Delta Maternal Care Coordination Program

Rural Health Association of Tennessee

1 US9RH54301-01-00

Asset Mapping Narrative

June 30, 2025

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RURAL HEALTH ASSOCIATION OF TENNESSEE

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Introduction

Tennessee is often labeled the “Health Care Capital of the United States” due to its dense concentration of healthcare businesses and innovation. Yet, despite this reputation, the state consistently ranks near the bottom in key health indicators especially in maternal health.

Since 1994, the Rural Health Association of Tennessee (RHA) has worked to improve health outcomes by connecting organizations, advocating for change, educating communities, and sharing vital resources. Its network of over 800 members spans clinics, school health staff, and mental and behavioral health providers, all united to support rural and underserved populations across the state.

RHA leads the Delta Regional Maternal Care Coordination Program (Delta MCC), which works to improve maternal health outcomes across 18 rural counties in West Tennessee [1]. Central to this effort is the Tennessee Delta Doula Network, which expands access to coordinated, supportive care during pregnancy, childbirth, and the postpartum period.

Working in close partnership with healthcare providers, mental health services, and grassroots organizations, the Delta MCC initiative is focused on:

- Training and certifying 30 doulas,
- Strengthening care coordination through closed-loop referral systems, and
- Delivering doula and telehealth support to up to 300 mothers.

The program is directed by an engaged Advisory Committee and continuously shaped by input from the community. A major focus is creating a sustainable model that addresses both gaps in provider availability and barriers to access, especially in areas of greatest need.

To support this mission, RHA developed an interactive maternal health asset map. This tool helps visualize where services exist, who they’re reaching, and where coverage is lacking. It includes both clinical services like prenatal, delivery, and postpartum care and broader support services like housing, food access, transportation, mental health, and referrals. By mapping these resources, the tool offers a clearer picture of maternal care infrastructure across the region.

The asset map is designed to assess the current state of maternal health services in West Tennessee [1]. It highlights where care is strong, where gaps exist, and how organizations are helping or falling short, in meeting community needs.

The objective is to apply these findings to make targeted investments, build stronger partnerships, and improve access to maternal care in rural and high-need communities. The map serves as a strategic tool for informed planning, collaboration, and better alignment of resources to support maternal health equity across the region.

Methods

To collect data on maternal health assets across counties in West Tennessee, we reviewed community resource guides and official organization websites, focusing on the services listed in their service sections. This information was compiled into an Excel spreadsheet capturing key data points, including clinical services (such as pregnancy, prenatal care, labor and delivery, and postpartum care), care coordination services (including food access, housing, transportation, mental health, education, employment, and childcare), network partnership status with the Rural Health Association of Tennessee, county name, asset type, and organization name.

To further inform the asset mapping process, we conducted a site visit to the Hometown Health Clinic in Carroll County to learn more about on-the-ground service delivery and network engagement. Additional visits to other network partner sites are planned to enhance our understanding of service availability and local capacity.

Tableau Public was used to develop interactive visualizations, including maps, filters, and bar charts, that provided a clearer picture of service distribution, highlighted gaps, and supported a comprehensive mapping of maternal health resources across the 18-county region.

To ensure consistency and clarity in service classification, each organization in the asset map was categorized into one of three mutually exclusive care types based on the range of services provided: Clinical Care (organizations offering only clinical maternal services such as prenatal, labor and delivery, or postpartum care), Care Coordination (organizations offering only support services such as food, housing, transportation, or mental health), and Clinical and Care Coordination (organizations offering both types of services). Organizations that fall into the dual category were intentionally classified only under “Clinical and Care Coordination” to prevent double counting across filters. As a result, when users filter by “Clinical Care” or “Care Coordination” alone, these dual-service organizations will not appear; however, when filtering by specific services like “postpartum care” or “food,” these organizations are included if they provide the selected service, regardless of their overall care type classification. This approach supports both high-level analysis of organizational focus and detailed insights into individual services, offering an accurate, nuanced view of maternal health service availability across counties.

Key Findings

General Availability

The maternal health asset map includes 18 counties in West Tennessee, each with varying levels of service coverage. Dyer County has the highest number of organizations providing maternal health-related services, with a total of 37, while Lake County has the fewest, with only 7. Each county has one local health department, ensuring at least one public health presence per region. Additionally, there are 36 faith-based organizations represented across all counties, with the highest concentration in Hardin County five and the lowest in Benton County one.

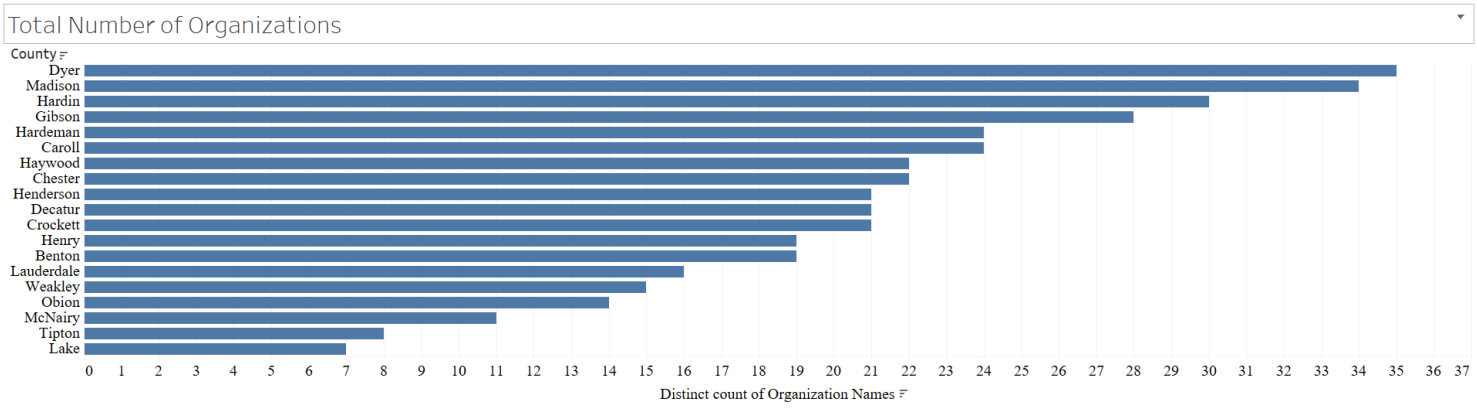

Figure 1: Bar Graph Showing Total Number of Organizations in Each County

Clinical care availability

Across the 18 counties in West Tennessee, the majority have at least one organization providing only clinical maternal health services, such as prenatal care, pregnancy-related care, labor, and postpartum services. These organizations are categorized under “Clinical Care” in the asset map. In addition to this, several organizations provide both clinical services and care coordination support, including services like food, housing, transportation, and mental health. These are categorized under “Clinical and Care Coordination.” Decatur County remains a key outlier, currently reporting no clinical care providers. In contrast, Madison County leads the region with nine clinical care organizations, reflecting a higher concentration of services and greater capacity.

However, when examining specific maternal health services, significant variation emerges across counties. For instance, prenatal care is inconsistently available. Counties like Henry report no prenatal providers, while Madison, Gibson, and Dyer demonstrate broader access. Pregnancy-related care is similarly uneven, with only two providers listed in Tipton and Lake counties, compared to multiple in Madison.

Labor and delivery care represents the most acute service gap in the region. Counties such as Benton, Decatur, Henderson, McNairy, Haywood, Chester, Lake, Gibson, Henry, Hardeman, and Lauderdale currently lack any local labor and delivery facilities. Obion, Hardin, and Weakley offer only one to three such services. According to the March of Dimes Maternity Care Access Report (2022), many of these counties qualify as maternity care deserts. Even in counties with labor and delivery services, no facility offers Level III maternal care, most are designated as Level I or II, limiting their ability to manage high-risk pregnancies. This compels residents to travel long distances often to Madison County, which has the region’s only Level III facility, posing a substantial accessibility challenge for those needing specialized care.

Postpartum care is more available across the region than prenatal or delivery services, yet disparities persist. Madison County continues to lead in service availability, while Decatur again has few or no options.

To acknowledge organizations that deliver both clinical care and care coordination, the asset map includes a combined “Clinical and Care Coordination” category. These dual-service organizations are essential for delivering wraparound care that addresses both medical and social determinants of health.

Mapping results show that counties such as Crockett, Chester, Dyer, and Decatur have relatively higher concentrations of these dual-service providers, suggesting stronger infrastructure and potentially more urban-linked opportunities. In contrast, rural counties like Tipton, Lake, and Lauderdale have only two to three such organizations, highlighting ongoing service gaps and a pressing need for partnership development and capacity building. Notably, even in counties that lack sole clinical care providers, many organizations offer a combination of clinical and coordination services, helping to mitigate the impact of service shortages.

The data also reveal that many organizations primarily focus on pregnancy, prenatal, and postpartum support, offering services like ultrasounds, diagnostic screenings, and diaper benefits. However, comprehensive labor and high-risk care options remain rare throughout the region.

For communities facing multiple and compounding barriers, organizations providing both clinical and coordination services offer tremendous value. Their holistic, co-located models reduce care fragmentation, support service continuity, and play a critical role in advancing maternal health equity in underserved areas of West Tennessee.

