Prematurity Collaborative

Q3 Full Collaborative Meeting

August 29, 2018
1:00pm ET/12pm CT/11am MT/ 10am PT/ 9am AKDT/ 7am HST
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 and Introductions
- Synopsis of our last meeting
- Work Group accomplishments and draft work plans
- Member sharing: local collaboratives describe their efforts to drive equity and reduce preterm birth
  - Denver: Families Forward/Community Action Network/More Black Birthdays
  - Buffalo: Healthy Babies Worth the Wait
  - Albany: Albany Prematurity Improvement Network
- Reflection on the Prematurity Collaborative
- Meeting schedule and logistics
- Adjourn
Goals for our meeting

• Sharing:
  • Successes from the Summit
  • Work group accomplishments and future draft work plans
  • Local collaborative work

• Reflecting together on the Prematurity Collaborative—where we have been and where we are going
1. Prematurity Prevention Summit Recap and Debrief
MARCH OF DIZES

PREMATURITY COLLABORATIVE

WORKING TOGETHER TO

COLLECTIVE IMPACT

ACTIVATE CHANGE

300 ORGANIZATIONS
500 PEOPLE

Social Inequities
PREDOMINANT in
Communities of Color

But, BLACK MOTHERS
have POORER
BIRTH OUTCOMES

INCREASED
infant deaths, maternal deaths,
low birth weights,
stress due to racism

ENHANCE
High Quality
Prenatal Care
for ALL

STRENGTHEN
Partnerships, 
Infrastructure

EXPAND
Research 
& Evaluation

Align
POLICY

Optimize
PUBLIC HEALTH
Systems & Practices

Reduce
PRE-TERM BIRTHS

DNA

EDUCATION

INCOME

Should
Produce
the SAME
OUTCOME

BRING equity
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.

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.

Visit www.marchofdimes.org/collaborative
EVALUATION

To what extend did the Summit Serve as a Venue to...

- Energize stakeholders to achieve equity and reduce preterm birth (N=118): 74% Very Satisfied, 24% Satisfied, 98% satisfied or very satisfied
- Share and spread emerging ideas and promising practices (N=117): 72% Very Satisfied, 26% Satisfied, 98% satisfied or very satisfied
- Mobilize community leadership (N=118): 54% Very Satisfied, 42% Satisfied, 96% satisfied or very satisfied
- Advance relevant policy and practice (N=118): 60% Very Satisfied, 36% Satisfied, 96% satisfied or very satisfied

NOTE: 120 evaluations were completed
EVALUATION

Attendees
• 71% of respondents attended because they work in the field of public health
• 22% of respondents attended because they or a loved one had been affected by PTB

Health Equity Content
• 94% of respondents found the content relevant to MCH
• 66% of respondents found the content actionable
• 63% of respondents found the content representative of diverse sectors
• 19% of respondents found the content to be new

NOTE: 120 of 320 individuals completed the evaluation
2. Sharing our Accomplishments and Draft Work Plans
# Prematurity Collaborative Strategic Map

