GENERAL HOUSEKEEPING

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

1. If you are connected through the computer audio, click the mic in the lower left hand corner of your screen to unmute and mute.

2. If you are connected through the phone press *6 to unmute and mute

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
AGENDA

• Welcome & Introductions
  Dr. Lisa Waddell, Sr VP, Maternal and Child Health/NICU innovations, Deputy Medical Officer

• Work Group Accomplishments and 2019 Work Plan
  Vanessa Lee, MPH, HRSA Infant Mortality COIIN Coordinator

• Preterm Birth Prevention App
  Dr. Amen Ness Clinical Professor, Obstetrics & Gynecology – Maternal Fetal Medicine, Stanford University Medical Center

• Reducing Peripartum Racial/Ethnic Disparities, AIM Bundle
  Andria Cornell, MPH Associate Director Women's and Infant Health, Association of Maternal & Child Health Programs

• Next Steps & Discussion
  Dr. Chris Zahn, Vice President, Practice Activities, ACOG

• Business
• Adjourn
TRANSITIONING TO RESULTS FRAMEWORK

**Result:** All Moms and Babies Are Healthy and Thrive Birth Through Year 1

**Indicator:** US Preterm Birth Rate (Disaggregated by Race)

**Key Factors Impacting Equity in Preterm Birth Rates**

- Inadequate Access to Quality Health Care
  - Strategies to Address this Factor
  - STRATEGY A
  - STRATEGY B
  - STRATEGY C

- Racism & Toxic Stress
  - Strategies to Address this Factor

- Implicit Bias in Care/Lack of Trust in Care Providers
  - Strategies to Address this Factor

- Income and Poverty
  - Strategies to Address this Factor

- Poor Health Preconception/Chronic Health Conditions
  - Strategies to Address this Factor

- Inadequate Nutrition
  - Strategies to Address this Factor

- Unsafe, Unaffordable Housing and Environmental Exposures
  - Strategies to Address this Factor
CLINICAL AND PUBLIC HEALTH PRACTICE WORKGROUP CO-CHAIRS

Christopher Zahn, MD
Vice President, Practice Activities, ACOG

Vanessa Lee, MPH
HRSA Infant Mortality COIIN Coordinator

#prematuritycollab
GOALS

• Advance our PTB prevention resource guide
• Learn about a new app in development by Dr. Ness that will serve as a clinical tool to support PTB risk identification and prevention
• Learn about the Reducing Peripartum Racial/Ethnic Disparities AIM Bundle
• Identify volunteers willing to work on this deliverable
## CLINICAL PUBLIC HEALTH PRACTICE WORKGROUP WORK PLAN 2018/2019

<table>
<thead>
<tr>
<th>ACTIVITY/AIM</th>
<th>STRATEGIES</th>
<th>PROGRESS</th>
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<tbody>
<tr>
<td>Advocate for or preterm birth prevention best clinical practices to be quality measures</td>
<td>Optimize clinical practices to improve the health of women and adolescents. Ensure all women have appropriate prenatal care.</td>
<td>• Next priority of focus</td>
</tr>
<tr>
<td>Develop a preterm birth prevention bundle</td>
<td>Optimize Clinical practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Ensure appropriate care for women with a previous preterm birth.</td>
<td>• Our focus today!</td>
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## JOINT HEALTH EQUITY, POLICY, AND CLINICAL & PUBLIC HEALTH PRACTICE WORK PLAN

<table>
<thead>
<tr>
<th>ACTIVITY/AIM</th>
<th>STRATEGIES</th>
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<tr>
<td>Identification or creation of a universal screening tool to identify social risk factors that may influence birth outcomes</td>
<td>Optimize Clinical / 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.</td>
<td>• A joint workgroup subcommittee convenes Wednesday the 24th</td>
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<td>Toolkit or resource guide related to Group Prenatal Care-including integration of doulas and CHW’s</td>
<td>Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Foster and support population-based solutions.</td>
<td>• Next priority of focus</td>
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CPHP WORK CYCLE
PTB PREVENTION
RESOURCE GUIDE

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.
JOIN US!

