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

1. Welcome

2. Federal update

3. March of Dimes Premature Birth Report Cards

4. #BlanketChange Update

5. Collective impact planning
   • Policy Issues
   • Resources

6. Next Steps
FEDERAL UPDATE

• Maternal Mortality

• Labor HHS Appropriations
2018 PREMATURE BIRTH REPORT CARDS

October 2, 2018
REPORT CARDS

Letter grades (A, B, C, D or F) are assigned by comparing the preterm birth rate in a state or locality to the March of Dimes goal of 8.1 percent by 2020.

Report Card grades are based on 2017 final National Center for Health Statistics data.

The Report Card highlights priority areas for action with county and racial/ethnic disparities data and a disparity ratio.

A supplemental list ranks the 100 cities with the largest number of births by grade and preterm birth rate.
2018 REPORT CARD

Release on November 1, 2018

Highlights:
• Trends in preterm birth rates.
• Preterm birth rates and grades for counties with the greatest number of births within the state
• Racial/ethnic disparities
• Disparities ratio
  ➢ Compares the racial/ethnic group with the lowest preterm birth rate to the average of the preterm birth rates for all other groups.
  ➢ Lower number is better. 1 indicates no disparity

For design purposes only; data are not real.
HIGHLIGHTS AND MESSAGES

The preterm birth rate continued to get worse, increasing for the third year in a row.

- More states have worse rates and grades.
- More Ds and Fs.

**Equity messaging**
Will help draw attention to structural inequities rather than potentially contributing to perceptions of personal blame.

*Our unequal society has negative consequences for public health, and one example is the increased preterm birthrate among non-Hispanic Black women from 13.77 percent in 2017 to 13.92 percent.*

**Solutions messaging**
*We can expand commonsense solutions that support healthy moms and strong babies.*

- Group prenatal care: can lower preterm birth rates by as much as 41%.
- Low dose aspirin: can reduce risks of preeclampsia and preterm birth by up to 20% in women with high and moderate risks; reduces risks of maternal morbidity and mortality.
- Continue to advocate for #blanketchange
#BLANKETCHANGE

UPDATE
Collective Impact Planning
POLICY ISSUES

• Funding/support for group prenatal care in Medicaid (good impact, least difficult politically)

• Postpartum Medicaid coverage expansion (wider impact, more difficult politically)

• Medicaid expansion (broadest impact, most difficult politically)
NOTES: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, MI, MT, and NH have approved Section 1115 expansion waivers. ^On June 29, 2018, the DC federal district court invalidated the Kentucky HEALTH expansion waiver approval and sent it back to HHS to reconsider the waiver program. ‡UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match. ID, NE, and UT have measures on their November ballots to fully expand Medicaid to 138% FPL. ◊Expansion is adopted but not yet implemented in VA and ME. (See the link below for more detailed state-specific notes.)


Resources

Fact sheets/issue briefs
Testimony/talking points
Sample legislation
Peer-reviewed literature and other research/studies
Other
Next steps

• Post materials/resources
• Identify strategy
• Geographic Focus
• Collective Work (roles)
| 2018 Collaborative Meeting Schedule (EST) |

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<th>Feb</th>
<th>March</th>
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<td><strong>Full Collaborative</strong></td>
<td>2/28 1-2:30</td>
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<td>5/21-22 Summit</td>
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<td>8/29 1-2:30</td>
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<td>11/29 2-3:30</td>
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<td>4/26 1-2:30</td>
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<td>7/26 1-2:30</td>
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<td>10/25 1-2:30</td>
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<td>7/19 2-3:30</td>
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<td>9/21 2-3:30</td>
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<td>11/15 3:30-5</td>
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<td><strong>Clinical &amp; Public Health Practice</strong></td>
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If you are interested in attending Workgroup meetings please email us at collaborative@marchofdimes.org to receive specific meeting information.
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](http://marchofdimes.org/workgroup)

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