## Achieve Equity and Demonstrated Improvements in Preterm Birth

<table>
<thead>
<tr>
<th></th>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Increase effective use of evidence-informed clinical and public health practice</td>
<td>Expand discovery and accelerate translation and innovation</td>
<td>Align multi-level support to improve health equity</td>
<td>Develop and implement messaging, policy &amp; practice strategies</td>
<td>Secure the funding and resources required for success</td>
</tr>
<tr>
<td>2</td>
<td>The Clinical and Public Health Practice Workgroup has the following objectives:</td>
<td>The Research Workgroup has the following objectives:</td>
<td>The Health Equity Workgroup has the following objectives:</td>
<td>The Policy and Communications Workgroup has the following objectives:</td>
<td>The Funding and Resources Workgroup has the following objectives:</td>
</tr>
<tr>
<td>3</td>
<td>Optimize public health systems and strategies to improve the health of women and adolescents</td>
<td>Implement public health/community-based research and program evaluation</td>
<td>Foster and support community/place-based leadership and engagement</td>
<td>Tell the right story to each audience in a compelling way</td>
<td>Align and strengthen staffing and infrastructure</td>
</tr>
<tr>
<td>4</td>
<td>Optimize clinical practices to improve the health of women and adolescents</td>
<td>Expand basic, translational, clinical and health services research</td>
<td>Foster and support population-based solutions</td>
<td>Coalesce partners to support common messaging</td>
<td>Identify, cultivate relationships and prioritize potential funders/resources</td>
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<tr>
<td>5</td>
<td>Support strategies to increase the intentionality of pregnancy</td>
<td>Research effective adaptation and implementation of evidence to improve precision</td>
<td>Align federal, tribal, state, territorial, local and community policy initiative</td>
<td>Integrate messaging with other campaigns/efforts</td>
<td>Improve “asks” to secure funding and coordinate where appropriate</td>
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<tr>
<td>6</td>
<td>Ensure all women receive high quality prenatal care</td>
<td>Provide career support for multi-level/multi-degree investigator goals</td>
<td>Partner across sectors to impact the root causes of inequality</td>
<td>Engage partners to advocate policies supporting preterm birth goals</td>
<td>Provide appropriate funder and partner recognition</td>
</tr>
<tr>
<td>7</td>
<td>Ensure appropriate care for all women with prior preterm birth</td>
<td>Foster collaborative community learning</td>
<td>Establish a federal home for preterm birth efforts</td>
<td>Align payment/funding with desired outcomes</td>
<td>Emphasize the health of women and adolescents</td>
</tr>
<tr>
<td>8</td>
<td>Engage families, communities and other strategic partners across sectors through a collaborative infrastructure</td>
<td>Optimize the use of data and evaluation to drive learning and success</td>
<td></td>
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</table>
Health Equity Work Group Accomplishments
# HEALTH EQUITY DRAFT WORK PLAN

<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>INTEGRATED?</th>
<th>TIMING</th>
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<tbody>
<tr>
<td>Develop &amp; Disseminate a Consensus Statement</td>
<td></td>
<td>2018+</td>
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<tr>
<td>Identification or creation of a universal screening tool to identify social</td>
<td>CPHP</td>
<td>2018/</td>
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<tr>
<td>risk factors that may influence birth. (package tools on implicit bias,</td>
<td></td>
<td>2019</td>
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<tr>
<td>tools to strengthen connection with social service agencies, education on</td>
<td></td>
<td></td>
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<tr>
<td>structural racism)</td>
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<td></td>
</tr>
<tr>
<td>Develop a toolkit or resource guide to scale and replicate group prenatal</td>
<td>CPHP &amp; Policy</td>
<td>2019</td>
</tr>
<tr>
<td>care programs integrated with doulas, CHW’s/patient navigators.</td>
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</tbody>
</table>
Clinical Public Health Practice Work Group Accomplishments
<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>INTEGRATED?</th>
<th>TIMING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocate for PTB prevention best clinical practices to be HEDIS measures and create a prematurity prevention bundle (screening, algorithms, workflow, toolkits etc.)</td>
<td></td>
<td>2018+</td>
</tr>
<tr>
<td>Identification or creation of a universal screening tool to identify social risk factors that may influence birth. (package tools on implicit bias, tools to strengthen connection with social service agencies, education on structural racism)</td>
<td>Yes in HE</td>
<td>2018/2019</td>
</tr>
<tr>
<td>Toolkit on Preventive and Supportive Care before and after Pregnancy (focus on contraception and general health of women)</td>
<td></td>
<td>2019</td>
</tr>
<tr>
<td>Factsheet and tools related to Group Prenatal Care and a resource guide on partnering with CHW’s/Doulas (enhanced reimbursement)</td>
<td>Yes, HE &amp; Policy</td>
<td>2019</td>
</tr>
</tbody>
</table>
Policy Work Group
Accomplishments
### POLICY WORK PLAN

