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. Election/Federal update – Cindy Pellegrini

3. Update on #BlanketChange – Cindy Pellegrini

4. Update on March of Dimes Prematurity Report Cards – Nikki Garro

5. Policy Issue Presentation: Postpartum Medicaid coverage expansion – Kay Johnson, President, Johnson Group Consulting

6. Discussion – Policy Workgroup

7. Next Steps
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.)

#BLANKETCHANGE
FOR MOMS AND BABIES THIS ELECTION
Maternal mortality in the U.S. is going in the wrong direction. Today, I'm standing with families in SW WA and across the country who have lost a mom and calling for #BlanketChange. I'll continue working to pass my bipartisan bill to save future moms' lives. goo.gl/dMr5YK

A month ago, I hosted the first-ever Maternal and Infant Health Summit. Today, I stand with @MarchOfDimes’s #BlanketChange movement. Our country must protect and provide for mothers and babies at childbirth. Let's ensure they have a bright future ➡️ marchofdimes.org/blanketchange.
RESULTS TO DATE

16,270,000 impressions of the hashtag #blanketchange

Online conversation around maternal mortality has increased 80%

Over 2,400 public posts of the hashtag #blanketchange

685 Tweets to candidates and elected officials

Trending hashtag on 10/10 in DC
Website to drive action at MarchofDimes.org/BlanketChange

Demand #BlanketChange for Moms and Babies

Contact your candidates to demand change now!

Learn about our maternal health crisis

Read the #BlanketChange agenda

Tweet at your candidates!

Full Name *
Address *
Zip * city and state not required
Phone *
Email *

Find Legislators ➔

Send me emails about this campaign

#BlanketChange
Blanket Memorial on the National Mall

March of Dimes @MarchofDimes · Oct 10
The U.S. is the most dangerous place in the developed world to give birth. Today we’re bringing our call for #BlanketChange to D.C. With the election less than a month away, we must ask candidates to make the health of moms & babies a priority. Join us at marchofdimes.org/blanketchange.

Show this thread
INTRODUCTION

Maternity care encompasses health care services for women during pregnancy, delivery, and postpartum. There are nearly four million births in the U.S. each year. Access to quality maternity care is a critical component of maternal health and positive birth outcomes, especially in light of the high rates of maternal mortality and severe maternal morbidity in the U.S. A maternity care desert is a county in which access to maternity health care services is limited or absent, either through lack of services or barriers to a woman’s ability to access that care. This report begins to identify these areas by looking at the availability of hospitals, health care providers, and means to pay for that care through health insurance.

BACKGROUND

Every year in this country, approximately 700 women die of complications related to pregnancy and childbirth, and more than 50,000 women experience severe maternal morbidity, a life-threatening complication as a result of labor and delivery. Despite many countries around the world successfully reducing their maternal mortality rates since the 1990s, the U.S. rate is still higher than most other high-income countries, and the U.S. maternal mortality rate has increased over the last few decades (Figure 1). In addition, a significant racial and ethnic disparity in maternal mortality exists in the U.S., with black women being three to four times more likely to die from pregnancy-related causes compared to white women. There are also geographical disparities, with many women in rural areas having challenges accessing care due to distance to services and other factors such as availability of providers.

The data indicate that not every woman in the U.S. has access to maternity care. This report examines some key factors related to maternity care access such as distance to care, access to hospitals as well as providers, and health insurance. Along with efforts to reduce preventable maternal mortality and morbidity, ensuring access to maternity care for all women has the potential to reduce disparities in pregnancy outcomes.

KEY FINDINGS

More than 5 million women live in maternity care deserts (1,065 counties) that have no hospital offering obstetric care and no OB providers.

For the first time, this report combines both of these factors to identify maternity care deserts. Almost 150,000 babies are born to women living in maternity care deserts.

