Maternal Health in Florida

A Story Told Through 175 Organizations,

Hundreds of Mothers,

and a Clear Path Forward

YOUR PRESENTER

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ABOUT

Jordon leads health system quality improvement and community health integration at HealthARCH, a research and community engagement division within the UCF College of Medicine. With over a decade of experience, his work focuses on practice transformation for underserved populations across Florida , particularly in federally and state funded quality improvement initiatives, chronic disease management, and FQHC transformation. He holds an MS in Health Care Informatics from UCF and is a certified PCMH Content Expert.

TODAY'S PRESENTATION

Two Surveys, One Story: Voices Across Florida, Maternal Health Barriers, Organizational Capacity & the Path Forward

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What We'll Cover in the Next Hour

- Maternal Health Summary - Two Surveys, One Story
- Part 1: Maria's Story - Understanding the lived experience
- Part 2: What We Learned: Six Findings - What the data reveals
- Part 3: Solutions – Actions we can take now

Part 1:
Two Surveys,
One Story

What We Asked

FACHC Statewide Maternal Health Assessment · December 2025 – February 2026

FACHC conducted a comprehensive statewide assessment of maternal health services and barriers across Florida.

WHAT WE ASKED ABOUT

Organizations reported on barriers, services, equity practices, and gaps

- Barrier's patients face (transportation, insurance, childcare, language)
- Services offered (prenatal care, postpartum, telehealth, navigation)
- Whole person care practices and data collection
- Resource gaps and unmet community needs

Source: FACHC Maternal Health Organization Survey, Dec 2025–Feb 2026 · N=175 organizations opened · 72 completed (41%)

When and where we collected data

Survey timing, completion rates, and geographic coverage

175
organizations responded to the survey

72
completed (41%)

3
month data collection window

62
survey questions

WHEN

- Dec 2025 - Feb 2026 via Qualtrics
- Branching logic - some questions shown only to relevant respondents
- Sample sizes vary by question (noted in each finding)
- 72 of 175 completed the full survey (41%)

WHERE

- Urban centers: Miami, Tampa, Jacksonville, Orlando
- Rural counties: Panhandle, central, and southern regions
- Mixed urban-rural service areas
- Organizations serving dozens to thousands of patients per year
- Hospitals, FQHCs, Community Based Organizations/non-profits, County Health Departments

Source: FACHC Maternal Health Organization Survey, Dec 2025–Feb 2026 · N=175 organizations · 72 fully completed · Statewide Florida coverage

About the Patient Survey

WHO WE HEARD FROM

We collected individual patient perspectives from 215 women who received maternal health care in the state of Florida, covering prenatal through postpartum care.

215
patients

INSURANCE STATUS

Medicaid or CHIP	**46.1%**
Private Insurance	**22.8%**
Uninsured	**6.0%**
Other / Not Reported	**25.1%**

Zero missing data on barrier questions across all 215 patients. ~24% missing on experience/satisfaction items (consistent with survey fatigue). Unit of analysis: individual patient.

Statistical methods

Analytical approaches used across the Organizational Survey Report and Patient Satisfaction Report

Method	What it measures	Used in	Key metric	N range
Spearman Correlation	Co-occurrence of barriers; how strongly two survey items move together	Org F1 · Patient F1 · Patient F5	**ρ up to 0.94**	72–215
OLS Regression	Effect of org type, geography, insurance on key outcomes (prenatal entry, satisfaction, barriers, telehealth engagement)	Org F2, F3, F4, F7 · Patient F2, F3, F4, F5	**R^2 0.076–0.737**	35–215
Gap Index Regression	Mismatch between the patient barrier burden an organization carries and its service readiness score	Org F5	**R^2=0.657 β=0.84**	175
Chi-Square + Bonferroni	Association between serving minority populations and whole person carepractice adoption; corrected for multiple comparisons (α=0.004)	Org F6	**2 of 13 pairs survived**	175
Principal Components Analysis (PCA)	Reduce 12 patient experience items into underlying dimensions using Kaiser criterion (eigenvalue >1)	Patient F6	**3 components retained**	160
K-Means Clustering	Group organizations or patients into profiles based on shared characteristics; elbow method + silhouette scores used to select k	Org F8 (k=4) · Patient F6 (k=6)	**Silhouette 0.365–0.554**	160–175

Method families: Correlation · Regression · Significance testing · Dimensionality reduction · Clustering

Source: FACHC Maternal Health Organizational Survey Report & Patient Satisfaction Report, Dec 2025–Feb 2026 · Org survey N=72 completed (175 opened) · Patient survey N=215 · F = Finding number

Part 1: Maria's Story

PATIENT PROFILE

Meet Maria

26 years old

2nd child, pregnant

45 min from hospital

2 part-time jobs

Hendry County, FL

Rural · Medicaid coverage uncertain

HER STORY

Maria is 26 and pregnant with her second child. She lives in rural Hendry County, 45 minutes from the nearest hospital. Her car broke down last month. Her Medicaid coverage is uncertain. She works two part-time jobs, one at a gas station, one cleaning houses, and can't afford childcare for her three-year-old daughter.

She wants to start prenatal care. She knows it matters. But how?

THE BARRIERS

No transportation

Car broke down. No public transit. 45 minutes each way.

Unstable coverage

Medicaid eligibility uncertain. One form away from losing it.

