Prematurity Collaborative

Clinical and Public Health Practice, Health Equity & Policy joint work group meeting

July 19, 2018
2:00pm ET
General Housekeeping

Please note the following:

All participants will be muted on entry

To speak to the group, remember to unmute yourself:

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

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

Be sure to mute yourself when you are not speaking

Please do not place call on hold

Use the chat box, if you would like a moderator to call on you or share your comments with the group
Agenda for today’s meeting

- Welcome
- Prematurity Prevention Summit Summary and Debrief – Dr. Lisa Waddell
- Sharing our accomplishments
  - Clinical and Public Health Practice (CPHP) – Vanessa Lee
  - Health Equity (HE) – Dr. Arthur James
  - Policy – Nikki Garro/ Cindy Pellegrini
- Workgroup Work plans
  - Clinical and Public Health Practice (CPHP) – Dr. Chris Zahn
  - Health Equity (HE) – Dr. Diana Ramos
  - Policy – Nikki Garro/ Cindy Pellegrini
- Identifying collaboration across work groups – Dr. Chris Zahn, Dr. Arthur James, Dr. Diana Ramos & Vanessa Lee
- Meeting dates & other business – Gina Legaz
Goals for our meeting

1. Sharing accomplishments across work groups
2. Sharing early stages of draft work plans
3. Identify activities to collaborate on across work groups
4. Identify ways to communicate across work groups and collaborate on activities
1. Prematurity Prevention Summit Recap and Debrief
Prematurity Prevention Summit: Building a Birth Equity Movement

May 21st-May 22nd 2018, Arlington, Virginia

Attendees
Approximately 320 participants attended the Summit and encompassed a diverse group professionally from individuals representing tribes; community organizations; to academics and researchers; to local, state and federal public health professionals and clinicians.

Purpose
Convene Prematurity Collaborative 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 Collaborative, share early successes, and recruit more participants.
Key Messages:
• Social determinants of health have a significant impact on health and addressing these factors are important to efforts at reducing preterm births.
• A community health approach that integrates the social determinants of health, evidence based clinical interventions and policies enhancing opportunities for improving these conditions is essential for results.

Observations:
• Members celebrated the accomplishments of the last year together and were excited about the launch of Collective Impact.
• The Guiding Principles were well received and are in high demand.
• The promise of a birth equity movement was the most critical point of interest and the driving force in this two day gathering.

Next steps:
• Based upon feedback in the workgroups, we need to restructure our meetings and our cross Collaborative communication to ensure members are aware, engaged and able to advise other work group activities.
• Further develop the workgroup work plans and share them on the next full Collaborative meeting.
• We will develop a Results Based Accountability™ framework and structure Collaborative meetings and processes based off of that.
Summit Review

- On May 20th, leaders convened early for a VIP Dinner hosted by Stacey Stewart for Trustees, Summit Speakers, Collaborative Steering Committee Members and Collaborative Work Group Co-Chairs.

- After a short introduction to the Prematurity Collaborative and its leaders, Stacey Stewart facilitated a fireside chat with Dr. Jerome Adams, VADM, MD, MPH, Surgeon General, US Health and Human Services. To review the recording, visit [https://www.marchofdimes.org/collaborative](https://www.marchofdimes.org/collaborative)

- The lunch plenary featured Dr. Julie Sweetland of the FrameWorks Institute® discussing preliminary findings on how to message birth equity to the general public.

- Six different concurrent sessions were offered to participants:
  - Communities, Clinicians, and Collective Action: Opportunities to Reduce Preterm Birth and Maternal Mortality
  - How Genetic and Social Influences Drive Poor Birth Outcomes and Disparities: Current Debates
  - Spotlight on Promising Practices: Affecting Change in the Social Determinants of Health to Drive Improvements in Birth Outcomes
  - Pre and Interconception Health, Intentionality and Birth Spacing: Emerging Issues
  - Improving Social Determinants of Health with Public Policy: An Interdisciplinary Approach

- A social event at FDR Memorial and dinner concluded the first day.
May 22nd

- On May 22nd, the breakfast plenary was provided by Michael McAfee, EdD, EMPA, President, PolicyLink on Collective Impact and Results Based Accountability™
- After an inspiring discussion with Michael and Collaborative leaders, attendees split into five work groups (Policy, Health Equity, Clinical Public Health Practice, Research and Community Collaborative):
  - Workgroup co-chairs welcomed new as well as current members and provided an overview of previous work accomplishments.
  - The majority of the time was spent on identifying next steps for the work plans or creating them and identifying common metrics.
  - Results will be provided at the next Full Collaborative Meeting.
- Dr. Kimberlydawn Wisdom of Henry Ford Health System® provided the lunch plenary on her work at Henry Ford Health System® and win network Detroit.
- Closing Remarks were provided by Stacey D. Stewart & Dr. Wanda D. Barfield.
BREAK DOWN THE BARRIERS
#WINNdetroit
engage in Multi-Networks
Centering Groups - prenatal care -
SUCCESSES