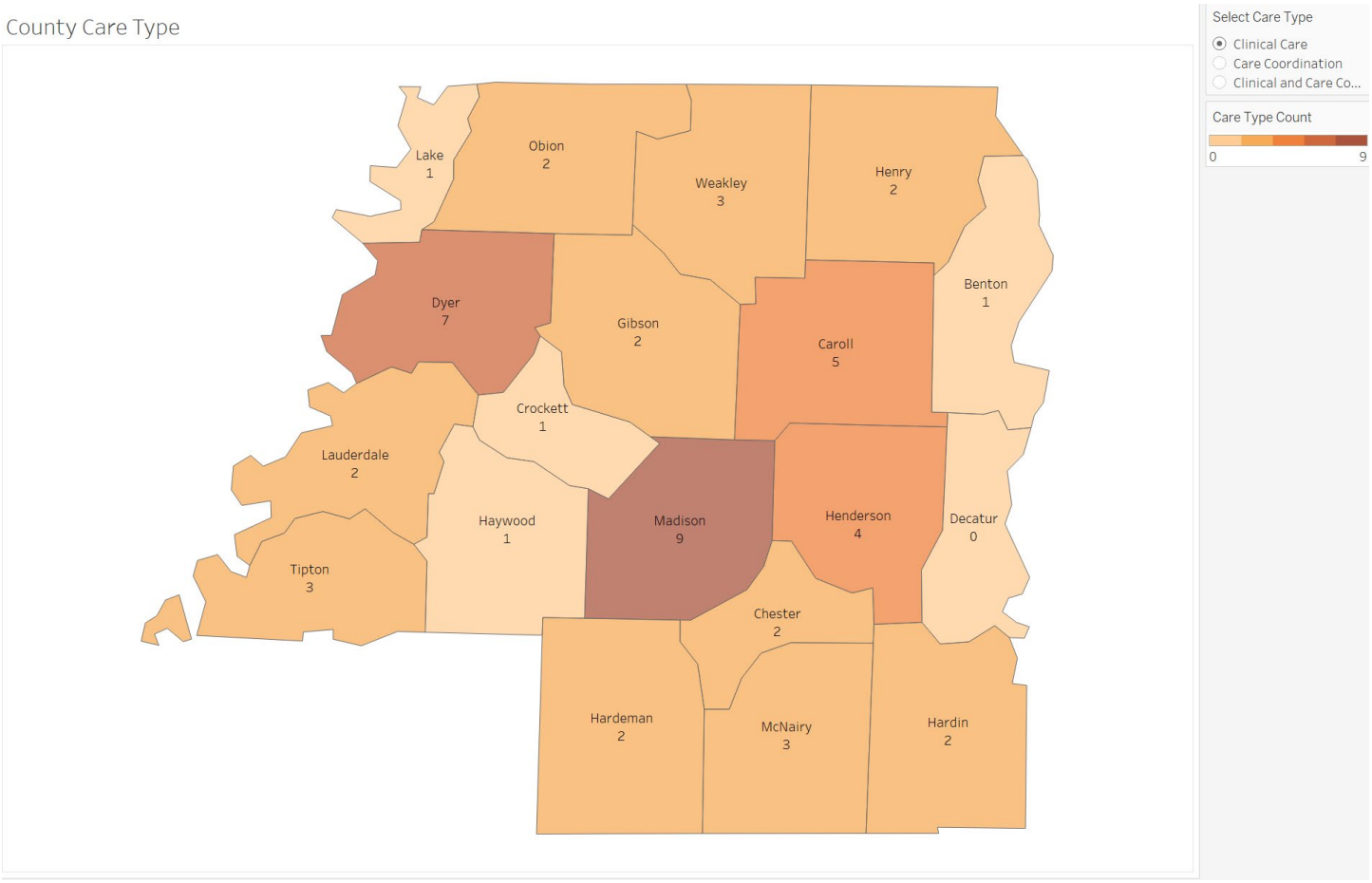

Figure 2: Demostrating Distrubution of Clinical Care Services in Each County (See appendix for care coordination and clinical and care coordination services county wise distribution)

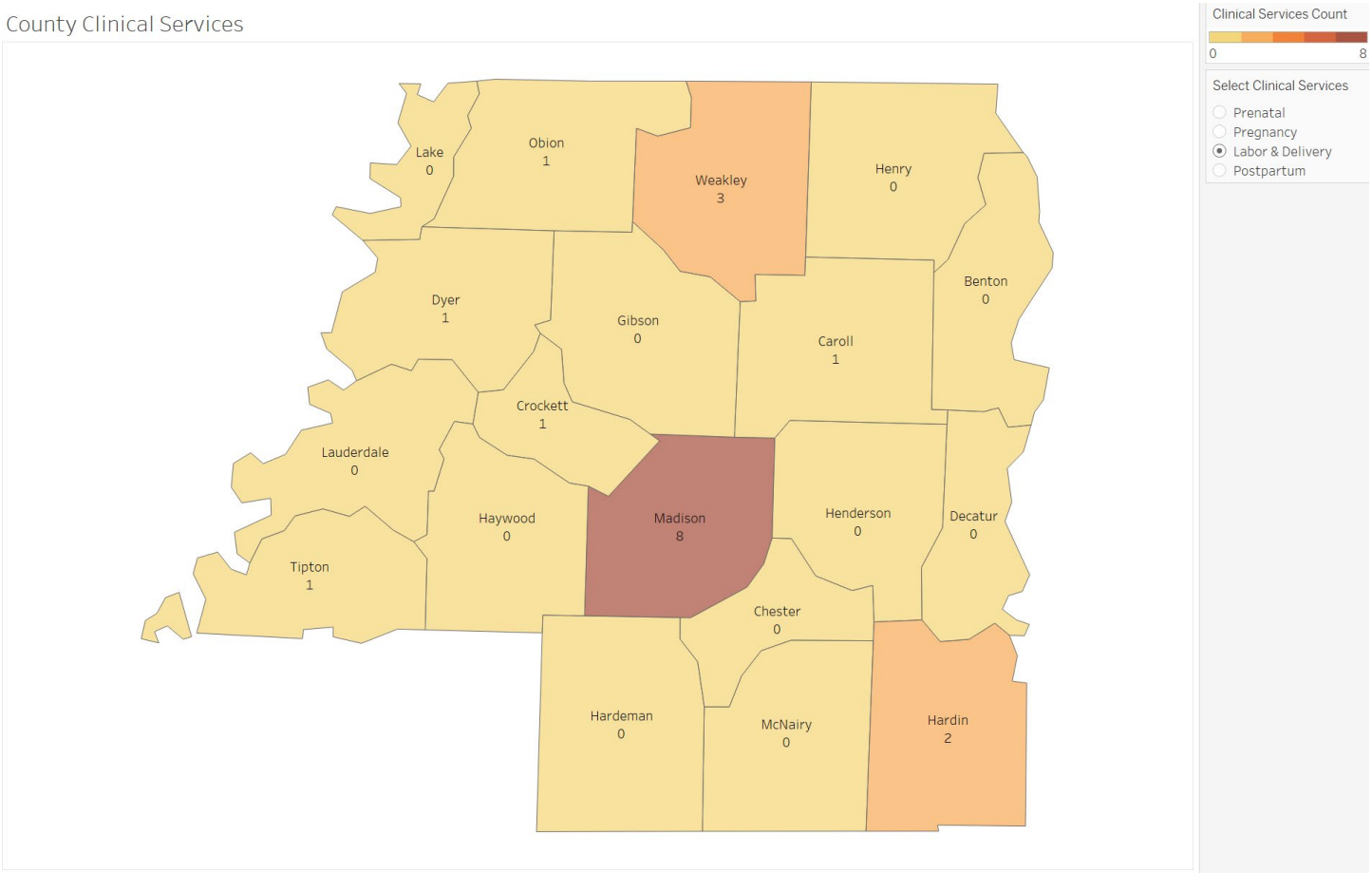

Figure 3: Illustrating Scarcity of Labor and Delivery Care Across Counties (See Appendix for other clinical services distribution)

Care Coordination Availability

Care coordination services across West Tennessee are distributed unevenly and are often provided by multiple agencies not specifically focused on maternal health. While referral services and food assistance are relatively common throughout the region, access to transportation, housing, childcare, and employment support remains limited in many counties.

Transportation services remain limited in several counties, including Weakley, Tipton, Lake, and Carroll, each with only one or two providers listed. In contrast, Madison County stands out with seven organizations offering transportation assistance. This challenge was also emphasized by the network partner, Hometown Health Clinic, during the on-site visit, where it was noted that residents often have to travel long distances to access maternal healthcare, making transportation a significant barrier in the region.

Childcare services are similarly underrepresented, with Lauderdale, Weakley, Tipton, and Lake each listing only one provider, whereas Crockett County reports the highest availability with seven organizations. Housing assistance also varies widely, with Tipton County listing only one provider, compared to Dyer County, which has 13 housing-related organizations.

Mental health services in West Tennessee's Delta region are not evenly distributed, though they are more consistently available than many other maternal health services. Counties like Dyer and Madison have the strongest coverage, with 14 and 12 providers respectively, largely due to the presence of regional organizations like Carey Counseling Center. However, several counties, including Benton, Carroll, Hardeman, Lake, and Tipton, have limited access, with only one or two providers, if any. While regional providers help mitigate some disparities, access remains uneven, particularly in smaller or low-resource counties. Despite being more stable than services like labor and delivery or childcare, mental health support still shows significant gaps in coverage across the region.