No childcare

Can't leave her 3-year-old. Can't bring her to appointments.

Maria isn't alone.

Across Florida, thousands of women face the same impossible choices - not because they don't care about their health or their babies, but because the barriers are stacked so high they become insurmountable.

Maria is a composite patient profile representing common barriers faced by rural Medicaid patients in Florida.

Part 2: What We Learned

What Organizations Told Us

Six findings from the FACHC Maternal Health Provider Survey | n=175 organizations

85%

report transportation as a top patient barrier

#1 community barrier identified by providers

67%

say most patients enter prenatal care late

2nd trimester or later, or no prenatal care at all

78%

face recruitment shortages in key roles

The most acute workforce challenge reported

68%

report provider burnout and turnover

Retention crisis compounds the recruitment gap

67%

identify transportation & childcare as a missing resource

#1 community resource gap named by organizations

34%

have a patient dashboard to track whole person care

The strongest predictor of better outcomes, yet rare

The workforce is stretched, patients are arriving late, and the tools that drive better outcomes are missing in two-thirds of organizations.

Source: FACHC Maternal Health Provider Survey, Dec 2025–Feb 2026 | n=175 organizations | Percentages based on section respondents

What Patients Told Us

Six findings from 215 patient survey responses

69%

report provider availability or long wait times as a barrier

#1 barrier across all patients

63%

face insurance or financial barriers to care

#2 most common barrier reported

83%

felt heard by their provider only sometimes or never

Only 17% feel consistently heard

70%

satisfied with their postpartum care

A genuine strength to protect

80%

had whole person care screened by their provider

Screening rates are relatively high

66%

of referred patients got limited or no follow-through

Screening without referral follow-through fails patients

The care itself is the strength. The system around it: access, navigation, follow-through - is where patients are being failed.

Source: FACHC Maternal Health Patient Satisfaction Survey, Dec 2025–Feb 2026 | n=214 patient respondents

Finding #1

Barriers Travel in Packs

Barriers travel in packs

When one obstacle appears, others almost always follow

N = 175

Correlation analysis of 12 barriers: transportation, insurance, provider availability, childcare, language, barriers, distance, limited transit, cost, and more. Nearly every correlation was positive and strong. When one barrier appears in a service area, others follow.

93%
correlation

No car - no care.

Organizations without vehicle access in their area almost always report transportation as a top patient barrier.

85%
correlation

Can't afford the ride, can't afford the visit.

Organizations that cite insurance as a barrier almost always also cite transportation as an issue - the two “travel” together.

68%
Correlation

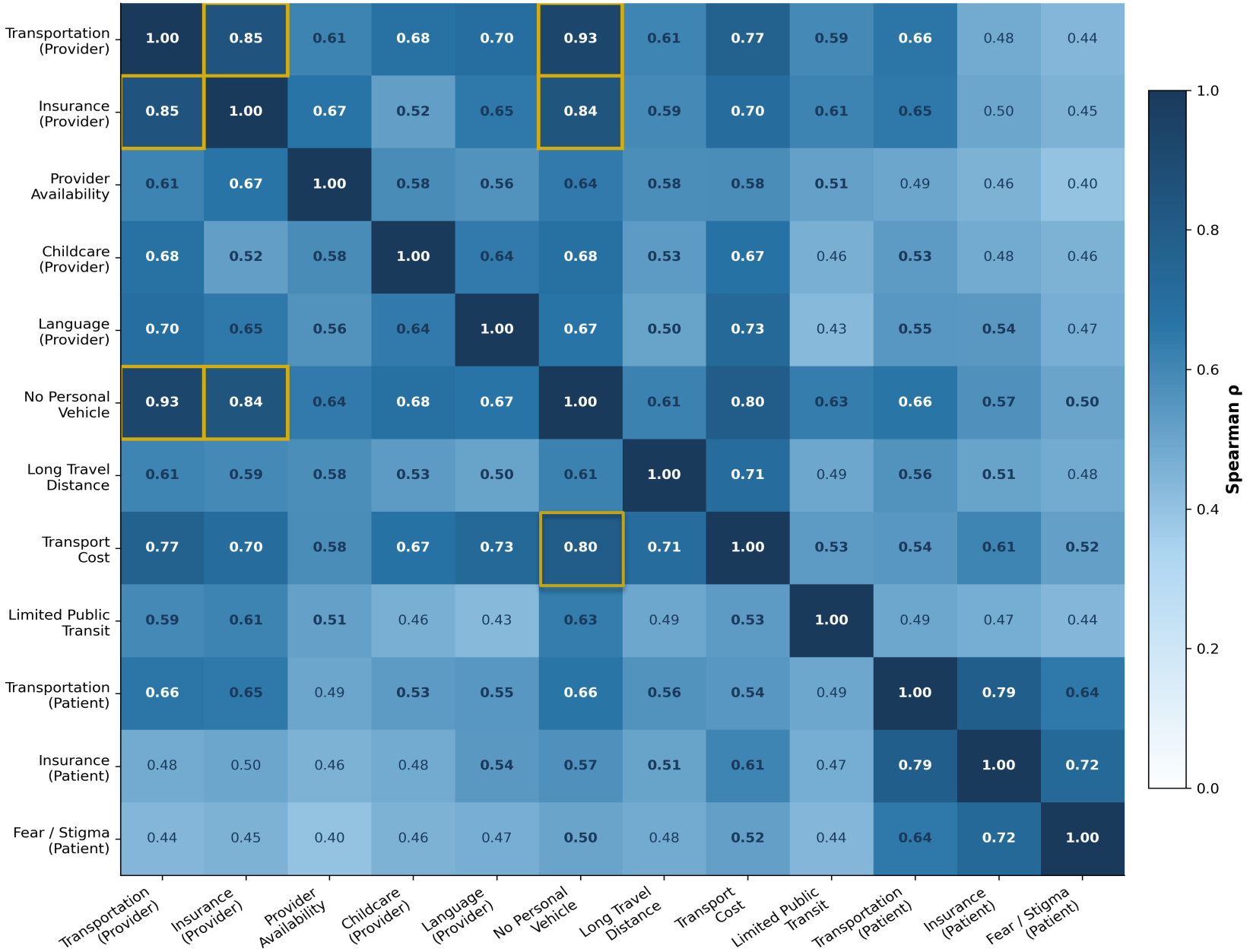
Language and Insurance status go hand in hand.

