PREMATURITY COLLABORATIVE

Q1 FULL COLLABORATIVE MEETING

February 13, 2019
1:00 PM – 2:30PM ET
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
• Announcements & Updates
• Local Collaborative Features:
  • CityMatCH Institute for Equity in Birth Outcomes
    Jessica Ehule, MS, MSPH, Public Health Project Coordinator, CityMatCH
  • D’Yuanna Allen-Robb, MPH, Director, Maternal Child & Adolescent Health, Nashville Public Health
  • Rose Anderson-Rice, MPA, Chief Program Director, Generate Health St. Louis
• Meeting Dates & Other Business
• Adjourn
GOALS

• *To learn more about the local collaboratives in St. Louis and Nashville and the CityMatCH Equity Institute that are improving equity and birth outcomes.*

• *To learn about and engage in other activities and work products of the Prematurity Collaborative.*
ANNOUNCEMENTS AND UPDATES
GOALS & PURPOSE

GOAL: To achieve equity and demonstrated improvements in preterm birth.

PURPOSE: To engage and convene a wide array of organizations, drawing on their unique expertise to problem solve together, create solutions and drive improvements in preterm birth and equity using our collective action and shared strategy and metrics.
PREMATURITY COLLABORATIVE TIMELINE (2018-2019)

**October-December 2018**
Policy Work Group narrows focus to three initiatives and works to identify states to work in. Health Equity Work Group convenes in November to discuss SDoH tool next steps.

**November 2018:**
- Collaborative presentation at APHA with Dr. Lu, Vanessa Lee, Dr. Jackson, Dr. Mitchell, Dr. Waddell & Gina Legaz
- Release of the Collaborative Birth Equity for Moms & Babies Consensus Statement endorsement begins!

**December 2018:**
- CPHP convenes to discuss how to integrate the Birth Equity for Moms & Babies Consensus Statement into work plan
- Collaborative Manager position posted-Hiring process to being in January

**January 2019:**
Identified funding and nearing approval to move forward with results framework & our 2019 Joint Work Group Call
# Prematurity Collaborative Strategic Map

## Achieve Equity and Demonstrated Improvements in Preterm Birth

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase effective use of evidence-informed clinical and public health practice</td>
<td>Expand discovery and accelerate translation and innovation</td>
<td>Align multi-level support to improve health equity</td>
<td>Develop and implement messaging, policy &amp; practice strategies</td>
<td>Secure the funding and resources required for success</td>
</tr>
<tr>
<td></td>
<td>The Clinical and Public Health Practice Workgroup has the following objectives:</td>
<td>The Research Workgroup has the following objectives:</td>
<td>The Health Equity Workgroup has the following objectives:</td>
<td>The Policy and Communications Workgroups have the following objectives:</td>
<td>The Funding and Resources Workgroup has the following objectives:</td>
</tr>
<tr>
<td>2</td>
<td>Optimize public health systems and strategies to improve the health of women and adolescents</td>
<td>Implement public health/community-based research and program evaluation</td>
<td>Foster and support community/place-based leadership and engagement</td>
<td>Tell the right story to each audience in a compelling way</td>
<td>Align and strengthen staffing and infrastructure</td>
</tr>
<tr>
<td>3</td>
<td>Optimize clinical practices to improve the health of women and adolescents</td>
<td>Expand basic, translational, clinical and health services research</td>
<td>Foster and support population-based solutions</td>
<td>Coalesce partners to support common messaging</td>
<td>Identify, cultivate relationships and prioritize potential funders/resources</td>
</tr>
<tr>
<td>4</td>
<td>Support strategies to increase the intentionality of pregnancy</td>
<td>Research effective adaptation and implementation of evidence to improve precision</td>
<td>Align federal, tribal, state, territorial, local and community policy initiative</td>
<td>Integrate messaging with other campaigns/efforts</td>
<td>Improve “asks” to secure funding and coordinate where appropriate</td>
</tr>
<tr>
<td>5</td>
<td>Ensure all women receive high quality prenatal care</td>
<td>Provide career support for multi-level/multi-degree investigators</td>
<td>Partner across sectors to impact the root causes of inequity</td>
<td>Engage partners to advocate policies supporting preterm birth goals</td>
<td>Provide appropriate funder and partner recognition</td>
</tr>
<tr>
<td>6</td>
<td>Ensure appropriate care for all women with prior preterm birth</td>
<td>Foster collaborative community learning</td>
<td>Establish a federal home for preterm birth efforts</td>
<td>Align payment/funding with desired outcomes</td>
<td></td>
</tr>
</tbody>
</table>