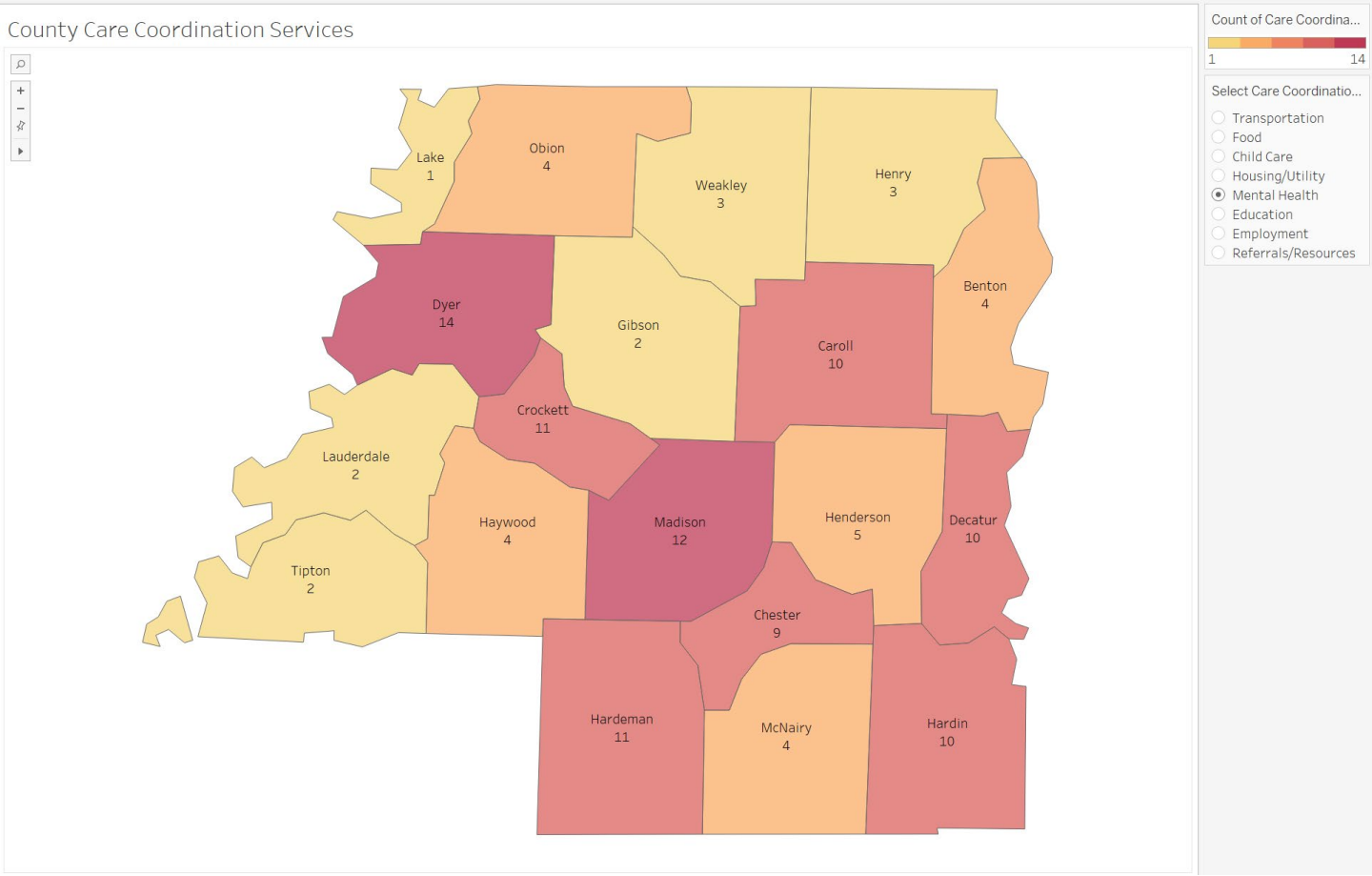

Figure 4: Distribution of Mental Health Services Across Counties (See appendix for other care coordination services distribution)

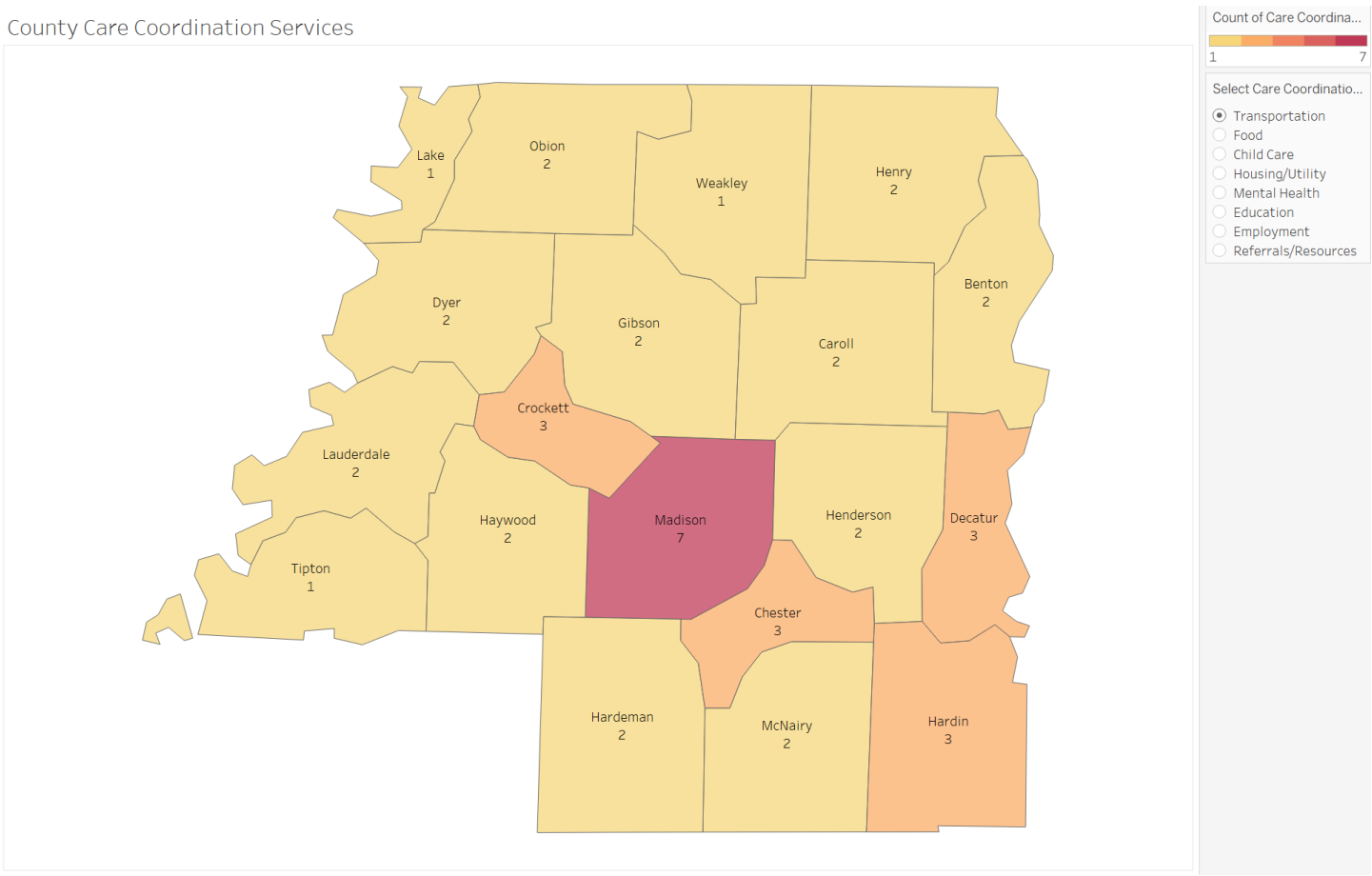

Figure 5: Count of Transportation Across Counties (See appendix for other care coordination services distribution)

Network Partnerships

Currently, 15 organizations across West Tennessee are formal network partners with the Rural Health Association of Tennessee (RHA). These partners play a crucial role in delivering maternal health services and in building sustainable referral and care coordination systems in the region.

Among them, Carey Counseling Center stands out as a particularly active network partner. With facilities in multiple counties, such as Benton, Carroll, and Henry, it provides a wide range of mental and behavioral health services, including outpatient care, residential treatment, and crisis support. This broad service footprint and regional presence make Carey Counseling Center a key contributor to maternal mental health access.

Out of the 18 counties included in the asset map, only 11 have at least one network partner, and 7 counties have no partners, highlighting a gap in formalized collaborations in nearly half of the service area. This limited geographic distribution of network partners may impact on the efficiency and reach of care coordination and referral networks in underserved counties like Decatur, Lauderdale, and Chester, which lack local network-affiliated providers.

Expanding network partnerships in the remaining counties could strengthen maternal care infrastructure by:

- Improving referral pathways for expectant and new mothers,
- Facilitating better integration between clinical and non-clinical services,
- And enhancing local capacity through RHA's training, support, and technical assistance.

Targeted outreach to existing service providers in non-network counties could identify new partnership opportunities, particularly among clinics, health departments, and community-based organizations already offering maternal care services.