Language barriers coincide with insurance barriers

Maria doesn't need help with transportation OR insurance OR childcare.
She needs help with all of them, all at once.

Source: FACHC Maternal Health Organization Survey, Dec 2025–Feb 2026 · Spearman rank correlations, N=175 · Figures reflect correlation strength; all p<0.001

Figure 1A: Spearman Correlations — Barrier Variables
Transportation, insurance, childcare and language barriers cluster tightly together



Gold borders indicate ρ > 0.80 — extremely high correlation

So, Programs That Address Just One Barrier Will Fail

Imagine offering Maria:

- **A free bus pass**
  (but no childcare for her daughter)
- **Childcare assistance**
  (but no help navigating insurance)
- **Insurance navigation**
  (but no translation services)
- **Translation**
  (but no way to get there)

The result:

She still can't make her appointment.

THE SOLUTION

Fund community health workers who can address ALL of Maria's barriers at once — a single trusted person who helps her navigate transportation, insurance, childcare, and language needs together.

Finding #1.5

Environment Predicts How Many Barriers You Face

Confirmed by 215 Patients: Access Predicts How Many Barriers You Face

Our patient survey independently confirmed what organizations told us.
Access explains 43% of barrier burden.

2.77

Additional barriers for Hispanic patients vs. non-Hispanic

p<0.001

1.62

Additional barriers for Black/AA patients vs. White

p<0.001

1.46

Additional barriers for uninsured patients vs. privately insured

p<0.001

Model D: R^2=0.427, N=215 | **The gap is not small or uncertain. This is a need for whole person care, documented in patient voices.**

This means: invest in providing access to care for whole person care. Create a dedicated patient navigator for uninsured patients. The disparity is documented, reproducible, and addressable.

Good News: Provider Communication Is Impartial

Not all findings show disparity. Patient survey data revealed one genuine bright spot that must be protected and nurtured.

Feeling heard by providers does NOT significantly vary by insurance status

Model B: R^2=0.076, N=164 | No demographic predictor was statistically significant

WHAT THIS TELLS US

The access barriers are deeply unfair, but once a patient reaches her provider, she is treated with relative impartiality in terms of feeling heard and respected. This is something to PROTECT. Clinical communication training and relational care quality should be tracked as a standing quality metric, not assumed. The organizations serving high-need communities have built something genuinely valuable in the provider-patient relationship. Fund them to keep it.

Finding #2

Where You Seek Care Shapes Your Journey

PATIENT STORY

Why Maria Goes to Her Community Health Center

Access & Whole Person Care

THE SAFETY NET

Maria chooses an FQHC because they see patients regardless of insurance, stay open on Saturdays, and have Spanish-speaking staff. For her, they are the safety net.

THE HIDDEN GAP

But women at FQHCs start prenatal care **later** than women at hospitals.

By the time they find us, they're already in their second trimester. Providers play catch-up from day one.

> *"We're not providing worse care. We're just seeing harder-to-reach patients."*
>
> FQHC Provider

The Data Shows: It's About Who Walks Through the Door

Regression analysis across 54 organizations shows prenatal entry timing is driven by which door a patient walks through, not her motivation.

Each barrier delays care by 0.23 stages

A patient with 4 barriers enters nearly 1 full trimester later

Women at FQHCs

Mean entry: Stage 4.10 (2nd Trimester Late)

- Higher barrier burden: avg 3.3 barriers per patient; 83% cite language/cultural barriers
- Later prenatal entry: 83% of FQHCs report patients entering at Stage 4 or later; 0% reach Stage 1
- More Medicaid/uninsured: 100% serve Medicaid/uninsured as primary population
- Postpartum services: 0%: none of the 6 FQHC respondents offer any postpartum service

Women at Hospitals

Mean entry: Stage 2.44 (1st Trimester Late)

- Lower barrier burden: 54% of patients reach Stage 1 (first trimester early)
- Earlier prenatal entry: 54% of hospital patients enter Stage 1; 33% Stage 4; 12% Stage 6 or no care
- More private insurance: avg 49% Medicaid funding; more commercially insured patients
- Postpartum infrastructure intact: 62% offer physical recovery/lactation; 54% offer social needs screening

Maria's FQHC isn't failing. It's working twice as hard to reach her.

