Prematurity Campaign Collaborative

Full Collaborative

February 28, 2018

Please type your name, affiliation, and location in the chat box so we can see who is on the call. Also let us know if this is your first time joining!
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. Opening Remarks: Paul Jarris

2. Infant Mortality CoIIN
   - Introduction: Vanessa Lee, HRSA
   - Safe Sleep CoIIN to reduce Infant Mortality: Zhandra Levesque, NICHQ
   - Preconception CoIIN: Sarah Verbiest, UNC
   - Border States CoIIN: Katherine Selchau, PCI
   - SDOH CoIIN: Jeannette Kowalik, AMCHP

3. Health Equity Guiding Principles and Workgroup update: Diana Ramos

4. Full Collaborative May Summit: Katie Sellers

5. Other Collaborative Workgroup updates

6. Other business, including suggestions for future meetings: All
2. Infant Mortality CoIIN
Collaborative Improvement and Innovation Network on Infant Mortality (IM CoIIN) – *New Phase*

March of Dimes Prematurity Campaign Collaborative - Full Collaborative Virtual Meeting February 28, 2018

Vanessa Lee, MPH  
Project Officer/IM CoIIN Coordinator  
Division of Healthy Start and Perinatal Services (DHSPS)  
Maternal and Child Health Bureau (MCHB)  
Health Resources and Services Administration (HRSA)
What is a CoIN?

**Collaborative Improvement and Innovation Network**

Is a...

*platform and methodology*

for participants to engage in *collaborative learning* together

as *virtual ‘cyberteams’*,

around a *common aim*,

applying *quality improvement* methods,

*to spread and scale* policy and program innovation

- which in turn *accelerates improvement* in strategies that contribute to desired *outcomes*. 
History of the CoIIN to Reduce Infant Mortality

• Pilot phase in HRSA Regions IV and VI (2012-2014)
  o 13 southern states – each with their own infant mortality team
  o 5 IM CoIIN Strategy Teams – each focused on a topic and common aim

  o Spread to HRSA Region V in 2013, and then remaining 7 HRSA regions in 2014
  o Had 51 participating states/jurisdictions
  o 6 IM CoIIN Learning Networks ended in July 2017: safe sleep, smoking cessation, pre- and early-term birth (17-P and/or EED), preconception/interconception care (postpartum visit, adolescent well visit, and/or birth spacing), risk appropriate perinatal care (i.e., perinatal regionalization), and social determinants of health (SDOH)
  o Supported through a cooperative agreement with the National Institute for Children’s Health Quality (NICHQ) through Sept. 29, 2017
New IM CoIIN “2.0” Awards

• MCHB now supports an enhanced IM CoIIN model or approach that will retain components that were most beneficial to states/jurisdictions and other entities working to reduce infant mortality, and also address some of the early lessons learned that were gathered during the national expansion of the IM CoIIN.

• A FY17 IM CoIIN NOFO (HRSA-17-105) resulted in four new awards to backbone organizations and their CoIIN Teams
  - 3 year project period
  - Start date September 30, 2017
IM CoINN 2.0 Purpose: Aims/Objectives

Overall goal of IM CoINN is to reduce infant mortality in areas with high annual rates, as well as disparities in infant mortality and related perinatal outcomes.

Specific objectives of IM CoINN are to:

• Achieve measurable improvements in specific aims, as defined by the CoINN teams during the project period.
• Accelerate the development and/or discovery of innovations and new evidence to reduce infant mortality, as well as disparities in infant mortality and related perinatal outcomes.
• Support dissemination, spread and scale of best practices to reduce infant mortality as well as disparities to stakeholders in all states/jurisdictions.
IM CoLLIn 2.0: Same Framework & Core Methods

Collective Impact:
1. Common Agenda
2. Mutually Reinforcing Activities
3. Shared Measurement
4. Continuous Communication
5. Backbone Support
Infant Mortality CoIIN 2.0: Still Designed for Action

Define Scope and Nature of the Problem

- Establish a common “SMART” aim

Aims

- Identify state/local/community-level opportunities to achieve aims.

Strategies

- Select shared measures to track progress towards aims over the next 18-24 mos.