<table>
<thead>
<tr>
<th>ACTION (WHAT)</th>
<th>PARTNER</th>
<th>TIMING</th>
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<tbody>
<tr>
<td>CAPACITY BUILDING: Create portal for members to share advocacy materials (e.g. toolkits, model bill language, policy statements, white papers, testimony, etc.) on a range of policies to prevent preterm birth</td>
<td>Yes HE/CPHP</td>
<td>2018+</td>
</tr>
<tr>
<td>CAPACITY BUILDING: Identify and design collaborative strategy on at least one of the Medicaid priorities identified to be ready for full launch January 2019 when state legislatures convene</td>
<td></td>
<td>2018+</td>
</tr>
<tr>
<td>COLLECTIVE ACTION: Medicaid access issue TBD</td>
<td></td>
<td>9/2018</td>
</tr>
<tr>
<td>COLLECTIVE ACTION: Medicaid second Medicaid assess issue TBD</td>
<td></td>
<td>9/2018</td>
</tr>
</tbody>
</table>
3. Local Collaboratives
Denver, CO
CAN
Judah James
Collective Impact Coordinator
Families Forward Resource Center
Judah@familiesforwardrc.org
Buffalo, NY
Healthy Babies Worth the Wait
Darcy Dreyer
Director, MCH
March of Dimes
Ddreyer@marchofdimes.org
NEW YORK HBWW SITES

Western New York launched November 17, 2014
- Mercy Hospital of Buffalo
- Niagara Falls Memorial Medical Center
- Sisters of Charity Hospital
- Women & Children’s Hospital of Buffalo

Queens launched July 16, 2015
- Elmhurst Hospital Center
- Jamaica Hospital Medical Center
WNY PARTNERS

Catholic Health System
Kaleida Health System
Mount St. Mary’s Hospital
Erie County Department of Health
Buffalo Prenatal Perinatal Network
Catholic Charities WIC
Healthy Families New York
Independent Health Foundation
HealthNOW New York
Buffalo Public Schools
Early Head Start

United Way of Buffalo & Erie Co.
Jericho Road CHC
Health Systems for a Tobacco Free WNY
The Greater Buffalo United Accountable Healthcare Network (GBUAHN), Rapha Family Medicine, PC
Seneca Nation Health System
University at Buffalo Health Sciences Library
Community Health Worker Program
Project Runway
EPIC

Partner

Maximize Efforts
Advocate
Organize
Support
Convene

Health Care Providers
Nonprofits
Higher Education
Philanthropy
Government
Health Insurance
Clinical Care
Health Behavior
Social Emotional
Physical Environment
Faith Based Organizations

MARCH OF DIMES
WNY HBWW TIMELINE

- **May 2014**: Hosted HBWW Meet & Greet
- **Summer 2014**: Ongoing 1-on-1 meetings with partners
- **Oct 2014**: Hosted 1st advisory board meeting
- **Nov 2014**: Official Launch
- **Jan 2015**: Funder partner releases RFP
- **Aug 2015**: Conducted provider survey
**WNY HBWW TIMELINE**

- **Oct 2015:** Began sharing hospital data
- **Dec 2015:** Surveyed advisory board engagement
- **Feb 2016:** Formalized professional development opportunities
- **2017:** Started sharing responsibilities with Buffalo Prenatal Perinatal Network
- **2018:** Shared Measures
THE WORK

- 39 Weeks: Hard stops, physician report cards, consumer education
- Baby & Me: Tobacco Free
- Birth spacing: Education and EHR modifications
- Centering Pregnancy
- Culturally and linguistically appropriate doula and mentor services for refugee women
- Go Buffalo Mom - Transportation
- IMPLICIT
- One Key Question
- Patient Navigation for Justice-Involved Women
HBWW Program Highlight

Women’s Health Education and Navigation (WHEN)
A program for justice-involved women
Secured $475K in external funding
Received AMCHP’s Promising Practice Designation
Focused on 4 of the 9 Prematurity Campaign strategies
Has strong outcome results
<table>
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<tr>
<th>HBWW IMPACT</th>
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<tbody>
<tr>
<td><strong>Shared measures January – June 2018</strong></td>
</tr>
<tr>
<td>11,932 Patients/clients reached directly</td>
</tr>
<tr>
<td>16,873 Patients/clients reached indirectly</td>
</tr>
<tr>
<td>277 referrals to HBWW partners</td>
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**Directions:** Complete and submit this form by the June 15th.