Supportive Community
Funding
Follow up

Community Health Workers
Nurse Midwife

LIFE vs. LICENSE on the line

THIS is MY Liberation

a WALL was BUILT to KEEP CERTAIN PEOPLE OUT in DETROIT

"if you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together." - ABORIGINAL PROVERB

LEAD the WAY

Remove BARRIERS so everyone can ACHIEVE

LESSONS LEARNED

Culture Clash
Intention in Training/Meetings
Well Defined Eligibility Policies

WHAT are the WALLS in your COMMUNITY?
2.

Sharing our Accomplishments:

- Health Equity
- Clinical Public Health Practice
- Policy
## Health Equity work group accomplishments

<table>
<thead>
<tr>
<th>AIM #1: Develop communications about health equity and prematurity</th>
<th>OBJECTIVE #1: Preparation of foundational guidance for other Collaborative workgroups</th>
<th>ACTIVITIES: 1. Assemble guiding principles 2. Assemble glossary 3. Consensus statement</th>
<th>COMPLETED: Activities 1 &amp; 2 complete Activity 3 has a draft ready for review</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIM #2: Identify research, policy and practice areas in need of development</td>
<td>OBJECTIVE #1: Preparation of foundational guidance for other Collaborative workgroups</td>
<td>ACTIVITIES: 1. Consensus statement</td>
<td>DRAFT COMPLETE 5/18</td>
</tr>
<tr>
<td>AIM #3: Identify and spread best and promising practices and policies</td>
<td>OBJECTIVE #1: Invite partners to share examples of best and promising practices/policies during virtual meetings</td>
<td>ACTIVITIES: 1. Moms2B presentation 2. Best Babies Zone</td>
<td>COMPLETED</td>
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<tr>
<td>AIM #4: Identify resources to achieve improvements in preterm birth and health equity</td>
<td>OBJECTIVE #1: Compile resources and tools that national health equity partners can use to advance their work</td>
<td>ACTIVITIES: 1. Health equity resources compiled and catalogued 2. Health equity resources available for public use on Collaborative website</td>
<td>COMPLETED</td>
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</tbody>
</table>
| AIM #1: Increase access to and utilization of 17P, as evidenced by state-based data. | OBJECTIVE #1: Support states with legislative strategies to improve access and utilization of 17P.  
OBJECTIVE #2: Reduce barriers to prior-authorization, as self-reported by health care organizations  
OBJECTIVE #3: Reduce barriers to patient access by providing support to states on alternative models of medication delivery and patient education strategies. | ACTIVITIES OBJECTIVE #1:  
1. Compile examples of model legislation from states (examples: OH, IL, others)  
2. Create model legislation guidance  
3. Disseminate model legislation guidance  
4. Collaborate with Policy Workgroup to support states in adoption of model 17P legislation  
ACTIVITIES for OBJECTIVE #2:  
1. Compile examples of universal prior-authorization forms  
2. Compile examples of policy changes eliminating need for prior authorization  
3. Disseminate examples of prior-authorization forms  
ACTIVITIES for OBJECTIVE #3:  
1. Compile examples 17P administration outside of clinician office  
2. Compile examples of patient education tools  
3. Disseminate examples of prior-authorization forms | COMPLETED OBJECTIVE #1:  
ACTIVITIES 1, 2 and 3 are completed and the 4th is TBD in 2018/2019.  
ALL COMPLETED OBJECTIVE #2 and OBJECTIVE #3
<table>
<thead>
<tr>
<th>AIM #2: Increase access to and utilization of <strong>Low Dose Aspirin</strong> to Prevent Preeclampsia.</th>
<th>OBJECTIVE #1: Increase awareness of USPSTF and ACOG recommendations regarding use of LDA to prevent Preeclampsia</th>
<th>ACTIVITIES OBJECTIVE #1:</th>
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<td>1. Webinar/learning series</td>
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<td>2. Educational materials</td>
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<td>3. Disseminate</td>
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<td>4. Addressing barriers with pharmacists</td>
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**Clinical Public Health Practice work group accomplishments**

ACTIVITIES #1 and 2 are Completed and 3 and 4 are in progress
Policy Work Group Survey Results

ACCESS
- Medicaid coverage for pregnant women and infants
- Maternal mortality

FAMILY SUPPORT
- Paid family leave

Amplification vs. expansion into new areas
3. Work Group Work Plans
# Health Equity Work Plan