Source: FACHC Maternal Health Organization Survey, n=72 completed responses; regression n=54, February 2026

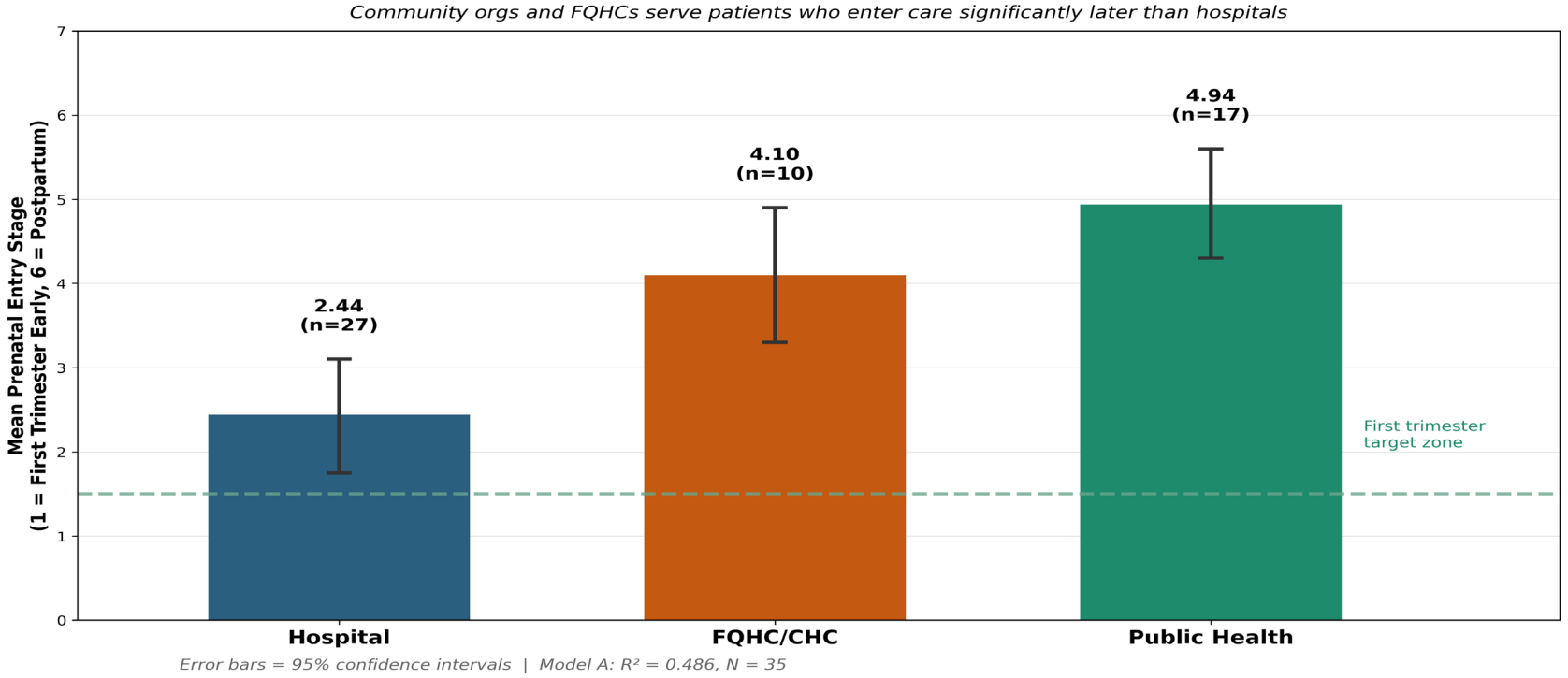
Prenatal Entry Stage by Organization Type

Community orgs and FQHCs serve patients who enter care significantly later than hospitals — a structural gap, not a motivation gap

2.44
Hospital
1st trimester late · n=27

4.10
FQHC / CHC
2nd trimester late · n=10

4.94
Public Health
3rd trimester early · n=17



Error bars = 95% confidence intervals | Model A: $R^2 = 0.486$, N = 35 | Stage scale: 1 = First trimester early · 2 = First trimester late · 3 = Second trimester early · 4 = Second trimester late · 5 = Third trimester · 6 = Postpartum

Finding #3

After the Baby Comes, Support Disappears

Three Weeks After Maria Has Her Baby

The weeks after childbirth are the most dangerous for mothers — this is exactly when Maria needs care most, and when the system abandons her.

MARIA'S SITUATION

Maria gave birth to a healthy baby boy three weeks ago. But she's struggling.

- Exhausted and tearful, constantly
- Blood pressure was high at hospital discharge
- No follow-up appointment scheduled
- Unaware of Medicaid coverage
- Nobody has asked her about depression
- Doesn't know these symptoms aren't normal

WHY THIS MOMENT MATTERS

63%
of pregnancy-related deaths occur in the first year after birth (CDC/PMSS)

~35%
of postpartum deaths occur within the first week of delivery (CDC MMWR)

> **"She doesn't know these symptoms aren't normal. And no one is telling her."**

Organizations Told Us: Postpartum Care Exists. But Not Where It's Needed Most

Postpartum service availability is concentrated in hospitals, while community-based organizations serving Medicaid and uninsured patients report critical gaps.

