PREMATURITY COLLABORATIVE

Q4 FULL COLLABORATIVE MEETING

November 29, 2018
2:00pm ET/1pm CT/12pm MT/ 11am PT/ 10am AKDT/ 9am HST
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

• Welcome and Introductions

• A Review of Premature Birth Report Cards: Preterm Birth and Disparities
  - Caroline Alter, MPH, Director, Perinatal Data Center

• Local Feature: Rhode Island
  - Jordana Frost, DrPH, MPH, CPH, CD(DONA), Director, MCH & Government Affairs (RI/CT)
  - Ana Novais, MA, Executive Director of Health, Rhode Island Department of Health

• Workgroup Updates
  • Clinical Public Health Practice
    - Dr. Christopher Zahn, Vice President of Practice Activities, ACOG
  • Health Equity
    - Kweli Rashied-Henry, MPH, Director, Health Equity
  • Policy
    - Andrea Kane, MPA, Vice President Policy & Strategic Partnerships, Power to Decide
    - Cindy Pellegrini, Senior Vice President, Public Policy & Government Affairs

• Closing Business

• Adjourn
GOALS

- Learn about current preterm birth rates and preterm birth trends across the country
- Learn more about what is driving collaborative success in a local bright spot where preterm birth rates are declining—Rhode Island
- Hear updates from our work groups and identify where members can engage further
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.
PREMATURE BIRTH REPORT
CARDS
2018 PREMATURE BIRTH REPORT CARDS

CAROLINE ALTER
Director, Perinatal Data Center
BIG PICTURE: REPORT CARD
OBJECTIVES

1. Spur action by stakeholders on interventions and advocacy priorities to reduce premature birth and increase equity.

2. Raise public awareness of the seriousness of prematurity.

3. Contribute to changing the narrative around disparities in birth outcomes, drawing attention to structural factors and inequities that contribute to premature birth.
The preterm birth rate increased in 2017, for the third year in a row.

Prepared by March of Dimes Perinatal Data Center, May 2018.
2018 REPORT CARD FORMAT

• Released November 1, 2018 with new look and feel
• Highlights
  • Trends in preterm birth rates
  • Counties with the greatest number of births within the state
  • Racial/ethnic disparities
Puerto Rico is not included in the United States total. Preterm is less than 37 completed weeks of gestation, based on obstetric estimate of gestational age.

Source: Preterm birth rates are from the National Center for Health Statistics, 2017 final natality data. Grades assigned by March of Dimes Perinatal Data Center.
2018 PREMATURE BIRTH REPORT CARD RATES AND GRADES

Counts of areas include every state, the District of Columbia and Puerto Rico.
Source: National Center for Health Statistics, final 2017 natality data.
Prepared by March of Dimes Perinatal Data Center, Sept 2018
In United States, the preterm birth rate among black women is 49% higher than the rate among all other women.
THE US REPORT CARD

Content similar to previous years
• U.S. map of state grades
• One hundred cities list
• Race/ethnicity –
  o U.S. preterm birth rates
  o Map of state disparity ratios

Additional content
• Community profiles

Bound in one document
• All U.S. data
• Community profiles
• All state/area report cards
• Technical notes
100 CITIES

Preterm birth rates and grades for the 100 U.S. cities with the greatest number of births

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<thead>
<tr>
<th>City, State</th>
<th>Preterm birth</th>
<th>City Grade</th>
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Preterm birth is less than 37 weeks gestation based on obstetric estimate.
Cities represent those with the greatest number of live births out of all cities with a population of >100,000 as defined by NCHS.
Cities are sorted by preterm birth rate (lowest to highest) and alphabetically to one decimal place.
Source: National Center for Health Statistics (NCHS), final 2016 natality data.
Prepared by the March of Dimes Perinatal Data Center, 2018
COMMUNITY PROFILES

• To complement premature birth report cards
• To further illustrate the issue of preterm birth
• To spotlight “Bright Spots”

➤ State: Rhode Island
➤ City: Raleigh, NC
➤ County: Knox, TN
SUMMARY

The preterm birth rate continued to get worse between 2016 and 2017.