<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>NATIONAL IMPLEMENTATION OR LOCAL IMPLEMENTATION?</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>PRIORITY RANKING</th>
<th>INTEGRATED?</th>
<th>TIMING</th>
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</thead>
<tbody>
<tr>
<td>Develop Consensus statement</td>
<td>National</td>
<td>Partner across sectors to impact the root causes of inequities</td>
<td>1</td>
<td>Research WG?</td>
<td>2018</td>
</tr>
<tr>
<td>Disseminate Consensus Statement (eg. Bring the consensus statement to Title V administrators and states)</td>
<td>National</td>
<td>Align deferral, tribal, state, territorial, local and community policy initiatives.</td>
<td>1a</td>
<td></td>
<td>2018+</td>
</tr>
</tbody>
</table>

*Add suggestions, other activities to consider, edits or additions in the chat*
<table>
<thead>
<tr>
<th>HEALTH EQUITY WORK GROUP ACTION (WHAT)</th>
<th>NATIONAL IMPLEMENTATION OR LOCAL IMPLEMENTATION?</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>RANK</th>
<th>INTEGRATED?</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creation of a universal screening tool to identify social risk factors that may influence birth outcomes.</td>
<td>National &amp; Local</td>
<td>Foster and support population based solutions.</td>
<td>2</td>
<td>Yes in CPHP</td>
<td>2018/2019</td>
</tr>
<tr>
<td>Develop a Toolkit or resource guide to scale and replicate group prenatal care programs integrated with doulas, CHW’s/patient navigators.</td>
<td>National spread &amp; local implementations (Link to current resource guide)</td>
<td>Foster and support population based solution. Foster and support community/place based leadership and engagement. Partner across sectors to impact the root causes of inequity.</td>
<td>3</td>
<td>CPHP &amp; Policy</td>
<td>2019</td>
</tr>
</tbody>
</table>

*Complete our poll *Add suggestions, other activities to consider, edits or additions in the chat
### Clinical Public Health Practice Work Plan

<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>NATIONAL OR LOCAL?</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>RANK</th>
<th>PARTNER</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for PTB prevention best clinical practices to be HEDIS Measures</td>
<td>NATIONAL</td>
<td>(3) Optimize Clinical Practices to improve the health of women and adolescents. Ensure all women have appropriate prenatal care.</td>
<td>1</td>
<td>CPHP would like to collaborate with others on this</td>
<td>2018+</td>
</tr>
<tr>
<td>A prematurity prevention bundle that includes screening, algorithms, toolkits, workflow, messaging for prenatal providers and paraprofessionals.</td>
<td>NATIONAL SPREAD/LOCAL IMPLEMENTATION</td>
<td>(4) 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 PTB.</td>
<td>1a</td>
<td>Partner with Policy WG on sample policy/legislation to address barriers. Partner with HE to address disparities.</td>
<td>2018+</td>
</tr>
</tbody>
</table>

*Add suggestions, other activities to consider, edits or additions in the chat*
**CPHP Work Plan - continued**

<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>NATIONAL OR LOCAL?</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>RANK</th>
<th>PARTNER</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop a screening to assess social determinants</td>
<td>NATIONAL</td>
<td>(4+ equity lens) Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care. Ensure appropriate care for all women with a prior PTB.</td>
<td>2</td>
<td>Yes with Health Equity</td>
<td>2018/2019</td>
</tr>
<tr>
<td>Compile cultural competence trainings/implicit bias trainings to be included as additional resources for the SDOH screening tool.</td>
<td>IMPLEMENTATION</td>
<td></td>
<td></td>
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<tr>
<td>A tool on how to gain access to baseline data and carry out data linkage</td>
<td>NATIONAL</td>
<td>(1) Optimize Public Health systems to improve the health of women and adolescents</td>
<td>3</td>
<td></td>
<td>2019</td>
</tr>
<tr>
<td>Toolkit on Preventive and Supportive Care before and After Pregnancy (focus on contraception and general health of women)</td>
<td>IMPLEMENTATION</td>
<td>(4+) Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Support strategies to increase intentionality of pregnancy</td>
<td>4</td>
<td></td>
<td>2019</td>
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</tbody>
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*Add suggestions, other activities to consider, edits or additions in the chat*
<table>
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<tr>
<th>ACTION (WHAT)</th>
<th>NATIONAL IMPLEMENTATION OR LOCAL IMPLEMENTATION</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>RANK</th>
<th>PARTNER</th>
<th>TIMING</th>
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<tbody>
<tr>
<td>Factsheet and tools related to Group Prenatal Care (enhanced reimbursement)</td>
<td>NATIONAL SPREAD/LOCAL IMPLEMENTATION</td>
<td>(3+)Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care.</td>
<td>5</td>
<td>Yes, HE</td>
<td>Unsure</td>
</tr>
<tr>
<td>Resource Guide on partnering with CHW’s/ and Doulas</td>
<td>NATIONAL SPREAD/LOCAL IMPLEMENTATION</td>
<td>(3+)Optimize Clinical / Public Health systems and Practices to improve the health of women and adolescents. Ensure all women receive high quality prenatal care.</td>
<td>6</td>
<td>Yes, HE</td>
<td>Unsure</td>
</tr>
<tr>
<td>Commentary on 17P to publish</td>
<td>NATIONAL</td>
<td>(2) Optimize Clinical and Public Health Systems and Practices.</td>
<td>7</td>
<td></td>
<td>Unsure</td>
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</table>

