



Prematurity Collaborative

Health Equity Workgroup

November 15, 2018

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 and housekeeping – *Dr. Lisa Waddell / Ms. Kweli Rashied-Henry*

Update on Consensus Statement – *Dr. Fleda Mask Jackson*

Introduction of joint work plan priority: SDOH screening tool – *Dr. Diana Ramos*

Open discussion – *Dr. Diana Ramos / Ms. Kweli Rashied-Henry*

Call for volunteers & recap next steps – *Ms. Kweli Rashied-Henry*

Announcements – *Ms. Kweli Rashied-Henry*

Adjourn

Meeting Goals

- Describe the 2018-19 HE workgroup work plan activities
- Share the Health Equity Consensus Statement broadly
- Understand the basics of what SDOH tools entail
- Identify members willing to work SDOH tool

1. Update on Consensus Statement

CONSENSUS STATEMENT

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

Document includes:

1. Core values
2. Call to Action

Distribution plan: via Collaborative website; encourage individuals and organizations to sign-on to statement

BIRTH EQUITY FOR MOMS AND BABIES

Advancing social determinants pathways for research, policy and practice

BACKGROUND

Founded by President Franklin D. Roosevelt in 1938 to drive the discovery of a polio vaccine, March of Dimes succeeded in this mission and provided all children with access to this lifesaving therapy. Throughout his 12 years in the White House, President Roosevelt continued his crusade to improve the lives of children by proposing economic solutions across the nation to ensure fair wages, decent housing, appropriate medical care and quality education (Franklin D. Roosevelt Presidential Library and Museum, no date). President Roosevelt's pursuit of economic and social equality and the human rights work of First Lady Eleanor Roosevelt offer critical insight for the current work of March of Dimes (Glendon, 2001).

The mission of March of Dimes today is to lead the fight for the health of all moms and babies. Nearly half a million babies in the U.S. are born prematurely each year. Women of color are up to 50 percent more likely than white women to give birth prematurely, and their children can face a 130 percent higher infant death rate than children born to white women (March of Dimes Perinatal Data Center, 2018). In this country, black women have maternal death rates over three times higher than women of other races (Callaghan, 2012). In addition to the human toll, the societal cost of premature birth is at least \$26 billion per year (Institute of Medicine, 2007).

APPROACH TO GENERATING CONSENSUS

In response to the rising rates of preterm birth as well as persistent racial and ethnic disparities, the March of Dimes Prematurity Collaborative (Collaborative) was formed in 2017 to achieve equity and demonstrated improvements in premature birth. Equity is justice and fairness (Braveman, Arkin, Orleans, Proctor & Plough, 2017; March of Dimes, 2018).



It implies equal rights, but it is not the same as equality. Equity requires directing more resources to groups that have greater needs due to a history of exclusion or marginalization (March of Dimes, 2018). In 2018, the Collaborative expanded its focus to include the health of moms because strategies used to address premature birth and its associated disparities can help prevent other maternal health problems.

Recent trends in prematurity and maternal death demand a deeper examination into causes and contributors of disparities for Native American and African-American women, the groups of women with the most disparate birth and maternal outcomes (Centers for Disease Control and Prevention, 2018 a,b). Psychosocial and economic factors, along with physical environments that affect maternal and birth outcomes, should be considered in any examination into root causes of birth and maternal disparities (Schroeder, 2007). This consensus statement examines social factors that contribute to birth and maternal health outcomes, including prematurity and offers guidance to:

2. Intro Joint Workgroup Activity: SDOH Screening Tool

Health Equity Workgroup Meeting-9/21 Recap

- The Health Equity Work Group on 9/21:
 - Described the 2018-19 HE workgroup work plan activities
 - Explained the current status of the Birth Equity Consensus Statement
 - Identified members willing to work on each activity
 - Described March of Dimes Supportive Pregnancy Care
- We will now begin to work collaboratively w/CPHP and Policy workgroups to pursue:
 - A social determinants of health screening tool and accompanying toolkit

Time for our first poll!

Poll Question 1:

Please rank the following assessment tools based on your level of familiarity:

- Oregon Family Well-being Assessment*
- Pathway SDOH Screening Guide*
- SEEK*
- Promoting Healthy Development Survey*
- PRAPARE*
- WE CARE*
- CMS Accountable Health Communities*
- Well Visit Planner*

Poll Question 2:

*What are the essential factors that should be screened for in a SDOH screening tool?
(select all that apply)*

- Food insecurity*
- Insurance type*
- Intimate partner/family violence*
- Housing*
- Employment*
- Transportation*
- Education*
- Anxiety/depression/stress*
- Discrimination*
- Family/community support*
- Other*

3. Open Discussion

THE WORKPLAN ACTIVITIES-NEXT STEPS

Social Determinants of Health Screening Tool

1. If you are willing, able and interested in contributing your time and expertise to SDOH screening tool activity, **please add your name in the chat box** and we will reach out to you.
2. If you know of other best practices or important work going on in this area, **please write that in the chat box** or email us at Collaborative@marchofdimes.org.
3. If you are willing to lead and assist with meeting set up and coordination for other meetings regarding this activity, **please chat in your name and the word leader next to it.**

4. Announcements

Dr. Rahul Gupta
Senior Vice
President and
Chief Medical and
Health Officer
March of Dimes



APHA 2018

Collaborative Approaches to Accelerating Progress in
Equity and Reducing Preterm Births