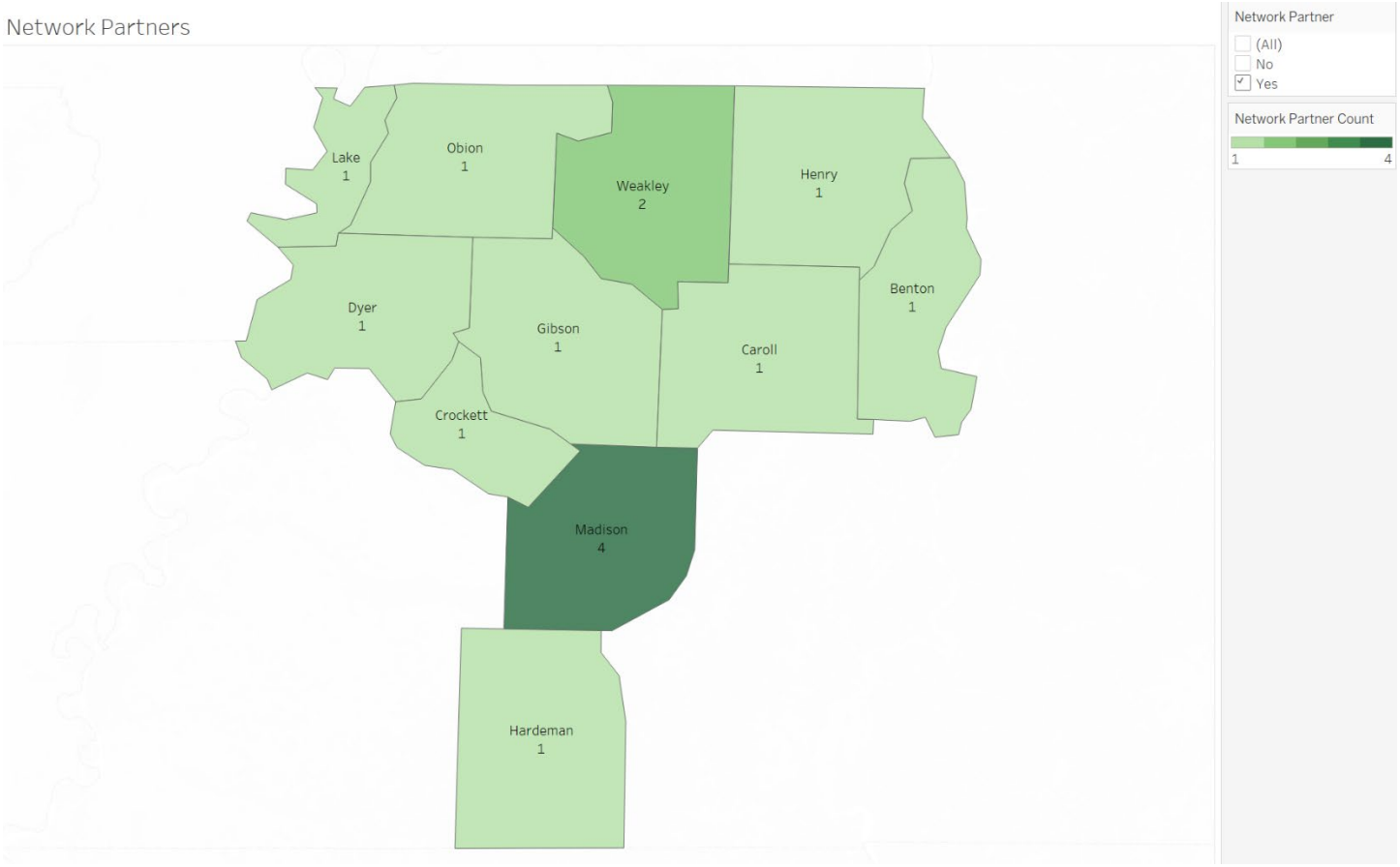

Figure 6- Rural Health Association of Tennessee Network Partners

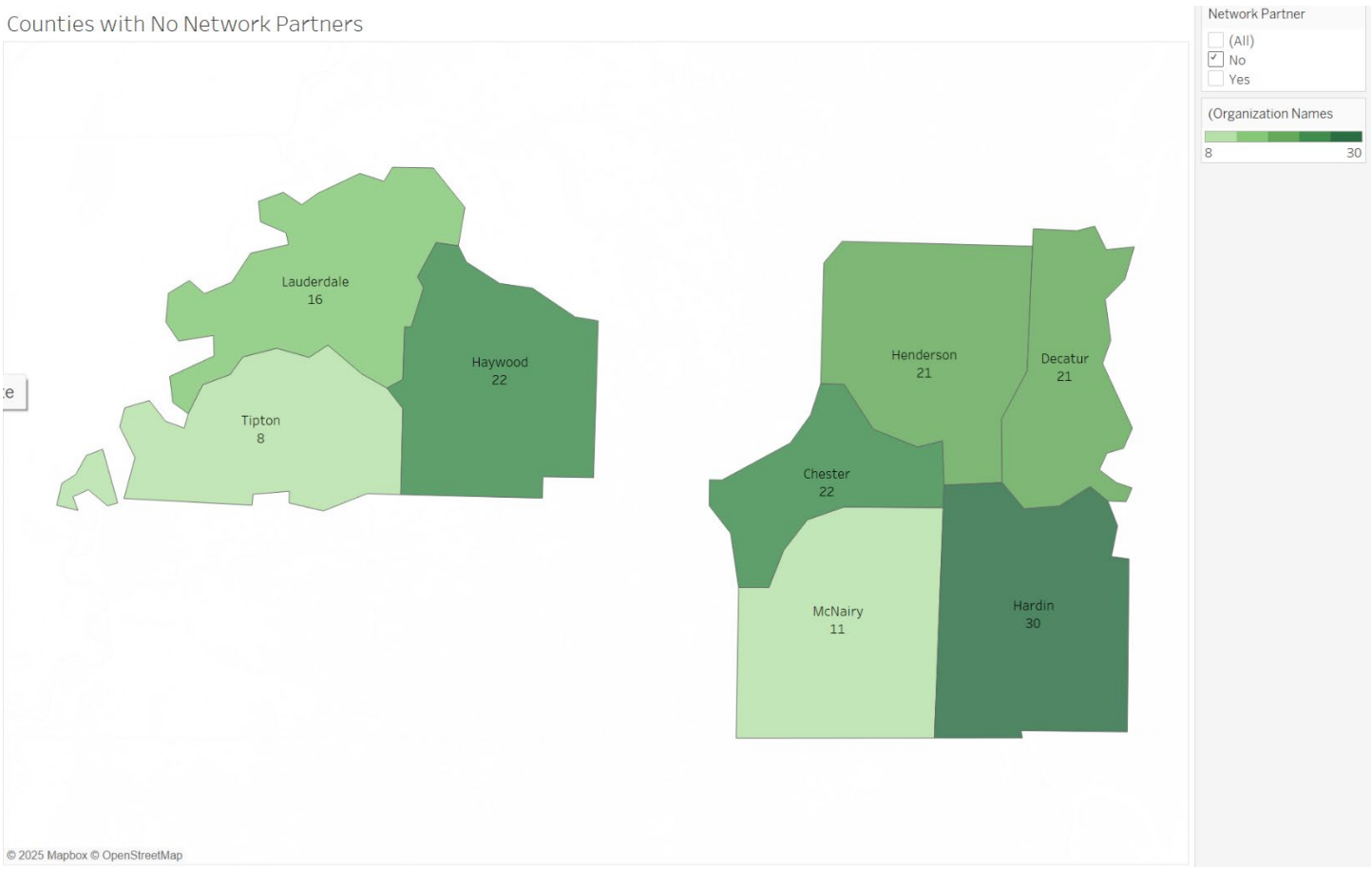

Figure 7: Counties with No Network Partners Network Partners

County Level Analysis:

County	**Highlights**
Henry	Lost hospital-based labor and delivery services; residents must travel over 30 miles for delivery care to Jackson-Madison County General Hospital (45 miles). Limited prenatal care and no clinical and care coordination providers. The county is considered a maternity care desert.
Benton	Mental health services are well covered by Carey Counseling Center; however, there are no local labor and delivery services. Residents must travel 60 miles to Jackson-Madison County General Hospital or Dyersburg Hospital. The county is a maternity care desert. Local hospitals are Level 1 or 2.

Madison	Highest concentration of maternal health services across all 18 counties. Offers strong coverage in both clinical and care coordination services, including prenatal, postpartum, transportation, food, mental health, and housing. Also has the largest number of organizations providing labor and delivery care. Madison County is the only country with tertiary care facilities.
Dyer	One of the counties with the highest number of organizations overall (37). Offers a wide range of both clinical and support services. Strong coverage in postpartum and mental health, but limited labor and delivery options. Local hospitals are Level 1 or 2, requiring travel to Madison for specialty services.
Decatur	No organizations listed providing clinical care. Limited availability of maternal health services, highlighting a significant gap. No labor and delivery; considered a maternity care desert. Residents must travel to Jackson-Madison County General Hospital (~60 miles). Local hospitals are Level 1 or 2.
Lauderdale	Few organizations offer care coordination or clinical services. No employment or labor and delivery services available; one organization offers childcare. The county is a maternity care desert. Residents travel 40-60 miles to Dyersburg Hospital. Local hospitals are Level 1 or 2.
Lake	One of the least resourced counties with only seven organizations identified. Minimal care coordination services are available; only one organization offers transportation or employment services. No local labor and delivery services. Residents must travel 45-65 miles to Dyersburg or Madison. The county is a maternity care desert.
Tipton	Only two organizations provide pregnancy care. Limited housing and childcare support; one employment support organization. Clinical services are available but limited in

	breadth. Local hospitals are Level 1 or 2, requiring travel to Madison for advanced care.
Weakley	Limited availability of transportation services (only one provider). Moderate presence of clinical care, but minimal care coordination services. Local hospitals are Level 1 or 2.
Crockett	Better integration of care with several organizations offering both clinical and care coordination services. Strongest in employment and childcare services among the 18 counties.
Chester	Small number of dual-service organizations. Offers basic clinical services but lacks labor and delivery care. Residents must travel 20 miles to Jackson-Madison County General Hospital. The county is a maternity care desert.
Hardin	Hosts a high number of faith-based organizations (5). While clinical services are available, support services such as housing and childcare remain limited. Labor and delivery services are unavailable locally.
McNairy	Very limited labor and delivery care. Some mental health services are available, but there are few care coordination options overall. The county is a maternity care desert. Residents must travel 30 miles to Magnolia Regional Health Center.
Gibson	Lack of local labor and delivery services. Care coordination coverage is moderate with food and mental health services more common. The county is a maternity care desert. Residents travel 40-60 miles to Madison or Union City.
Haywood	Minimal maternal health infrastructure, especially in clinical care. Lack of labor and delivery and postpartum services. The county is a maternity care desert. Residents travel 25 miles to Jackson-Madison County General Hospital.
Henderson	No labor and delivery care identified. Postpartum services are available through a

	few providers. The county is a maternity care desert. Residents travel 30 miles to Jackson-Madison General Hospital.
Obion	Some clinical services are available, including prenatal care. Limited care coordination coverage, particularly housing and transportation. Local hospitals are Level 1 or 2, requiring travel to Madison for advanced services.
Carroll	A small number of organizations provide clinical services. Minimal coordination support options.
Hardeman	Care coordination services are presented through a small number of organizations. However, clinical services are limited, particularly labor and delivery. Mental health and transportation are underrepresented, and housing support is minimal. The county is a maternity care desert

Gap Analysis

The maternal health asset map reveals consistent service gaps across West Tennessee that limit access to critical care and support for pregnant and postpartum individuals, especially in rural and low-resource counties.

