Prematurity Collaborative

Clinical and Public Health Practice, Health Equity & Policy Joint Work Group Meeting

January 30, 2019
3:30pm ET / 12:30pm PT
GENERAL HOUSEKEEPING

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.
2. If you are connected through the phone press *6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
AGENDA FOR TODAY’S MEETING

- Welcome
- Announcements
- Sharing our accomplishments & engaging across work groups
  - Clinical and Public Health Practice (CPHP) –
  - Health Equity (HE) –
  - Policy –
- Health Equity Forum-
- Meeting dates & other business – Gina Legaz
GOALS FOR OUR MEETING

1. Share/update members on work group progress

2. Engage members through discussion and polling to inform work progress across work groups

3. Offer opportunities to join, contribute to or inform each others work

*Launch Poll-Did you join our last work group meeting?
ANNOUNCEMENTS

- March of Dimes welcomes Dr. Rahul Gupta, Senior Vice President and Chief Medical and Health Officer
- Rahul Gupta, MD, MPH, MBA, FACP, joins March of Dimes from West Virginia where he served as the Commissioner and State Health Officer since 2015.
- Dr. Gupta looks forward to joining future Collaborative meetings at the incoming Co-Chair
- March of Dimes release of Implicit Bias Training RFP
- Health Equity Forum-July 2019
# Prematurity Collaborative Strategic Map

## Achieve Equity and Demonstrate Improvements in Preterm Birth

<table>
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<tbody>
<tr>
<td>Increase effective use of evidence-informed clinical and public health practice</td>
<td>Expand discovery and accelerate translation and innovation</td>
<td>Align multi-level support to improve health equity</td>
<td>Develop and implement messaging, policy &amp; practice strategies</td>
<td>Secure the funding and resources required for success</td>
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<td>The Clinical and Public Health Practice Workgroup has the following objectives:</td>
<td>The Research Workgroup has the following objectives:</td>
<td>The Health Equity Workgroup has the following objectives:</td>
<td>The Policy and Communications Workgroups have the following objectives:</td>
<td>The Funding and Resources Workgroup has the following objectives:</td>
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<td>Optimize public health systems and strategies to improve the health of women and adolescents</td>
<td>Implement public health/community-based research and program evaluation</td>
<td>Foster and support community/place-based leadership and engagement</td>
<td>Tell the right story to each audience in a compelling way</td>
<td>Align and strengthen staffing and infrastructure</td>
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<td>Optimize clinical practices to improve the health of women and adolescents</td>
<td>Expand basic, translational, clinical and health services research</td>
<td>Foster and support population-based solutions</td>
<td>Coalesce partners to support common messaging</td>
<td>Identify, cultivate relationships and prioritize potential funders/resources</td>
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<td>Support strategies to increase the intentionality of pregnancy</td>
<td>Research effective adaptation and implementation of evidence to improve precision</td>
<td>Align federal, tribal, state, territorial, local and community policy initiatives</td>
<td>Integrate messaging with other campaigns/efforts</td>
<td>Improve “asks” to ensure funding and coordinate where appropriate</td>
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<td>Ensure all women receive high quality prenatal care</td>
<td>Provide career support for multi-level/multi-degree investigators</td>
<td>Partner across sectors to impact the root causes of inequity</td>
<td>Engage partners to advocate policies supporting preterm birth goals</td>
<td>Provide appropriate funder and partner recognition</td>
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<td>Ensure appropriate care for all women with prior preterm birth</td>
<td>Foster collaborative community learning</td>
<td>Establish a federal home for preterm birth efforts</td>
<td>Align payment/funding with desired outcomes</td>
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- Emphasize the health of women and adolescents
- Engage families, communities and other strategic partners across sectors through a collaborative infrastructure
- Optimize the use of data and evaluation to drive learning and success
POLICY WORK GROUP
POLICY WORKGROUP CO-CHAIRS

Andrea Kane, MPA
Vice President Policy & Strategic Partnerships, Power to Decide

Cindy Pellegrini
Senior Vice President, Public Policy & Government Affairs, March of Dimes
POLICY GOALS AND STRATEGY

**GOAL:** Develop and implement messaging, policy & practice strategies

The Work Group has the following objectives to help meet this goal:

- Integrate messaging with other campaigns/efforts
- Engage partners to advocate policies supporting preterm birth goals
- Establish a federal home for preterm birth efforts
HISTORY & ACCOMPLISHMENTS

