PREMATURITY COLLABORATIVE POLICY WORKGROUP

July 23, 2019
4:00-5:00 PM 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 – Andrea Kane, Vice President Policy & Strategic Partnerships, Power to Decide

Deeper Dive on State Innovation to Improve Access to Contraception

• **New Mexico Innovations**: Eve Espey, MD, MPH, Professor and Chairperson of the Dept. of Ob/Gyn, Division of Family Planning, and Family Planning fellowship director at the University of New Mexico.

• **Ohio Innovations**: Angela Abenaim, Teen Pregnancy Prevention Program Coordinator of the Community Wellness Dept. at Nationwide Children’s Hospital

• **Utah Innovations**: Kyl Myers, PhD, MS, Director of Community Education and Partnerships for the University of Utah Family Planning Division

• **Closing Business**
  • Upcoming meetings
  • Call to Action
  • Next meeting on Aug. 20th 4-5pm ET/ 1-2pm PT

Adjourn
Contraception access innovations: New Mexico

Eve Espey, MD MPH
University of New Mexico
Innovations

• New Mexico Perinatal Collaborative
  • Immediate postpartum LARC

• Envision New Mexico
  • LARC mentoring Program (LMP)

• Reproductive Health ECHO
NMPC: Immediate postpartum LARC

• Immediate postpartum (IPP) LARC limited by reimbursement and training
• NM Medicaid reimburses for IPP LARC since 2013
• Current mechanisms need improvement

(ACOG Committee Opinion 670, August 2016)
Envision NM: Larc Mentoring Project

• Funding from Legislature
  • $250k in FY19
  • $1.1 million for FY20

• Training providers and for stocking LARC devices in the clinics (SBHCs and FQHCs) to reduce barriers to same day access and increase the number of LARC providers in the state.
Reproductive Health ECHO

• Reproductive Health ECHO
• Statewide telementoring
• Topics: Reproductive justice, LARC, oral contraceptive challenges,
Reaching Women in Substance Abuse Treatment Centers and the Justice System with Women’s Health Services

Angela Abenaim
Community Wellness Initiatives
Nationwide Children’s Hospital
Ohio Better Birth Outcomes (OBBO)

- Collaborative dedicated to reducing the infant mortality rate in Franklin County by improving the delivery of health care services for women and their families using quality improvement science to guide our work.

- OBBO consists of four hospital systems in the community, as well as the Columbus Public Health Department and FQHCs.

- **OBBO is focused on three key initiatives:**  
  - Improving reproductive health  
  - Expanding access to prenatal care  
  - Enhancing clinical quality initiatives to help reduce prematurity
CelebrateOne Executive Committee
- Oversee 5-year plan implementation
- Set priorities and seek and direct funding of new initiatives

CelebrateOne Project Director/Team
- Liaison with Executive Committee / Lead Entities
- Communications /Marketing
- Support for Resource Development
- Report Card Development
- Neighborhood/Community Engagement

LEAD ENTITIES AND STRATEGIES

City Council/Franklin County Commissioners

CelebrateOne Leadership & Lead Entity Structure

- City of Columbus
- Franklin County Dept of Job and Family Services/Partners for Kids
- Ohio Better Birth Outcomes (OBBO)/Franklin County Family Children First
- OBBO
- OBBO/Central Ohio Hospital Council (COHC)
- Columbus Public Health (CPH) /COHC
- Columbus Public Health

Project Director/Team
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OBBO

Ohio Department of Medicaid

Columbus Public Health

Columbus Public Health
Reproductive Health Trends among Women in Treatment

**Women’s Sexual Health**
- 77% of women 21-30 engaged in risky sexual behavior
- Less Likely to seek prenatal care
- Can have higher rates of HIV, Hepatitis and STIs

**Contraception Use**
- Women with SUD are less likely to use contraception
- Condoms are the most widely used method of contraception
- 90% of pregnancies among opioid users are unintended

**Health Outcomes**
- Drug use during pregnancy can cause complications and potential adverse outcomes including preterm delivery, low-birth weight and miscarriage

Pregnant or recently pregnant, opioid users: contraception decisions, perceptions and preferences
Strategy

Offering reproductive health services in SUD treatment is a potential way to decrease unplanned pregnancies and improve reproductive health of women with SUD.

