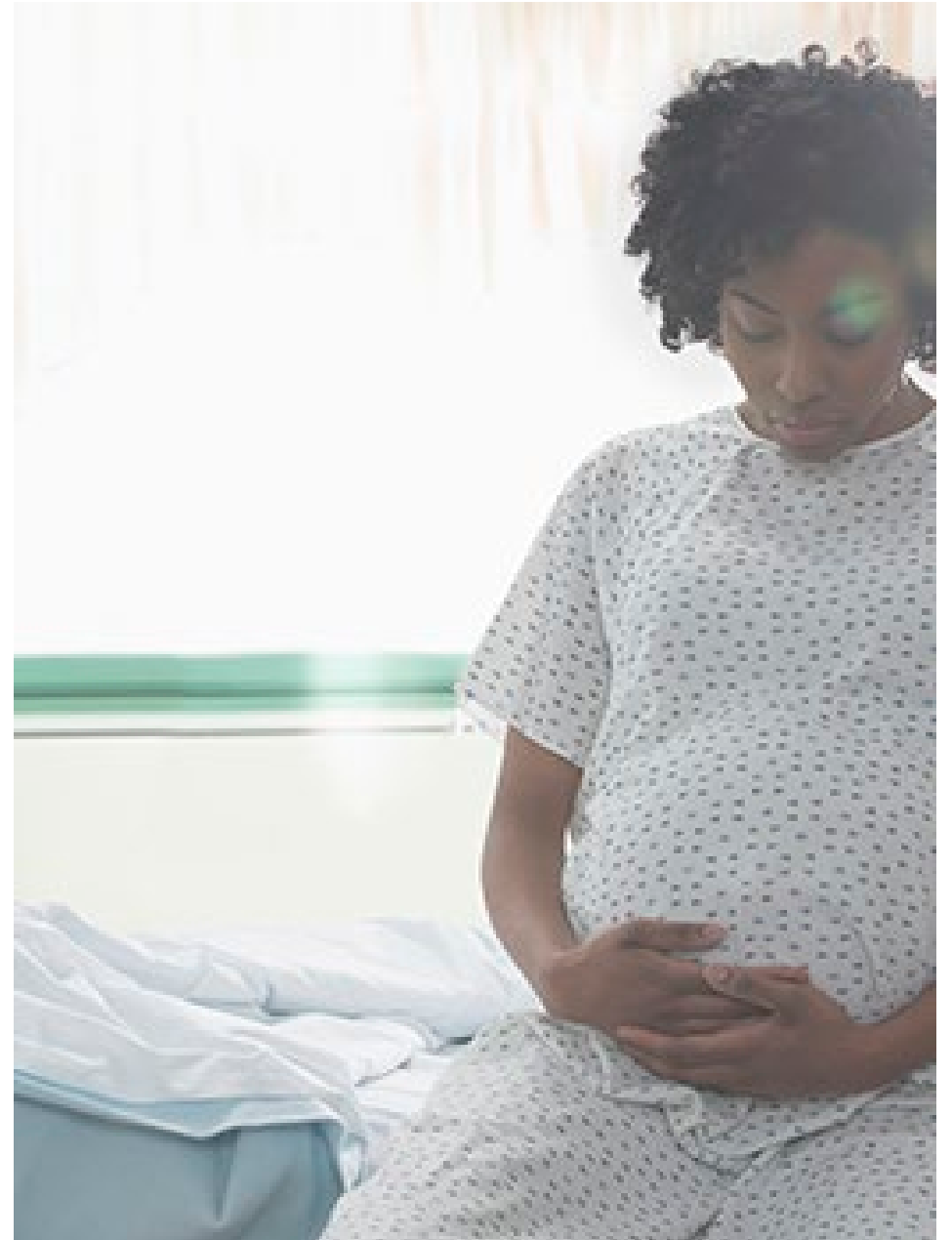


ACCESS TASK  
FORCE

**VISION AND MISSION**

# VISION

The ACCESS Task Force strives to enhance maternal health equity and access to healthcare through community-informed interventions in North Central Florida.



# MISSION

The mission of the Access Task Force is to ensure equitable access to comprehensive maternal healthcare by:

- eliminating barriers to perinatal care (prenatal, birth, postpartum, lactation)
- enhancing resource availability and raising awareness about available resources
- fostering collaboration with key stakeholders to advocate for policy changes to improve maternal health

# WHY DID YOU JOIN THE ACCESS TASK FORCE?

- Engaging meaningfully in maternal health issues
- Task force would serve as a platform for:
  - collaboration
  - resource sharing
  - trust-building within the community
  - driving change at the local level
  - facilitating connections between women and essential resources

**“I joined the task force out of frustration when my clients asked for resources that my program could not provide. The resources that my clients were requesting were real resources that I could not provide for them. Thus, I joined that we could bring all the resources together, to provide solutions to the challenges of the communities among each other.”**

# WHAT ARE THE CHALLENGES YOU AND/OR YOUR ORGANIZATION NOTICE REGARDING MATERNAL HEALTH?

- healthcare access among the immigrant community and in general
- limited doula coverage and education about doulas
- mistrust of healthcare workers
- difficulties reaching rural and low-income areas
- maternal health disparities
- ineffective national solutions at the community level
- insurance bureaucracy.