Measures

Build and Sustain Cyberteams
Award recipient will serve as the backbone organization to the CoIIN team (sub-recipients) and ensure the following are provided:

- *technical support (subject matter expertise)* and
- *financial support (subawards)*
Summary of Infant Mortality CoIN 2.0

IM CoIN 2.0 Coordination & Support

- MCHB DATA Contractor (Abt Associates)

Backbone Organizations (Grantees)

- AMCHP SDOH CoIN
- NICHQ Safe Sleep CoIN
- PCI Border States CoIN
- UNC-Chapel Hill Preconception CoIN

Participating State Teams

- MA, RI, FL, KY, NC, SC, IL, OH, WI, NM, TX, NV, OR
- AR, MS, NY, TN
- AZ, CA, NM, TX
- CA, DE, NC, OK

Association for Maternal & Child Health Programs (AMCHP)
Social Determinants of Health (SDOH)

National Institute for Children’s Health Quality (NICHQ)
Safe Sleep/Disparities in Sudden Unexpected Infant Death (SUID)

Project Concern International (PCI)
Prenatal Care & SDOH among women in border communities

University of North Carolina (UNC) Chapel Hill
Preconception Care
Contact Information

Vanessa Lee
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Infant Mortality CoIIN

Safe Sleep CoIIN to Reduce Infant Mortality
Zhandra Levesque, MPH
Program Director, NICHD

Preconception CoIIN,
Sarah Verbiest, DrPH, Clinical Associate Professor, UNC

Border States CoIIN,
Katherine Selchau, Director Local Capacity Strengthening & Collective Impact PCI

SDOH CoIIN, Jeannette Kowalik, PhD, Associate Director of Women’s and Infant Health, AMCHP
Safe Sleep CoIIN to Reduce Infant Mortality

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant #UF3MC26524 providing support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality for $500,000 (for this year 09/30/2017-09/29/2018).” This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
What Motivates Us

Mission

Driving change to improve children’s health

Vision

Every child achieves optimal health
Safe Sleep CoIN to Reduce Infant Mortality
The NICHQ Project Team

• Project Director (PD): Z Levesque
• Improvement Advisor (IA): Pat Heinrich
• Senior Analyst (SrA): Sam Riley
• Project Manager (PM): Aviel Peaceman
• Grants Manager (GM): Katrina McCarty
• Content Expert (CE): Michael Goodstein
Why Safe Sleep?

Sudden Unexplained Infant Deaths

+2%  National change

23%  States showing decline

12%  States showing $\geq 5\%$ decline

8%   States showing $\geq 10\%$ decline

Greatest improvement:  -10%
CollIN Team Composition

- Arkansas
- Tennessee
- Mississippi
- New York
AIM

• By 2020, decrease by >10% SUID across 4 states and by increasing adoption of the ABCs of safe sleep.
• States reporting racial disparities among sleep-related deaths at baseline will reduce disparity by > 5%
Safe Sleep CoIIN Strategies

- Increase by 25% the number of MCH providers and community organizations who participate in a comprehensive safe sleep educational/outreach programs.
Safe Sleep CoIIN Strategies

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- Initiate or spread existing programs that provide safe sleep options for families who report they are without a safe sleep space.
Safe Sleep CoIN Strategies

• Increase by 25% the number of MCH providers and community organizations who participate in a comprehensive safe sleep educational/outreach programs.

• Initiate or spread existing programs that provide safe sleep options for families who report they are without a safe sleep space.

• Provide consistent safe sleep messaging tailored for targeted populations that include risk reduction messages for families choosing sleep practices deemed as unsafe (co-sleeping) or not yet evidence based (Baby Box programs).
Our CoIIN Approach

- Common Agenda
- Mutually Reinforcing Activities
- Shared Measures
- Continuous Communication
- Backbone Support

+ Collaborative Learning
+ Quality Improvement
+ Innovation
Unique Bundle of Core Methods

- Collaborative Learning
- Quality Improvement
- Innovation
Thank You!