**Emphasize the health of women and adolescents**

- Engage families, communities and other strategic partners across sectors through a collaborative infrastructure
- Optimize the use of data and evaluation to drive learning and success
TWITTER CHAT

• March of Dimes is hosting a global, bilingual twitter chat and your invited!
• The message: Many birth defects can be prevented and treated. Let’s speak in one voice to spread global awareness for World Birth Defects Day.
• Theme: Many birth defects, one voice.
• Hashtag: #WorldBDDay
• Date: March 1st at 11:00 am ET
• Participating Organizations Include:
  • Mother to Baby
  • World Health Organization
  • U.S. Centers for Disease Control and Prevention
  • National Birth Defects Prevention Network
  • Center for Spina Bifida Prevention
  • Teratology Society
  • Food Fortification Initiative
  • Neonatal Alliance
  • The Partnership for Maternal, Newborn, and Child Health
  • International Federation for Spina Bifida and Hydrocephalus
  • European Dysmelia Reference Information Centre
WORK GROUP ACTIVITIES

1. Clinical Public Health Practice
   a) Synthesizing Preterm Birth Prevention best practices across the community

2. Health Equity
   a) Spread and further publication of the Birth Equity for Moms and Babies Consensus Statement

3. Joint Work
   a) Development of SDOH screening tool best practices

4. Policy Work Group Current Initiatives:
   a) Enhanced reimbursement of Group Prenatal Care in Louisiana, Alabama & Tennessee
   b) Medicaid Expansion in Kansas
   c) Medicaid Postpartum extension in Texas
   d) Building a clearinghouse of policy statements, legislation, testimony, factsheets etc. of issues related to birth outcomes and equity.

LAUNCH POLL #1
POLICY WORKGROUP INITIATIVES RESOURCE GUIDE

Check out our NEW resource guide on the Policy Work Group page at:

marchofdimes.org/collaborative

POLICY WORKGROUP

The Policy workgroup is one of the six Prematurity Collaborative workgroups guided by the Collaborative strategic map.

This workgroup works to achieve demonstrated improvements in health equity and preterm birth by developing and implementing messaging, policy and practice strategies.

Workgroup focus

The Policy Workgroup co-chairs are:

- Andre Kane, MPA
  Vice President Policy & Strategic Partnerships
- Cindy Pellegreni
  Senior Vice President Public Policy & Government Affairs
March of Dimes

The workgroup focus is guided by strategic map priorities to:

- Tell the right story to each audience in a compelling way
- Coalesce partners to support common messaging
- Integrate messaging with other campaigns/efforts
- Engage partners to advocate policies supporting preterm birth goals
- Establish a federal home for preterm birth efforts

2019 Resource Guide

2019 POLICY WORK GROUP INITIATIVES CONTACT AND RESOURCES

EXTENDING MEDICAID POSTPARTUM COVERAGE TO 12 MONTHS

- Contact for Texas: Matt Kopple, March of Dimes, mkopple@marchofdimes.org

Additional Resources for Medicaid Postpartum Coverage:

- Healthy Texas Women: https://www.texashealthtrust.org/programs/health/women/healthy-texas-women

- Opting Out Postpartum Care (MOOG Committee Opinion): https://www.acog.org/Clinical-Guidance-and-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Postpartum-Care/MobileLink-Article
- Postpartum Depression Screening Now Covered by Texas Medicaid: https://www.tdh.texas.gov/programs/screening-postpartum-depression
- Postpartum Medicaid Coverage Extension: https://www.marchofdimes.org/materials/7U/Z/Policy%20CO%20work%20grupo (%2031)
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

