Prematurity Campaign Collaborative

Health Equity Workgroup

March 20, 2018
Health Equity Workgroup Co-Chairs

Fleda Mask Jackson, PhD
Founder, Save 100 Babies
President and CEO, Majaica, LLC
University Affiliate, Columbia University

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Interim Executive Director,
Kirwan Institute for the Study of Race and Ethnicity
Associate Clinical Professor, Dept OB/GYN,
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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
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 – Dr. Lisa Waddell

2. Best Babies Zone – Ms. Claudia Zagg & Ms. Becky Reno

3. Prematurity Prevention Summit: preparing for assessment of first year of Collaborative, and planning for the next year – Drs. Katie Sellers & Lisa Waddell


5. Next steps, wrap up – Dr. Lisa Waddell
Meeting Objectives

• Describe the work of Best Babies Zone
• Describe current plans for the Prematurity Prevention Summit in May
• Explain the current status of the Guiding Principles and Glossary and the Equity and Preterm Birth Consensus Statement
HEALTHY MOMS. STRONG BABIES.
OUR MISSION

MARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.
2. Best Babies Zone
Best Babies Zone Initiative + Approach

Claudia Zaugg, Program Associate
Becky Reno, Post-Doctoral Fellow
University of California, Berkeley | School of Public Health

March 20, 2018
Prematurity Campaign Collaborative, Health Equity Workgroup

Funded by the W.K. Kellogg Foundation
Objectives:

• Provide an overview of the BBZ approach: *the why*
• Share examples of BBZ strategies: *the what*
• Describe design of the BBZ evaluation: *the how*
Persistent inequity in infant mortality

Figure 1. Infant mortality rates, by race and Hispanic origin of mother: United States, 2005–2014

1Includes persons of Hispanic and non-Hispanic origin.
NOTES: For “All” and each race and Hispanic origin group, the decline in the rate for 2005–2014 is statistically significant ($p < 0.05$). Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db279_table.pdf#1.
Eliminating inequity in infant mortality
Eliminating inequity in infant mortality
Eliminating inequity in infant mortality
“The Life Course Perspective”

Health potential

Optimal Life Trajectory

Risk Factors

Protective Factors

Life Trajectory Impacted by Inequity
Best Babies Zone Initiative

UC Berkeley National Office

AMCHP
National Healthy Start Association
CityMatCH
National Consultants
Multi-Sector Advisory Group

Funding for BBZ TAC from the W.K. Kellogg Foundation

Cohort 1
- Cincinnati OH
- New Orleans LA
- Oakland CA

Cohort 2
- Indianapolis IN
- Kalamazoo MI
- Portland OR

Cohort 3
- Harlem NYC
- Cleveland OH
- Milwaukee WI
BBZ Technical Assistance Center

WHAT WE DO

- **Resource Sharing**: Provide tools to implement BBZ's community-driven, place-based, multi-sector collaborative effort, and social movement building approach.
- **Referrals**: Connect TA recipients to other leaders in the BBZ network and beyond.
- **Product Development**: Create case studies, infographics, or databases.
- **Thought Partnership**: Collaborate to help navigate complex topics and opportunities.
- **Training**: Plan, host, and facilitate a training on a specific topic; virtually or in-person.

WHO WE SUPPORT

- Existing Best Babies Zones
- Interested Communities
- Health sector orgs
- Non-Health sector orgs
Foundational Strategies

- Place-Based
- Multi-Sector Collaboration
- Social Movement

Community Driven
BBZ Castlemont

- **Backbone organization:**
  Alameda County Public Health

- **Key Partners:**
  - Youth UpRising!
  - Castlemont High School
  - Lotus Bloom

- **Priorities:**
  - Community engagement and resident leadership
  - Building a local economy
BBZ Southeast

- **Backbone organization:** ROSE Community Development
- **Key Partners:**
  - Multnomah County
  - Zenger Farms
  - Asian Pacific American Network of Oregon
- **Priorities:**
  - Fund development for core staff
  - Strategic planning with core partners
  - MOUs to prioritize high-need residents for low-income housing
# Reduce Infant Mortality

**Broad Outcome Objectives (10-20 Years):**
- Improve health outcomes across the lifespan
- Reduce infant mortality
- Reduce out-of-pocket expense
- Reduce social and economic disparities
- Reduce educational inequalities
- Reduce health inequalities
- Reduce economic inequalities
- Reduce health inequities
- Reduce education inequalities
- Paradigm shift in approach to health and well-being in the U.S.

## Long-term Outcomes (7-10 Years):

<table>
<thead>
<tr>
<th>Community Systems</th>
<th>Economic Development</th>
<th>Health Systems</th>
<th>Education &amp; Early Care</th>
<th>Inter-Systemic Linkages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase social cohesion</td>
<td>Meet basic needs (housing, food, and shelter)</td>
<td>Increase LBW and infant mortality</td>
<td>Reduce child poverty</td>
<td>Improve economic, education, and health care access across the lifespan</td>
</tr>
<tr>
<td>Increase community ownership of Best Babies Zone</td>
<td>Increase financial stability and asset development</td>
<td>Improve maternal health</td>
<td>Improve health outcomes for children and families</td>
<td>Reduce economic and social inequality</td>
</tr>
<tr>
<td>Increase residential stability</td>
<td>Increase job opportunities</td>
<td>Improve health outcomes for women and children</td>
<td>Increase community involvement</td>
<td>Increase educational opportunities</td>
</tr>
<tr>
<td>Increase community involvement</td>
<td>Increase access to health care (adult and child)</td>
<td>Improve health outcomes for children and families</td>
<td>Increase economic mobility</td>
<td>Reduce economic and social inequality</td>
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<tr>
<td>Increase health outcomes</td>
<td>Increase access to health care (adult and child)</td>
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<td>Increase educational opportunities</td>
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## Mid-term Outcomes (5-7 Years):

