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
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
AGENDA

• Welcome & Introductions *Dr. Lisa Waddell*

• **Building our Results Framework:** Identifying Strategies, Solutions and Indicators
  - Examples of solutions
    - **Matt Hirschfeld**, Director Maternal Child Health, Alaska Native Medical Center
    - **Lisa Skjefte**, Health Equity Specialist, Children’s Minnesota and James Burroughs, Chief Equity and Inclusion Officer, Children’s Minnesota
    - **Darcy Dreyer** Director MCH, March of Dimes New York
    - **Mary K Comtois**, Director of Health Initiatives at the United Way of Buffalo & Erie County
  - Discussion

• **Business**

• **Adjourn**
GOALS

• Summarize progress toward operationalizing our strategic map into a results framework (using Results Based Accountability™).

• Begin thinking and discussion around strategies and solutions to address inadequate access to quality health care by learning from our invited speakers.

• Advance development of our results based framework around the key factor of Inadequate Access to Quality Health Care.
BUILDING OUR RESULTS FRAME

1. A CDC grant has allowed us to contract with Clear Impact-experts in building results frameworks and utilizing Results Based Accountability.

2. Staff have been meeting regularly with Clear Impact consultants, conducting research and engaging Collaborative members and partners.
   1. April-Collaborative member survey on root causes of inequities in PTB.
   2. May-Q2 Full Collaborative meeting to discuss the frame and gain consensus on key factors.
   3. June-development of a glossary, FAQ, criteria for strategies, solutions, key factors etc.
   4. July-Collaborative member survey on strategies and solutions
   5. August-facilitated discussions on each key factor
DRAFT FRAMEWORK

RESULT: ALL WOMEN ARE HEALTHY BEFORE, DURING AND AFTER PREGNANCY AND IF THEY GIVE BIRTH, THEY HAVE HEALTHY BABIES

INDICATOR: RACIALLY DISAGGREGATED PTB RATES, MMM RATES, LBW RATES & BD RATES

KEY FACTORS

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

STRATEGIES TO ADDRESS FACTOR

STRATEGY A

SOLUTION 1

STRATEGY B

SOLUTION 1
Once the framework is built, we will develop and house an online scorecard to measure and demonstrate our impact and results.

The March of Dimes Prematurity Collaborative aims to achieve equity and demonstrated improvements in preterm birth. The Prematurity Collaborative has 349 member organizations and over 620 individual members all working together to achieve equity and demonstrated improvements in preterm birth prevention.

This scorecard identifies the critical strategies that guide Collaborative Work Group activities.

### National Results Framework

<table>
<thead>
<tr>
<th>Key Factor</th>
<th>Time Period</th>
<th>Current Actual Value</th>
<th>Current Target</th>
<th>Baseline</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Moms and Babies Are Healthy &amp; Thrive Birth Through Year 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>PreCola Preterm Birth Rates - Overall</td>
<td>2016</td>
<td>10</td>
<td>4</td>
<td>5%</td>
<td></td>
</tr>
<tr>
<td>PreCola Preterm Birth Rates - Hispanic</td>
<td>2018</td>
<td>10</td>
<td>4</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>PreCola Preterm Birth Rates - Black</td>
<td>2018</td>
<td>11</td>
<td>4</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>PreCola Preterm Birth Rates - White</td>
<td>2018</td>
<td>9</td>
<td>4</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

### Key Factors Impacting Equity in Preterm Birth

1. Inadequate Access to Quality Health Care
2. Strategy 1: Address This Factor
3. Racism/Toxic Stress
4. Implicit Bias in Care/Lack of Trust in Care Providers
5. Income/Poverty
IMPORTANT DEFINITIONS

A **strategy** is an overarching approach or set of coherent actions with the power to reach the root factor (population and performance level) or the theory of change. The criteria for collaborative strategies are: 1) **Specificity**; 2) **Feasibility**; 3) **Impact** (in terms of scale); 4) **Leverage**; 5) **Level of Importance**; 6) **Urgency**; 7) **Sustainability**.

A **solution** is the discrete actions one can take within a strategy to impact the root cause. This could include policy implementation, system change, programs or interventions.

An **indicator** is a measure that helps quantify the achievement of a result.

A **performance measure** is a measure of how well a program, agency or service system is working. Quantified through three questions: HOW MUCH DID WE DO; HOW WELL DID WE DO IT? IS ANYONE BETTER OFF?
DEFINING ADEQUATE ACCESS TO QUALITY HEALTH CARE

According to Healthy people 2020, access to health care includes three components:

1. gaining entry into the health care system via insurance
2. accessing a location where needed health care services are provided via geographic availability
3. finding a health care provider whom the patient trusts and can communicate with—this element requires cultural competency.