Labor & Delivery Services Are Severely Limited

Labor and delivery services are critically limited across West Tennessee, with 11 of the 18counties, Benton, Decatur, Henderson, McNairy, Haywood, Chester, Lake, Gibson, Henry, Hardeman, and Lauderdale, designated as maternity care deserts due to the complete absence of local delivery facilities. As a result, pregnant individuals in these areas must travel significant distances, ranging from 25 to 65 miles, to access essential obstetric care. For example, residents of Henry County typically travel approximately 45 miles to Jackson-Madison General Hospital, while those in Benton and Lake counties may travel up to 60–65 miles to hospitals in Jackson, Dyersburg, or Union City. McNairy County residents often seek care at Magnolia Regional Health Center in Mississippi, about 30 miles away. Madison County is the only county in the region offering tertiary-level obstetric care, making it the primary destination for high-risk pregnancies and specialty maternal-fetal medicine (MFM) services. Other counties are served only by Level I or II hospitals, which often lack specialized maternal care and neonatal intensive care capabilities. Additionally, most counties in the region have fewer than two hospitals or birth centers offering obstetric care, and many fall below the national benchmark of 60 obstetric providers (including OB/GYNs, certified nurse midwives, and family physicians trained in

maternity care) per 10,000 births—further underscoring the severe shortage of maternity care access in rural West Tennessee [2].

Mental Health Access Varies by Region

While mental health services are not evenly distributed than other care types though they are more consistent, thanks to regional providers like Carey Counseling Center, some counties still show weak coverage. Benton and Carroll benefit from Carey's presence, but counties such as Hardeman, Lake, and Tipton have very limited mental health options, reducing access to perinatal mental health support.

Care Coordination Is Fragmented and Underdeveloped in Several Counties

Food and nutrition services across the 18 counties in West Tennessee are consistent in presence but uneven in distribution and accessibility. While nearly every county has at least one organization offering food support, the number and scope of services vary widely. Counties like Madison, Dyer, and Crockett have a stronger network of food resources integrated into broader maternal or social support systems, while counties such as Lake, Lauderdale, and Tipton rely on a limited number of providers, often faith-based or multi-service agencies. These inconsistencies may lead to challenges in timely access to nutritious food for pregnant women and new mothers, especially in more rural or underserved areas. This highlights the need to strengthen and expand food support as a core component of care coordination in maternal health.

Services such as transportation, housing assistance, childcare, and employment support are unevenly distributed across the region:

- Transportation is especially limited in Lake, Tipton, and Weakley, where only one provider is listed.
- Childcare is underrepresented in Lauderdale, Lake, Weakley, and Tipton, with each county listing only one provider.
- Employment support is completely absent in several counties, including Lauderdale and Lake.
- Housing support varies significantly; Tipton lists only one provider while Dyer has 13.

These gaps in wraparound services contribute to the overall fragmentation of maternal care and make it harder for families to sustain health improvements.

Dual-Service Providers Are Unevenly Distributed

Organizations offering both clinical care and care coordination play a vital role in bridging medical and social needs. Counties like Crockett, Chester, and Dyer are better served by these integrated providers. Meanwhile, Tipton, Lake, and Lauderdale lack strong dual-service infrastructure, weakening care continuity for vulnerable populations.

Network Partnerships Are Geographically Limited

Only 11 of 18 counties include organizations affiliated with the Rural Health Association of Tennessee's maternal health network. This leaves nearly half of the region without formalized partnerships to support referral systems, shared standards, or integrated care. Expanding network partnerships, particularly in Decatur, Lauderdale, and Chester, could substantially improve coordination, reduce duplication, and support long-term maternal health equity goals.

Strengths

Madison County as a Regional Service Hub
Madison County stands out as the strongest performer across nearly all categories of maternal health services. It has the highest concentration of organizations providing clinical care, postpartum support, transportation, mental health services, and more. This comprehensive service network makes Madison a potential model for other counties and positions it well to serve as a central hub in a regional "hub-and-spoke" care model. By leveraging its infrastructure, Madison could help extend access to neighboring counties with more limited resources.

Faith-Based Community Engagement
Across the 18-county region, there are 36 faith-based organizations offering maternal-related services, with the highest concentration found in Hardin County. These organizations represent a valuable but often underutilized resource. Their deep community roots and cultural credibility position them as trusted messengers and service providers, particularly in rural areas where institutional trust may be lower. Strengthening partnerships with these groups could expand the reach and cultural relevance of maternal care interventions.

Interactive Asset Mapping Tool
The development of a Tableau-based interactive asset map is a major strength of this project. It transforms raw data into a practical, visual tool that supports data-driven decision-making among funders, providers, and public health leaders. The map allows users to filter by service type, care level, or geography, helping identify gaps and overlap in real time. This level of usability increases the tool's value for both strategic planning and on-the-ground coordination.

Strong Organizational Backbone: RHA & Delta MCC
The Rural Health Association of Tennessee (RHA), in partnership with the Delta Maternal Care Coordination (Delta MCC) initiative, provides robust leadership and coordination across the region. Their work training doulas, building referral systems, and integrating clinical with non-clinical services demonstrates a strong commitment to maternal health equity. These organizations are not only supporting service delivery but also building sustainable systems that can adapt and grow.

Consistent Access to Mental Health Services
Mental health is one of the more consistently available service categories across the region even though uneven, due in large part to the widespread presence of regional providers like Carey Counseling Center. These organizations offer outpatient therapy, case management, and even crisis support in multiple counties. This relative strength in mental health infrastructure provides a crucial foundation for addressing prenatal mental health challenges, which are often overlooked in rural maternal care.

Early Momentum in Network Partnerships
Fifteen organizations in the region are already active network partners with the Rural Health Association of Tennessee. These partnerships help to establish standards, strengthen referral pathways, and promote shared accountability across the maternal health ecosystem. While geographic gaps still exist, this early momentum forms a solid foundation for future expansion and improved service coordination.

Limitations

One key limitation of this mapping project is its reliance on publicly available information from organization websites and community resource guides, which may not always be current or comprehensive. Many service providers do not regularly update their online presence or include detailed service descriptions, leading to potential underreporting or misclassification of available services. Additionally, the asset map focuses primarily on formal organizations such as clinics, health departments, and social service agencies and may unintentionally exclude informal or grassroots resources. Community-based support like peer networks, lay health workers, or independent doulas often play a vital role in maternal care, particularly in rural areas, yet may not be captured through traditional data sources. This limitation highlights the need for ongoing, ground-level validation and inclusive data collection methods that account for both institutional and community-based care infrastructure.

Recommendations

To improve maternal health outcomes in West Tennessee's rural Delta counties, several targeted recommendations emerge from the asset map and project analysis. First, it is essential to expand access to labor and delivery services, as over half the region's counties lack local birthing facilities. Establishing regional partnerships, particularly hub-and-spoke models anchored in counties like Madison, can help bridge this gap by offering mobile or satellite OB services and structured referral systems. Simultaneously, efforts should focus on scaling dual-service organizations in under-resourced areas such as Lake, Lauderdale, and Tipton. These providers, which offer both clinical and care coordination services, have shown to improve continuity of care in stronger counties like Crockett and Dyer.

Another priority is to increase the number and geographic reach of RHA's network partners, particularly in counties without formal affiliations such as Decatur and Chester. Strengthening this network supports shared referral systems, consistent care protocols, and collaborative training efforts. Training providers and organizations to use TennCare's Community Compass platform can formalize cross-sector referrals, enhance care coordination and timely access to support. To address persistent service gaps, additional partnerships should be developed to deliver transportation and childcare solutions, especially in counties with only one or no providers in those areas. Finally, faith-based organizations present in every county should be more intentionally integrated into the maternal care ecosystem through outreach and training, leveraging their community trust and presence to increase engagement, referrals, and wraparound support.

Sustainability Plan

The long-term sustainability of the Delta Doula Network hinges on several interrelated strategies that build upon infrastructure already in place. Central to this is the creation of a Tennessee-specific doula training and certification program, which will replace the expensive and less accessible CAPPA model. This new curriculum will align with state priorities and be tailored to the needs of rural and low-income communities, reducing dropout rates and increasing the capacity of the local maternal care workforce. RHA's goal is to establish itself

as a recognized provider group, enabling doulas to bill TennCare and Managed Care Organizations (MCOs) directly. This transition from grant-supported stipends to sustainable reimbursement will allow doulas to be paid for their services long after the funding period ends, providing a viable career path while ensuring care continuity for Medicaid recipients.

