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

• Welcome
• Social Determinants of Health Sub-Workgroup
• SDOH FEATURE: NC Cares 360 Erika Ferguson, Director, Office of Healthy Opportunities, North Carolina Dept. of Health and Human Services
• Consensus Statement Updates
• Closing Business
• Adjourn
MEETING GOALS

• Learn about the progress made by the SDOH Sub-workgroup members
• Learn about NC Cares 360 and how this model can help in your communities
• Learn about the status of the consensus statement and engage in further outreach and publication opportunities
SOCIAL DETERMINANTS OF HEALTH SUB-WORKGROUP
HEALTH EQUITY WORKGROUP GOALS

Health Equity Workgroup Goals:
• Develop, publish and secure sign-on support for a consensus statement recognizing the many sciences contributing to equity and birth outcomes. The statement will address the valuable contribution that can be made by different forms of inquiry (biomedical sciences, social sciences, community-based participatory research, etc.)

Joint Workgroup (Health Equity, CPHP, and Policy) Goals:
• Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes
  • Learn from innovative SDOH screening practices to advance our SDOH Screening best practice Guide
• Toolkit or resource guide related to Group Prenatal Care-including integration of doulas and CHW’s
<table>
<thead>
<tr>
<th>SDOH SUB-WORKGROUP MEMBERS</th>
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<tbody>
<tr>
<td>Kimberly Harper</td>
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<tr>
<td>Shannon Maloney</td>
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<td>Deirdre McDaniel</td>
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<td>Jasmine Gertouw-Moore</td>
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<td>Colleen Senterfitt</td>
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<td>Martha Boisseau</td>
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<tr>
<td>Jenne Johns</td>
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<td>Rochanda Mitchell</td>
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<tr>
<td>Cindy Gamble</td>
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<tr>
<td>Lynn Herr</td>
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<tr>
<td>Araba Assan</td>
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<tr>
<td>Rocio Anderson</td>
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<tr>
<td>Stacey Penny</td>
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<tr>
<td>Diana Ramos</td>
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<tr>
<td>Cheryl Clark</td>
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<tr>
<td>Tyan Parker Dominguez</td>
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<tr>
<td>Dana Mayer</td>
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<td>Srilata Remala</td>
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<tr>
<td>Linda Nelson</td>
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<tr>
<td>Faith Ramirez</td>
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<tr>
<td>Jill Denson</td>
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<tr>
<td>Kay Johnson</td>
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<tr>
<td>Monica Koenig</td>
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<tr>
<td>Jessica Huey</td>
</tr>
<tr>
<td>Ana Penman-Aguilar</td>
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<tr>
<td>Vanessa Lee</td>
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2018-2019 SDOH WORK CYCLE

**KEY STRATEGIES**

- Optimize clinical and public health systems and practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care.

- Foster and support community/place-based leadership and engagement. Foster and support population-based solutions.
PROGRESS FROM 2018-2019

- **May 2018**: SDOH discussed at breakout sessions during Summit.
- **July 2018**: Prioritized collaboration on SDOH screening with HE and CPHP workgroups.
- **Sept. 2018**: Exploration and discovery of SDOH screening work.
- **Nov. 2018**: Polled members on awareness of screening tools. Begun recruitment for volunteers.
- **Jan. 2019**: Begun recruitment for volunteers to develop toolkit.
- **March 2019**: Convened 1st meeting and discussed existing screening tools and presented a lit review.
- **April 2019**: Convened 2nd meeting to discuss tool development strategies.
- **June 2019**: Scheduled 3rd meeting. Pending discussion on gathering content for toolkit.
DO YOU WANT TO JOIN THE SDOH SUB-WORKGROUP?

• Email us at collaborative@marchofdimes.org or

• Type your name into the chat box and one of the collaborative team members will reach out to you.

• If you have resources you would like to share with the group, please email us, as well!
NC Department of Health and Human Services

Healthy Opportunities

Erika Ferguson
Director, Office of Healthy Opportunities

March of Dimes Webinar
May 29, 2019
Mismatch: We are Buying Healthcare not “Health”

Healthcare Spending
- Direct Medical Care 90%
- Other 10%

Drivers of Health
- Behavior 40%
- Genetics 30%
- Social 15%
- Environment 5%
- Healthcare 10%

The greatest opportunity to improve health lies in addressing a person’s unmet essential needs.