*Complete our poll *Add suggestions, other activities to consider, edits or additions in the chat.
## Policy Work Plan

<table>
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<tr>
<th>ACTION (WHAT)</th>
<th>NATIONAL OR LOCAL IMPLEMENTATION?</th>
<th>PRIORITY IN STRATEGIC MAP</th>
<th>INTEGRATED?</th>
<th>TIMING</th>
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<tbody>
<tr>
<td>Capacity Building</td>
<td>National and Local</td>
<td>Engage partners to advocate for policies supporting PTB goals.</td>
<td>Yes, HE/CPHP</td>
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<tr>
<td>ACTION (WHAT)</td>
<td>NATIONAL OR LOCAL IMPLEMENTATION?</td>
<td>PRIORITY IN STRATEGIC MAP</td>
<td>INTEGRATED?</td>
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<tr>
<td>Collective Impact in Advocacy</td>
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<tr>
<td>Group prenatal care enhanced reimbursement</td>
<td>National &amp; Local</td>
<td>Engage partners to advocate for policies supporting PTB goals</td>
<td>Yes, HE and CPHP</td>
<td>unsure</td>
</tr>
<tr>
<td>Medicaid waivers – comments on issues of special MCH impact</td>
<td>National and Local</td>
<td>Engage partners to advocate for policies supporting PTB goals.</td>
<td>Not at this time</td>
<td>2019</td>
</tr>
</tbody>
</table>

*Complete our poll *Add suggestions, other activities to consider, edits or additions in the chat
Work Group Collaboration

Both the Health Equity and the Clinical Public Health Practice work plans (drafted from your input at the Summit) included development of:

• A screening tool for social risk factors or social determinants of health with additional tools and resources to accompany that tool for national dissemination and spread and local implementation.

*Poll: Is this an activity members of these two work groups would like to collaborate on?
*If you are interested in volunteering your time and expertise, please write your name and SDOH tool in the chat box.
*Please add comments, edits or suggestions in the chat box.
Work Group Collaboration

• The Health Equity, the Clinical Public Health Practice and Policy work plans (drafted from your input at the Summit) included development of:

• A toolkit and resource guide related to local implementation and sustainability of group prenatal care.

*Poll: Is this an activity members of these two work groups would like to collaborate on?
*If you are interested in volunteering your time and expertise, please write your name and GPC tool in the chat box.
*Please add comments, edits or suggestions in the chat box.
Work Group Collaboration

• It appears that each work group has an interest and a need to seek input and additional expertise from the other work groups (and their members) on specific activities in each work plan; for example:

1. The Clinical and Public Health Practice Work Group would like to create preterm birth prevention toolkits and bundles to promote and further evidence based best clinical care. The CPHP work group would like to seek support from Health Equity and Policy work groups as they develop these related to policies, sample legislation and specific considerations to drive equity.

2. The Health Equity Work Group will seek collaboration to integrate the Guiding Principles into other work groups common language, work plans and core values.

3. The Policy Work Group may seek assistance in advancing messages and spread for their work related to Medicaid coverage.

• Poll: How can we best facilitate communication across work groups?
5. Collaborative Meetings & Next Steps
<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
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<tr>
<td><strong>Full Collaborative</strong></td>
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<td>11/29 2-3:30</td>
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<td><strong>Steering Committee</strong></td>
<td>1/23 3-4:30</td>
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<td>10/25 1-2:30</td>
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<td><strong>Health Equity</strong></td>
<td>1/18 2-3:30 ET</td>
<td>3/20 2-3:30</td>
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<td>11/15 3:30-5</td>
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<td><strong>Clinical &amp; Public Health Practice</strong></td>
<td>2/20 3-4:30</td>
<td>4/17 2-3:30</td>
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<td><strong>Policy</strong></td>
<td>2/6 2-3</td>
<td>4/3 2-3</td>
<td>6/11 2-3</td>
<td>7/19 2-3:30</td>
<td>8/7 2-3</td>
<td>9/14 2-3</td>
<td>10/2 2-3</td>
<td>11/5 2-3</td>
<td>12/4 1-2</td>
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<td><strong>Communication</strong></td>
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<td>3/8 1-2:30</td>
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<td>11/8 1-2:30</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: http://marchofdimes.org/workgroup

Click on the Chat icon in your toolbox to access the survey link.
6.

Adjourn