• Launched initially in September 2017--early meetings focused on:
  1. Identification of issues members were working on and where members would like to work together
  2. Prioritization of advocacy initiatives that address social determinants of health and highlighting promising approaches:
     • 78% work on access to health care & 63% work on family support
     • 83% believe we should work on access to health care
     • 76% believe we should work on economic opportunity
• Through work group meetings, surveys and consensus building, a work plan was created
• Last three Policy Work Group calls have focused on our three priorities and featured guest speakers
1. Create, implement and secure collective action across the Collaborative on one of the following:
   a) Funding/support for group prenatal care in Medicaid in (TN, LA & AL)
   b) Postpartum Medicaid coverage extension in Texas
   c) Medicaid expansion in Kansas

2. Create a portal for members to share advocacy materials (e.g. toolkits, model bill language, policy statements, white papers, testimony, etc.) on a range of policies to prevent preterm birth

3. The Policy Work Group plans to collaborate with both the Health Equity Work Group and Clinical Public Health Practice Workgroups to produce a toolkit or resource guide related to group prenatal care.
CONTRIBUTING TO THE POLICY WORK GROUP

1. We need your collaboration and support to advance our policy work in 2019.
   a) We have narrowed our focus and may prioritize it further. Are you able to join our efforts in TX, KS, LA, TN or AL?
      i. Please chat your name and organization in the chat box or email us at Collaborative@marchofdimes.org to join the effort in these states.
   b) Launch Polls
POLL QUESTION #1: GROUP PRENATAL CARE

Would you or your organization partner to advance policies that promote group prenatal care in the following states?

• Alabama
• Louisiana
• Tennessee

If you’re interested, please add your name and organization to the chat box (to the group or privately to Cindy, Gina, or The Collaborative.)
POLL QUESTION #2: MEDICAID EXPANSION

Would you or your organization partner to advance policies that promote Medicaid expansion in Kansas?

Check out our Resource Guide on the Policy Work Group page at www.marchofdimes.org/collaborative

POLICY WORKGROUP

The Policy workgroup is one of the six Prematurity Collaborative workgroups guided by the Collaborative strategic map.

This workgroup works to achieve demonstrated improvements in health equity and preterm birth by developing and implementing messaging, policy and practice strategies.

Workgroup focus

The Policy Workgroup co-chairs are:

- Andre Kane, MPA
  Vice President Policy & Strategic Partnerships
  Power to Decide
- Cindy Pellegrini
  Senior Vice President Public Policy & Government Affairs
  March of Dimes

The workgroup focus is guided by strategic map priorities to:

- Tell the right story to each audience in a compelling way
- Coalesce partners to support common messaging
- Integrate messaging with other campaigns/efforts
- Engage partners to advocate policies supporting preterm birth goals
- Establish a federal home for preterm birth efforts

2019 Resource Guide
POLL QUESTION #3: EXTENDING MEDICAID POSTPARTUM COVERAGE

Would you or your organization partner to advance policies that promote extending Medicaid postpartum coverage in Texas?
CONTRIBUTING TO THE POLICY WORK GROUP

• As part of our longer term strategy, we are gathering resources to share and spread across the Collaborative.

• Please send your policies, legislation, fact-sheets, testimony, ROI fact sheets, peer-reviewed articles and other important documents that are related to equity, birth outcomes and social determinants of health as we work to build an array of resources for all members to utilize in their local community. Please send these to Collaborative@marchofdimes.org.
LOOKING FORWARD...

• Do you or your organization have key policy issues related to equity and preterm birth prevention that need to be elevated?

• Would you or your organization like to partner on a certain policy initiative in the future?

• If so, please feel free to write your response in the chat box or email us at collaborative@marchofdimes.org
HEALTH EQUITY WORK GROUP
HEALTH EQUITY WORKGROUP

**CO-CHAIRS**

- **Fleda Mask Jackson**, PhD
  Founder, Save 100 Babies
  President and CEO, Majaica, LLC
  University Affiliate, Columbia University

- **Arthur R. James**, MD, FACOG
  Associate Clinical Professor, Dept OB/GYN,
  Wexner Medical Center
  The Ohio State University

- **Diana Ramos**, MD, MPH, FACOG
  Associate Clinical Professor in Obstetrics and Gynecology,
  Keck University of Southern California
  School of Medicine
  Co-Chair National Preconception Council

#prematuritycollab
HEALTH EQUITY WORKGROUP

GOAL: Align multi-level support to improve health equity

The Work Group has the following objectives to help meet this goal:

• Foster and support community/place-based leadership and engagement
• Foster and support population-based solutions
• Align federal, tribal, state, territorial, local and community policy initiative
• Partner across sectors to impact the root causes of inequity
WORK GROUP HISTORY

• Launched in February of 2017; the group meets every other month

• Early meetings focused on sharing best practices and establishment of a work plan:
  • Soliciting best and promising practices
  • Highlighting Best Babies Zone- a place based initiative to improve birth outcomes and
  • Moms2Be a community based program to improve infant mortality and preterm birth in Ohio
2017/2018 ACCOMPLISHMENTS

1. **COMPLETE**: Guiding principles: Principles that will assist other workgroups towards ensuring that “equity” is at the forefront of thinking as they consider their work.

2. **COMPLETE**: Glossary: Definition of terms and concepts for all collaborative participants and workgroups.

3. **COMPLETE**: Consensus statement: A published document recognizing the many sciences contributing to equity and birth outcomes. The statement will address the valuable contribution that can be made by different forms of inquiry (biomedical sciences, social sciences, community-based participatory research, etc.).

4. **COMPLETE**: Identify and spread best practices. Hosted a number of organizations on work group meetings to share their success stories.
GOAL: Establish key equity terms and concepts for all Collaborative members to use to guide their work

Subgroup of Health Equity workgroup convened to discuss structure, content and format of document.

CONSENSUS STATEMENT

GOAL: Share the value and contributions of the social sciences to understanding and potential solving the problem of birth inequities.

Subgroup of Health Equity Workgroup convened to discuss structure, content and format of consensus statement.

Small writing team assembled to develop content based on initial outline.

Document includes:
1. Core values
2. Call to Action
CORE VALUES: WHAT WE BELIEVE IN

1. Health as a human right therefore quality, affordable and accessible healthcare should be available to all

2. All moms and babies should have every opportunity for optimal health

3. Equity is a directive for addressing social inequities that contribute to negative disparate birth and maternal health outcomes

4. Racial and gender discrimination, exclusionary practices and implicit bias must be undone
CORE VALUES: WHAT WE BELIEVE IN

5. Inclusion of the authoritative knowledge from communities of interest is paramount for equitable research, policy and practice

6. Social science disciplines and research methods should be used to examine root causes of birth and maternal health inequities in addition to exploring the community assets that promote health

7. Scientific pursuits should utilize equity frameworks for investigating root causes of racial and ethnic disparities in birth and maternal health outcomes

8. Knowledge and experience of historically underrepresented minorities should be prioritized including commensurate funding levels for their research
CALL TO ACTION:
TRANSLATING CORE VALUES INTO ACTION STEPS

1. Collective will and resources are needed to achieve birth equity

2. Must end racism and discrimination to address needs of women and children

3. Advance equity-informed approaches to research and evaluation

4. Actively participate in social change to eliminate policies that are harmful to moms and babies and promote those that can address the social determinants of health
HEALTH EQUITY WORKGROUP WORK PLAN

1. Develop, publish and secure sign-on support for a consensus statement recognizing the many sciences contributing to equity and birth outcomes. The statement will address the valuable contribution that can be made by different forms of inquiry (biomedical sciences, social sciences, community-based participatory research, etc.).

In partnership with the Clinical Public Health Practice Workgroup, we will focus on:

2. Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes.

In partnership with the Clinical Public Health Practice and Policy workgroups, we will focus on:

3. Creation of a toolkit or resource guide on group prenatal care integrated with doulas and community health workers.
PROGRESS SO FAR: ORGANIZATIONS & INDIVIDUAL ENDORSERS

ORGANIZATIONS

- American Public Health Association (APHA)
- Palmetto Healthy Start
- CityMatCH
- Commonwealth Care Alliance
- Georgia Obstetrical and Gynecological Society
- Black Women for Wellness
- Trust for America’s Health
- National WIC Association
- Birth Project USA
- UNC Center for Maternal and Infant Health
- Ancient Song Doula Services
- Zeta Phi Beta Sorority, Incorporated
- North Carolina Perinatal Association
- Black Women’s Health Imperative
- National Institute for Children’s Health Quality (NICHQ)
- Birth Matters
- Nzuri Malkia Birth Collective
- Medicines360
- March of Dimes