29.2%

Mental Health Screening

- Only 21 of 72 orgs offer postpartum MH screening
- Of those, only 40% use a validated tool (EPDS, PHQ-9)
- Top gaps: identified by patients: stigma (34.7%), specialist access (29.2%), wait times (26.4%)
- Only 27.8% have onsite behavioral health with warm handoffs

11.1%

Home Postpartum Visiting

- Only 8 of 72 orgs have a home visiting program
- 88.9% have no mechanism to follow a patient after discharge
- Only 19.4% offer transportation assistance as a wrap-around service
- 26.4% identify home visiting as a missing community resource

23.6%

BP Monitoring as a Postpartum Service

- Only 17 of 72 orgs offer BP monitoring & cardiometabolic follow-up
- 23.6% lack postpartum surveillance and cardiology linkage
- 33.3% cite low patient education on BP warning signs
- No org rated community BP resources as 'fully met'

No single organization can solve this. Regional coordination is essential.

Source: FACHC Maternal Health Organization Survey, n=72 completed responses, February 2026

Finding #4

One Tool Changes Everything

Patient Dashboards: Do You Know How Many Maria's You Serve?

AT A FEW ORGANIZATIONS, STAFF CAN TELL YOU:

- How many pregnant women live in zip code 33935
- What percentage are on Medicaid
- How many started prenatal care late
- What patient groups have the worst birth outcomes
- Who missed their last postpartum appointment

HOW?

EQUITY DASHBOARD

A data system that tracks outcomes by:

Patient Groups/Registries	Zip Code
Insurance Status	Language

> **When you can see Maria in your data, you can reach her before she falls through the cracks.**

Finding #5

Medicaid Funding Flows to Those Who Need It Most

But Doesn't Cover the Real Costs

The Cruel Irony of Reimbursement

ILLUSTRATIVE COMPOSITE · BASED ON SURVEY THEMES

This quote synthesizes themes reported across multiple respondents — not a single verbatim response

"We're paid the same reimbursement rate as the hospital across town, but our patients need three times the support to even walk through the door. We spend hours arranging transportation, finding interpreters, coordinating childcare. None of that is reimbursed. It's not sustainable."

The structural problem

Organizations heavily reliant on Medicaid funding serve the highest-need populations — but face the greatest resource constraints. Equal reimbursement is not fair reimbursement.

What the data shows

Higher Medicaid dependence correlates with higher barriers, later care entry, and greater unmet postpartum needs. The math doesn't work.

Illustrative composite: themes drawn from FACHC Maternal Health Organization Survey, Feb 2026 (n=72) | Data: regression analysis of Medicaid funding share vs. barrier burden, care entry stage, and postpartum service gaps

Same Patients, Unequal Resources

WHAT THE DATA SHOWS

-2.99

points lower service readiness vs. hospitals, controlling for patient barrier burden

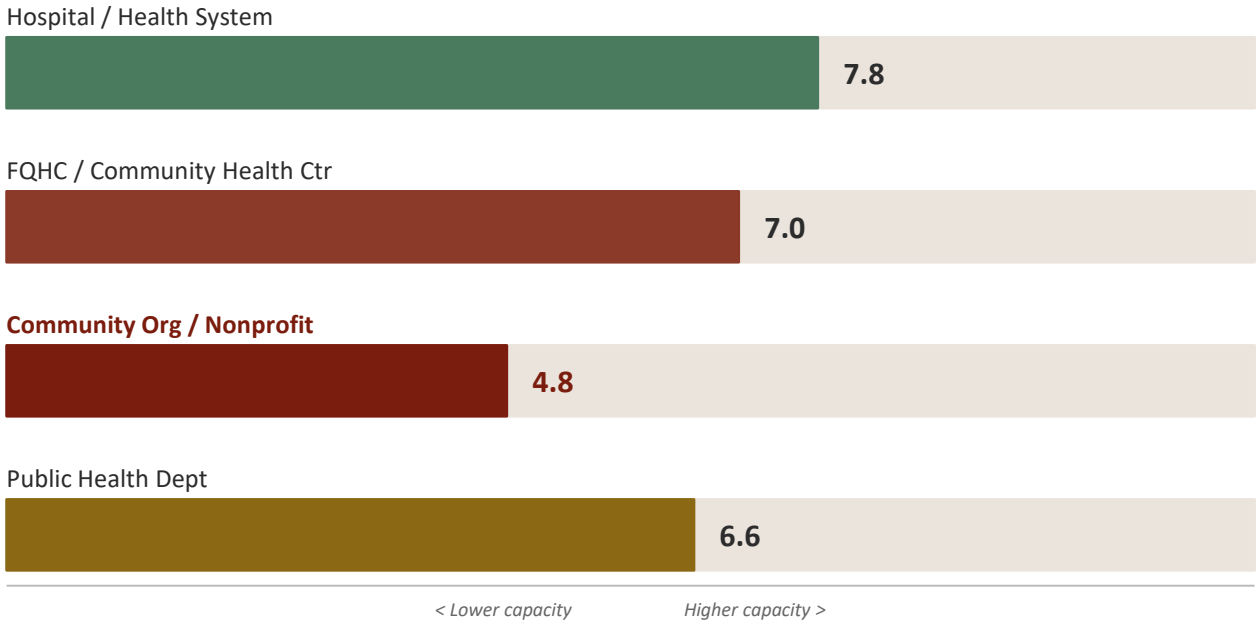
b = 0.84

barrier burden drives capacity but not equally across org types

Gap Index Regression N=175
R2=0.657 p<0.001

Community Organizations Adapt to High Need, But Remain Structurally Under-Resourced

Average Service Readiness Score by Organization Type (16-pt composite scale, controlling for patient barrier burden, Gap Index Regression N=175)



The Structural Problem

Community organizations serve patients with the highest barrier burdens yet score nearly 3 points lower on service readiness than hospitals, even after accounting for patient need. Equal funding formulas penalize the organizations doing the hardest work.