LAUNCH POLL #2
### ENDORSEMENTS

#### ORGANIZATIONS
- American Public Health Association (APHA)
- Palmetto Healthy Start
- CityMatCH
- Commonwealth Care Alliance
- Georgia Obstetrical and Gynecological Society
- Black Women for Wellness
- Trust for America’s Health
- National WIC Association
- Birthing Project USA
- UNC Center for Maternal and Infant Health
- Ancient Song Doula Services
- Zeta Phi Beta Sorority, Incorporated
- North Carolina Perinatal Association
- Black Women’s Health Imperative
- National Institute for Children’s Health Quality (NICHQ)
- Birth Matters
- Nzuri Malkia Birth Collective
- Medicines360
- March of Dimes
- Georgia OBGyn Society
- 100 Million Healthier Lives
- Power to Decide
- Society for Maternal Fetal Medicine (SMFM)
- Center for Disease Control and Prevention (CDC)
- Northeast Florida Healthy Start Coalition
- Michigan Public Health Institute
- Health Care Without Walls
- Health Leads
- Council on Alcohol & Drug Abuse-CB
- Buffalo Prenatal Perinatal Network

#### INDIVIDUALS
- Kay Johnson, Johnson Group Consulting, Inc. Past chair US HHS Secretary Advisory Committee on Infant Mortality (SACIM)
- DeWayne Pursley, MD, MPH; Department of Neonatology, Beth Israel Deaconess Medical Center
- Dr. Steven G. Gabbe, The Ohio State University Wexner Medical Center
- Linda Nelson, University of Minnesota DNP student Public Health Nursing
- Dr. Patricia T. Gabbe, MD, MPH Founder Moms2B, Clinical Professor of Pediatrics, Obstetrics and Gynecology; The Ohio State university College of Medicine and Nationwide Children’s Hospital
- Dr. Allison Bryant, MD, MPH, Massachusetts General Hospital
- Shareece Davis-Nelson
- Robbie Caldwell
- Dr. Ndidiamaka Amutah, Tufts University
- Dr. Arden Handler, University of Illinois School of Public Health
- Rebecca Smith
- Gloria DeLoach
- Shantay Davies-Balch
- Marilyn Noll

**TOTAL ENDORSERS = 44**
HEALTH EQUITY FORUM

• Funding to host a Health Equity Forum in conjunction with a large annual conference

• Building off of our 2018 Summit: Building a Birth Equity Movement-taking the next step towards actionable health equity work

• Aim to discuss a second Consensus Statement

• July, Orlando, FL potentially aligned with the NACCHO annual meeting

• We aim to provide attendees with the tools and training necessary to act on health equity locally with the community and non-traditional partners. Potential training will include:
  • How to build a Results Based-Accountability framework
  • How to engage in Collective Impact
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.
DRIVING EQUITY & IMPROVED BIRTH OUTCOMES WITH LOCAL ACTION
Institute for Equity in Birth Outcomes: A CityMatCH Initiative to Reduce Birth Outcome Disparities

February 13, 2019
National membership organization of city and county health departments' maternal and child health (MCH) programs and leaders representing urban communities in the United States.

The mission of CityMatCH is to strengthen public health leaders and organizations to promote equity and improve the health of urban women, families, and communities.
The Institute for Equity in Birth Outcomes

A high-visibility, national movement of urban communities implementing data-informed, community-driven strategies to reduce inequities in birth outcomes.
Equity Institute Agenda

1. Looking at Local Data
2. Creating a Narrative
3. Engaging Our Community
The Ready-Set-Go Framework

Year 1
- Evaluate current capacity
- Build Community Coalition
- Look at local data – PPOR Analysis
- Narrow down priorities
- Begin collecting data to tell your community’s story

Year 2
- Select up/downstream interventions
- Create logic model & evaluation plans