INDIVIDUALS

- Kay Johnson, Johnson Group Consulting, Inc. Past chair US HHS Secretary Advisory Committee on Infant Mortality (SACIM)
- Dr. Steven G. Gabbe, The Ohio State University Wexner Medical Center
- Linda Nelson, University of Minnesota DNP student Public Health Nursing
- Patricia T. Gabbe, MD, MPH Founder Moms2B, Clinical Professor of Pediatrics, Obstetrics and Gynecology; The Ohio State university College of Medicine and Nationwide Children’s Hospital
- Allison Bryant, MD, MPH, Society for Maternal Fetal Medicine and Massachusetts General hospital
- Shareece Davis-Nelson
POLL QUESTION #1:
CONSENSUS STATEMENT

Have you or your organization endorsed the Consensus Statement?
2. SDOH Screening Tool
   I. Featured speakers and held discussions with organizations engaged in this work
   II. Established a core list of members interested in focusing on this work
   III. Discussions centered on the following:
      a) Identifying SDOH screening tools currently available, assessing which aspects of Social and structural determinants of health (SSDOH) they address - identification of where gaps may exist
      b) The need for additional information or training to accompany the tool(s) that reinforce the importance of referral or follow up support and supportive conversation - eliminating blame and further describing the structural barriers in place to patients.

   • Does the Health Affairs article alter your thinking about this work?
   • How do we balance upstream work that will address some of these social and structural determinants for large groups while also creating downstream tools to begin to modify practice and integrate further with SSDOH?
POLL QUESTION #2: SDOH SCREENING TOOL

• In your role, do you screen women for social determinants of health status?
• If you screen, which screening tool do you use?
• Is your screening integrated into the health record?
  • If you do screen for the Social Determinants of Health Status, are you reimbursed for that effort?
  • What are your best practices around SSDOH Screening?

Please share more information in the chat box about your best practices or other tools, information about integration or reimbursement.
CONTRIBUTING TO THE HEALTH EQUITY WORK GROUP

1. Please sign-on to the Consensus Statement.
   1. Share the Statement with partner organizations
   2. Integrate the Statement into your work and across your organization
   3. Tell us how you have incorporated these core values into your work-email us at Collaborative@marchofdimes.org

2. Please join our efforts around the Social Determinants of Health Screening tool if you are interested. Chat your name in or email us at Collaboative@marchofdimes.org
CLINICAL PUBLIC HEALTH PRACTICE
Christopher Zahn, MD
Vice President, Practice Activities, ACOG

Vanessa Lee, MPH
Infant Mortality CoIIN Coordinator, HRSA/MCHB
CLINICAL & PUBLIC HEALTH PRACTICE GOALS AND STRATEGY

**GOAL:** Increase effective use of evidence-informed clinical and public health practice

The Work Group has the following objectives to help meet this goal:

- Optimize public health systems & strategies to improve the health of women and adolescents
- Optimize clinical practices to improve the health of women and adolescents
- Support strategies to increase the intentionality of pregnancy
- Ensure all women receive high quality prenatal care
- Ensure appropriate care for all women with prior preterm birth
CPHP WORK GROUP HISTORY

• Launched in February of 2017
• Early meetings focused on sharing best practices, identifying priority focus areas, and establishment of a work plan
  • **17P and Low Dose Aspirin** prioritized for Year 1

Work plan included:
AIM #1: Increase access to & utilization of 17P
AIM #2: Increase access to & utilization of low dose aspirin (LDA) to Prevent Preeclampsia
AIM #1: Increase access to & utilization of 17P

- Support states with legislative strategies to improve access and utilization of 17P
- Reduce barriers to prior-authorization, as self-reported by healthcare organizations
- Reduce barriers to patient access by providing support to states on alternative models of medication delivery and patient education strategies

AIM #2: Increase access to & utilization of low dose aspirin (LDA) to Prevent Preeclampsia

- Increase awareness of USPSTF & ACOG recommendations for LDA to prevent preeclampsia
# EARLY ACCOMPLISHMENTS & LESSONS LEARNED

## YEAR 1 ACCOMPLISHMENTS

<table>
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<th>Accomplishment</th>
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<tr>
<td>Conducting Webinars/Learning Series on 17P &amp; LDA</td>
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<td>Developing and publishing 17P resources on PATIENT EDUCATION &amp; MODEL LEGISLATION at marchofdimes.org/collaborative</td>
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<td>Membership from all levels: national, state, local, and community</td>
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2018/2019 CURRENT WORK PLAN