Recommendations

- Weight Medicaid rates and grant formulas for patient barrier burden
- Create dedicated capacity-building grants for community-based maternal health orgs
- Track the barrier-to-capacity gap as a state accountability metric

FINDING 5 / RURAL LENS

Rural Orgs Do More With Less And Still Have Gaps

WHAT THE DATA SHOWS

52%

avg Medicaid share for rural-serving orgs vs. 46% for urban

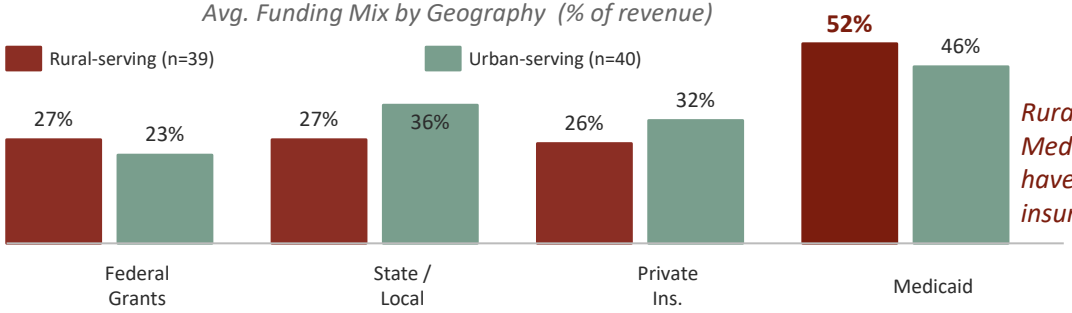
b = +1.26

rural orgs score higher on service readiness than urban, despite more Medicaid burden

Gap Index Regression · N=175 · p=0.002

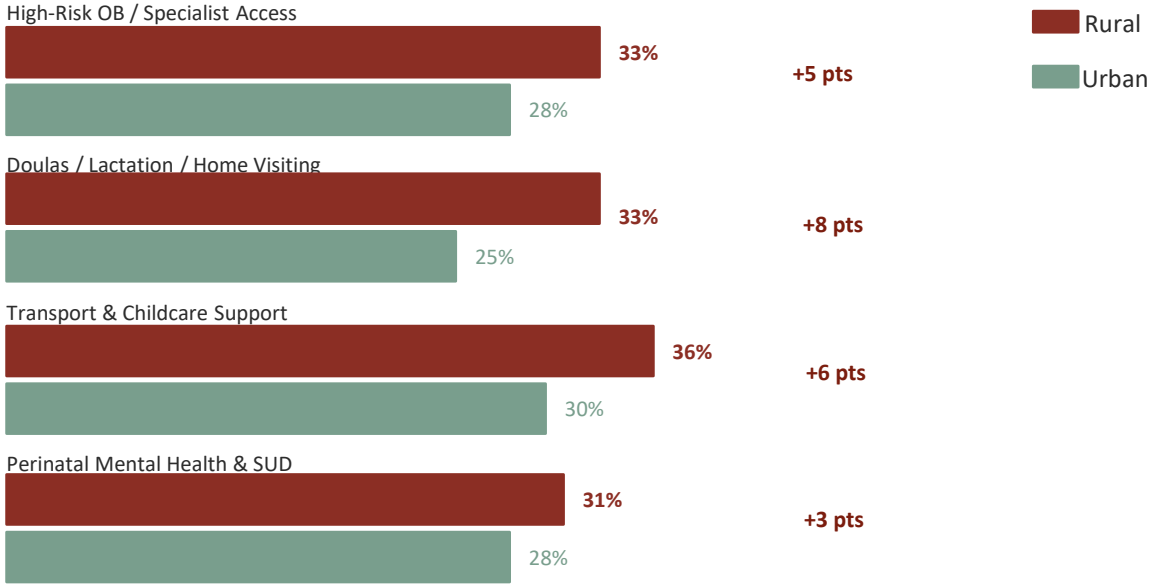
Rural Organizations Carry More Medicaid Burden, Less Private Revenue and Unmet Specialist Need

Avg. Funding Mix by Geography (% of revenue)



Rural orgs lean on Medicaid more — and have 6 pts less private insurance to fill gaps

% of Orgs Reporting Specialist Resources Missing in Their Community (multi-select · all respondents)