Initial Domains

- Food Security
- Housing Stability
- Transportation
- Interpersonal Safety
- Employment
Healthy Opportunities Initiatives

1. “Hot Spot” Map
2. Screening Questions
3. NCCARE360
4. Medicaid Transformation & Pilots
5. Workforce
6. Connecting Resources
“Hot Spot” Map

- Statewide map now live: [http://www.schs.state.nc.us/data/hsa/](http://www.schs.state.nc.us/data/hsa/)
- GIS/ESRI Story mapping of 14 SDOH indicators with a summary statistic
- Displays geographical health & economic disparities

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<th>Social and Neighborhood</th>
<th>Economic</th>
<th>Housing and Transportation</th>
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<tbody>
<tr>
<td>% &lt; HS Diploma</td>
<td>Household Income</td>
<td>% Living in Rental Housing</td>
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<tr>
<td>% Households with Limited English</td>
<td>% Poverty</td>
<td>% Paying &gt;30% of Income on Rent</td>
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<tr>
<td>% Single Parent Households</td>
<td>Concentrated Poverty</td>
<td>% Crowded Household</td>
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<tr>
<td>Low Access to Healthy Foods</td>
<td>% Unemployed</td>
<td>% Households without a Vehicle</td>
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<tr>
<td>Food Deserts</td>
<td>% Uninsured</td>
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North Carolina Social Determinants of Health by Regions

A story on health inf... facebook twitter

NC Social Determinants of Health - Local Health Departments Region 8

Percent of Households Speaking Limited English

Percent Single Parent Households

Low Access to Healthy Foods

Food Deserts

Turn All Layers Off

Education

An estimated 88,175 (14.8%) adults
North Carolina Social Determinants of Health by Regions

NC Social Determinants of Health - Local Health Departments Region 4

Median household income, unemployment, and those who have no health insurance.

- Median Household Income
- Percent Below Poverty
- Areas of Concentrated Poverty
- Percent Unemployed
- Percent Uninsured
Screening Questions

• Goals
  − Routine identification of unmet health-related resource needs
  − Statewide collection of data

• Development
  − Technical Advisory Group
  − Released April 2018 for Public Comment
  − Field tested in 18 clinical sites

• Implementation
  − Recommended to be used across settings and populations
  − Launch of Managed Care: PHPs Required to Include in Care Needs Assessment

<table>
<thead>
<tr>
<th>Health Screening</th>
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<tr>
<td>We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.</td>
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<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td><strong>Food</strong></td>
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<tr>
<td>1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?</td>
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<td>2. Within the past 12 months, did the food you bought just not last and you didn’t have money to get more?</td>
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<tr>
<td><strong>Housing/Utilities</strong></td>
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<tr>
<td>3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else’s home (i.e. couch-surfing)?</td>
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<td>4. Are you worried about losing your housing?</td>
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<td>5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?</td>
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<td><strong>Transportation</strong></td>
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<td>6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?</td>
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<td><strong>Interpersonal Safety</strong></td>
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<tr>
<td>7. Do you feel physically or emotionally unsafe where you currently live?</td>
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<tr>
<td>8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?</td>
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<tr>
<td>9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?</td>
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<tr>
<td><strong>Optional: Immediate Need</strong></td>
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<tr>
<td>10. Are any of your needs urgent? For example, you don’t have food for tonight, you don’t have a place to sleep tonight, you are afraid you will get hurt if you go home today.</td>
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<tr>
<td>11. Would you like help with any of the needs that you have identified?</td>
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</table>
NCCARE360 is the first statewide coordinated network that unites healthcare and human services organizations with a shared technology platform allowing for a coordinated, community-oriented, person-centered approach to delivering care in North Carolina.
No Wrong Door Approach
# NCCARE360 Functionalities

<table>
<thead>
<tr>
<th>Functionality</th>
<th>Partner</th>
<th>Timeline</th>
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<tbody>
<tr>
<td><strong>Resource Directory</strong></td>
<td>211</td>
<td>Phased update 2019 – 2020</td>
</tr>
<tr>
<td>Directory</td>
<td></td>
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<tr>
<td>Directory of statewide resources that will include a call center with dedicated navigators, a data team verifying resources, and text and chat capabilities.</td>
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<td></td>
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<tr>
<td><strong>Data Repository</strong></td>
<td>Expound</td>
<td>Phased Approach</td>
</tr>
<tr>
<td>APIs integrate resource directories across the state to share resource data.</td>
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<tr>
<td><strong>Referral &amp; Outcomes Platform</strong></td>
<td>UNITE US</td>
<td>Rolled out by county January 2019 – December 2020</td>
</tr>
<tr>
<td>An intake and referral platform to connect people to community resources and allow for a feedback loop.</td>
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<tr>
<td><strong>Hands on, in-person technical assistance and training to on-board providers and community organizations.</strong></td>
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</table>
Resource Directory

• Building on NC 2-1-1 strengths
  – Robust 18,000 organization directory, call centers

• Growing Capacity
  – Additional data coordination staff: Updating all listings in current 2-1-1 directory
  – Additional call center staff: navigators at scale

• Progress
  – 1468 Organizations verified
  – 3857 programs verified
Data Repository