The World Health Organization describes “quality of care as a key component of the right to health, and the route to equity and dignity for women and children. It is essential to deliver health services that meet quality criteria. Quality care includes adequate hygienic infrastructure; competent, motivated staff; availability, high quality of medicines; compliance to evidence-based clinical interventions and practices; and documentation and use of information.”
POTENTIAL STRATEGIES-POLL 1

1. Ensure health insurance for all women preconception, pregnancy, postpartum and interconception
2. Ensure all women receive high quality risk appropriate healthcare
3. Ensure geographic access, choice and culturally represented/trusted health care for women of childbearing age

*chat in other strategies
POTENTIAL SOLUTIONS
Building Healthy Systems for Families in Alaska

Matt Hirschfeld, MD/PhD

Medical Director—Maternal Child Health Services
Alaska Native Medical Center
Anchorage, Alaska

Board President—All Alaska Pediatric Partnership
Anchorage, Alaska
Or…..What Can Happen When a Whole Bunch of People Work Together to Help Families Achieve Health
Alaska

- 1st in land mass
  - 1,420 miles (N-S)
  - 2,400 miles (E-W)
- 33,900 miles of shoreline
  - More than all of the contiguous states combined
- 47th in road miles
  - 75% of Alaskan communities are unconnected by a road to a hospital
  - 25% of Alaskan communities have no airstrip
- Population Density is 1.1 persons / square mile
  - 70 times smaller than the national average
Alaska as a State
Alaska Native Corporations

Thirteen Regional Corporations created under ANCSA

Twelve regions in the state of Alaska
The People
Village-Based Medical Services

- 180 Small Village Health Centers
  - ~550 Community Health Aides/Practitioners
  - ~125 Behavioral Health Aides
  - ~20 Dental Health Aides/12 Therapists
  - ~100 Home health/personal care attendants

- Average Alaska village: 350 residents
Community Health Aide Practitioners
Newtok, Alaska Clinic
Yukon Kuskokwim Regional Hospital
Bethel, Alaska
Alaska Tribal Health System

Typical Referral Patterns

REFERRALS FROM:
- HOSPITALS
- MD HEALTH CENTERS
- PAINP HEALTH CENTERS
- CHA CLINICS
The Problem

- Child maltreatment in Alaska
  - 190,000 children in Alaska
    - 27% are Alaska Native children
  - 17,000 children have been reported to the Office of Children’s Services (9.4% of all kids)
    - 41% are Alaska Native children
    - 14,000 Neglect
    - 2,500 Sexual Abuse
    - 3,500 Physical Abuse
  - 3000 kids in foster care!!!!
All Alaska Pediatric Partnership (A2P2)—2008

- Changed my focus to support family health and wellness and prevention
  - Kids are Alaska’s infrastructure
  - Allow children to reach their maximal potential
  - Adverse Childhood Experiences (ACEs)

Executive Director—All Alaska Pediatric Partnership
2010-2015
Stephanie Monahan
A Common Language to Explain Development

10 adverse childhood experiences:

1. Physical abuse
2. Sexual abuse
3. Emotional abuse
4. Emotional neglect
5. Physical neglect

6. Witness domestic violence
7. Mental illness in home
8. Family member incarcerated
9. Alcohol/drug problems
10. Parental separation or divorce
Health Measures Now Linked to Adverse Childhood Experiences Score

- Stepwise increased risk for:
  - Heart disease
  - Asthma
  - Diabetes
  - Cancer
  - COPD
  - Skeletal fractures
  - Sexually transmitted diseases
  - Liver disease
  - Autoimmune disorders
  - Osteoarthritis
  - Smoking
  - Alcohol abuse
  - Over eating and obesity
  - Illicit drug use
  - Promiscuity
  - IV drug use
  - Clinical depression

- And
  - Autobiographical memory disturbance
  - Poor anger control
  - Relationship problems
  - Employment problems
  - Early age at first intercourse
  - Teen pregnancy
  - Unintended pregnancy
  - Teen paternity
  - Fetal death
  - Suicide
  - Domestic violence
  - Anxiety disorders
  - Hallucinations
  - Sleep disturbances
  - Chronic pain
  - Headaches
  - Early death
Adverse Childhood Experiences (ACEs) in Alaska

- In 2013, the Alaska Mental Health Board, Advisory Council on Alcohol and Drug Abuse began asking ACEs questions as part of the Behavioral Risk Factor Surveillance System (BRFSS)
Prevalence of Specific ACEs Experienced by Alaskans

- Substance Abuse in Household
- Separated or Divorced Parent
- Verbal Abuse
- Witnessed Domestic Violence
- Mental Illness in Household
- Physical Abuse
- Sexual Abuse
- Incarcerated Household Member