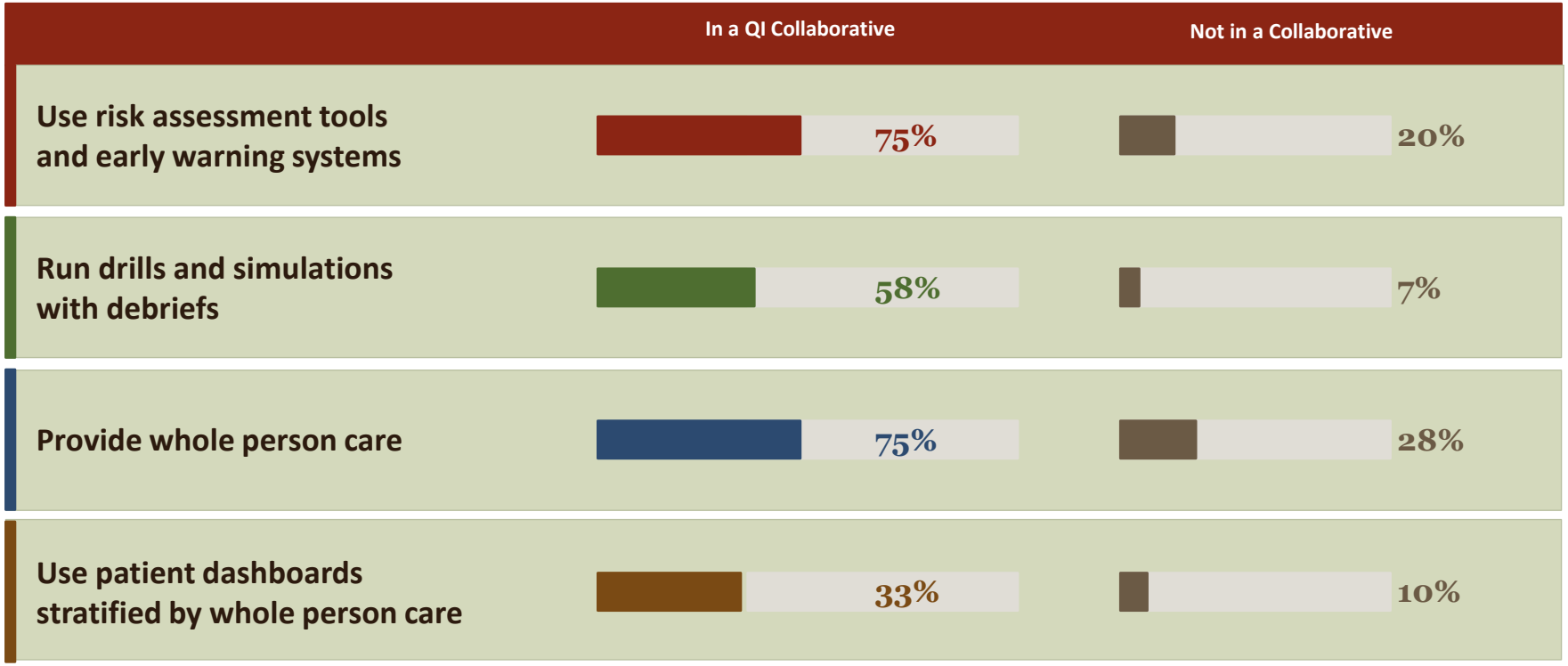
The paradox: Rural orgs are more Medicaid-dependent, have 6 pts less private insurance revenue as a financial buffer, and report higher unmet specialist need across all four categories — yet the regression shows they score **+1.26 points higher** on service readiness than urban orgs (p=0.002, Gap Index Regression). They are building more out of necessity. That is not a success story — it is a warning about sustainability.

Finding #6

Organizations That Learn Together, Improve Together

Some Organizations Don't Work Alone

17% of organizations are in perinatal quality collaboratives. Those that are perform dramatically better on every safety and whole person care measure.