### Organization Activities/ priorities:

Preterm Birth Rate: Please define your numerator and denominator. If you do not collect preterm birth rates then write N/A. For any Centering or GPC programs please indicate preterm birth rates for the GPC programs and the clients or patients not in GPC.

#### How many patients/clients were reached directly:
- 50 women in group prenatal care/Centering clients, 100 women served in clinics, 50 women served in case management programs, 120 in prenatal education classes, 200 screenings etc.

#### How many patients/clients were reached indirectly:
- 200 women seen at health fairs, 100 materials distributed, 100 women attended body showers, 100 providers received education/ grand rounds, etc.

#### # of Referrals to other HBWW sites:
- 50 women were referred from Elmhurst to Co-Mothers, etc.

**A. Program Highlights**
- Please describe 1-2 activities that you have completed in the past 6 months. (1-2 sentences)

**B. HBWW Partnerships in Action**
- Please describe any collaboration with other HBWW members in the past 6 months. (Examples: joint focus groups, creation of MOUs, shared data, networking, referrals, trainings for other HBWW members)

*Please include photos that might help highlight the work you have done in the past 6 months.*
CHALLENGES

- Marrying clinical and community
- Ongoing engagement
- Competition between health systems
- Fear of the data
- Lack of resources

So, I'm guessing this is for a comprehensive program-level intervention

freshspectrum.com
The Network’s Goal:

- Reduce the prematurity rate in Albany County, NY, with special attention to reducing racial disparities:
  - Albany County: 11.9%
  - Black, non-Hispanic: 16.2%
  - Hispanic: 11.0%
  - White, non-Hispanic: 10.1%
Members of the Network:

The network is composed of a cross-sector group of key stakeholders from our community:

- Albany County Executive’s Office (backbone)
- March of Dimes (backbone)
- Albany Promise Cradle to Career Partnership (backbone)

- Albany County Department of Health
- Albany County Department of Children, Youth, and Families
- Bayer Healthcare
- New York State Department of Health-Office of Health Insurance Programs (State Medicaid Program)
- Albany Medical Center Performing Provider System
- St. Peter’s Hospital
- Capital District Physician’s Health Plan (CDPHP) (Insurance company)
- BirthNet (grassroots advocacy group)
- New York State Department of Health-Public Health Department
- Whitney M. Young Federally Qualified Health Center
- Planned Parenthood of Upper Hudson

The above lists represents organizations who have participated in network meetings; formal agreements to follow
Organizing the Work

**Jan:** Began working with Co. Executive office

**Mar:** Solidified roles of lead organizations

**Apr:** Conversations with key partners

**May:** Draft data agreements with county

**Jun:**
- Convene 1st meeting of the Network, establish shared vision
- Albany county legislature approves data sharing agreement

**Jul:**
- 1-on-1 interviews with stakeholders

**Aug:** Convene 2nd meeting of Network
Organizing the Work, Pt. 2

- September 2018 & beyond:
- Sign partnership agreements with individual stakeholders that include sharing program-level data
- Process mapping for our community
- Deep-dive analysis into the data—what’s working, for who, under what circumstances? Who’s accessing services?
- Begin identifying areas for improvement, which become the projects that organizations will lead
- Build data infrastructure to deliver data (results) back to programs to determine impact in a timely manner (WEEKS not YEARS)
- Begin communicating with decision makers about what is and is not happening in our community that affects our outcomes
Role of Albany Prematurity Improvement Network
Establish data collection & reporting mechanisms to collect and analyze real-time data regarding how our community is performing regarding premature births.