• Join our sub-committee

• 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!
PRETERM BIRTH PREVENTION APP

Amen Ness, MD
Clinical Professor, Obstetrics & Gynecology – Maternal Fetal Medicine
Stanford University Medical Center, Stanford CA
REDUCING PERIPARTUM RACIAL/ETHNIC DISPARITIES AIM BUNDLE

Andria Cornell, MPH
Associate Director Women's and Infant Health
Association of Maternal & Child Health Programs
Building Readiness for a Culture of Equity
Lessons Learned from the AIM Disparities Bundle Demonstration Project

Andria Cornell, MSPH
Associate Director,
Women’s & Infant Health

March of Dimes Prematurity Collaborative
Clinical and Public Health Practice Workgroup
June 5, 2019
Learning Objectives

• Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle
• Describe the need for a demonstration project and its starting point
• Illustrate the role of the following principles in building a culture of equity:
  – Relationship between community engagement and equity
  – Trust and power sharing
  – Accountability
• Consider next steps together
Who is AMCHP?

- **Members**: Leaders and staff from state and territory health agencies who manage and implement programs that preserve, protect, and improve the health of women, children, and families in their state (MCH programs)

- **Mission**: AMCHP supports state maternal and child health programs and provides national leadership on issues affecting women and children

- **Context**: Title V MCH Services Block Grant (and beyond...)

- **Themes for Population Health Impact**: Collective impact, multi-sector/ “silo busting”, families at the center
Our Work and Partnerships

• Previous/current efforts
  – Partnership to Eliminate Disparities in Infant Mortality (PEDIM)
  – Best Babies Zone
  – Infant Mortality Collaborative Improvement and Innovation Network (IM CoIIN)
  – AIM Disparities Bundle, and Community Workgroup, and Demonstration Project
Learning Objectives

**Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle**

- Describe the evolution of a demonstration project and its starting point
- Illustrate the role of the following principles in building a culture of equity:
  - Readiness
  - Trust, power sharing, and accountability
  - Community engagement vs. health equity
- Consider next steps together
What is AIM?

- Cooperative agreement between the American College of Obstetricians and Gynecologists and MCHB/HRSA that began 9/14; renewed 9/18 through 8/23

- A national data-driven maternal safety and quality improvement initiative based on proven implementation approaches to improving maternal safety and outcomes in the U.S. The end goal is to eliminate preventable maternal mortality and severe morbidity across the United States.

- Proven implementation approaches = Patient Safety Bundles and Tools
REDUCTION OF PERIPARTUM RACIAL/ETHNIC DISPARITIES (+AIM)

- William Grobman, MD, FACOG
- Elizabeth Howell, MD, MPP, FACOG
- Haywood Brown, MD
- Jessica Brumley, PhD, CNM
- Allison Bryant, MD, MPH
- Aaron Caughey, MD, PhD
- Andria Cornell, MSPH
- Jacqueline Grant, MD, MPH, MPA
- Kimberly Gregory, MD, MPH
- Sue Gullo, RN, BSN, MS
- Pandora Hardtman, CNM
- Jill Mhyre, MD
- Katy Kozhimannil, PhD, MPA
- Jill Mhyre, MD
- Geeta Sehgal, DO
- Paloma Toledo, MD, MPH
- Robyn D’Oria, MA, RNC, APN
• Represents contributions by major women's health professional organizations

• Addresses disparities under the patient safety umbrella, with intentional focus
Bundle Development Process

- Review of literature
- Review disparities frameworks (population health and health systems) and drivers of disparities and relative contributions
- Referenced examples from all of medicine

Kilbourne et al. 2006: Understanding the origins of health and health care disparities from a health services research perspective: key potential determinants of health disparities within the health care system, including individual, provider, and health care system factors.
Scope of Bundle

• Maternal health care, hospital-based
• Practices that are modifiable by health care professionals and institutions
• Evidence-based, with an emphasis on findings published in peer-reviewed journals
• Practices that are feasible and actionable today
Bundle Themes

- Disparities are not reliably measured
- Lack of recognition of disparities at personal and systems level
- Lack of specific knowledge of the magnitude of racial and ethnic disparities that exist within a health care system
- Communication barriers
- Differences in the structure of care (Fragmentation)****
Domains for Patient Safety Bundles

- Downloadable PDF of the bundle
- Complete resource listing
- Supplemental resource listing
- Safety Action Series presentation
- Supporting Commentary
  - Obstetrics & Gynecology

Readiness

Recognition & Prevention

Response

Reporting/Systems Learning
Every health system

- Establish systems to accurately document self-identified race, ethnicity, and primary language.
- Provide system-wide staff education and training on how to ask demographic intake questions.
- Ensure that patients understand why race, ethnicity, and language data are being collected.
- Ensure that race, ethnicity, and language data are accessible in the electronic medical record.
- Evaluate non-English language proficiency (e.g., Spanish proficiency) for providers who communicate with patients in languages other than English.
- Educate all staff (e.g., inpatient, outpatient, community-based) on interpreter services available within the healthcare system.