Unique Considerations

History of abuse and trauma

A patient told me where I could best draw her blood because she had used the same site that morning to inject heroin. After blurting that out, she said she was “ashamed” that she had said that to me. And I told her “I could very easily be sitting on that table where you are and you could be sitting here on my stool, don’t be ashamed”. We went on to talk about how having an addiction doesn’t mean you are weak or unworthy. And that our paths were more similar than different. She started to cry and told me “that’s the nicest thing anyone has ever said to me”
Unique Considerations

Stigma and abuse from the healthcare system
• Seen as drug seeking at ER, delivery, etc
• “The Look” and feeling stigmatized when explaining to a prenatal provider that you are on MAT
• Describing to new nurses and doctors and clinic staff about the addiction

“nobody cares because they think I just want drugs”
Unique Considerations

Trust the substance abuse treatment providers

“They are family”
# OBBO Formula

**Strategy:** Connect women in treatment or in the justice system to a women’s health provider

<table>
<thead>
<tr>
<th>Summary:</th>
<th>Inclusion:</th>
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</thead>
<tbody>
<tr>
<td>• Onsite medical services</td>
<td>Reduce stigma and other barriers</td>
</tr>
<tr>
<td>• Staff Training</td>
<td>Frequent staff turnover requires multiple efforts</td>
</tr>
<tr>
<td>• Client Education</td>
<td>Standing women’s health classes</td>
</tr>
<tr>
<td>• Medical Record of Case Plan Inclusion</td>
<td>Imperative for sustainability</td>
</tr>
<tr>
<td>• Marketing</td>
<td>Keep the services top of mind</td>
</tr>
</tbody>
</table>

- Reduce stigma and other barriers
- Frequent staff turnover requires multiple efforts
- Standing women’s health classes
- Imperative for sustainability
- Keep the services top of mind
OBBO Efforts

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

PrimaryOne Health
Your first choice for quality care

NATIONWIDE CHILDREN'S
When your child needs a hospital, everything matters.
Lessons Learned

• Walk-ins critical
• Stress confidentiality
• Zero repercussions
• Triggers matter
• Branding matters
• One size does not fit all
Results

- 276 women served
- 49 LARC insertions
- Additional birth control methods
- Other needs (vaccinations, STI, Hep-A, abnormal PAP & breast exams)
- Beginning to change social norms
Next Steps

• Begin partnerships with new locations
• Evaluation
• New opportunities to reach those not in treatment
Final Thoughts

A woman shared with us that at age 12, she was sold by her mother (also an addict) into sex work. In the years following that time, she had 5 children back to back and also became an addict. Now in treatment, she came to see us for her annual well woman and a same-day contraceptive implant. She said that **taking care of her own health makes her feel empowered, in control, and hopeful for the future.**
FAMILY PLANNING ELEVATED
bridging the contraceptive gap in Utah

KYL MYERS, PHD, MS | DIRECTOR, FAMILY PLANNING ELEVATED

MARCH OF DIMES POLICY WORKGROUP | JULY 23, 2019
Contraceptive Policy Work in Utah

- HER Salt Lake Contraceptive Initiative
- 2018 Utah Legislative Session
- Family Planning Elevated
- 2019 Utah Legislative Session
- Resources
Partnered with existing family planning infrastructure to remove access barriers (staffing & stocking) and cost barriers to all methods of contraception in Salt Lake County.
HER Salt Lake Impact

- **7,402** received no-cost contraception
  - At 4 PPAU clinics
- **4,425** enrolled in survey arm
  - 3 years of follow up