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Preconception CoLLIN
Overview & Update

Sarah Verbiest, DrPH, MSW, MPH
February 2018
PCHHC Vision:

All women and men of reproductive age will achieve optimal health and wellness, fostering a healthy life course for them and any children they may have.
Public Private Partnership of 100+ agencies

Leadership Team serving as Advisory Group

Focus on Consumers, Clinicians, Public Health, Policy, and Data/Research/Surveillance = experience and technical assistance

Volunteer/Partner driven

Limited Resources – HRSA MCHB Funding is a key opportunity

Building on a Decade+ Partnership
Reducing Infant Mortality by Improving Women's Health: Preconception CoIIN

This Preconception CoIIN will develop, implement, and disseminate a woman-centered, clinician-engaged, community-involved approach to the well woman visit to improve the preconception health status of women of reproductive age, particularly low-income women and women of color.
State partners

California
Delaware
North Carolina
Oklahoma

All four have selected National Performance Measure 1 – increasing the percent of women receiving a preventive visit in the past year, and have Title V activities and aims that align with this topic as described below.
Consultants & Staff

• Dr. Daniel Frayne
• Dr. Milton Kotelchuck
• Merry-K Moos
• Kay Johnson
• Deborah Frazier
• Faye Johnson
• Rachel Berkowitz

UNC Center for Maternal and Infant Health

Sarah Verbiest
Erin McClain
Suzanne Woodward
Katherine Bryant
Preconception CoINN Aim Statement

By September 2020, four states, in collaboration with the core CoINN team and clinic partners, will develop an adaptable model to effectively integrate preconception care (PCC) into preventive care visits by:

1) working with clinics, consumers and communities to co-create and implement screening tool(s) and response strategies

2) enhancing state capacity to support implementation and preconception wellness

3) disseminating the model(s) statewide and nationally
Status

• State Team Recruitment done. Clinic Recruitment almost done.
  • Teams include public health, Healthy Start, clinicians, community groups, social
    workers & more

• In Person Launch meeting held December 11-12, 2017 in DC
  • Training on human centered design (HCD) thinking
  • Review of evidence-based interventions in preconception health
  • Conversations on communications and data collection / definition of success
  • Team planning time / Group building / Coach relationships

• Focusing on the “Understanding” phase of design
  • How might we...
  • Learning from consumers, communities and clinicians
Status

• Shared learning – webinars on screening / preconception health, consumer engagement, measures, and social determinants of health
  • Getting out of the box for data – qualitative and WHAT we measure

• Coach model is working well

• Connecting on communication – using social media to support “understanding” and build reach

• CMIH Team focusing on self evaluation and ongoing improvement too

• State teams and Title V leads are AMAZING!
Monthly Newsletter

To subscribe, email: SuzanneW@med.unc.edu
Resource Hub – Open Source

Welcome to the National Preconception Health and Health Care Initiative Website! Click to learn more.

beforeandbeyond.org
Consumer Hub

showyourlovetoday.com
Multi-System Response
Connect with us!

Facebook.com/ShowYourLoveToday

@SYL_Today
#ShowYourLoveToday

@ShowYourLoveToday
#ShowYourLoveToday

Closed LinkedIn Group
Search “PCHHC”

Sign up for bi-weekly updates on new peer reviewed publications / reports / news – just email Cheryl Robbins (CDC/ONDIEH/NCCDPHP) at ggf9@cdc.gov

Sarah Verbiest – sarahv@med.unc.edu or 919.843.2455
ABOUT HRSA IM CoIIN PRECONCEPTION PROJECT: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF3MC31239-Providing Support For The Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality. The grant amount totals $1,494,993. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Border States CoIIN
A Collaborative Improvement and Innovation Network on Infant Mortality

February, 2018

Funding provided by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under the project Providing support for the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality (Grant # UF3MC31238; Grant amount: $500,000).
Project Concern International (PCI)

International non profit organization with a mission to Enhance Health, End Hunger and Overcome Hardship.

Established in San Diego, CA, in 1961 by Dr. James Turpin.