- Provide staff-wide education on:
  - Peripartum racial and ethnic disparities and their root causes.
  - Best practices for shared decision making.
- Engage diverse patient, family, and community advocates who can represent important community partnerships on quality and safety leadership teams.
RECOGNITION

Every patient, family, and staff member

- Provide staff-wide education on implicit bias.
- Provide convenient access to health records without delay (paper or electronic), at minimal to no fee to the maternal patient, in a clear and simple format that summarizes information most pertinent to perinatal care and wellness.
- Establish a mechanism for patients, families and staff to report inequitable care and episodes of miscommunication or disrespect.
**RESPONSE**

*Every clinical encounter*

- Engage in best practices for shared decision making.
- Ensure a timely and tailored response to each report of inequity or disrespect.
- Address reproductive life plan and contraceptive options not only during or immediately after pregnancy, but at regular intervals throughout a woman's reproductive life.
- Establish discharge navigation and coordination systems post childbirth to ensure that women have appropriate follow-up care and understand when it is necessary to return to their health care provider.
  - Provide discharge instructions that include information about what danger or warning signs to look out for, who to call, and where to go if they have a question or concern.
  - Design discharge materials that meet patients' health literacy, language, and cultural needs.
REPORTING & SYSTEMS LEARNING

Every clinical unit

- Build a culture of equity, including systems for reporting, response, and learning similar to ongoing efforts in safety culture.
- Develop a disparities dashboard that monitors process and outcome metrics stratified by race and ethnicity, with regular dissemination of the stratified performance data to staff and leadership.
- Implement quality improvement projects that target disparities in healthcare access, treatment, and outcomes.
- Consider the role of race, ethnicity, language, poverty, literacy, and other social determinants of health, including racism at the interpersonal and system-level when conducting multidisciplinary reviews of severe maternal morbidity, mortality, and other clinically important metrics.
- Add as a checkbox on the review sheet: Did race/ethnicity (i.e., implicit bias), language barrier, or specific social determinants of health contribute to the morbidity (yes/no/maybe)? And if so, are there system changes that could be implemented that could alter the outcome?
Chat Question

• Please enter into the chat box: What bundle components or framing jump out at you?
Learning Objectives

• Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle

Describe the need for a demonstration project and its starting point

• Illustrate the role of the following principles in building a culture of equity:
  – Readiness
  – Trust, power sharing, and accountability
  – Community engagement vs. health equity

• Consider next steps together
Key Points From Bundle

• Growing evidence that hospital quality contributes to disparities
• Safety bundle relies on safety literature and health services principles
• A step forward and an important synthesis of evidence to address racial/ethnic disparities in maternity clinical care – it is A step, not THE step

BUT....
Reflections

• Tension around timing and role of disparities bundle in relation to other bundles
  – Adapt AIM resources to infuse disparities bundle into all bundle activities

• Conceptualizing action in a bundle ≠ action
  – No toolkit
  – Builds capacity to understand, but not necessarily to intervene
  – Who initiates bundle? What is the team?

• Scope of bundle
  – How might a bundle reinforce institutional factors contributing to disparities?