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</thead>
<tbody>
<tr>
<td>Increase supportive housing and affordable housing</td>
<td>Support workforce development and business growth</td>
<td>Increase LBW and infant mortality</td>
<td>Reduce child poverty</td>
<td>Improve economic, education, and health care access across the lifespan</td>
</tr>
<tr>
<td>Increase economic opportunities</td>
<td>Increase access to health care (adult and child)</td>
<td>Improve health outcomes for women and children</td>
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## Short-term Outcomes (3-5 Years):

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</tr>
</thead>
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<tr>
<td>Increase social capital</td>
<td>Increase access to health care (adult and child)</td>
<td>Increase LBW and infant mortality</td>
<td>Reduce child poverty</td>
<td>Improve economic, education, and health care access across the lifespan</td>
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## Foundation for Success (1-3 Years, Ongoing):

| Relationship Building (with BRC residents, between sectors, and across BRC clients) | Tantrum action-oriented approach | Environmental justice and coordination | Exposure, screening and coordination | Housing, environmental and health care access in BRC |

*While BRC is working to reduce infant mortality, there may be measurable changes in every outcome listed in this document.*

**Key:**
- **BRC**: Best Babies Zone
- **LBW**: Low Birth Weight
- **BRC**: Best Babies Zone
- **HIV**: Human Immunodeficiency Virus
- **BMI**: Body Mass Index
- **LBW**: Low Birth Weight
- **C-section**: Caesarean Section
- **Preterm**
- **Neonatal**
- **Infections**
- **Infant mortality**
- **KPI**: Key Performance Indicator

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*All references to all sites:*

- *Note:* If site-specific, outcomes are key indicators of progress toward reducing infant mortality.
Evaluation of the Technical Assistance Center

- Pre- and Post-TA Interviews
- Lessons Learned Interviews
- Partnership Memo
- Social Movement Issues Brief
Sample Zone Evaluation Timeline

**Phase One:**
Evaluation Planning
July – September 2017
- Develop evaluation plan
- Submit IRB application
- Develop evaluation toolkit materials

**Phase Two:**
Baseline Evaluation Activities
October 2017 – May 2018
- Social Network Analysis Methods Training
- Partnership Survey and Social Network Analysis
- Programmatic Data Tracker
- Visual Storytelling Methods
- Logic Modelling with community partners

**Phase Three:**
Outcome Evaluation Methods
June 2018 – April 2019
- Select and implement outcome methods as appropriate for implemented programs and services
- Conduct Community Survey to identify and track residents' experiences in the zone
- Develop secondary data dashboard as a profile of community

*Additional technical assistance sessions TBD.*
Evaluation Support for Zones

- Evaluation Toolkits
- Ongoing Evaluation TA
What Happens Over Time
Thank you! Questions?

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Visit our website: http://www.bestbabieszone.org/
https://www.facebook.com/BestBabiesZone/
@BestBabiesZone
3. Prematurity Prevention Summit
Prematurity Prevention Summit

Date: May 21–22, 2018
Location: Washington, DC area
Day 1: Plenary speakers, breakout sessions, social event
Day 2: Collaborative Workgroup meetings and plenary lunch
Prematurity Prevention Summit

**Purpose**
Convene thought leaders to advance policy and practice, mobilize community leadership, share and spread emerging ideas and promising practices, and energize stakeholders to achieve equity and reduce preterm birth.

**Goals**
- Present opportunities to take action; motivate participants to pursue them.
- Strengthen the Prematurity Campaign Collaborative, share early successes, and recruit more participants.
Potential Breakout Sessions

Changing the narrative
  • Frameworks Institute
  • Collaborative guiding principles & consensus statements

Spotlight on promising practices
  • Highlight promising efforts at national, tribal, state and community level

Racism/stress and (perinatal) health
  • Researchers from social and biological sciences investigating this topic
4. Update on Workgroup Products
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
Equity & Preterm Birth Consensus Statement: Align w/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
CONSENSUS STATEMENT: PURPOSE

Communicate the value of a wide variety of academic disciplines, specifically the social sciences, and their contributions to understanding and potential solving the problem of birth inequities.
5. Next Steps
NEXT STEPS

Take the survey (see chatbox) to inform our efforts.

Mark your Calendars:

March of Dimes Prematurity Prevention Summit:
“Building a Movement for Birth Equity”
May 21-22, 2018
# Health Equity & Full Collaborative Meeting Schedule 2018

<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>
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<tbody>
<tr>
<td><strong>Full Collaborative</strong></td>
<td>2/28 1-2:30</td>
<td>5/21-22 Summit</td>
<td></td>
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<td>8/29 1-2:30 ET</td>
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