Where we work:

**Africa:**
- Botswana
- Ethiopia
- Kenya
- Malawi
- Tanzania
- Zambia
- Liberia

**The Americas:**
- Bolivia
- Guatemala
- Haiti
- Mexico
- Nicaragua
- United States

**Asia:**
- Bangladesh
- India

www.pcglobal.org
Main Program Areas:
• Maternal Child Health
• Humanitarian Assistance
• Food Nutrition Security
• Disease Prevention
• Water and Sanitation

Cross Cutting Areas:
• Economic Empowerment
• Social Mobilization
• Capacity Building
Border States CoIIN Common Aim
Increase early prenatal care utilization by 10% among women in targeted impact areas through the development of place-based improvement strategies that address the social determinants of health.

Strategic Objectives:
1. Develop and maintain a strong, sustainable network of interstate, state and local impact site CoIINs committed to our common aim;
2. Accelerate the development and/or discovery of innovations with potential to achieve our common aim;
3. Support dissemination, spread and scale of evidence-based innovations and learnings beyond the CoIIN.

Cross-cutting Approaches
1) Improved ACCESS to early and ongoing prenatal care
2) Increased EMPOWERMENT
Why Early Prenatal Care?

- Associated with improved birth weight and decreased risk of preterm delivery, both of which are important contributors to infant mortality.
- Increases the opportunity for mothers and families to access other supports (health, social, legal, environmental, etc.) that can impact the health of both mother and baby across the life course.
- Proxy indicator for access to health care in general
- Mothers who do not receive prenatal care are three times more likely to deliver low-birthweight babies, and their babies are five times more likely not to survive delivery.
- National Healthy People 2020 goal (National goal: 77.9%).
- Widely tracked across clinical and community entities that will participate in the IM CoIIN
Social Determinants of Health factors in Border States

Border States demonstrate significant challenges with the social determinants of health known to influence birth outcomes:

• Lower high school graduation rates (84% vs 87.3% national)
• Higher rates of poverty (18.2% vs 15.5% national)
• Higher rates of inadequate health insurance coverage (84.6% vs 88.3% national) among women of reproductive age (WRA) 15-44 years
• 17.25% foreign born (compared to 13.2% nationally)
• Twice as many are non-English speakers (2.7% vs. 1.4% nationally; ACS 2016).
• Higher rates of unplanned pregnancies (48-62% across Border States vs. 45% in the US)
• Higher rates of teen births (average 28.8 per 1,000 live births vs. 22.3 nationally
• Lower rates of early prenatal care (average 70% vs 77% national)
Our Interstate Team ➔

Our State Leads

Arizona
Yara M. Castro, BS
Maternal & Child Health Manager
Community Health Services
Mariposa Community Health Center
Healthy Start State Lead
YCastro@mariposaahc.net

California
Maria Lourdes Reyes, MD, MPh
Director of U.S. & Border Programs
Project Concern International
Healthy Start State Lead
mreyes@pciglobal.org

New Mexico
Yvonne Rojas, M.Ed., MMFCT
La Clinica De Familia
Healthy Start State Lead
yrojas@bcfsnm.org

Texas
Araceli Flores, RN, BSN
Associate Executive Director
BCFS Health and Human Services
Healthy Start State Lead
AF1713@bcfs.net
Expert Consultants
Dr. Milton Kotelchuck
Dr. Jill McDonald

Resource Network
12 Healthy Start Projects
March of Dimes Regional Director
Mother to Baby Network

PCI Team:
Dr. Maria Lourdes Reyes, PI
Katherine Selchau, Project Director
Stephanie Yoon, Project Coordinator
Chris Bessenecker, Director of Innovation
Mindy Hochgesang, Director, Monitoring, Evaluation, Research, and Learning

Project Concern International (PCI) - Backbone Organization
Supports & Facilitates: 1) Continuous Communication 2) Ongoing Capacity Building 3) Development of Evidence-Based Improvement Strategies 4) Rigorous Shared Measurement Strategies 5) Adoption and Scale of Changes that Worked
State Based Innovation Challenges

Through the *How Might We* Process ..., Border State Teams generated 12 Innovation Challenge Questions

**How Might We...?**

How: assumes opportunities exist.
Might: says we don't have to find something
We: is all about doing this together
HOW MIGHT WE...