• Where are the people who birth and the community-based organizations that serve them in this process?
Demonstration Project Overview

Goals:

1. To identify the **resources and processes** required to implement evidence-informed practices that address key factors modifiable by hospitals and providers contributing to racial and ethnic disparities in maternal outcomes

2. Identify **strengths and weaknesses** of the Reduction of Peripartum Racial/Ethnic Disparities Bundle in addressing patient-/community-centered outcomes

3. Inform a **toolkit** for the implementation of the bundle across a health system, jurisdiction, or state
Demonstration Project Overview
January 24, 2018 Kick-off

• 80+ individuals in attendance, majority LIJMC providers
• Evaluation results 90-100% for satisfaction, knowledge, relevance, applicability
• Agenda:
  – Statement of hospital commitment from Dr. Allen Toles, Vice Chairman of Obstetrics & Gynecology, Long Island Jewish Medical Center
  – Overview of AIM by Jeanne Mahoney and Robyn D’Oria
  – Overview of the bundle by Dr. Liz Howell, bundle development co-lead
  – Q&A
• “What I found most valuable about this meeting....”
  – “Black/Hispanic women have greater morbidity”
  – “Getting a full picture of the health disparities”
  – “My take home - find out more about patient's support systems, environment, education, beliefs, etc.”
  – “The emphasis on listening to the patient's story. Utilizing the interpreter phone in order to gather appropriate patient information.”
“That doesn’t happen here.”
Learning Objectives

• Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle
• Describe the need for a demonstration project and its starting point

Illustrate the role of the following principles in building a culture of equity:
  – Readiness
  – Trust, power sharing, and accountability
  – Community engagement vs. health equity

• Consider next steps together
Readiness for Health Equity and Organizational Culture Change

• **Readiness is the degree to which those involved are individually and collectively primed, motivated, and technically capable of executing the change.**
  – Readiness is a major determinant of the extent to which any change can succeed.
  – An estimated half of failures in implementing organizational change occur because leaders failed to establish the needed level of readiness.

Adapted from September 2018 in-person grantee meeting of the IM CoIN-SDOH, presented by Alethia Carr.

Readiness for Health Equity and Organizational Culture Change
Readiness for Health Equity and Organizational Culture Change

- Motivation of individuals
- Organizational climate
- Individual skills & capacity
- Organizational resources

Readiness for Change

Commitment to change
Capability to change
Readiness for Health Equity and Organizational Culture Change
Readiness for Health Equity and Organizational Culture Change
Readiness for Health Equity and Organizational Culture Change

- Readiness for Change
  - Commitment to change
  - Capability to change

- Motivation of individuals
- Organizational climate
- Individual skills & capacity
- Organizational resources
“That doesn’t happen here.”
Motivation of Individuals

• Center women’s voices and stories (and your own!) to inform and transform motivations and crystallize North Star
Organizational Climate

- Ability to understand the organizational climate is reflected in team members
  - OB
  - MFM
  - RN
  - Nurse-Midwife
  - WH Nurse Practitioner
  - OB Anesthesia
  - Hospital Leadership
  - Payers
  - Local March of Dimes
  - Local Healthy Start
  - Community Advocates
  - Local Health Department
  - Hospital Quality/Data Staff
  - Perinatal home visiting
  - WIC
  - Case managers
  - ...

AMCHP
Individual Skills and Capacity

- Resources to build individuals skills and knowledge exist!
Organizational Resources (and Accountability)

- Data (e.g. SMM by race) is individually and organizationally motivating and an important resource.

- City/state agencies access hospital data for their own monitoring but don’t communicate back.

- CBOs vary in how they collect the birth hospital of their clients as a standard data element in their data system.

- Within a hospital, IT, Quality, Patient Safety, and OB departments all interact with and use data differently.

Who is responsible?
Organizational Resources
(and Accountability)
Learning Objectives

• Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle

• Describe the need for a demonstration project and its starting point

Illustrate the role of the following principles in building a culture of equity:
  – Readiness
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  – Community engagement vs. health equity

• Consider next steps together
Chat Question

• Please enter into the chat box: What does trust look or feel like when organizations work toward a goal together?
Are We Trustworthy?

• Does our organization represent the racial diversity of the people we serve?
  – Can a racially discordant team ask the right questions and come up with the right answers? (inspired by Monica McLemore)

• What is our organization’s or profession’s history?
  – Have we endorsed or disseminated policies, programs, or guidelines that have been used to further oppress or restrict the rights, health, and dignity of specific populations?

• Are we listening?
  – Do we actively seek out/welcome alternative perspectives?
  – When engaged consumers and community partners reach out to us, do we respond? And in a way that shows willingness to learn?