- 30 states have worse rates, and 10 of those states have worse grades.
- The number of states with Ds and Fs have increased since last year’s Report Cards (20 this year compared to 17 last year).
- The US preterm birth rate increase to 9.9 percent from 9.8 percent on last year’s report card, and stays at a C.

Expanded U.S. Report Card to include profiles of communities making progress.
LOCAL FEATURE: RHODE ISLAND
BRIGHT SPOT: RHODE ISLAND

Rhode Island has been on a steady march to reduce its preterm birth rate from 10.8% in 2007 to 8.3% in 2017.
In Rhode Island, the preterm birth rate among black women is 27% higher than the rate among all other women.
RHODE ISLAND TASK FORCE ON PREMATURE BIRTHS

Workgroups

• Data
• 17-P
• Pre-/Interconception Health
• Tobacco Cessation
• Pregnancy Risk Assessment
17-P WORKGROUP

- 2016 Provider Survey
- Presented results to Medical Directors of all RI Insurance plans
- Convened ad-hoc group to identify opportunities to streamline pre-authorization and ordering process
- Developed 17-P provider toolkit
“WE ALL LEAVE OUR EGOS AND TITLES AT THE DOOR. WHEN WE WORK TOGETHER, WE DON’T REPRESENT OUR VARIOUS SEGMENTS OR SILOS. WE REPRESENT THE MOTHERS AND BABIES OF RHODE ISLAND.”

Sarah Coutu, Maternal Child Health Program Coordinator, UnitedHealthcare Community Plan of Rhode Island
ANA NOVAIS, MA

Executive Director of Health
Rhode Island Department of Health (RIDOH)
Ana Novais, MA
Executive Director
Rhode Island Department of Health
November 29, 2018
How Well is RI Doing?

**Improvements**
- Tobacco Use
- Responsible Sexual Behavior & Teen Pregnancy
- Injury and Violence
- Environmental Quality
- Children and Adolescent Immunization

**No Change**
- Physical Activity

**Setbacks**
- Overweight and Obesity
- Mental Health and Substance Abuse

**Mixed Results**
- Access to Healthcare
- Adult Flu Immunization
Life Expectancy and Healthcare Spending

[Graph showing life expectancy against health expenditure per capita for various countries, with a focus on the USA's trend over time.]
Investing in Social Services

OECD: for every $1 spent on healthcare, ~$2 spent on public health/social services.

US: for every $1 spent on health care, ~$0.55 spent on public health/social services.
Determinants of Health

- **Genes and Biology**: 10%
- **Physical Environment**: 10%
- **Clinical Care**: 10%
- **Social and Economic Factors**: 40%
- **Health Behaviors**: 30%

RIDOH OVERARCHING GOAL
Positively Demonstrate for Rhode Islanders the Purpose and Importance of Public Health

RI Population Health Plan
LEADING PRIORITIES

Address Socioeconomic and Environmental Determinants of Health in Rhode Island
Eliminate Disparities of Health in Rhode Island and Promote Health Equity
Ensure Access to Quality Health Services for Rhode Islanders, Including Our Vulnerable Populations

CROSS-CUTTING STRATEGIES

RIDOH Academic Center: Strengthen the integration of scholarly activities with public health
RIDOH Health Equity Institute: Promote collective action to achieve the full potential of all Rlers
1. Education & Counseling  
   e.g. Eat Right

2. Clinical Interventions  
   e.g. diabetes control; pediatric weight management counseling

3. Long Lasting Protective Public Health Interventions  
   e.g. immunizations; HIV testing; BMI screening?

4. Changing the Context—Healthy Choices as Default Options  
   e.g. smoke free laws; healthy food in schools law

5. Social and Environmental Determinants of Health  
   e.g. housing, education, inequalities; community garden

The Health Impact Pyramid, April 2010, Vol 100, No. 4, American Journal of Public Health. This pyramid is adapted from Thomas Frieden, MD, MPH presentation at the Weight of the Nation conference, Washington D.C., July 27, 2009
Life Course Developmental Approach

