PREMATURITY COLLABORATIVE

Clinical and Public Health Practice Workgroup

December 12, 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, Introductions & Review
• Integrating Equity into Clinical Public Health Practice
  • Kweli Rashied-Henry, Director of Health Equity, March of Dimes
• The AIM Peripartum Racial and Ethnic Disparities Bundle
  • Andria Cornell, Associate Director for Women’s Health, AMCHP
• Business
• Adjourn
GOALS

• Further our discussion on integrating a health equity framework into our Clinical Public Health Practice work as we continue to explore and take the next steps on our work plan activities

• Learn more about the Health Equity tools and resources provided by our Health Equity Workgroup.

• Discuss utilization of a health equity framework and lens in our work and planned activities.

• Learn more about the AIM Peripartum Racial and Ethnic Disparities bundle and how it is being operationalized
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.
CLINICAL AND PUBLIC HEALTH PRACTICE WORKGROUP CO-CHAIRS

Christopher Zahn, MD
Vice President, Practice Activities, ACOG

Vanessa Lee, MPH
HRSA Infant Mortality COIIN Coordinator
CPHP PROGRESS

• May through July we brainstormed and prioritized future activities
• In August, we 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
HEALTH EQUITY & CPHP

1. 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.

2. Next Meeting: January 30th
INTEGRATING HEALTH EQUITY
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.


GUIDING PRINCIPLES

GUIDING PRINCIPLE 1 (SOCIETAL ACTION AND ENGAGING MARGINALIZED GROUPS):

*Family and community engagement* in research, programs and advocacy
- Use asset-based approaches
- Activate community towards equitable distribution of power, resources and money

GUIDING PRINCIPLE 2 (POLICY, SYSTEMS AND ENVIRONMENT IMPROVEMENTS):

Access to *culturally-competent, quality care*; ensure appropriate community resources and effective use of community resources
- Develop and scale best practices
- Tell stories with permission
- Give providers tool to examine and address their own implicit bias
GUIDING PRINCIPLES

GUIDING PRINCIPLE 3 (HEALTH OPPORTUNITY DEPENDS ON SOCIAL DETERMINANTS):
Address *social and structural determinants of health* and barriers to care
   Disaggregate data by race and ethnicity

GUIDING PRINCIPLE 4 (EQUITY IS HEALTH FOR ALL AND DIFFERENT FROM EQUALITY):
Provide *services in high-need, high-burden communities*

GUIDING PRINCIPLE 5 (BUILD ON AND OPTIMIZE STRENGTHS OF MARGINALIZED GROUPS):
*Engage community* most impacted by disparities
   Summarize Collaborative member organizations’ focus areas related to health equity to
   *broadly share information and resources*
GUIDING PRINCIPLES

GUIDING PRINCIPLE 6 (MULTI-FACTORIAL APPROACHES TO BUILD COMMUNITY CAPACITY):
*Cross-sector engagement and coordination* to address social and structural determinants of health.
Education and awareness of navigating health care including mental health.

GUIDING PRINCIPLE 7 (ADDRESS DISCRIMINATION AND HISTORICAL INJUSTICE):
*Communicate how racism effects preterm birth disparities*.
Identify and address the effects of implicit bias.

GUIDING PRINCIPLE 8 (DATA MEASUREMENT FOR ACCOUNTABILITY):
*Utilize shared measures* to track and analyze disparities; include qualitative and quantitative data.
*Disaggregate data* by its component parts, including race and ethnicity to ensure accountability.
GUIDING PRINCIPLES

GUIDING PRINCIPLE 9 (CONSTANT, SYSTEMATIC AND DELIBERATE COMMITMENT):

*Activate partners* to join the Collaborative
Long term commitment and continuous reassessment of progress required
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 BELIEFS

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 BELIEFS

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 BELIEFS 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
PERIPARTUM RACIAL & ETHNIC DISPARITIES BUNDLE
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)
POLL

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
Status of State Medicaid Expansion Decisions

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.
QUESTIONS?
WEBSITE UPDATES
www.marchofdimes.org/collaborative
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