• When we request funding or publicize work that describes racial disparities do we partner with people of color in a position to change them?
  – Are we tokenizing or being on-trend? (inspired by Aza Nedhari and Kristina Wint)
  – Are we crediting and showcasing the work of people of color that we reference, or on which our work is built?
Trust-Building

- Being truthful about history
- Sharing data – SMM, Press-Ganey by race
- Partner site visit to LIJMC
- Fair compensation
- Openness to truth-telling
- Sharing power
  - Focused conversation guide
  - Authorship
  - Presentations
Moving to Joint Accountability

Individual Responsibility

Joint Accountability
Learning Objectives

• Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle
• Describe the need for a demonstration project and its starting point

Illustrate the role of the following principles in building a culture of equity:
  – Readiness
  – Trust, power sharing, and accountability
  – Community engagement vs. health equity

• Consider next steps together
Community Engagement ≠ Health Equity

• Not all community engagement advances equity
  – “Would populations experiencing health inequities describe your department as working with them to find solutions, or offering solutions to them?”
  – Relationships can’t be intermittent
  – Willingness to listen, identify assets of the community, and allow community to lead the work

• Community engagement is essential for health equity
  – Guided by wisdom and worldviews of oppressed populations
  – Challenges power imbalances and foster shared leadership
  – Supports partners’ capacity to act

Source: MN Department of Health – Supporting Health Equity Through Community Engagement
“That doesn’t happen here.”
Learning Objectives

• Summarize the AIM Reduction of Peripartum Racial/Ethnic Disparities Bundle
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Consider next steps together
Change our Definition of Success

• Outcome measure for bundles: SMM by race
• Is that enough?
  – Goal: Implement changes in the demonstration project hospitals that promote woman-centered, equitable care as identified by the people who birth at the hospitals
  – Mutual ownership of process, products, and decision-making
  – Combine knowledge with action

• What does this mean?
• Process document under development
Craft Path for Accountability

• What does accountability look like and how does it need to change?
  – SMM reviews → multidisciplinary review of inequitable care
  – ‘Filing complaints’ → who reads them and advocates internally?
  – Press Ganey → Patient-reported experience measures
  – Accountability fragmented (like care) → cases and ripple effects of inequitable care assessed and cared for in a coordinated feedback loop prenatal to childbirth to postpartum
Assessing Clinical Capacity

• AIM Baseline Survey includes questions on processes and capacity specific to quality and safety of maternity care

• What can be added now related to the disparities bundle?
  – Has your birth facility participated in a health equity training (e.g. understanding social determinants of health) in the past two years?
  – Does your hospital routinely monitor measures of quality stratified by patient race, ethnicity, and primary language (e.g. does it have a disparities dashboard)?
  – Has your OB department ever presented hospital-specific maternal health outcome data by race, ethnicity, or language to providers?
Assessing Hospital Capacity

• AIM Baseline Survey Additional Questions (cont.)
  – What interpreter services are available for your OB department?
  – How are these interpreter services communicated to providers?
  – Have providers in your OB department received training on any of the following topics in the past two years:
    • Best practices for self-reported demographic intake questions
    • Shared decision-making
    • Implicit bias
  – Does your hospital have accountability mechanisms in place for patients, families, and staff to report inequitable care?
  – [Additional/revised questions as requested by community stakeholders]
Take Home Messages

Efforts to advance health equity don’t have walls

Efforts to advance health equity aren’t owned by a single sector

It’s worth it to build readiness

You have partners in this path
THANK YOU!

Andria Cornell, MSPH
Associate Director, Women’s & Infant Health
acornell@amchp.org
202-266-3043
EQUITY IN ACTION: MOVING FROM THEORY TO PRACTICE

JOIN US!

July 8, Orlando, Florida
Hilton Bonnet Creek Hotel
$150/person
Registration:
http://www.cvent.com/d/f6qd6k

Supported by:
Centers for Disease Control and Prevention
W. K. Kellogg Foundation
BIRTH EQUITY FOR MOMS AND BABIES

CONSENSUS STATEMENT

1. Please sign-on to the Consensus Statement.
   1. Share the Statement with partner organizations
   2. Integrate the Statement into your work and across your organization
   3. Tell us how you have incorporated these core values into your work-email us at Collaborative@marchofdimes.org

2. Please join our efforts around the Social Determinants of Health Screening tool if you are interested. Chat your name in or email us at Collaboative@marchofdimes.org
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
## 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