1. Advocate for PTB prevention clinical best practices to be quality measures
2. Develop a preterm birth prevention bundle
3. In partnership with the Health Equity Workgroup, we will focus on Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes.
4. In partnership with the Health Equity and Policy workgroups, we will focus on: creation of a toolkit or resource guide on group prenatal care integrated with doulas and community health workers.
CLINICAL AND PUBLIC HEALTH PRACTICE WORK GROUP

1. December 12th meeting focused on the Consensus Statement and integration in CPHP.
2. November 15th, CPHP and Health Equity members met to discuss SDoH tool.
3. Early CPHP meetings featured speakers with expertise related to current priorities including:
   a) Nikki Garro, March of Dimes-discussed Quality measures
   b) Jeanne Mahoney, ACOG-discussed the AIM bundles
   c) Dr. Dale Reisner, Swedish-discussed WA State Safe Deliveries bundles
   d) Tanweer Kallemullah, Harris County Public Health-discussed the Pathways SDOH tool
   e) Dr. Helen Bellanca, Health Share of OR-discussed Oregon Family Wellbeing Assessment (SDOH tool)
PRETERM BIRTH PREVENTION BUNDLE

1. Discussions have centered on exploring current bundles available and how bundles have been developed via invited speakers.

2. Next steps will include:
   1. Identifying the scope, level of intervention and audience that will utilize the bundle.
      1. Most bundles are clinical/provider oriented and discuss evidence based interventions, should our bundle explore a wider/community oriented frame and look to inform clinicians as well as community health practitioners and others?
   2. Identifying how the bundle will be evaluated
   3. Identifying goals and resources
POLL QUESTION #1: PTB PREVENTION BUNDLE

1. Who should be the primary user for the PTB prevention bundle?

2. What resources / information or tools do you need to prevent preterm birth in your community?

Please share more information in the chat box about your best practices or other tools, information about integration or reimbursement.
CONTRIBUTING TO THE CPHP WORK GROUP

1. Join our CPHP meetings and contribute to the development of our PTB prevention bundle—we are still identifying parameters and goals and we need your ideas. Likewise, once our goals are developed, we need organizations to step up and offer staff time and resources to help produce this important tool.

2. Join our SDOH screening tool group as we work to further identify our next steps and define the parameters or goals of the project. We are looking for organizations interested in collaborating further.

*Send us a note to Collaborative@marchofdimes.org or write a note in the chat box
HEALTH EQUITY FORUM
HEALTH EQUITY FORUM

• Funding to host a Health Equity Forum in conjunction with a large annual conference

• Building off of our 2018 Summit: Building a Birth Equity Movement

• Should provide actionable health equity training and information

• Aim to discuss a second Consensus Statement
EARLY THINKING...

• July, Orlando, FL potentially aligned with the NACCHO annual meeting
• We aim to provide attendees with the tools and training necessary to act on health equity locally with the community and non-traditional partners
  • We aim to train attendees on:
    • How to build a Results Based-Accountability framework
    • How to engage in Collective Impact
  • We aim to discuss our second Consensus Statement
  • We aim to host a funders panel and discuss funding opportunities and streams for local collaboratives
  • We aim to feature success stories from non-traditional perspectives
MEMBER THOUGHTS...

We still have many elements to discuss and plan and we would like your ideas and guidance:

• What suggestions do you have?
• Are there success stories from non-traditional partners that come to mind?
• Are there other elements of the Collaborative that we should consider, feature, discuss, convene at this time?
• How do we bring community voice into this forum?
• Any other suggestions, guidance etc. that you can offer to us?

LAUNCH POLL!

*Feel free to take your self off mute to share or chat in your ideas
CALL TO ACTION...

Please chat or email: Collaborative@marchofdimes.org:

• How you would like to be involved with the Health Equity Forum

• Your ideas for speakers or sponsors or other important elements to integrate

• Other things we should consider

We will plan to continue discussions and idea generation on our many Collaborative meetings.
COLLABORATIVE MEETINGS
# COLLABORATIVE MEETING SCHEDULE  *(all times are EST)*

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For the full Collaborative or specific workgroup meetings, please email collaborative@marchofdimes.org to receive the registration link and specific meeting information. This calendar is subject to change.
In the chat box, you will see a link to a brief post-meeting survey that will take you less than 5 minutes to complete. Your feedback is very important to us, so thank you in advance.

The link for the survey is: http://marchofdimes.org/workgroup

Click on the Chat icon in your toolbox to access the survey link.
ADJOURN