Sanders et. al 2018 AJPH HERsaltlake.org
# of unintended pregnancies prevented | 1,590
---|---
# of unplanned births prevented | 750
# of abortions prevented | 540
# of miscarriages following unintended pregnancies prevented | 300
# of unplanned births after short (<18 months) interpregnancy intervals prevented | 190
# of unplanned preterm/low-birth-weight births prevented | 100
Maternal and birth-related gross costs saved from contraceptive services provided | $7,706,950
Miscarriage and ectopic pregnancy gross costs saved | $305,050
Averted abortions gross costs saved | $450
Total family planning costs | $689,300
Total net savings | $7,323,150

https://data.guttmacher.org/calculator
2018 Utah Legislative Session

- H.B. 12 Medicaid Family Planning Waiver
  - contraceptive services for Utahns 100% FPL
  - de-bundling immediate postpartum LARC

- S.B. 184 Pharmacist Dispensing Authority

- Ballot Initiative – Medicaid Expansion [Nov. 2018]
  - 138% FPL
  - Legislature reduced eligibility to 100% FPL
Contraceptive Coverage Gap

<table>
<thead>
<tr>
<th>0-100% FPL</th>
<th>101-250% FPL</th>
<th>+251% FPL</th>
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</thead>
<tbody>
<tr>
<td>Undocumented Clients</td>
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</table>

- Undocumented Clients
### Contraceptive Coverage Gap

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Coverage Status</th>
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<tbody>
<tr>
<td>0-100% FPL</td>
<td>Commercial Insurance</td>
</tr>
<tr>
<td>101-250% FPL</td>
<td>+251% FPL</td>
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<tr>
<td>Undocumented Clients</td>
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</table>
### Contraceptive Coverage Gap

<table>
<thead>
<tr>
<th>Medicaid</th>
<th>Family Planning Elevated</th>
<th>Commercial Insurance</th>
</tr>
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</table>

**Undocumented Clients**

Because everyone deserves equitable access to affordable contraception.
Contraceptive Access Program

FPE partners with community health centers to expand access to comprehensive contraceptive care.

- CASH GRANT
- TECHNICAL SUPPORT
- METHOD STOCKING
- MONTHLY REIMBURSEMENT
- MARKETING CAMPAIGN
- EVALUATIVE SUPPORT
Contraceptive Access Program

- 11 Community Health Organizations FPE CAP Members
- University of Utah Campus Contraceptive Initiative
- Affiliate organizations and sponsors

21,000 contraceptive clients by the end of 2021
## Family Planning Elevated Impact

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td># of unintended pregnancies prevented</td>
<td>4,510</td>
</tr>
<tr>
<td># of unplanned births prevented</td>
<td>2,120</td>
</tr>
<tr>
<td># of abortions prevented</td>
<td>1,520</td>
</tr>
<tr>
<td># of miscarriages following unintended pregnancies prevented</td>
<td>860</td>
</tr>
<tr>
<td># of unplanned births after short (&lt;18 months) interpregnancy intervals prevented</td>
<td>550</td>
</tr>
<tr>
<td># of unplanned preterm/low-birth-weight births prevented</td>
<td>280</td>
</tr>
<tr>
<td>Maternal and birth-related gross costs saved from contraceptive services provided</td>
<td>$21,865,160</td>
</tr>
<tr>
<td>Miscarriage and ectopic pregnancy gross costs saved</td>
<td>$865,460</td>
</tr>
<tr>
<td>Averted abortions gross costs saved</td>
<td>$1,270</td>
</tr>
<tr>
<td>Total family planning costs</td>
<td>$1,955,590</td>
</tr>
<tr>
<td>Total net savings</td>
<td>$20,776,300</td>
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</tbody>
</table>
2019 Utah Legislative Session

• Medicaid Family Planning Waiver 2.0
  • contraceptive services for Utahns <250% FPL
Resources

• HERsaltlake.org & FPEutah.org

• Utah Women’s and Newborns Quality Collaborative (UWNQC) +17P and IPPLARC health.utah.gov/uwnqc

• ACOG’s PCAI for IPPLARC trainings pcainitiative.acog.org

• Resource for Education on Pregnancy Planning (REPP) FPEutah.org/for-providers

POLL QUESTION

Would you like to extend the Policy Workgroup meeting to an hour and 15-30 minutes instead of an hour? (Ex: 3:30-4:45 PM ET)
EQUITY IN ACTION

• We gathered 115 participants in Orlando, FL for our workshop on building local birth equity collaboratives.