- Multiple Directories
- Multiple Vendors
- Proprietary Formats
- Non-Standardized content
- Unique ways to transmit data
- Hard to keep updated

- No Universally accepted schema
- No authoritative “aggregator”
- Industry incentivized to disaggregate
- No easy way for users to consume data
- Current way: technically complex & costly

Trusted Repository

Source A
Source B
Source C

Multiple Directories
Multiple Vendors
Proprietary Formats
Non-Standardized content
Unique ways to transmit data
Hard to keep updated
Building a Coordinated Network

Out of Network
*Organizations that have not been onboarded to the platform*

- Searchable and identifiable as part of Resource Directory/Data Repository
- Not part of the NCCARE360 platform yet
- Do not report outcomes

In Coordinated Network
*Organizations onboarded to the platform – Coordinated Network*

- Agree to NCCARE360 platform requirements
- Have completed training and on-boarding
- Responsibility to report outcomes

NCCARE360 creates a **coordinated network** that connects providers (e.g. health care providers, insurers, or CBOs) through a shared technology platform to:

- **Communicate** in real time
- **Make** electronic referrals
- Securely share client information
- **Track** outcomes together
Building a Community Network

4 Step Process that’s Personalized and Fits into your Model & Workflows
## NCCARE360 Data Elements

<table>
<thead>
<tr>
<th>Network Performance</th>
<th>Network Impact</th>
<th>Network Efficiency</th>
<th>Community/Client Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Total number of in-network providers/organizations</td>
<td>• Accuracy of referrals</td>
<td>• Median time to be connected to in-network organization</td>
<td>• Clients served</td>
</tr>
<tr>
<td>• Referral Traffic (e.g. # of referrals)</td>
<td>• Needs addressed</td>
<td>• Median time to in-network case closure</td>
<td>• Client impact (e.g. # of services with resolved outcome)</td>
</tr>
<tr>
<td>• % of outcomes accepted</td>
<td>• % of cases closed with positive outcome</td>
<td>• Number of open/closed cases</td>
<td>• Client outcome (e.g. resource person with food insecurity received)</td>
</tr>
<tr>
<td>• # of clients served</td>
<td></td>
<td></td>
<td>• Community resource gaps analysis</td>
</tr>
<tr>
<td>• Number of out-of-network referrals</td>
<td></td>
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</tbody>
</table>

- Clients served
- Client impact (e.g. # of services with resolved outcome)
- Client outcome (e.g. resource person with food insecurity received)
- Community resource gaps analysis
Improved Efficiency in North Carolina

IN CHARLOTTE, NC
Year 1 Quarter: All Services

Efficiency has increased by ...

+88%
+71%
+69%

Average time in days to ...

... intake and refer a client

12.3
7.8
7.3
3.1
1.5

... make a positive match

5.5
2.6
3.1
1.5
1.9

... close a referral

42.8
10.3
32.1
21.7
13.4

Data from a Coordinated Network in Charlotte, NC (Powered by Unite Us)
Status Update

NCCARE360 Status Update

12 Counties launched

4 Additional counties currently in implementation

1126 Organizations engaged in socialization process

231 Organizations onboarded onto NCCARE360

1064 Users onboarded

180 Referrals sent

94 Lives impacted

Engaged Organizations by Service Type

- Healthcare: 26%
- Housing: 7%
- Employment: 11%
- Food: 18%
- Interpersonal Safety: 8%
- Transportation: 7%
- Other: 23%

NCCARE360 will be implemented statewide by end of 2020
Workforce

- Develop, train and strengthen workforce needed to support SDOH initiatives/Trauma Informed Care

- Community health workers, case managers, etc.

- Released report on Community Health Workers, May 2018
  - Community Health Workers in North Carolina: Creating an Infrastructure for Sustainability
Medicaid Transformation

Address 4 Priority Domains:

- Housing
- Food
- Transportation
- Interpersonal Violence

- Care Management
- Quality Strategy
- Healthy Opportunity Pilots
- In Lieu of Services
- Contributions to Health-Related Resources

Integration across Department
Value Based Payment
What Are the Healthy Opportunities Pilots?

The federal government authorized up to $650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

Pilot funds will be used to:

• Cover the cost of federally-approved Pilot services
  • *DHHS is developing a fee schedule to reimburse entities that deliver these non-clinical services*
  • Support capacity building to establish “Lead Pilot Entities” that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services
  • *DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers through building partnerships.*

NC’s priority “Healthy Opportunities” domains:

- Housing
- Food
- Transportation
- Interpersonal Violence
Who Qualifies for Pilot Services?