**“The women don’t want these resources because they don’t trust the healthcare space. Thus, going to the worst communities by taking action, not just to publish but to bridge the gap of research to meet the needs of the people. Thus, we should look for ways to bring synergy to the resources in the communities.”**

# WHAT ARE THE MATERNAL ASSETS IN THE COMMUNITY?

key assets include:

- unity and diversity among perinatal care professionals
- people working for the right reasons
- the facilities, and the dedication of the task force members.

**“Things are in place; we just need to implement this work to bring in better outcomes.”**

# WHAT IS YOUR VISION FOR MATERNAL HEALTH IN ALACHUA COUNTY OR NORTH CENTRAL FLORIDA?

- Enhancing accessible and affordable healthcare
- Expanding education and awareness about doulas
- Deploying mobile clinics to rural areas,
- Establishing a network of healthcare providers and creating a dedicated maternal health center.

“The Department of Health is doing an excellent job, but it will be better if we can bring all the organizations together for the betterment of women. The coming together of all the health organizations would lead to acceptability, accessibility, and affordability of healthcare. One key point is acceptability – which is being sensitive to culture. Also, we can work towards establishing a center with a larger focus on maternal health that can coordinate the work, while the task force could be the advisory board.”



# SUGGESTIONS FOR HOW WE MOVE FORWARD UNITED TO MOVE THIS NEEDLE?

Participants suggested:

- enhancing diversity within the task force (incorporating diverse perspectives)
- taking data-driven solutions
- increasing doula education and access
- improving awareness of community resources
- expanding maternal care to rural areas
- fostering teamwork