November 13, 2018



Frameworks 2-pager

Two pager on evidence-based equity messaging available on Collaborative website

5. Schedule & Evaluation

2018 Collaborative Meeting Schedule (EST)

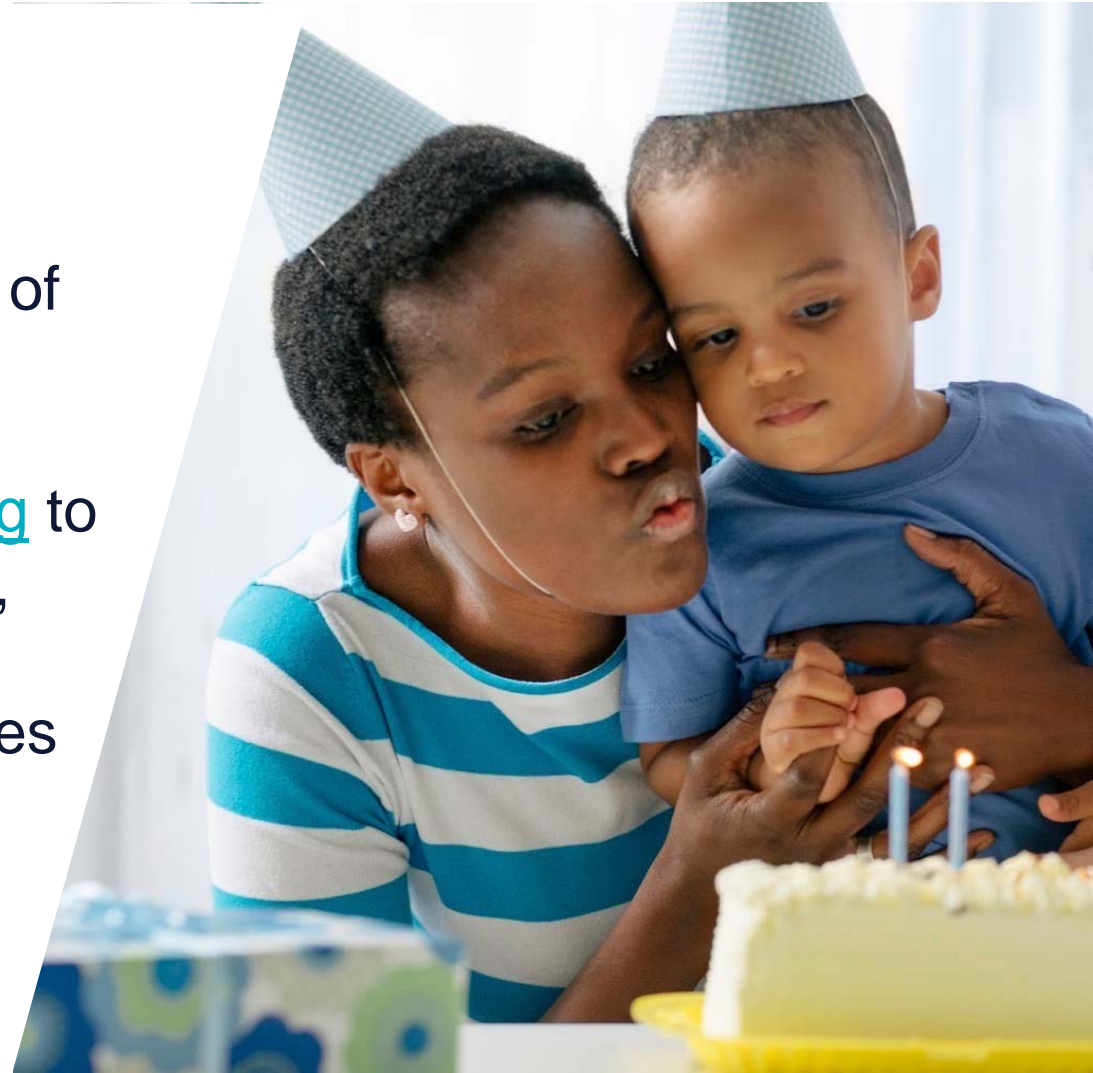
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Full Collaborative		2/28 1-2:30			5/21-22 Summit			8/29 1-2:30			11/29 2-3:30	
Steering Committee	1/23 3-4:30			4/26 1-2:30			7/26 1-2:30			10/25 1-2:30		
Health Equity	1/18 2-3:30 ET		3/20 2-3:30				7/19 2-3:30		9/21 2-3:30		11/15 3:30-5	
Clinical & Public Health Practice		2/20 3-4:30		4/17 2-3:30			7/19 2-3:30	8/22 1-2:30		10/18 1-2:30		12/12 2-3:30
Policy		2/6 2-3		4/3 2-3		6/11 2-3	7/19 2-3:30	8/7 2-3	9/14 2-3	10/2 2-3	11/5 2-3	12/4 1-2
Communication			3/8 1-2:30						9/25 2-3:30		11/8 1-2:30	

If you are interested in attending Workgroup meetings please email us at collaborative@marchofdimes.org to receive specific meeting information.

Next Health Equity Workgroup Meeting is scheduled for January 30, 2019 from 3:30 – 5:00PM ET

Evaluation

- If you are not an official member of the Health Equity Work Group, please email us at Collaborative@marchofdimes.org to join and receive all of our emails, calendar appointments, meeting summaries, slide decks, resources and more.



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.



6. Adjourn