RHA will also act as a centralized placement and support agency, matching certified doulas with expectant mothers and managing operations through tools such as Simple Practice for electronic records, Teladoc for virtual care access, and Community Compass for closed-loop referrals. These tools streamline care coordination and reduce logistical barriers like transportation and follow-up. Continued engagement with the Delta Network Advisory Committee including quarterly meetings, rotating host sites, and professional development support will foster collaboration and responsiveness across the network. Lastly, RHA will pursue diversified funding through Medicaid billing, public-private partnerships, state maternal health grants, and philanthropic investment. Backed by robust data and outcomes tracking, this multi-pronged sustainability plan will ensure the ongoing growth, quality, and financial viability of maternal health support across the Delta region.

Resources

1) Rural Health Association of Tennessee. *2024 HRSA MatHealth Project Narrative*. Tennessee: Rural Health Association of Tennessee, 2024.
2) March of Dimes, *Maternity Care Deserts Report: Tennessee*, accessed June 27, 2025, https://www.marchofdimes.org/peristats/reports/tennessee/maternity-care-deserts.

Appendix

1) Asset Map Excel Sheet
2) Tableau Dashboard
3) Snapshots from the Dashboard

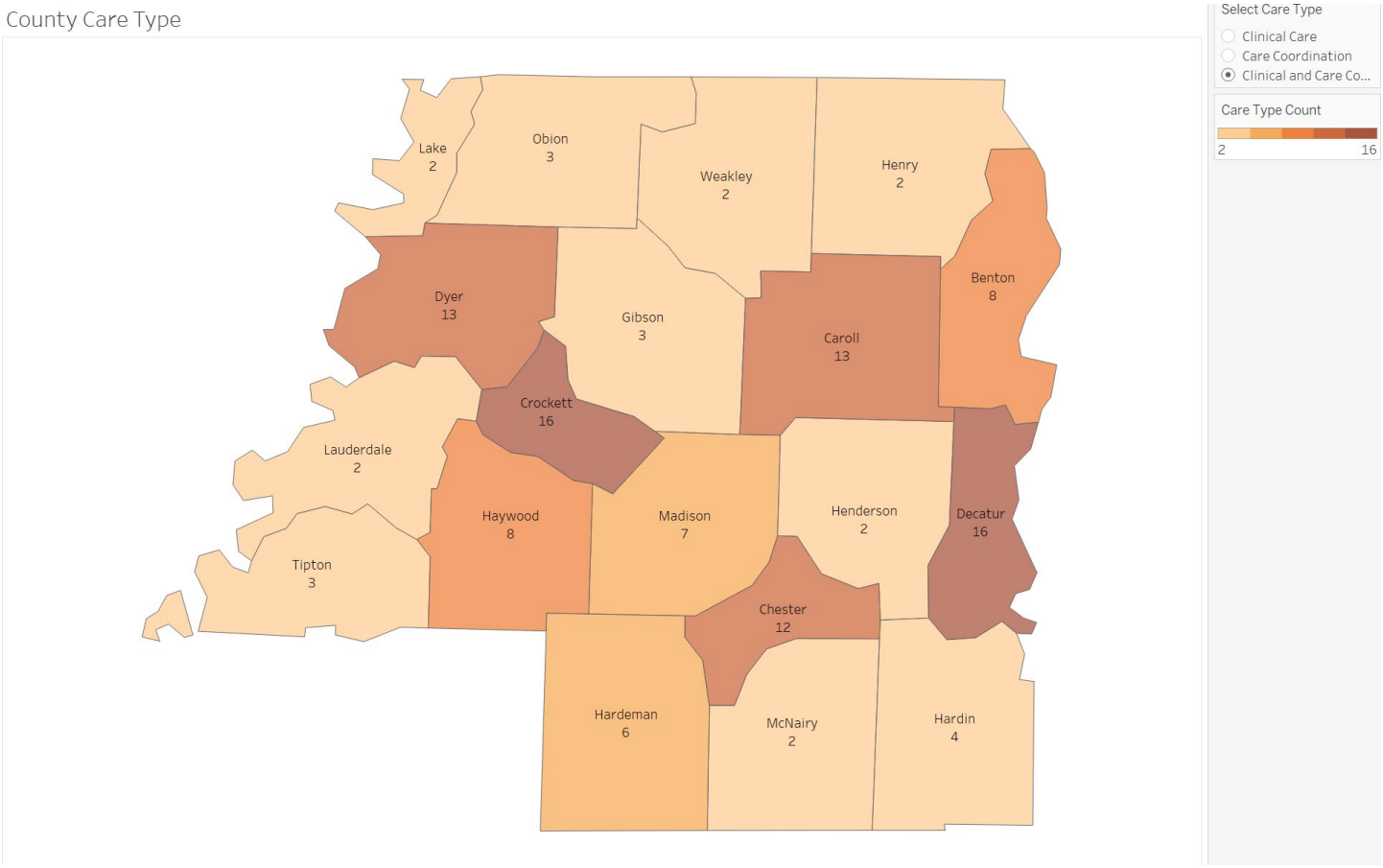

Figure 8: Clinical and Care Coordination Services Across Counties

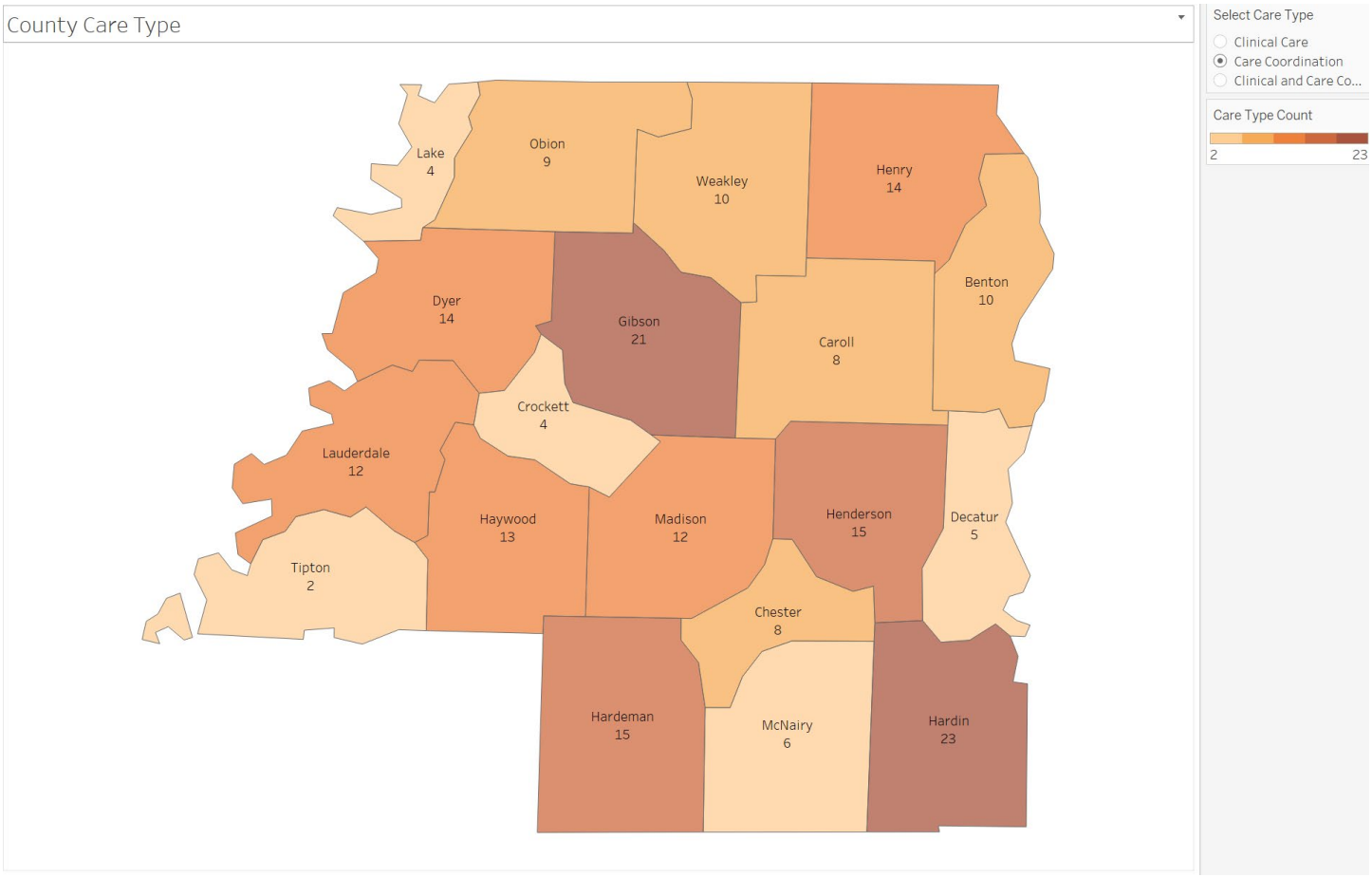

Figure 9: Care Coordination Services Across Counties

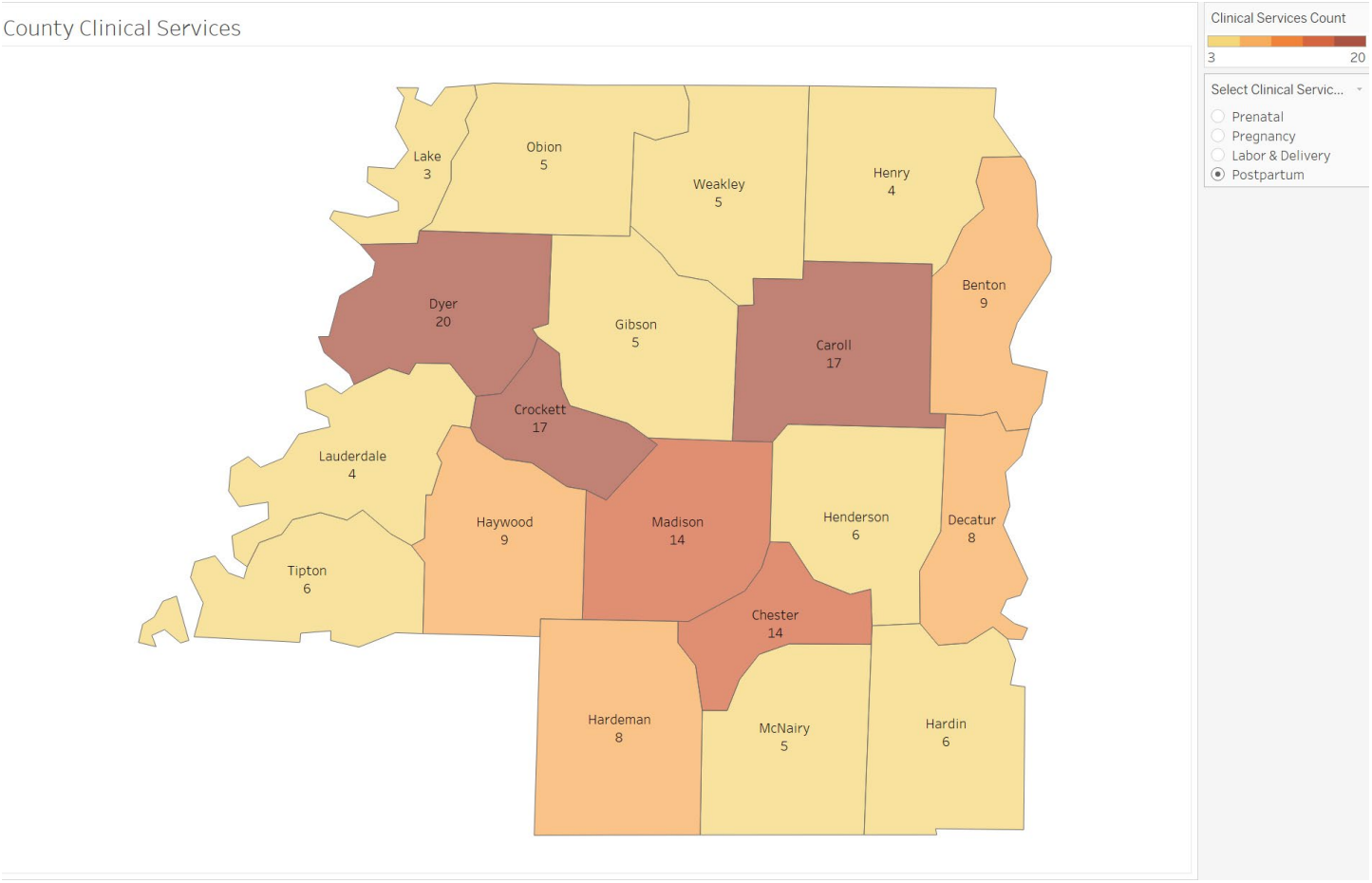

Figure 10 : Postpartum Care Across Counties

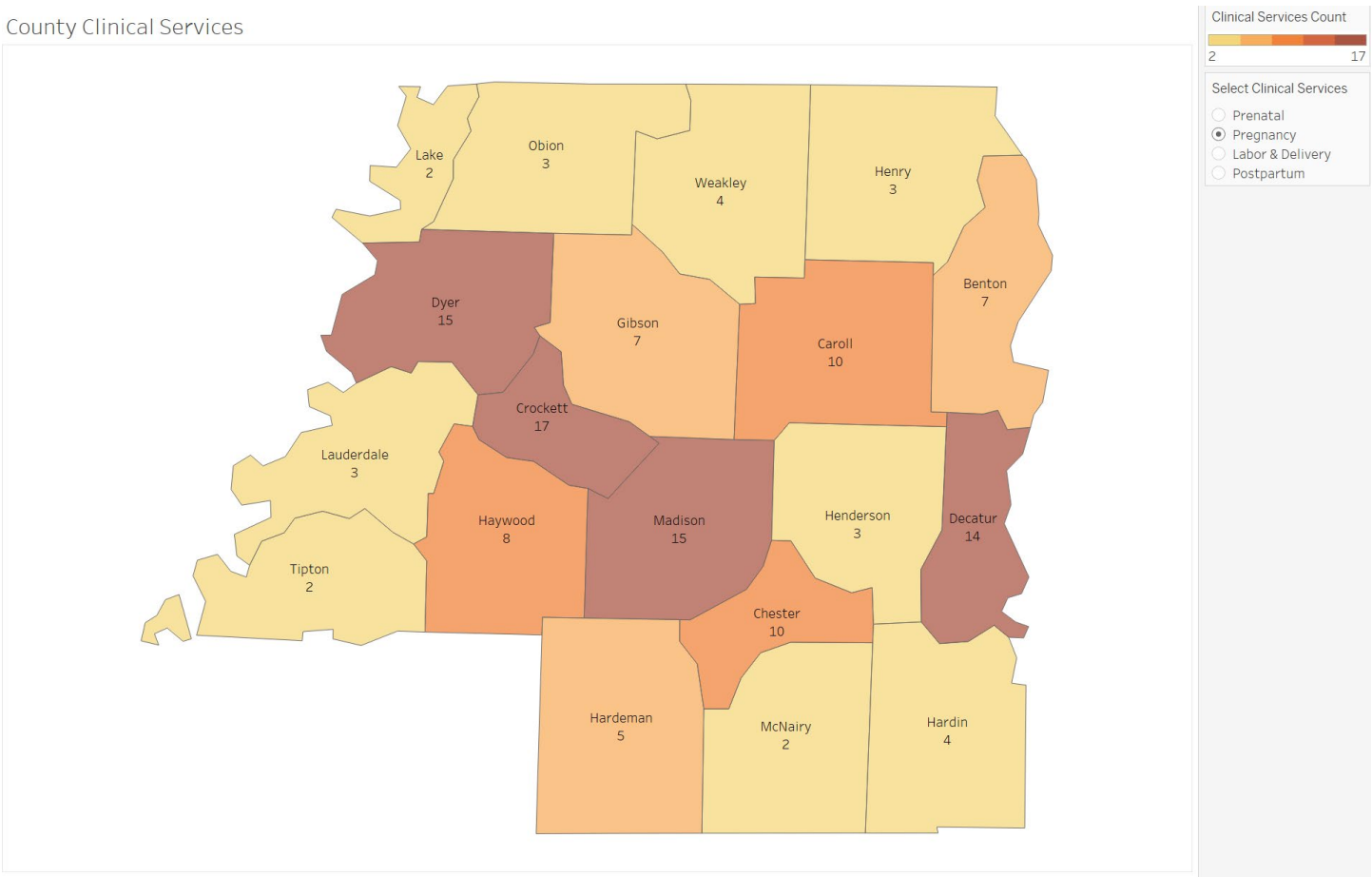

Figure 11: Pregnancy Care Across Counties

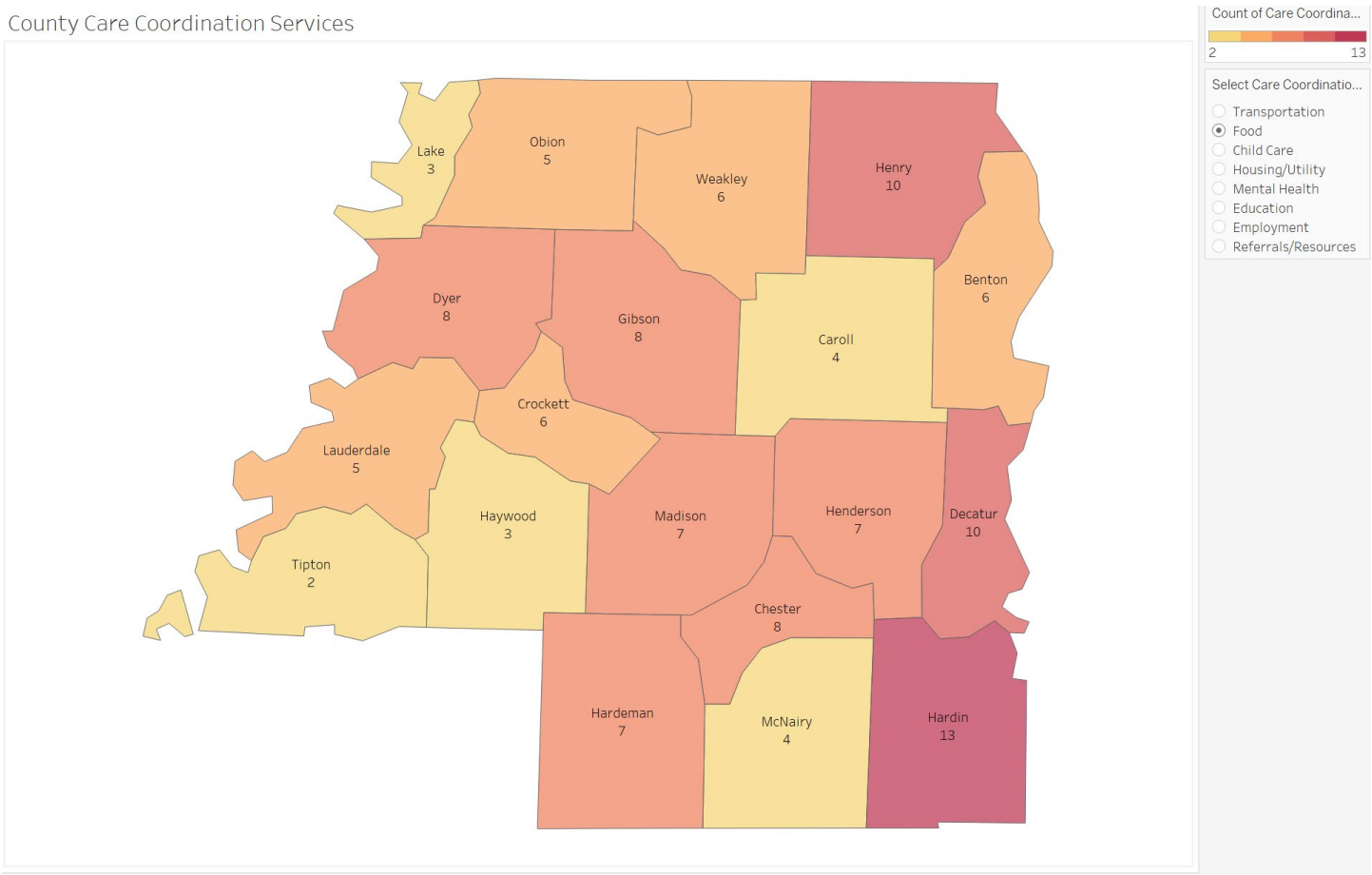

Figure 12: Food Services Across Counties

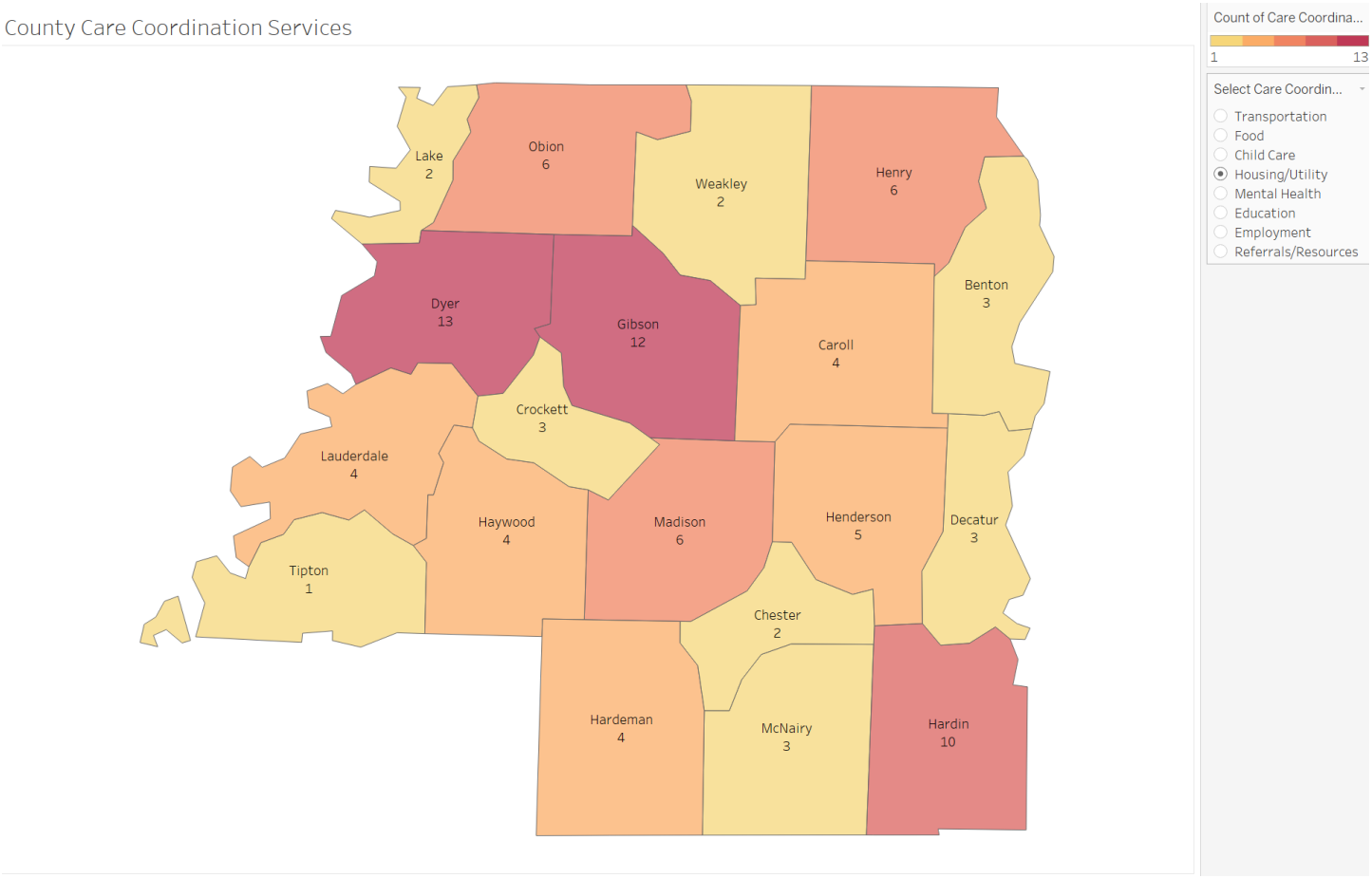

Figure 13: Housing/Utility Services Across Counties

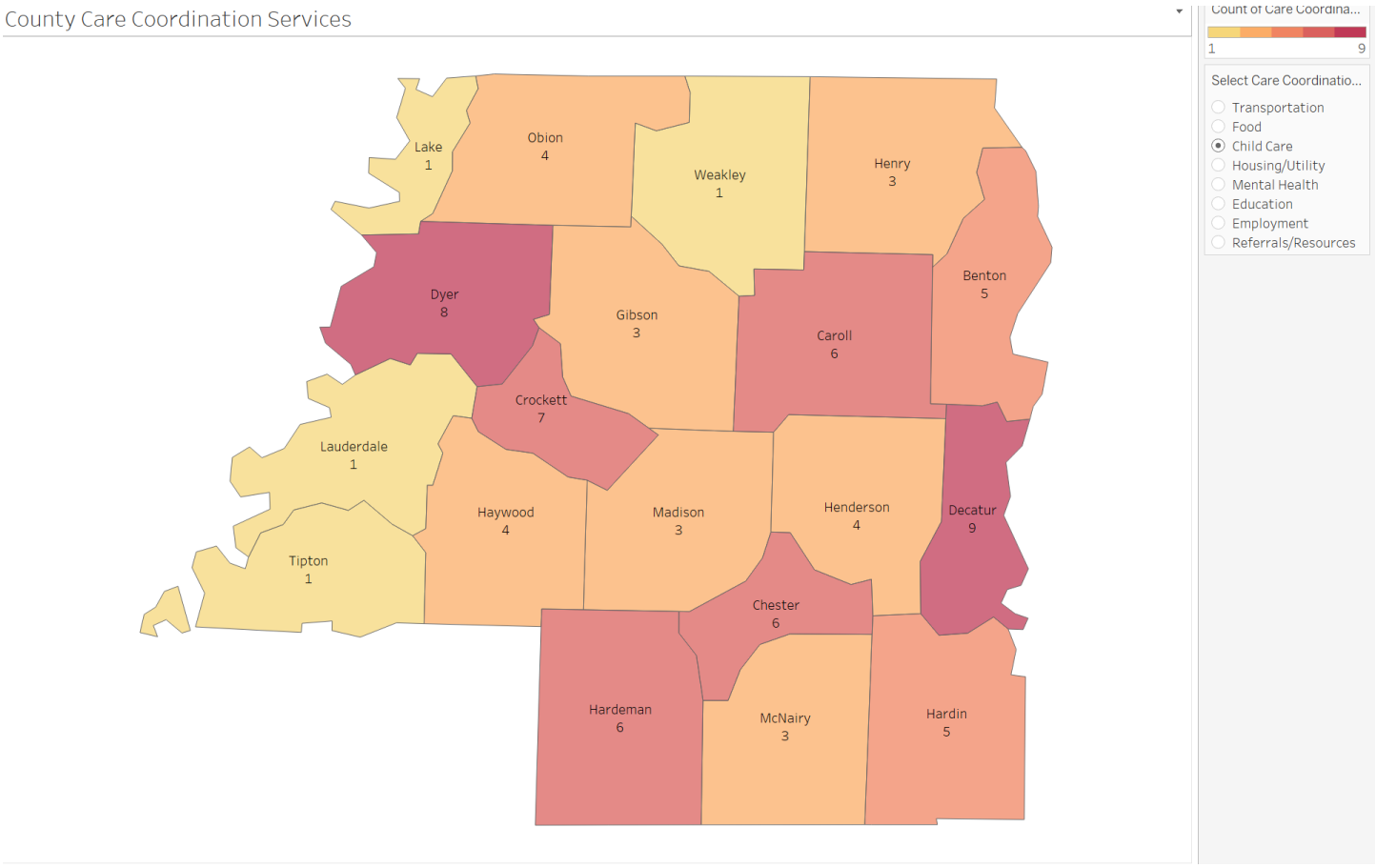

Figure 13: Child Care Services Across Counties

4) Summary Infographic