- Today’s experiences and exposures influence tomorrow’s health (Timeline)

- Health trajectories are particularly affected during critical or sensitive periods (Timing)

- The broader community environment - biological, physical, and social - strongly affects the capacity to be healthy (Environment)

- While genetic make-up offers both protective and risk factors for disease conditions, inequality in health reflects more than genetics and personal choice (Equity)
ACCCEs Pyramid

Adverse Childhood, Community, and Collective Experiences

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan
Perinatal Health Equity in RI: A multi-pronged approach

Rhode Island Task Force on Preterm Birth
- 17 OHP
- Tobacco Cessation
- Preconception Health / One Key Question
- Data Workgroup
- Pregnancy Risk Assessment Screening

Disparities in Infant Mortality
- Identifying Risk Factors Associated with Disparities in Prematurity through PRAMS
- Increasing Access to Doulas
- Addressing Structural Racism and Bias in Maternal Care Clinical Settings
- Enhancing Community Programs that Support Pregnant Women

The Taskforce to Support Pregnant and Parenting Families with Substance Exposed Newborns (SEN)
- Identifies and provides community supports to pregnant women and families at risk for SUD and NAS

Health Equity Zones

Family Home Visiting
- Nurse-Family Partnership
- Healthy Families America
- Parents as Teachers
- First Connections

Health Equity Zones

Perinatal Health Equity in RI: A multi-pronged approach
Disparities in Infant Mortality Group contributed to a Full Circle doula training.

Family Home Visiting participated in Strolling Thunder event to encourage policymakers to act on behalf of the well-being of young children.
HEALTH EQUITY ZONES

Building healthy and resilient communities across Rhode Island
Health Equity Zones – Guiding Principles

- Defined geographic location; place-based
- Community-led
- Use of local assessments to establish baseline
- Community assets mapping and community readiness
- Collective impact framework
- Sustainability
IF Rhode Island collaboratively invests together in defined geographic areas to develop sustainable infrastructure and aligns a diverse set of resources to support community-identified needs...

THEN positive impacts on the socioeconomic and environmental conditions driving disparities and poor health outcomes will be demonstrated

The development of sustainable community infrastructure working to improve the community from within

The alignment of resources to create sustained investments in the community to address the needs identified by the community

Will lead to positive impacts on the socioeconomic and environmental determinants of health and improved population health outcomes
Health Equity Zones –
Scope of Activities

Build/expand local Collaborative

- Evidence of meaningful, true engagement of key stakeholders
- To include: local housing authority, local education agency, City Hall, FQCHC and mental health community centers, other healthcare providers (e.g. hospitals, PCPs, insurers...), CBOs, residents, youth organizations
- Identify backbone organization

- Identify and prioritize local health issues
  - Community assessment (needs/assets)

- Develop and implement local plans of action
  - Community prioritization process: evidence-based strategies
  - Focus areas: maternal and child health/chronic disease
  - Addressing health inequities and inequalities
Health Equity Zones – Goals

- Improve health of communities with high rates of illness, injury, *chronic disease*, or other adverse health outcomes

- Improve *birth outcomes*

- Reduce *health disparities*

- Improve the *socioeconomic and environmental conditions* of the neighborhood
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<th>Olneyville</th>
<th>Pawtucket/Central Falls</th>
<th>Providence CYC</th>
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Health Equity Zones – Three Years Later. . .

City of Providence Increased access to healthy foods by establishing the “Lots of Hope” program to turn unused city property into urban farms.
Health Equity Zones – Three Years Later...