- Maternity care deserts have a higher poverty rate and lower median household income than counties with access to maternity care.
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.
### 2018 Premature Birth Report Card Grades

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vermont</td>
<td>Alaska</td>
<td>United States</td>
<td>Arkansas</td>
<td>Alabama</td>
</tr>
<tr>
<td></td>
<td>California</td>
<td>Arizona</td>
<td>District of Columbia</td>
<td>Louisiana</td>
</tr>
<tr>
<td></td>
<td>Colorado</td>
<td>Connecticut</td>
<td>Georgia</td>
<td>Mississippi</td>
</tr>
<tr>
<td></td>
<td>Idaho</td>
<td>Delaware</td>
<td>Hawaii</td>
<td>West Virginia</td>
</tr>
<tr>
<td></td>
<td>Iowa</td>
<td>Florida</td>
<td>Illinois</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maine</td>
<td>Indiana</td>
<td>Kentucky</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Massachusetts</td>
<td>Kansas</td>
<td>Maryland</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Minnesota</td>
<td>Michigan</td>
<td>Missouri</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New Hampshire</td>
<td>Montana</td>
<td>Nevada</td>
<td></td>
</tr>
<tr>
<td></td>
<td>New York</td>
<td>Nebraska</td>
<td>North Carolina</td>
<td></td>
</tr>
<tr>
<td></td>
<td>North Dakota</td>
<td>New Jersey</td>
<td>Ohio</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oregon</td>
<td>New Mexico</td>
<td>Oklahoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rhode Island</td>
<td>Pennsylvania</td>
<td>South Carolina</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Washington</td>
<td>South Dakota</td>
<td>Tennessee</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wyoming</td>
<td>Utah</td>
<td>Texas</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Virginia</td>
<td>Puerto Rico</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wisconsin</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- A: States with zero premature births;
- B: States with one premature birth;
- C: States with two premature births;
- D: States with three premature births;
- F: States with four or more premature births.
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

- Rate Improved, Better Grade: 4
- Rate Improved, Same Grade: 12
- Rate/Grade Stayed the Same: 6
- Rate Worsened, Same Grade: 20
- Rate Worsened, Worse Grade: 10

A to B: New Hampshire, Oregon, Washington
B to C: Arizona, Kansas, Montana, South Dakota
C to D: Illinois, Maryland, Missouri

C to B: Iowa, Rhode Island, Wyoming
F to D: Puerto Rico

EMBARGOED UNTIL 12:01AM NOVEMBER 1, 2018
### 2018 Premature Birth Report Card Rates and Grades