1. ... tap into trusted sources/community to drive prenatal care (PNC)?
2. ... harness popular culture & media to promote PNC?
3. ... make PNC messaging more clear/simple, respectful, & positive/motivating?
4. ... increase early use of home pregnancy testing to trigger early seeking of PNC?
5. ... reduce delay between clinical confirmation and onset of PNC?
6. ... better integrate legal touchpoints to increase access to early PNC?
7. ... use mobile / technology to provide/support elements of PNC?
8. ... empower women to advocate for better care provision (housing, medical paid leave, etc.)?
9. ... integrate/elevate the role of CHWs, doulas, midwives to provide early & ongoing PNC?
10. ... modify, mitigate, or accommodate social determinants of health in clinical care provision?
11. ... increase PNC access through better integration of cross-border care and data?
12. ... increase the perceived value of PNC for women?
INNOVATION PHASES

IDEATION
February to April, 2018
- Engage Stakeholders
- Innovation Challenge
- Facilitate Ideation
- Concept Submission, Review & Selection

PROTOTYPING
May to Sept. 2018
- Design Sprints
- Testing & Measurement Plans
- Testing (PDSA cycles)
- Prototype Selection

DEMONSTRATION:
Oct. 2018 to March 2020
- 18 month Pilot Projects in Local Impact Sites

DISSEMINATION:
April to Sept. 2020
- Document Learnings
- Develop ‘Change Packages’ for sharing
- Disseminate Change Packages

Collaborative Learning
Quality Improvement
THANK YOU

Katherine Selchau
Project Director, Border States CoIN
kselchau@pciglobal.org
Prematurity Campaign Collaborative
Full Collaborative Virtual Meeting
February 28, 2018  1-2:30 pm ET

Dr. Jeanette Kowalik, PhD, MPH, MCHES
Associate Director of Women’s and Infant Health- AMCHP  jkowalik@amchp.org
IM CoIIN “2.0” SDOH Project

1) Achieve measurable improvements in specific aims to reduce IM as well as disparities in IM and related perinatal outcomes as defined by the CoIIN teams during the project period;
2) Accelerate the development and/or discovery of innovations and new evidence to reduce IM, as well as disparities in IM and related perinatal outcomes, with specific aims to be defined by the CoIIN teams; and
3) Support the dissemination, spread and scaling of best practices to reduce IM as well as disparities in IM and related perinatal outcomes to stakeholders in all states/jurisdictions.

ABOUT The HRSA Infant Mortality CoIIN Social Determinants of Health PROJECT: This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number UF3MC31237-01-00-00-Providing Support For The Collaborative Improvement and Innovation Network (CoIIN) To Reduce Infant Mortality. The grant amount totals $1,500,000. This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.
Lori Freeman - CEO
Caroline Stampfel - Director of Programs
Jeanette Kowalik - Associate Director, WIH
Patrick Boyle - Associate Director, Communications
Cheryl Clark - Associate Director, E/E
Stacy Collins - Associate Director, HST
Andria Cornell - Senior Program Manager, WIH
Nadia Laniyan - Program Analyst, WIH
IM CoIIN SDOH
Steering Committee

Alethia Carr, RD, MBA & Kay Johnson, MPH, MEd
Former IM CoIIN SDOH Learning Network Co-Chairs
Milton Kotelchuck, PhD, MPH
Denise Pecha, LCSW, CityMatCH
Joia Crear Perry, MD, National Birth Equity Collaborative
Deborah Frazier, National Healthy Start Association
Camie Goldhammer, representing multiple organizations
Florida (FL), Illinois (IL), Kentucky (KY), Massachusetts (MA), Nevada (NV), New Mexico (NM), North Carolina (NC), Ohio (OH), Oregon (OR), South Carolina (SC), Texas (TX), Rhode Island (RI), and Wisconsin (WI)
IM CoIIN: SDOH CoIIN team
Aim statement

By Spring 2020, all state teams will develop, adopt, or improve at least two policies and/or practices at the state or local level which will directly impact determinants of health.
IM CoIIIN: SDOH Aim

1) We seek to transform public health practice via our shared vision, which will advance fairness and increase access to quality health care for all by acknowledging historic patterns of institutional bias and discrimination which continue to negatively impact the health of marginalized communities.

2) The foundation of our approach includes the social and environmental determinants of health.

3) Our aim is anchored in systems change.