Pawtucket / Central Falls
Woonsocket
Newport

Family Home Visiting is working with Health Equity Zones to ensure prenatal care and needed community supports such as WIC, SNAP, and mental health services.
Health Equity Zones –
Three Years Later. . .

Woonsocket

- Trainings on Trauma-Informed Communities
- Deployed Mental Health Resources
- Family Home Visiting and the Health Equity Zone are working on a CQI project to improve post-partum depression screening and referrals
Olneyville

- Focuses on increasing and promoting physical activity, and redevelopment of distressed and vacant properties.
- Supported the “Baby Love Hub” which brought culturally appropriate breastfeeding support to the community.
Newport

Organized its first Community Baby Shower to reach pregnant women and provide health information, baby supplies, and support.
2019 ASTHO President’s Challenge: Building Healthy and Resilient Communities

- Aligned with the National Association of County and City Health Officials (NACCHO) and the U.S. Surgeon General’s focus on community health and economic prosperity

- Calls on health officials to change how we work with communities and who our partners should be – to support investments in community
Two Goals

1. **Provide tools** that equip health officials to mobilize community-led, place-based models (like RI’s HEZ) that are ready for investment.

2. **Connect public health officials by reaching across sectors to** business leaders and policymakers who want to invest in community and advance economic development.
Questions?

Ana P. Novais
Executive Director
Rhode Island Department of Health
Ana.Novais@health.ri.gov
Christopher Zahn, MD
Vice President, Practice Activities, ACOG

Vanessa Lee, MPH
HRSA Infant Mortality COIIN Coordinator
### 2018/2019 CPHP WORK PLAN

#### CLINICAL PUBLIC HEALTH PRACTICE WORKGROUP WORK PLAN 2018/2019

- Advocate for equity and/or preterm birth prevention best clinical practices to be quality measures
- Develop a preterm birth prevention bundle

#### JOINT HEALTH EQUITY, POLICY, AND CLINICAL & PUBLIC HEALTH PRACTICE WORK PLAN 2018/2019

- Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes
- Toolkit or resource guide related to Group Prenatal Care—including integration of doulas and CHW’s
In August, continued prioritization and heard from three speakers:

- Dr. Helen Bellanca discussing the Oregon Family Wellbeing Assessment
- Tanweer Kaleemullah discussing Pathways-Harris County, TX SDOH screening tool
- Dr. Dale Reisner discussing the Safe Deliveries Roadmap and bundles that were put together to advance preconception, pregnancy, labor and delivery and postpartum outcomes.

In October, the Workgroup heard from:

- Nikki Garro from March of Dimes provided an overview on quality measures
- Jeanne Mahoney, ACOG, provided an overview of the ACOG AIM bundles and the process that they undertake

Next meeting is scheduled for December 12th and we will continue to focus and refine our work to identify how we can best harness the expertise on the workgroup to move forward.
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
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
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
2018/2019 WORK PLAN

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.
1. The Consensus Statement is final and is available at www.marchofdimes.org/collaboative and currently building a list of endorsements (to endorse, please visit the website).

2. On November 15th, the Health Equity Work Group convened along with members from CPHP interested in advancing a SDOH tool for a discussion to build consensus and identify next steps. Outcomes include:
   a) We identified that we need to do some research on existing tools and will convene a small team of members to complete this task.
   b) We aim to gather the tools available and identify one tool that addresses equity issues and acknowledges the structural determinants of health rather than assigning personal risk and possibly blame.
   c) We aim to create an addendum to discuss why the tool and the referral process that follows are important together.

3. Next Meeting: January 30th
Andrea Kane, MPA
Vice President Policy & Strategic Partnerships, Power to Decide

Cindy Pellegrini
Senior Vice President, Public Policy & Government Affairs, March of Dimes
POLICY WORKGROUP ISSUES

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

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

• **Medicaid expansion** (broadest impact, most difficult politically)
If you are interested in working on one or more of the following topics in your local community, please select those topics you would like to focus on and write your name in the chat box or email us at Collaborative@marchofdimes.org.

a) Funding/support for group prenatal care in Medicaid

b) Postpartum Medicaid coverage extension

c) Medicaid expansion
ELECTION UPDATE

• 4 States with Medicaid Expansion on Ballot (UT, ID, MT, NE)

• 6 States with key governor races with implications for Medicaid expansion (FL, GA, KS OK, SD, WI)

• Maine Governor race implications for expansion
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.)