To qualify for pilot services, Medicaid managed care enrollees must have:

- **At least one Needs-Based Criteria:**
  - Physical/behavioral health condition criteria vary by population:
    - Adults (e.g., 2 or more chronic conditions)
    - Pregnant Women (e.g., multifetal gestation)
    - Children, ages 0-3 (e.g., Neonatal intensive care unit graduate)
    - Children 0-21 (e.g., Experiencing three or more categories of adverse childhood experiences)

- **At least one Social Risk Factor:**
  - Homeless and/or housing insecure
  - Food insecure
  - Transportation insecure
  - At risk of, witnessing or experiencing interpersonal violence
What Services Can Enrollees Receive Through the Pilots?

North Carolina’s 1115 waiver specifies services that can be covered by the Pilot.

**Housing**
- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month’s rent and security deposit)

**Food**
- Linkages to community-based food services (e.g., SNAP/WIC application support)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery

**Transportation**
- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
  - Public transit
  - Taxis, in areas with limited public transit infrastructure

**Interpersonal Violence (IPV)**
- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services
What Entities Are Involved in the Pilots?

**Sample Regional Pilot**

- **North Carolina**
  - Prepaid Health Plan
    - AMH/Care Managers
  - Prepaid Health Plan
    - AMH/Care Managers
  - Prepaid Health Plan
    - AMH/Care Managers

**Lead Pilot Entity**

**Human Service Organizations (HSOs)**

- HSO
- HSO
- HSO

**Pilot Entities: Overview**

- Key pilot entities include:
  - Healthy Opportunities Pilot Enrollees
  - North Carolina DHHS
  - Prepaid Health Plans (PHPs)
  - Care Managers (*predominantly located at Tier 3 AMHs and LHDs*)
  - Lead Pilot Entities (LPEs)
  - Human Service Organizations (HSOs)
Process/ Timeline

• **March 2019**: Request for Information (RFI)

• **Fall 2019**: Request for Proposals (RFP)
  - RFP will determine LPEs/ Pilot Regions

• **Early 2020**: Award LPEs/ Pilot Regions

• **2020**: Full year of capacity building for LPEs and regions

• **February 1, 2021**: Expected start date of service delivery

• **October 31, 2024**: End Pilots (at end of 1115 waiver)
Questions

More Information

NC Medicaid Transformation: https://www.ncdhhs.gov/assistance/medicaid-transformation

Healthy Opportunities: https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities

Contact: Erika Ferguson, Erika.Ferguson@dhhs.nc.gov
UPDATES ON BIRTH EQUITY CONSENSUS STATEMENT

• The Consensus Statement has been published online and received 70 endorsements to date.
• A manuscript has been prepared and will be submitted for journal publication by 5/31.
• Additional outreach includes annual meetings of National Medical Association and National Association of City & County Health Officials in July.

*If you would like to endorse the consensus statement, please click on the link provided in the chat box.
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
• MomsRising
• Cultural Awareness Center
• Expecting Health
• Institute for Family Health
• 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
• American College of Nurse-Midwives (ACNM)
• Society for Public Health Education (SOPHE)
• Generate Health STL
• Raise Colorado Coalition
• National Healthy Start Association
• National Association of Nurse Practitioners in Women’s Health
• National Birth Equity Collaborative
• Long Island Doula Association
• Virginia Neonatal Perinatal Collaborative
• New York Association of Licensed Midwives
ENDORSEMENTS: INDIVIDUALS

- Charlene Harris
- Janine Hill
- Frankie Robertson, March of Dimes
- Terri Major-Kincaide
- Starr Barbour
- Rebecca Smith
- Gloria DeLoach
- Shantay Davies-Balch
- Marilyn Noll
- Meredith Yaker
- Shaconna Haley
- Amani Allen
- Cheryl Geiler
- Susan Rose, March of Dimes
- Katrina Thompson, March of Dimes
- Shareece Davis-Nelson
- Robbie Caldwell
- Pierrette Revangil

- 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
- Dr. NdidiAmaka Amutah, Tufts University
- Paula Braveman, MD, MPH, Professor of Family and Community Medicine, Director of the Center on Social Disparities in Health, UCSF
- Dr. Arden Handler, University of Illinois School of Public Health
Registration closing June 20th. Register NOW
http://www.cvent.com/d/f6qd6k

Please reach out at the collaborative@marchofdimes.org with questions!

Agenda available at: www.marchofdimes.org/collaborative
BUILDING OUR RESULTS FRAME
COLLABORATIVE SURVEY

As we move forward with building our results framework, we want to expand and grow our cross-sector relationships to drive impact further and faster. Help us assess our cross-sectorial spread currently and measure our progress as we engage in further outreach and engagement.

Please complete this short survey:
https://www.surveymonkey.com/r/7JQN7X2

THANK YOU
SCHEDULE & EVALUATION
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If you are interested in attending the full Collaborative or specific workgroup meetings please email us at collaborative@marchoftimes.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

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