**Diversity, unity, and providing the best possible answers to perinatal care questions and challenges.**



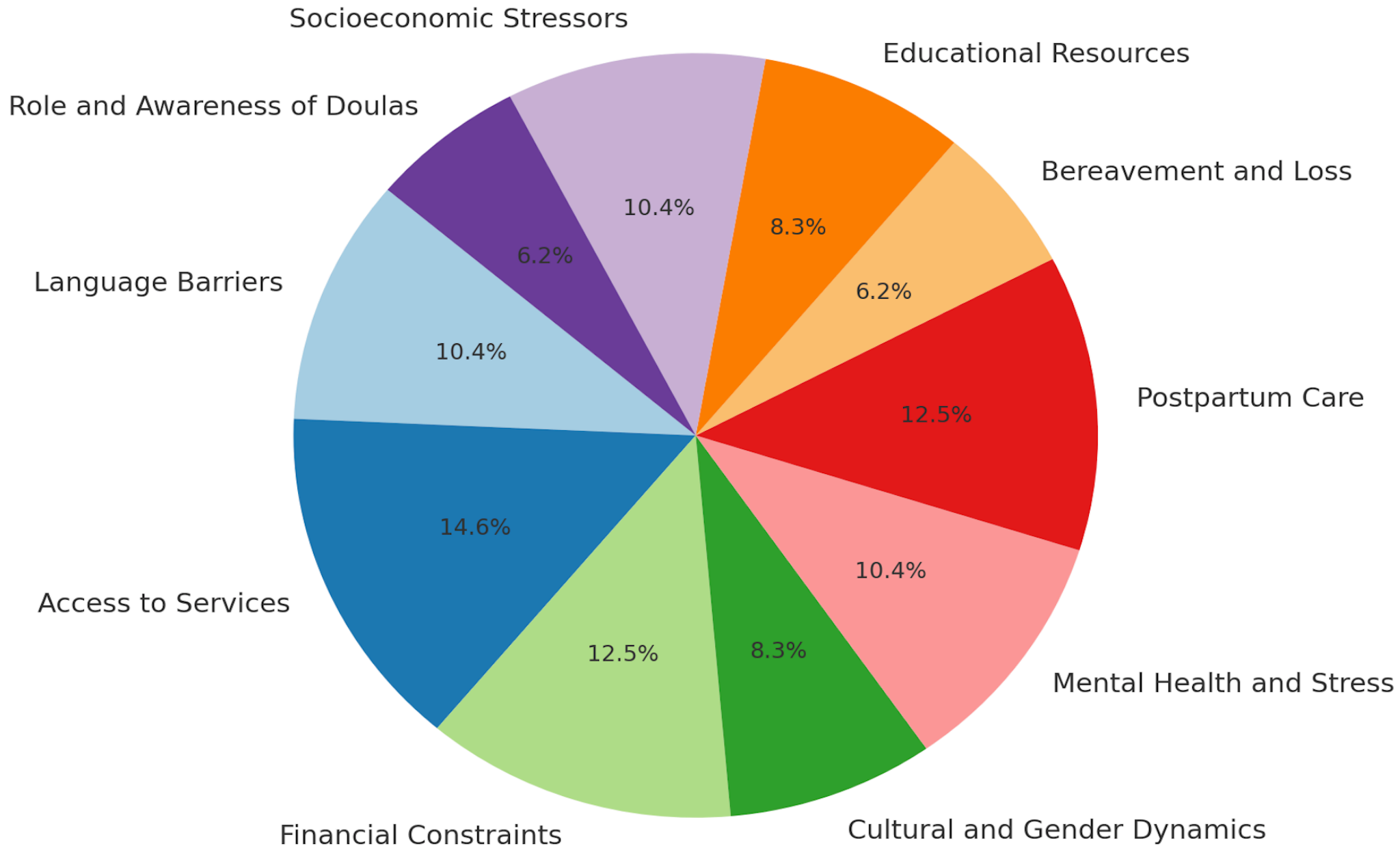
# LISTENING SESSIONS

- Completed 8 listening sessions  
(~150 participants)
- community members
  - community health workers/  
promotoras/communicadoras
  - Lactation consultants
  - Doulas
  - Community stakeholders

| Key Themes                   | Sub-Themes  | Key Points  | Example Quotes   |
|------------------------------|---|---|--|
| Language Barriers            | Lack of translation services, reliance on family, communication issues            | Non-English-speaking women have difficulty communicating with healthcare providers.   | "When you're in pain and you don't speak the language, it's even worse."   |
| Access to Services           | Transportation challenges, closure of health facilities, rural care access issues | Transportation is a significant barrier, particularly in rural areas where women must travel long distances to access care. | "We used to have the Department of Health close by, but now everyone has to travel far to get any kind of treatment."  |
| Financial Constraints        | High medical costs, uninsured patients, fear of medical bills                     | Uninsured women face extreme financial challenges in covering prenatal, delivery, and postpartum care.                      | "If they don't have Medicaid, those resources aren't available. Many families are stuck in a gap where they make too much for Medicaid but not enough to afford healthcare." |
| Cultural and Gender Dynamics | Traditional beliefs, male control over reproductive choices, family pressures     | Cultural beliefs regarding pregnancy, contraception, and birth often conflict with medical advice.                          | "Some women's partners don't let them take birth control or visit the doctor unless it's urgent."  |
| Mental Health and Stress     | Job stress, postpartum depression, mental health care gaps                        | Postpartum depression is prevalent, yet underreported, as women fear stigma and lack access to mental health support.       | "I had postpartum depression, and I didn't know where to turn. The doctors didn't ask, and I didn't feel comfortable bringing it up."  |

| Key Themes                   | Sub-Themes  | Key Points   | Example Quotes   |
|------------------------------|---|--|--|
| Postpartum Care              | Focus on baby over mother, inadequate postpartum checkups, return to work pressures | The pressure to return to work soon after childbirth, particularly for single mothers, is a significant source of stress.              | "Being a single mom, I had to go back to work quickly, and the stress was unbearable."   |
| Bereavement and Loss         | No counseling for pregnancy loss, emotional struggles for both mother and partner   | There is inadequate support for families experiencing pregnancy loss, with many women receiving no counseling or follow-up care.       | "I've experienced four pregnancy losses, and I was never offered any support from healthcare providers."                       |
| Educational Resources        | Lack of prenatal education, birth control access, awareness of available resources  | Women are often unprepared for breastfeeding challenges and postpartum physical recovery due to insufficient prenatal education.       | "I wanted to get an implant after having my baby, but the nearest place was too far, and it took weeks to get an appointment." |
| Socioeconomic Stressors      | Financial instability, lack of childcare, housing insecurity                        | Financial instability creates barriers to maternal care, including the ability to attend appointments and purchase necessary supplies. | "I struggle to make ends meet and I can't afford to miss work for appointments, even though I know I need to."                 |
| Role and Awareness of Doulas | Limited awareness about doulas, low accessibility to doula services                 | Doulas are underutilized due to lack of awareness and cost barriers, despite their positive impact on maternal health outcomes.        | "I heard about doulas but didn't know they could help so much. I wish I had known before."                                     |

# KEY THEMES



| Proposed Solution                    | Description   | Potential Impact                           |
|--------------------------------------|---|--|
| Mobile Health Clinics                | Introducing maternal mobile clinics in rural areas.   | High impact in underserved areas.          |
| Lower Costs for Maternal Services    | Reducing costs for low-income women to improve access to perinatal services.                    | Increased access to care.                  |
| Language Support and Education       | Ensuring availability of medical resources in multiple languages, particularly Spanish.         | Improved communication and patient care.   |
| Mental Health Services               | Providing perinatal psychological and bereavement support and expanding mental health resources | Better maternal mental health outcomes.    |
| Male Involvement in Health Education | Educating men on maternal health to reduce male dominance in reproductive decisions.            | More balanced decision-making in families. |
| Community Education Campaigns        | Raising awareness on maternal health and family planning through community-based programs.      | Increased awareness and adoption of care.  |
| Access to Family Planning            | Providing accessible information on contraceptives to prevent unintended pregnancies.           | Reduced unintended pregnancies.            |
| Doula Accessibility and Education    | Expanding education about doulas.   | Improved well-being of mothers.            |
| Lactation Support and Education      | Community support groups in East Side and Rural communities                                     | Improved breastfeeding rates and access    |