Year 2-3
- Implement intervention strategies
- Evaluate impact of interventions
- Quality Improvement
- Disseminate findings
<table>
<thead>
<tr>
<th>National</th>
<th>Ohio</th>
<th>Detroit</th>
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<tbody>
<tr>
<td>Seattle-King Co., WA</td>
<td>Columbus</td>
<td>City of Detroit, Michigan</td>
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<tr>
<td>Memphis-Shelby Co., TN</td>
<td>Cincinnati</td>
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<tr>
<td>Orlando-Orange Co., FL</td>
<td>Cleveland-Cuyahoga Co.</td>
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<tr>
<td>West Palm Beach, FL</td>
<td>Youngstown-Mahoning Co.</td>
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<tr>
<td>City of San Francisco, CA</td>
<td>Butler Co.</td>
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<tr>
<td>City of Baltimore, MD</td>
<td>Toledo-Lucas Co.</td>
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<tr>
<td>St. Louis City &amp; County</td>
<td>Summit Co.</td>
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<tr>
<td>Ramsey County, MN</td>
<td>Canton-Stark Co.</td>
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<tr>
<td>Solano County, CA</td>
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<tr>
<td>Kent County, MI</td>
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<tr>
<td>Davidson County, TN</td>
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<tr>
<td>State of New Mexico</td>
<td></td>
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<tr>
<td>State of Louisiana, Region 7</td>
<td></td>
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<tr>
<td>Daynonton-Montgomery Co.</td>
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</table>
What is Different About the Equity Institute?

Strategies to address birth outcome disparities

Data Informed

Community Driven
What is Different About the Equity Institute?

- Look at local data & evaluate local capacity
- Authentically engage the local community & build a community coalition
- Set priorities and select upstream and downstream strategies
What is Different About the Equity Institute?

- Implement strategies to address birth outcome disparities
- Evaluate impact
- Disseminate findings
UPSTREAM & DOWNSTREAM

Upstream Strategies

Prevention Vehicles

Downstream Strategies

racism
Upstream Strategies
Education, housing, labor, justice, transportation, agriculture, environment, etc.

Prevention Vehicles
Home Visiting, Medical Homes and Neighborhoods, Case Management, WIC, Centering, Baby-friendly Hospitals and Birthing Clinics, Doula Care, etc.

Downstream Strategies
Family Planning, Maternal Stress Prevention and Management, Tobacco, Alcohol, other Drug Cessation, Progesterone, Kangaroo Care, Safe Sleep, etc.
IMPACT OF UPSTREAM STRATEGY

- Upstream strategies often target the Social Determinants of Health

- Addressing Social Determinants of Health give us the greatest impact

- Examples of Upstream Work from our Teams:
INSIGHT FROM OUR DATA

Infant Mortality Rates by Race and Ethnicity, 2016

Rate per 1,000 Live Births

- Non-Hispanic Black: 11.4
- American Indian/Alaska Native: 9.4
- Native Hawaiian or other Pacific Islander: 7.4
- Hispanic: 5.0
- Non-Hispanic White: 4.9
- Asian: 3.6
# Prevalence of Individual ACEs for Children by Race

<table>
<thead>
<tr>
<th></th>
<th>Hard to cover basics like food or housing somewhat or very often</th>
<th>Parent or guardian divorced or separated</th>
<th>Parent or guardian died</th>
<th>Parent or guardian served time in jail</th>
<th>Saw or heard parents or other adults slap, hit, kick, or punch in home</th>
<th>Victim of or witness to violence in neighborhood</th>
<th>Lived with anyone mentally ill, suicidal, or severely depressed</th>
<th>Lived with anyone with problem with alcohol or drugs</th>
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<tbody>
<tr>
<td><strong>United States</strong></td>
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<tr>
<td><strong>White, NH</strong></td>
<td>22</td>
<td>23</td>
<td>3</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>9</td>
<td>10</td>
</tr>
<tr>
<td><strong>Black, NH</strong></td>
<td>37</td>
<td>35</td>
<td>7</td>
<td>16</td>
<td>9</td>
<td>7</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Asian, NH</strong></td>
<td>14</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td><strong>Other race, NH</strong></td>
<td>31</td>
<td>27</td>
<td>4</td>
<td>11</td>
<td>7</td>
<td>6</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td><strong>Hispanic</strong></td>
<td>29</td>
<td>28</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td><strong>All children</strong></td>
<td>25</td>
<td>25</td>
<td>3</td>
<td>8</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