#### Grade Distribution by Year

<table>
<thead>
<tr>
<th>Grade and Preterm Birth Rate Range</th>
<th>Number of Areas in 2018</th>
<th>Number of Areas in 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>A: 8.1% or less</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>B: 8.2% - 9.2%</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>C: 9.3% - 10.3%</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>D: 10.4% - 11.4%</td>
<td>16</td>
<td>12</td>
</tr>
<tr>
<td>F: 11.5% or greater</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>City, State</th>
<th>Preterm birth</th>
<th>City Grade</th>
<th>City, State</th>
<th>Preterm birth</th>
<th>City Grade</th>
<th>City, State</th>
<th>Preterm birth</th>
<th>City Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irwin, CA</td>
<td>5.5</td>
<td>A</td>
<td>Reno, NV</td>
<td>9.3</td>
<td>C</td>
<td>Chicago, IL</td>
<td>10.7</td>
<td>D</td>
</tr>
<tr>
<td>Ramapo, NY</td>
<td>9.0</td>
<td>A</td>
<td>Stockton, CA</td>
<td>9.3</td>
<td>C</td>
<td>Miami, FL</td>
<td>10.7</td>
<td>D</td>
</tr>
<tr>
<td>Seattle, WA</td>
<td>7.5</td>
<td>A</td>
<td>Corpus Christ, TX</td>
<td>9.4</td>
<td>C</td>
<td>Washington, DC</td>
<td>10.7</td>
<td>D</td>
</tr>
<tr>
<td>Irving, TX</td>
<td>7.8</td>
<td>A</td>
<td>Fresno, CA</td>
<td>9.4</td>
<td>C</td>
<td>Kansas City, MO</td>
<td>10.8</td>
<td>D</td>
</tr>
<tr>
<td>Vancouver, WA</td>
<td>7.6</td>
<td>A</td>
<td>Hemet, NY</td>
<td>9.4</td>
<td>C</td>
<td>Laredo, TX</td>
<td>10.9</td>
<td>D</td>
</tr>
<tr>
<td>Portland, OR</td>
<td>8.0</td>
<td>A</td>
<td>Boston, MA</td>
<td>9.5</td>
<td>C</td>
<td>Louisville, KY</td>
<td>10.9</td>
<td>D</td>
</tr>
<tr>
<td>Tucson, AZ</td>
<td>8.1</td>
<td>A</td>
<td>Los Angeles, CA</td>
<td>9.5</td>
<td>C</td>
<td>Oklahoma City, OK</td>
<td>10.9</td>
<td>D</td>
</tr>
<tr>
<td>Dallas, TX</td>
<td>8.3</td>
<td>B</td>
<td>Bakersfield, CA</td>
<td>9.7</td>
<td>C</td>
<td>Toledo, OH</td>
<td>10.9</td>
<td>D</td>
</tr>
<tr>
<td>Oakland, CA</td>
<td>8.3</td>
<td>B</td>
<td>Fort Worth, TX</td>
<td>9.7</td>
<td>C</td>
<td>Houston, TX</td>
<td>11.1</td>
<td>D</td>
</tr>
<tr>
<td>San Diego, CA</td>
<td>8.3</td>
<td>B</td>
<td>Virginia Beach, VA</td>
<td>9.7</td>
<td>C</td>
<td>Jersey City, NJ</td>
<td>11.1</td>
<td>D</td>
</tr>
<tr>
<td>San Francisco, CA</td>
<td>8.3</td>
<td>B</td>
<td>Wichita, KS</td>
<td>9.7</td>
<td>C</td>
<td>Brownsville, TX</td>
<td>11.2</td>
<td>D</td>
</tr>
<tr>
<td>San Jose, CA</td>
<td>8.3</td>
<td>B</td>
<td>Spokane, WA</td>
<td>9.8</td>
<td>C</td>
<td>Columbus, OH</td>
<td>11.2</td>
<td>D</td>
</tr>
<tr>
<td>St. Paul, MN</td>
<td>8.3</td>
<td>B</td>
<td>Auburn, CA</td>
<td>9.9</td>
<td>C</td>
<td>Lexington-Fayette, KY</td>
<td>11.2</td>
<td>D</td>
</tr>
<tr>
<td>Annapolis, CA</td>
<td>8.4</td>
<td>B</td>
<td>Phoenix, AZ</td>
<td>10.0</td>
<td>C</td>
<td>Lubbock, TX</td>
<td>11.3</td>
<td>D</td>
</tr>
<tr>
<td>Mesa, AZ</td>
<td>8.5</td>
<td>B</td>
<td>Charlotte, NC</td>
<td>10.1</td>
<td>C</td>