4) It is our goal that this aim will increase opportunities for innovation at the state and community-level, including partnerships within jurisdictions as well as other sectors to collaboratively reduce health inequities.
IM CoIIN: SDOH
Project Goals

1) Facilitate coalition building, engagement, and technical assistance (TA) for updating and implementing the IM CoIIN SDoH;
2) Implement and promote community-based and research informed sharing networks to increase awareness of the impact of SDoH on IM;
3) Facilitate translational research to inform SDoH for Policies, Systems, and Environmental change; and
4) Infuse health equity frameworks into provider training, service delivery, and process improvement.
State CoIIN Teams

Florida (FL), Illinois (IL), Kentucky (KY), Massachusetts (MA), Nevada (NV), New Mexico (NM), North Carolina (NC), Ohio (OH), Oregon (OR), South Carolina (SC), Texas (TX), Rhode Island (RI), and Wisconsin (WI).
Goal
By Spring 2020, all state teams will develop, adopt, or improve at least 2 policies and/or practices at the state or local level which will directly impact SDOH.

Achievement of all 3 IM CoIIN program wide-outcomes

Overall CoIIN Program Obj.

CoIIN states will engage in:

- Coalition building & engagement
- 2 sharing networks

and demonstrate improvements in:

- Translational research to inform SDOH
- Health equity frameworks
- Policy, Systems, & Environmental Change
- Provider training, service delivery & process improvement

Project Objectives/Activities

**Steering Committee & State Teams**
- Finalize key stakeholders to guide work/provide expertise, consult state teams
- Establish state teams to participate in the IM CoIIN SDOH project
- IM CoIIN SDOH State Team Charters
- State stipends $17,000 total

**ColIn Preparation/Coordination**
- Conduct needs assessments
- Share and develop alignment and assessment resources
- Receive CoIIN orientation
- Establish baseline measures per evaluation

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**18-month IM CoIIN SDOH**

**Collaborative Learning**
- Training on CoIIN model, QI
- In-person Learning Sessions
- Learning Networks
- Online collaboration

**Quality Improvement**
- Training on variety of QI methods beyond PDSA
- QI Advisor & coaching

**Data and Outcomes**
- Abt data collection
- IM CoIIN Shared measures
- Data visualization
- Tracking outcomes

**Dissemination & Spread**
- Dissemination plan; web-based resources; toolkits & playbooks; state action planning and implementation resources; new partnerships; policymaker meetings; sustainability strategies

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3. Health Equity Guiding Principles, Health Equity Workgroup update
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
Interim Executive Director,
Kirwan Institute for the Study of Race and Ethnicity
Associate Clinical Professor, Dept. OB/GYN,
Wexner Medical Center
The Ohio State University

Diana Ramos, MD, MPH, FACOG
Public Health Medical Officer,
Maternal, Child and Adolescent Health Division,
California Department of Public Health
Associate Clinical Professor in
Obstetrics and Gynecology,
Keck University of Southern California
School of Medicine
Guiding Principles / Glossary: Align with Workgroup’s Charge

1. *Develop communications about health equity and prematurity*

2. Identify research, policy and practice areas in need of development

3. Identify and spread best and promising practices and policies

4. *Serve as expert resource to collaborative organizations and others*

5. Explore potential working group and/or collaborative wide projects

6. Identify resources to achieve improvements in preterm birth and health equity
GUIDING PRINCIPLES / GLOSSARY: PURPOSE

Develop guiding principles that will assist other workgroups to ensure that “equity” is at the forefront of thinking as they consider their work.

Develop a glossary of terms and concepts for all Collaborative participants and workgroups.
GUIDING PRINCIPLES /
GLOSSARY: STRUCTURE

Background/ Purpose of the document
Background on the Collaborative
Why is the issue of preterm birth important?