NEXT STEPS

• Collect materials/resources
• Identify strategy
• Geographic Focus
• Collective Work (roles)
WE NEED RESOURCES

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

- March of Dimes’ Center for Social Science Research is interested in supporting social science research that explores the connection between social and environmental factors, economic and employer policies, and pregnancy and birth outcomes in the U.S.
- The Center is also interested in supporting work that will extend and further your local efforts.

POLL: Which of these topics would you most like to see us fund more research about? Please select one. Also, please feel free to add additional suggestions to our chat.

- Explore the effect of Medicaid expansion on birth outcomes.
- Explore the association between higher minimum wage and birth outcomes.
- Investigate whether employer accommodations for pregnancy and breastfeeding improve infant health outcomes.
- Investigate whether out-of-pocket costs hinder women’s ability to access services early and adequately.
- Further explore relationship between pregnancy and women’s economic opportunity.
- Further explore relationship between housing and birth outcomes.
ANNOUNCEMENTS/ CLOSING BUSINESS
# 2018 Collaborative Meeting Schedule (EST)

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If you are interested in attending Workgroup meetings please email us at collaborative@marchofdimes.org to receive specific meeting information.
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If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborative@marchofdimes.com to receive the registration link and specific meeting information. This calendar is subject to change.
On November 13th, the Collaborative hosted a panel presentation at APHA: Accelerating Progress in Reducing Preterm Births: National, State and Local Collaborative Solutions

The panel included:
- Co-Chair Dr. Lisa Waddell
- Steering Committee Member Dr. Michael Lu
- Health Equity Co-Chair Dr. Fleda Mask Jackson
- Clinical Public Health Practice Co-Chair Vanessa Lee
- And local partner-Dr. Connie Mitchell, Deputy Director, Center for Family Health California Department of Public Health
WEBSITE UPDATES
www.marchofdimes.org/collaborative

BIRTH EQUITY FOR MOMS AND BABIES CONSENSUS STATEMENT

In response to the WHO vision of women and newborns achieving a high standard of health, the March of Dimes Prematurity Collaborative (previously known as the March of Dimes Collaborative) has released a consensus statement on the central role of the social determinants of health. This statement was developed to encourage safe birth equity and strategies for ensuring better outcomes for moms and babies and to create a call to action with equity-focused recommendations given by the core collaborative partners and network.

MARK YOUR CALENDAR
MARCH 22, 2018

March of Dimes’ Collaborative for Health Equity also recently released a document entitled “BIRTH EQUITY FOR MOMS AND BABIES: Creating the Pathway to Health for All.”

WE WON’T STOP
See all the ways the March for Babies is fighting for healthy families in your new community here.

WEBSITE UPDATES
www.marchofdimes.org/collaborative

BIRTH EQUITY FOR MOMS AND BABIES
Choosing social determinants pathways for research, policy and practice

Professionals
March of Dimes Collaborative

March of Dimes is dedicated to ending baby deaths. We are committed to creating a healthier pregnancy and birth for every mom and baby in America. To learn more, visit MarchOfDimes.org.
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
ADJOURN
RESULTS TO DATE
As of 11/20/2018

MEDIA/PR

Over **285 million** online media impressions for PAM/WPD to date.

Combined radio & TV reach of **9.2 m** viewers; Stacey Stewart's SMT interviews have had more than 400 airings.

Media stories appeared **NPR**, Yahoo!, Romper, LAist, Baltimore Sun, Kaiser Health, Quartz and many more.

Influencer activity for **WPD** exceeds **22k** engagements.