Stacks, V., Murphy, D. The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity. Child Trends, 2018
Creating a Narrative
For example, why do we see so many excess deaths in the prematurity/maternal health period of risk?
PREMATURITY

- <37 weeks
- 32-36 weeks
- <32 weeks

- Previous spontaneous preterm
- Preconception Health
- Short inter-pregnancy interval
- Congenital Anomalies
- Twins, triplets etc.
- Smoking

- Stress
- Over the life course
- Chronic Disease
  - Obesity**
  - Hypertension
  - Diabetes

- Environmental exposure
- Maternal age and diet
- Heredity
- Assisted Reproductive Technology
“Not Married at the Time of Baby’s Birth”

- Proxy for socioeconomic status
  “Two salaries are better than one”

- Proxy for measuring our social safety net/social networks

- What can you do in your community to strengthen families?
“Having less than a high school education”

• Proxy for socioeconomic status
• Gives us a picture of the mother’s upbringing
• What are some barriers that prevent people from graduating from high school?
• What are the economic opportunities available for high school drop outs?
“Birth Spacing Shorter Than 18 Months”

• What are policies that enable/prevent women from having access to contraception?

• What are the cultural norms in your community regarding contraception?
More Data Sources to Create a Narrative

Your Community!
Authentically
Engaging Your Community
# Authentic Community Engagement

<table>
<thead>
<tr>
<th><strong>What?</strong></th>
<th><strong>Why?</strong></th>
</tr>
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<tbody>
<tr>
<td>Collaboration</td>
<td>Community members want, and DESERVE, their say</td>
</tr>
<tr>
<td>Communication</td>
<td>The challenges are important and complex</td>
</tr>
<tr>
<td>Mobilization</td>
<td>Can lead to tangible results</td>
</tr>
<tr>
<td>Community participation</td>
<td>Empower citizens</td>
</tr>
</tbody>
</table>
Five Conditions for Collective Impact

- Specialized Agendas
- Fragmented Measurements
- Independent Activities
- Sporadic Communication
- Unsupported Efforts

- Common Agenda
- Shared Measurement
- Mutually Reinforcing Activities
- Continuous Communication
- Backbone Organization

Source: Tamarack Institute for Community Engagement
Contact CityMatCH

Jessica Ehule, MS, MSPH
CityMatCH
jessica.ehule@unmc.edu
(402) 552-9582
www.citymatch.org
Metropolitan Nashville Infant Health Equity Movement

Eliminating Inequities

WEDNESDAY, FEBRUARY 13, 2019

D’Yuanna Allen-Robb, MPH
Director, Maternal Child and Adolescent Health
Metro Nashville Public Health Department
Davidson County, Tennessee
- ~531 square miles
- Largest County/Metro in Tennessee
- ≈ 100 people move to Nashville a day

Demographics
- 30% African American
- 56% Caucasian
- 10% Latina/Latino
- 4% Other (141 different languages)

- Approximately 10,000 births per year
- 5 birthing hospitals/centers in Nashville
- Largest perinatal system in region

Data Source: America's Health Rankings, United Health Foundation
Infant Mortality, Davidson County; 2004 - 2016

Source: Metro Public Health Department, Division of Epidemiology, 2017.
Infant Mortality, Davidson County; 2011 - 2016

Source: Metro Public Health Department, Division of Epidemiology, 2017.
Prematurity Report, Davidson County; 2018

TENNESSEE

GRADE
D
PRETERM BIRTH RATE
11.1%

COUNTIES

Counts with the greatest number of births are graded based on their 2016 preterm birth rates.