Source: 2013 Alaska BRFSS
Alaska ACEs in Children

Alaska Children and Youth ACEs in the General Population
Alaska ACEs in Children

Alaskan Children and Youth ACEs for those who experience low income
Alaska ACEs in Children

Alaskan Children and Youth ACEs for those who witness domestic violence
Half of All ACEs Happen by Age 3
Funding early interventions provides the largest possible return on investment

Early Childhood and Government

- 8 years of targeted education for legislators and government officials to consider children as “Alaska’s most important infrastructure”

Alaska Representative
Garen Tarr
Early Childhood and the Business Community

- Working to show local and national corporations that investing in programs that positively affect families is an investment in their future workforce infrastructure

CEO—Thread
Stephanie Berglund
Partnership With National Organizations

- Advisor to many in Alaska on how to improve systems and programs for at-risk families and children
Early Childhood and Alaska Funders

- Alaska Mental Heath Trust
  - Funding programs that positively affect families with young children
Early Childhood and Alaska Funders

- Rasmuson Foundation
  - ACEs
  - The first Ronald McDonald House in Alaska at ANMC
  - Slow pivot to focus on early childhood initiatives
FASD Clinics in Alaska

- In the 2000s, Alaska suddenly didn’t have any kids with FASD
  - It’s not because alcohol went away
- Statewide consultant for all of the new FASD clinics coming on board
Ronald McDonald House at ANMC

- A prematernal home for high risk moms
  - Health education
  - Breast feeding support
  - Family support
  - Social work
  - Legal
Child and Family Developmental Services (CFDS) at ANMC

- Pediatric developmental physician and 4 NPs
- OT/PT/SLP
- BCBA
- Co-located with Child Psychiatry
- Neuropsychology
- Telemedicine
- Parent Navigation with Stone Soup Group
- Help Me Grow
Therapy Rooms
Home Visiting Programs—Nutaq
Alaska Child Trauma Center

- Josh Arvidson—Director
  - Direct patient services for families and children
  - Trauma-informed training for organizations
  - Seeds of Change
Workforce Development

- Alaska Track of the University of Washington Peds Residency
  - Needed more pediatricians in Alaska
  - Started in 2011
  - 80% of the graduating physicians have stayed in Alaska
All Alaska Pediatric Partnership

- The organization in Alaska that focuses on improving the health and wellness of Alaska kids and families

- Pediatric Symposium
  - ACEs
  - Neurodevelopment
  - LGBTQ
  - Sex trafficking
  - Advocacy

Executive Director—All Alaska Pediatric Partnership
Tamar Ben-Yosef
Help Me Grow—Alaska

- Gives families the tools they need to help themselves
  - Four Core Components
    - Child health care provider outreach
    - Community outreach to identify resources
    - Centralized telephone access point
    - Collection of data, including service gap analysis
  - Builds collaboration across sectors to improve access
  - Identifies gaps and barriers to access systems
  - Neurodevelopmental screening for all children
All Alaska Pediatric Partnership: Changing Alaska Systems

- Alaska Early Childhood Advocacy Group
- Environmental Scan of Early Childhood in Alaska
- Preschool Development Grant
- Project Launch with Tribal Health
- Alaska Early Childhood Coordinating Council for the Governor
- Neurodevelopment Partnership
- Premera Innovations Grant
- Resource for legislators and executive branch
- Others….
Cast of 1000s
Neonatal Mortality for Alaska: 1980-2010

The graph shows the trend of neonatal mortality in Alaska from 1980 to 2010. The mortality rate starts high in the early years and gradually decreases over the years, although there are some fluctuations. The mortality rate in 2010 is significantly lower than in 1980.
Thank you
BLUEPRINT FOR SYSTEM CHANGE: INSTITUTIONALIZING EQUITY INTO PRACTICE & THE AMERICAN INDIAN COLLABORATIVE

Lisa Skjefte, Health Equity Specialist
INSTITUTIONAL AND STRUCTURAL RACISM

• **Individual racism**
  - Pre-judgment, bias, or discrimination by an individual based on race.

• **Institutional racism**
  - Policies, practices, and procedures that work better for white people than for people of color, often unintentionally or inadvertently.

• **Structural racism**
  - A history and current reality of institutional racism across all institutions, combining to create a system that negatively impacts communities of color.
IMPLICIT BIAS - IMPLICIT ASSOCIATION TEST
Children with long bone fracture

- 76,931 ED encounters Mar 2009 - Mar 2010

- Wait Times
  - White 32 minutes
  - Black 37 minutes
  - Native American 41 minutes
  - Latino 39 minutes

Children with long bone fracture receiving Opioid-containing prescription (N=878)

- White 67.4%
- Black 47.1%
- Latino 47.9%
- Native American 58.3%
- Biracial 40.3%
UNDERSTANDING OUR CHARGE

- Within our walls: dismantling institutional racism and implicit bias
  ▪ Have the power to address disparities at the point of care
- Beyond our walls: partnerships in our communities
Operationalize equity into the social work practice at Children’s.