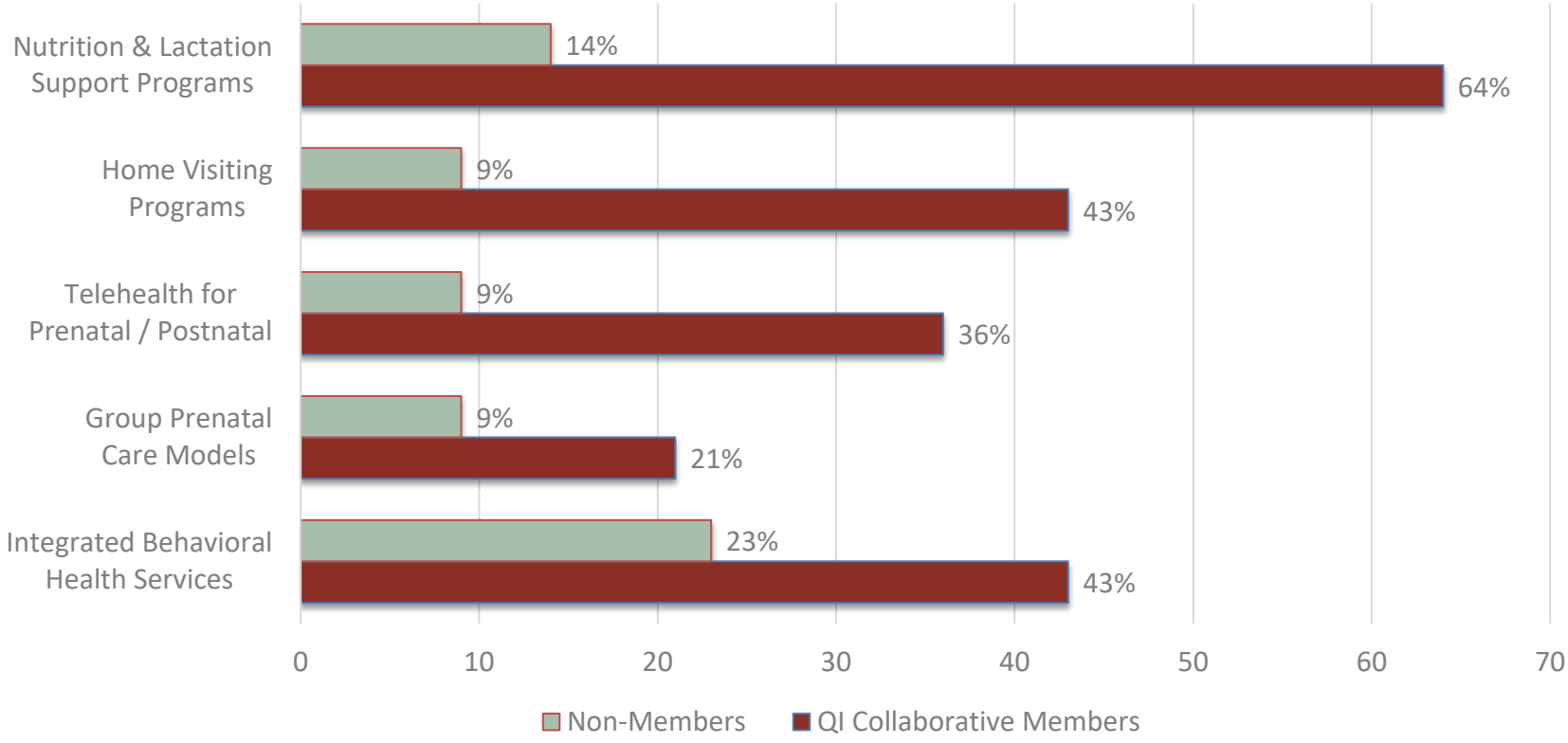


39% of organizations want joint QI collaboratives but don't have one. The gap between those inside and outside collaborative networks is not a capacity problem — it is a structural one. These organizations are ready to learn together.

Source: FACHC Maternal Health Organization Survey, n=72 completers (Q35, Q37, Q23, Q19)

QI Members Are Far More Likely to Offer Best-Practice Clinical Programs

Provider Survey | QI Members (n=14) vs. Non-Members (n=22) | Dec 2025–Feb 2026



QI members are 2–5x more likely to offer evidence-based programs — **64% vs. 14% for nutrition/lactation support, and 43% vs. 9% for home visiting.**

Source: FACHC Maternal Health Provider Survey, Dec 2025–Feb 2026 | Based on orgs answering Q35 patient safety initiatives question

The Synthesis

Bring it All Together

So, What Does Maria Need?

She needs care that meets her where she is. Here is what patients told us.

Someone who helps with ALL her barriers at once

92% of patients reported barriers; 84% faced two or more simultaneously

84%
faced 2+ barriers
at the same time

A provider who has the time to listen to her

Only 17% of patients felt consistently heard; 83% said providers didn't always listen

83%
not always
felt listened to

Telehealth: so, distance doesn't determine destiny

36% faced transportation barriers, 88% of FQHCs now offer telehealth

36%
reported a
transportation barrier

Screening for needs beyond the clinical visit

50% were never asked about non-medical needs, even when they had them

50%
never screened
for patient needs

Postpartum follow-through, especially if uninsured

Uninsured patients were dissatisfied with postpartum care at 3x the rate of insured patients

54%
uninsured patients
dissatisfied postpartum

The Synthesis

175 Organizations + 215 Patients = One Unmistakable Message

BARRIERS CLUSTER TOGETHER

Org survey: r>0.5 across all barrier pairs

Patient survey: Same two structural clusters confirmed by 215 patients

DEMOGRAPHICS PREDICT ACCESS TO WHOLE PERSON CARE

Org survey: FQHCs serve later-entry patients

Patient survey: Hispanic patients face 2.77 extra barriers ($p<0.001$)

POSTPARTUM GAPS ARE SYSTEMIC

Org survey: No single service predicts gap closure

Patient survey: Uninsured patients less satisfied post-delivery despite same barrier count

ACCESS TO CARE INFRASTRUCTURE MATTERS

Org survey: Patient dashboards explain 74% of service quality

Patient survey: Whole Person Care screening pairs are the concrete mechanism

Part 3: Actions We Can Take Now

Five Actions the Data Demands

1. Fund organizations proportionally to patient burden — the Maria's cost more to serve
2. Require patient dashboards for every Medicaid-funded maternal health program
3. Invest in first-trimester outreach at FQHCs where Maria already goes
4. Build regional postpartum hubs — no single clinic can do this alone
5. Scale Quality Improvement Collaboratives so organizations learn from each other

Thank You

Questions? Want to discuss implementation in your organization?

Full Report Available:

FACHC Maternal Health Survey Findings

For More Information:

Contact your regional FACHC representative

Data & Methodology:

All findings based on 175-organization survey

conducted Dec 2025 - Feb 2026

Let's make sure every Maria in Florida gets the care she deserves.