<table>
<thead>
<tr>
<th>COUNTY</th>
<th>GRADE</th>
<th>PRETERM BIRTH RATE</th>
<th>CHANGE BETWEEN 2007 AND 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Davidson</td>
<td>D</td>
<td>10.5%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Hamilton</td>
<td>F</td>
<td>12.1%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Knox</td>
<td>C</td>
<td>9.8%</td>
<td>9.7%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>C</td>
<td>9.6%</td>
<td>9.0%</td>
</tr>
<tr>
<td>Rutherford</td>
<td>F</td>
<td>12.2%</td>
<td>10.5%</td>
</tr>
<tr>
<td>Shelby</td>
<td>F</td>
<td>13.3%</td>
<td>12.6%</td>
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</tbody>
</table>
Affordable housing crisis:
- Available for-sale inventory for 1.7 months;
- Average monthly rent ↑ 56% (2011 – 2017) from $897 to ~$1,400/month

Gentrification
Wage Stagnation (~salary of $80,548)
Public Transportation
Infant Health Equity Movement 2016 - 2018

- High infant mortality rate (AA)
- Stable housing/housing opportunities
- Relationship with residents (lived experience)
- Willing partners
- Commitment to grassroots approach

- Napier-Sudekum community (37210); Median income: $29k/yr;
- 3rd highest AA IMR (21.5 AA IMR)
- Willingness to build relationship with residents (lived experience)
- Coalition of willing partners (March of Dimes, MDHA, Birthing Hospitals, FIMR Community Action Team, etc.)
Infant Health Equity Movement 2016 - 2018

“Everyone sees the ambulance come up here to get the dead babies. When are you going to start doing something?”
~ Resident quote from 2016 community conversation

- Review of PPOR data and sharing with grass-tops organizations in community (dinner 3 nights/month)
- Trained property maintenance workers in Direct On Scene Education (DOSE) (infant safe sleep)
- Showed up for community night activities (Being present with community without a stated agenda to build trust)
- Shared PPOR data with residents and made a commitment together
Initial Downstream Approach: Preventing repeat preterm births (17-P/preterm birth history screening in MPHD family planning and WIC clinics)

Upstream Approach: Metro Public Health Department institutional policies, practices, procedures that contribute to birth outcome inequities (proximal and distal associations)
GOAL: MPHD will implement and scale systematic screening for preterm birth history and clinical referral for 100% of Family Planning clients by June 30, 2018.

- 17-P Screening
- 1,248 17-P Screenings in MPHD clinics (January 1, 2018 to December 31, 2018)
- 4% of screened women + for history of previous preterm birth and clinically eligible for 17-P
- 86% of women referred to a case-management or home-visiting service
- Of the women who indicated a previous preterm birth history, 82% were referred to the Davidson County Central Referral System for home visiting services
Upstream Approach

- **GOAL:** MPHD will approve and implement an equity-based process for authentic community engagement by June 30, 2019.

- **Institutional** - Health Equity Assessment Team reviewing policies (in process)
  - Initial review with identified opportunities
  - Recommendations to leadership to fill policy gaps

- **Communal** – Develop trusting relationships with residents in Napier/Sudekum communities
  - Being present and learning from women
  - Community Baby Showers, beginning in August 2017
  - Photoshoot with families who delivered May 2018
  - Safe Sleep ambassador training
These art projects tackle community health issues

- July 28, 2018
  Washington Post
- Artist Andrea Chung, “Eeny, meeny, miny, moe” exhibit
Infant Health Equity Movement 2016 - 2018

- 24 months, 31 full term, healthy birth weight African American infants
- Financial investment: Time, food, compensation for resident time (~$2,500)
- Clinical cost savings/ROI: 92%
- 100% African American Infant Vitality; ONLY African American community with 100% infant vitality*
- Replicating relationships in next community (Cumberland View)
- Largest Affordable Housing provider to create the “Mommy and Me Village” (“Family and Me Village”) to set aside 2+ bedroom housing stock specifically for expectant families and families with infants < 6 months of age.
Infant Health Equity Movement 2016 - 2018