• Dr. Zea Malawa took us through a presentation on the historical perspective of racism & provided tangible examples of work her local collaborative, Expecting Justice, is doing to address those structures and systems. She also provided lessons on results based facilitation.

• Dr. Alexander Green provided a great primer on Implicit Bias and what we can do to address it.

• Dr. Michael McAfee took folks through sensemaking and focused on person, place, role for attendees. Our most critical work is building our framework.

• We ended the day with a dynamic panel that included Rev. Tommy Rodgers-Bethlehem Baptist Church, Abbie Gilbert-Humana, Bernadette Kerrigan- First Year Cleveland and Lisa Skjefte-Children’s Minnesota
GOALS & PURPOSE

GOAL: To achieve equity and demonstrated improvements in preterm birth

PURPOSE: To engage and convene a wide array of organizations, drawing on their unique expertise to problem solve together, create solutions and drive improvements in preterm birth and equity using our collective action and shared strategy and metrics.
Performance

Data has been used as punishment in the past.

Quantity: Measures Quality

How much did we do? How well did we do it?

% #

Is anyone better off?

How much change did we produce? What quality of change did we produce?

% #

Use data to improve performance.

Start small and test the performance measures.

BRAINSTORM

What are you developing performance measures for?

Who are your clients?

Look at what you have and build on it.

Performance Measures

<table>
<thead>
<tr>
<th>Candidate Measure</th>
<th>Communication Power</th>
<th>Proxy Power</th>
<th>Data Power</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does Grandma understand it?</td>
<td>Timely &amp; Available</td>
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</table>
RESULT: ALL MOMS & BABIES ARE HEALTHY & THRIVE BIRTH THROUGH 1 YEAR

INDICATOR: RACIALLY DISAGGREGATED PTB RATES
(We will also monitor disaggregated maternal mortality, infant mortality and birth defects)

KEY FACTORS

RACISM
POVERTY
ENVIRONMENTAL CONDITIONS
IMPLICIT/EXPLICIT BIAS
INADEQUATE ACCESS TO QUALITY HEALTHCARE
TOXIC STRESS/POOR HEALTH

STRATEGIES TO ADDRESS FACTOR

STRATEGY A
SOLUTION 1

STRATEGY B
SOLUTION 1
HOW WILL YOU SHOW UP?

1. Will you help us build this frame?
   1. Help us confirm and expand our strategies to address each key factor: [https://www.surveymonkey.com/r/LVLSXV5](https://www.surveymonkey.com/r/LVLSXV5)

2. Where do you see yourself in this framework? Share in the chat.
   1. Policy should be a solution to each of our strategies in all of our key factors. Will you help us guide this work?
   2. Starting thinking about your role.

3. What other individuals and organizations do we need to reach out that play a role in this frame?
<table>
<thead>
<tr>
<th>2019</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
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<th>Dec</th>
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<tbody>
<tr>
<td>Full Collaborative</td>
<td></td>
<td>13</td>
<td>1:00-2:30</td>
<td>22</td>
<td>2:00-3:30</td>
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<td>Steering Committee</td>
<td>24</td>
<td>12:30-2:00</td>
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<td>Health Equity</td>
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<td>3:30-5:00</td>
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<td>3:30-5:00</td>
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<td>Clinical &amp; Public Health Practice</td>
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<td>3:30-5:00</td>
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<td>12:30-2:00</td>
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<td>3:30-5:00</td>
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<tr>
<td>Policy</td>
<td>15</td>
<td>4:00-5:00</td>
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<td>4:00-5:00</td>
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<td>4:00-5:00</td>
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<td>4:00-5:00</td>
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<td>4:00-5:00</td>
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<tr>
<td>Communications</td>
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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. Thank you for participating!

The link for the survey is: http://marchofdimes.org/workgroup

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