- Data
- Equity Case Review:
CHANGE THE NARRATIVE
WHY AMERICAN INDIAN?

SUCH A SMALL % OF POPULATION
Carlisle Indian School

Left: A group of Apache students on their first day at Carlisle Indian School; Right: The same students four months later.
6 out of 1,000 white children in Minnesota are in foster care.

96 out of 1,000 American Indian children are in foster care.
HOW DO WE CHANGE THE NARRATIVE
WE HAVE TO BUILD RELATIONSHIPS FIRST IN PARTNERSHIP WITH COMMUNITY
PATIENT EXPERIENCE + COMMUNITY VOICE = SYSTEM CHANGE
Fostering a culture where everyone is treated with respect and dignity is the natural progression of advancing patient safety in medicine. How we treat each other and how we treat our patients and families directly impacts the outcomes of the care we provide.
WESTERN NEW YORK
HEALTHY BABIES ARE WORTH
THE WAIT

HEALTHY START, HEALTHY
FUTURE FOR ALL COALITION

Presented by Darcy Dreyer
Director, Maternal & Child Health
PRIORITIES

MARCH OF DIMES

PREMATURITY CAMPAIGN ROADMAP INTERVENTIONS

STRATEGY: IMPLICIT

UNITED WAY’S HEALTHY START, HEALTHY FUTURE FOR ALL COALITION

FAMILY PLANNING

SOCIAL SUPPORTS

TRANSPORTATION
Goal

Helping low income pregnant moms get to medical and other appointments will help them meet their goal of a healthy baby.
A Unique Cross-Sector Partnership

Assessing costs and needs for the program

Collect, analyze, and share program data

Health Systems

Private Insurance Plans

Medicare/Medicaid
GO Buffalo Mom

Connect via: with Navigator

Create personalized transportation plan

Learn and save
## Getting to the Doctor

### Trip Plan Options

**Option 1:**

**Trip Summary**
10:04 AM – 10:42 AM (38 min)

1 > 11
10:06 AM from William St & Stanton

**Home:**
40 Sherman St
Buffalo, NY 14206

**Destination:**
Women & Children’s Hospital
219 Bryant St
Buffalo, NY 14222

**Directions:**

<table>
<thead>
<tr>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:04 AM</td>
<td>40 Sherman St, Buffalo, NY 14206</td>
</tr>
<tr>
<td></td>
<td>Leave 40 Sherman St and Walk toward William St (0.1 miles)</td>
</tr>
<tr>
<td>10:06 AM</td>
<td>William St &amp; Stanton St</td>
</tr>
<tr>
<td></td>
<td>1 towards 1B Downtown Stop IDA 58350 (13 stops)</td>
</tr>
</tbody>
</table>

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**Getting to the Pharmacy**

**Trip Plan Options**

---

**Getting to Belmont**

**Trip Plan Options**

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**Getting to WIC**

**Trip Plan Options**

---

**Getting to the Supermarket**

**Trip Plan Options**

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**Getting to Work**

**Trip Plan Options**

---
FIVE BABIES
Questions

**Darcy Dreyer**, Director, Maternal & Child Health
March of Dimes
DDreyer@marchofdimes.org

**Mary K. Comtois**, Director of Health Initiatives,
United Way of Buffalo & Erie County
mary_k.comtois@uwbec.org
CHAT BRAINSTORM

Strategy: Ensure health insurance for all women preconception, pregnancy, post-partum and interconception.

Solutions:

1. Enact policies or legislation to secure insurance coverage for the uninsured population (e.g. Medicaid Expansion)
CHAT BRAINSTORM

Strategy: Ensure geographic access, choice and culturally represented/trusted health care for women of childbearing age

Solutions:
1. Pass policies or legislation to incentivize place based health care in medically underserved areas
2. Pass policies or legislation to improve transportation access
3. Intervention: provide drop in childcare during healthcare visits
4. Intervention: Increase telemedicine and digital care in form of apps and text messages
CHAT BRAINSTORM

Strategy: Ensure high quality health care

Solutions:

1. Pass policy or legislation to enhance payment for group prenatal care—thus incentivizing implementation

2. Intervention: establish quality measures

3. Intervention: ensure adoption of implicit bias training and implementation of appropriate policies to address bias

4. Adopt new models of care and link payment to quality
THANK YOU

Today, you helped us take one step closer to building our framework. If you have more to say on this topic and the others, please complete our surveys:

Strategies: https://www.surveymonkey.com/r/LVLSXV5
Solutions: https://www.surveymonkey.com/r/LLNR9KR
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 Collaborative@marchofdimes.org
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!
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
ADJOURN