Three distinct sections:
1. Key definitions
2. Principles and Collaborative perspective
3. Additional terms for the glossary
GUIDING PRINCIPLES / GLOSSARY: DISTRIBUTION & NEXT STEPS

**DISTRIBUTION**
Collaborative web pages
Other major points of distribution?

**NEXT STEPS**
Final document prepared for May Summit
Health Equity Workgroup Update

Health Equity Workgroup held its most recent virtual meeting on 1/18/18

- Gathered final input on the Guiding Principles/Glossary document
- Reviewed current approach and timeline for the Consensus Statement on Equity and Preterm Birth
- Solicited examples of best and promising practices

Next Workgroup Meeting: Tues, 3/20/18 from 2:00 pm – 3:30 pm ET

- Update on the Equity and Preterm Birth Consensus Statement
- Continue planning for in person workgroup meeting in May 2018
- Host best practice presentation
4. Prematurity Prevention Summit: Building a Birth Equity Movement
PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT

May 21 & 22, 2018
Renaissance Arlington Capital View Hotel

Day 1: Plenary speakers, breakout sessions, social event
Day 2: Collaborative Workgroup meetings and plenary lunch
PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT

Thought leaders will convene to advance policy and practice, to mobilize community leadership, to share and spread emerging ideas and promising practices, and to energize stakeholders to achieve equity and reduce preterm birth.

FEATURED SPEAKERS

• Wanda D. Barfield, MD, MPH, FAAP, RADM | US Public Health Service, Div. of Reproductive Health, CDC
• Paula Braveman, MD, MPH | University of California San Francisco
• James Collins, MD, MPH | Northwestern University
• Paul E. Jarris, MD, MBA | March of Dimes
• Nat Kendall-Taylor, PhD | FrameWorks Institute
• Kelli Komro, MPH, PhD | Emory University
• David Lakey, MD | University of Texas System
• Michael McAfee, EdD | PolicyLink
• David Stevenson, MD | Stanford University
• Diana E. Ramos, MD, MPH, FACOG | California Department of Public Health Department
• Stacey D. Stewart | President, March of Dimes
• Kimberlydawn Wisdom, MD, MS | Henry Ford Health System
PREMATURITY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT

Registration begins Feb. 22, 2018. A registration link will be emailed to all Collaborative participants.

$400 fee includes:
• Conference fee
• Social event ticket
• Meals during the Summit

Please address any questions to conferences@marchofdimes.org.
5. Other workgroup updates
Clinical and Public Health Practice Workgroup

Focus areas for Workgroup

• Access to 17P to prevent recurrent preterm birth
• Low-dose aspirin to prevent preeclampsia and preterm birth
• Birth spacing/interconception care

Update from December and February meetings

1. Continued the development of a resource list related to 17P access and utilization, which will appear on the Collaborative website soon
   • legislation to allow pharmacists to administer 17P
   • reducing barriers related to prior authorization
   • administration outside of the clinician office
   • patient education tools

2. Shared resources and strategies related to low-dose aspirin, including a presentation by Dr. Erica P. Giwa on implementation in a patient- and family-focused medical home model.

3. Discussed reducing barriers to 17P, including a presentation by Erin K. McClain of the University of North Carolina on how communities in North Carolina have studied and addressed some of the patient barriers to accessing 17P.
Policy Workgroup

- February meeting featured speakers from Baltimore for Healthy Babies, and CelebrateOne in Columbus.

- The March meeting will include additional learning about local policy initiatives focused on birth outcomes, with a particular focus on health equity.

- A group of public health students from American University is working with us on their capstone project. They are reviewing literature on economic policies which impact birth outcomes, and will develop 3 issue briefs for use by collaborative members.
Communications Workgroup

Communications Workgroup next virtual meeting: March 8.

The Communications Workgroup as well as other Collaborative Workgroups have discussed focusing on narrative change around equity and social determinants of health.

The March of Dimes is beginning a project with the Frameworks Institute to advance these goals.

The Frameworks Institute will present at the March 8 meeting and participants will provide input into the upcoming project. Health Equity and Policy Workgroup participants have also been invited.
5. Other business and input on future meetings
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<th>2018</th>
<th>Jan</th>
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<tr>
<td><strong>Full Collaborative</strong></td>
<td>28 1:00 - 2:30</td>
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<td>21 - 22 Summit</td>
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<td>26 1:00 - 2:30</td>
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<td><strong>Clinical &amp; Public Health Practice</strong></td>
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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:
https://marchofdimes.az1.qualtrics.com/jfe/form/SV_4YeRgF3U48GCLPf

Click on the Chat icon in your toolbox to access the survey link.