<td>Atlanta, GA</td>
<td>11.4</td>
<td>D</td>
</tr>
<tr>
<td>Sacramento, CA</td>
<td>8.5</td>
<td>B</td>
<td>Colorado Springs, CO</td>
<td>10.1</td>
<td>C</td>
<td>Cincinnati, OH</td>
<td>11.4</td>
<td>D</td>
</tr>
<tr>
<td>Tacoma, WA</td>
<td>8.6</td>
<td>B</td>
<td>El Paso, TX</td>
<td>10.1</td>
<td>C</td>
<td>Jacksonville, FL</td>
<td>11.4</td>
<td>D</td>
</tr>
<tr>
<td>Long Beach, CA</td>
<td>8.7</td>
<td>B</td>
<td>Arlington, TX</td>
<td>10.2</td>
<td>C</td>
<td>Indianapolis, IN</td>
<td>11.5</td>
<td>F</td>
</tr>
<tr>
<td>Denver, CO</td>
<td>8.8</td>
<td>B</td>
<td>Lincoln, NE</td>
<td>10.2</td>
<td>C</td>
<td>Tulsa, OK</td>
<td>11.5</td>
<td>F</td>
</tr>
<tr>
<td>New York, NY</td>
<td>8.8</td>
<td>B</td>
<td>San Bernardino, CA</td>
<td>10.2</td>
<td>C</td>
<td>Buffalo, NY</td>
<td>11.5</td>
<td>F</td>
</tr>
<tr>
<td>Brookhaven, NY</td>
<td>8.9</td>
<td>B</td>
<td>Des Moines, IA</td>
<td>10.3</td>
<td>C</td>
<td>Norfolk, VA</td>
<td>11.3</td>
<td>F</td>
</tr>
<tr>
<td>Durham, NC</td>
<td>8.9</td>
<td>B</td>
<td>Orlando, FL</td>
<td>10.3</td>
<td>C</td>
<td>Milwaukee, WI</td>
<td>11.9</td>
<td>F</td>
</tr>
<tr>
<td>Riverside, CA</td>
<td>8.9</td>
<td>B</td>
<td>Philadelphia, PA</td>
<td>10.3</td>
<td>C</td>
<td>San Antonio, TX</td>
<td>11.9</td>
<td>F</td>
</tr>
<tr>
<td>Modesto, CA</td>
<td>9.0</td>
<td>B</td>
<td>Grand Rapids, MI</td>
<td>10.4</td>
<td>D</td>
<td>New Orleans, LA</td>
<td>12.5</td>
<td>F</td>
</tr>
<tr>
<td>Chula Vista, CA</td>
<td>9.1</td>
<td>B</td>
<td>Greensboro, NC</td>
<td>10.4</td>
<td>D</td>
<td>St. Louis, MO</td>
<td>12.6</td>
<td>F</td>
</tr>
<tr>
<td>Glendale, AZ</td>
<td>9.1</td>
<td>B</td>
<td>Ithaca, NY</td>
<td>10.4</td>
<td>D</td>
<td>Fayetteville, NC</td>
<td>12.7</td>
<td>F</td>
</tr>
<tr>
<td>Anchorage, AK</td>
<td>9.2</td>
<td>B</td>
<td>Knoxville, TN</td>
<td>10.4</td>
<td>D</td>
<td>Birmingham, AL</td>
<td>12.8</td>
<td>F</td>
</tr>
<tr>
<td>Fontana, CA</td>
<td>9.2</td>
<td>B</td>
<td>Las Vegas, NV</td>
<td>10.5</td>
<td>D</td>
<td>Newark, NJ</td>
<td>12.9</td>
<td>F</td>
</tr>
<tr>
<td>Raleigh, NC</td>
<td>9.2</td>
<td>B</td>
<td>Nashville-Davidson, TN</td>
<td>10.5</td>
<td>D</td>
<td>Baton Rouge, LA</td>
<td>13.2</td>
<td>F</td>
</tr>
<tr>
<td>Salt Lake City, UT</td>
<td>9.2</td>
<td>B</td>
<td>Omaha, NE</td>
<td>10.5</td>
<td>D</td>
<td>Baltimore, MD</td>
<td>13.4</td>
<td>F</td>
</tr>
<tr>
<td>Santa Ana, CA</td>
<td>9.2</td>
<td>B</td>
<td>Tampa, FL</td>
<td>10.5</td>
<td>D</td>
<td>Memphis, TN</td>
<td>14.1</td>
<td>F</td>
</tr>
<tr>
<td>Austin, TX</td>
<td>9.3</td>
<td>C</td>
<td>Honolulu, HI</td>
<td>10.6</td>
<td>D</td>
<td>Cleveland, OH</td>
<td>14.4</td>
<td>F</td>
</tr>
<tr>
<td>Fort Wayne, IN</td>
<td>9.3</td>
<td>C</td>
<td>Albuquerque, NM</td>
<td>10.7</td>
<td>D</td>
<td>Detroit, MI</td>
<td>14.5</td>
<td>F</td>
</tr>
<tr>
<td>Minneapolis, MN</td>
<td>9.3</td>
<td>C</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**EMBARGOED UNTIL 12:01AM NOVEMBER 1, 2018**