- Special Recognition Grass-tops Team
  - Sarah Bounce, Health Equity Coordinator
  - Gianna Hanson, Community Champion
  - Dr. Raquel Qualls-Hampton, Chief Epidemiologist
  - Dr. Kimberlee Wyche-Etheridge, Content Expert
  - Lillian Maddox-Whitehead, Tobacco Control and Prevention Director
  - Tamara Currin, March of Dimes (Tennessee)
  - Trevor Crowder, Fetal Infant Mortality Review
  - Chemyeeka Tumblin, Preconception Health Strategist
Community Residents and Health Officials celebrate more first birthdays. - Nashville is best place for babies to be born.

NASHVILLE, Tenn. (WKRN) - Tennessee is one of the unhealthiest places for a baby. The state has more mothers who smoke and eat poorly, leading up to and during their pregnancies.

That’s the reason the Metro Public Health Department held a problem-solving workshop Friday. Leaders from Tennessee State University, College of Health Sciences and Nashville Health attended.

Pediatrician and health professionals were also there.

They discussed ways to reduce infant mortality in Nashville over the next three years based on local and national expert recommendations.
D’Yuanna Allen-Robb, MPH
Director, Maternal Child and Adolescent Health
dyuanna.allen-robb@nashville.gov
Addressing Access to Quality Housing to Advance Equity in Birth Outcomes in St. Louis

Rose Anderson-Rice
February 13, 2019
BLACK INFANTS DIE AT 3 TIMES HIGHER RATE THAN WHITE INFANTS IN ST. LOUIS.
North Star:

Zero racial disparities in infant mortality by 2033
Collective Movement Building

People Power

Promote systems and Policy change

Narrative change

California Endowment, Building Healthy Communities
St. Louis Equity Institute Core Team
Local Data: Perinatal Periods of Risk

- Greatest percentage excess death among Black women
  - 48.1% Maternal Health and Prematurity
- White women had better outcomes compared to referent population
  - Except newborn care

Housing Inequities

• Areas with high Black/African American populations correlate with
  o Concentrated poverty
  o Lack of affordable, quality, safe housing
  o Poor birth outcomes

• Poor quality, unaffordable housing associated with
  o Chronic stress (mother)
  o Preterm births
  o Low birth weight

Source: Xaverius et al., 2018
Implementation Plan

Data
Partners
Direct Tenant Engagement
Understand the Housing System
Change the Narrative
Continue the Story
Homes in Clinton Peabody
Lessons Learned

• Community power and consensus building ensured a community-driven decision making process.

• The flexibility of Generate Health STL to advocate for policy and community change is a great asset.

• Bringing partners from the housing sector earlier could improve understanding of historical and current housing policies earlier in process.

• Remaining flexible with changing strategies and implementation plans is important

• Selecting a target group where relationships have been established

• Context matters! Greater focus on housing in St. Louis

• Community empowerment and mobilization
Barriers

• Identifying how to align with FLOURISH St. Louis and not duplicate strategic actions was challenging.
• Previously, housing has not been addressed in the context of birth outcomes in this region.
• Bringing partners to the table who are subject matter experts in housing and legal services
• Determining where to begin - Housing is such a big issue
• Knowledge of navigating systems - Health and Housing
Major Accomplishments

• Maintained high level of engagement from community residents
• Leveraged a strong team of epidemiologists for data analysis and planning interventions
• Tapped into existing infrastructure and collective impact work of the backbone organization to align our efforts
• Intervening Events
  o Media attention
  o Lawsuits - Attorney General suing Housing Authority
  o Elected officials engaged with residents
  o Residents engaged in Housing Commission meetings / Community mobilization
Questions?

Contact info:

Rose Anderson-Rice
randersonrice@generatehealthstl.org
QUESTIONS?
DISCUSSION

LAUNCH POLL
CLOSING BUSINESS
# COLLABORATIVE MEETING SCHEDULE (all times are EST)

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If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborative@marchofdimes.org to receive the registration link and specific meeting information. This calendar is subject to change.
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.
ADJOURN