Identify a diverse array of strategies to reduce prematurity rates including systems, policies, programs, and direct family supports to reduce prematurity rates, including strategies specifically intended to reduce racial disparities in outcomes.

Engage the appropriate set of cross-sector partners who can collaborate and mobilize towards improvement.

Build a culture of continuous improvement around reducing prematurity rates, including creation of rapid cycle continuous improvement projects and build community capacity in continuous improvement.
“Above all, managing complexity requires courage—the willingness to sit in the discomfort of uncertainty and let its rivers run through us.

In complex systems, there is no recipe, only art.”
Questions?
4. Reflection
2/2016 MOD secures Clarion Group to facilitate planning

5/2016 In-person strategic planning meeting with partners

11/2016 1st Steering Committee Meeting

7/2017 Communications work group convenes in person for 1st meeting

4/2016 Key informant interviews and surveys collected

6/2016 Prematurity Collaborative Strategic Map developed

2/2017 CPHP & HE work groups convene for the first time
9/2017 Policy Work Group convenes for the first time

3/2018 Members of the Research Work Group convene to discuss a scientific consensus statement

Spring 2018 Projects of the HE & CPHP Work Groups posted

5/2018 Prematurity Collaborative announces move to shared measures & collective impact

5/2018 1st in-person meeting of the Collaborative: Building a Birth Equity Movement

7/2018 First Joint Work Group held resulting in first joint work plan with both national and local implementation
GOAL:
Demonstrated Improvements in Equity and PTB Prevention

NEXT STEPS:
Refining our structure utilizing Collective Impact to drive results
Collaboratively developing shared measures to quantify both our impact and our effectiveness
Development of deep cross-sector partnerships
Development of tools, resources and opportunities for learning in order to implement evidence based or informed policies, programs, partnerships or interventions
Collaborative Meetings & Next Steps
# 2018 Collaborative Meeting Schedule (EST)

<table>
<thead>
<tr>
<th></th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
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<tbody>
<tr>
<td><strong>Full Collaborative</strong></td>
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<tr>
<td><strong>Steering Committee</strong></td>
<td>1/23</td>
<td>3-4:30</td>
<td>4/26</td>
<td>1-2:30</td>
<td></td>
<td>7/26</td>
<td>1-2:30</td>
<td></td>
<td></td>
<td>10/25</td>
<td>1-2:30</td>
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<tr>
<td><strong>Health Equity</strong></td>
<td>1/18</td>
<td>2-3:30 ET</td>
<td>3/20</td>
<td>2-3:30</td>
<td></td>
<td>7/19</td>
<td>2-3:30</td>
<td></td>
<td>9/21</td>
<td>2-3:30</td>
<td></td>
<td>11/15</td>
</tr>
<tr>
<td><strong>Clinical &amp; Public Health Practice</strong></td>
<td>2/20</td>
<td>3-4:30</td>
<td>4/17</td>
<td>2-3:30</td>
<td></td>
<td>7/19</td>
<td>2-3:30</td>
<td>8/22</td>
<td>1-2:30</td>
<td>10/18</td>
<td>1-2:30</td>
<td>12/12</td>
</tr>
<tr>
<td><strong>Policy</strong></td>
<td>2/6</td>
<td>2-3</td>
<td>4/3</td>
<td>2-3</td>
<td>6/11</td>
<td>2-3</td>
<td>7/19</td>
<td>2-3:30</td>
<td>8/7</td>
<td>2-3</td>
<td>9/14</td>
<td>2-3</td>
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<tr>
<td><strong>Communication</strong></td>
<td></td>
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<td>3/8</td>
<td>1-2:30</td>
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<td>9/25</td>
<td>2-3:30</td>
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<td></td>
<td>11/8</td>
<td>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.
23rd Annual HeLa
Women’s Health Symposium

Birthing Babies – A Solution Symposium Around the Crisis of African-American Maternal and Infant Mortality

September 28, 2018 in Atlanta, GA

For more information and to register: http://www.msm.edu/hela/
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