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
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 has increased since last year’s Report Cards (20 this year compared to 17 last year).
- The US preterm birth rate increased to 9.9 percent from 9.8 percent on last year’s report card, and stays at a C.

Core components of Report Card are similar to last year:

- Same methodology for determining grades
- Preterm birth rate trend using obstetric estimate, 2007-2017
- Same disparities data last year (consistent with Healthy People methodology)
- Same county data
- Similar to last year, city rates and grades are not on the report card but available for the 100 cities with the largest number of births.

Expanded U.S. Report Card
Lessons Learned from IM CoILIN Interconception Care (ICC) and Medicaid Strategy

Kay Johnson
Johnson Group Consulting, Inc.
November 5, 2018
Recommendations to Improve Preconception Health and Health Care

1. Individual responsibility across the life span
2. Consumer awareness
3. Preventive visits
4. Interventions for risks
5. Interconception care
6. Pre-pregnancy check ups
7. Health coverage for low-income women
8. Public health programs
9. Research
10. Monitoring improvements

Recommendations for:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5506a1.htm?s_cid=rr5506a1_e
Interconception Care

- Provide women who had prior adverse pregnancy outcome with interventions to reduce risks that affect the woman and any future pregnancy she may choose to have.

- Using a “disease management” more intensive approach that includes medical care and case management to:
  - Reduce the impact of chronic disease and other reproductive health risk factors.
  - Promote fulfillment of a women’s reproductive life plan and positive decision making.
  - Improve the outcomes of any subsequent pregnancies she may choose to have.
The Interconception Care (ICC) and Medicaid CoIIN strategy aimed to modify Medicaid policies and procedures in 5-8 Southern states by December 2013 in order to improve access to and financing of postpartum visits and ICC care case management for women who have experienced a Medicaid financed birth that resulted in an adverse pregnancy outcome.
CoIIN States in Regions IV and VI

- States (2) with Medicaid interconception (ICC) waiver
- States (6) active in development of ICC and Medicaid CoIIN-related projects and policies
- States (5) participating in ICC and Medicaid CoIIN work as an observer

CoIIN ICC and Medicaid Strategy 6/26/2014
### Documented Medicaid Interconception Service Delivery and System Changes (12/13)

<table>
<thead>
<tr>
<th>ICC Medicaid service delivery and system changes</th>
<th>Yes</th>
<th>No</th>
<th>In Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enhance use/design of postpartum visit (n = 7 states)</td>
<td>3</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Extend case management to ICC target group (n = 8 states)</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Focusing policy and program

In order to finance, deliver, and measure ICC services, States must determine:

- Who are the women in target population?
- How many women are in the target population?
- Which adverse outcomes/conditions will be included (if criteria for eligibility)?
- What are the benefits (full, specified, model)?
- How will women be identified, enrolled, and engaged for services?
IM CollIN Medicaid Structural Challenges

- Developing new Medicaid strategies at the same time as ACA controversy.

- Medicaid managed care structures, with few levers to change health plans and provider practices.

- Medicaid health home option was not yet available for this population based on CMS guidance

- Need for better Medicaid data on perinatal topics
  - No systematic data collection across perinatal period
  - Global billing that includes postpartum visits
  - Vital statistics and Medicaid data not linked
  - Measures and data definitions weak
CoIIN ICC Structural Challenges

- Concept of interconception care underdeveloped.
- View that PPV and family planning sufficient.
- State experiences indicate that getting women to enroll and engage is a challenge.
- Identifying women at risk for enhanced support.
- Changing provider attitudes and practices.
- Collaboration between public health/MCH and Medicaid weak.
- IM CoIIN without mandate, new funding, etc.
What states wanted or needed

- Levers with Medicaid MCOs/health plans.
- A stronger community-based, case management system to work with higher risk mothers.
- Mechanisms to connect with new mothers with postpartum services and medical home.
- Practice-level learning collaboratives on to pilot, test, and carefully build system components.
- Training and technical assistance capacity to ensure that ICC services are part of a medical home model.
- Measurement and data capacity for postpartum/ICC.
Select References on ICC


- Wise PH. Transforming preconceptional, prenatal, and interconception care into a comprehensive commitment to women’s health. Womens Health Issues. 2008;18:S13–18
DISCUSSION
Next steps

• Post materials/resources
• Identify strategy
• Geographic Focus
• Collective Work (roles)
Reminder: We Need Resources

Fact sheets/issue briefs
Testimony/talking points
Sample legislation
Peer-reviewed literature and other research/studies
Other
# 2018 Collaborative Meeting Schedule (ET)

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

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.