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 & Introductions
• Review of last meeting (July 19th)
• Finalize HE work plan and identify volunteer project leads
  • Final review of Consensus statement
• Best/Promising Practice Sharing:
  • Supportive Pregnancy Care, Tracey Reed, Vice President of MCH Innovation, March of Dimes
• Announcements
• Next steps & Adjourn
Meeting Goals

• Describe the 2018-19 HE workgroup work plan activities
• Explain the current status of the Birth Equity Consensus Statement
• Identify members willing to work on each activity
• Describe March of Dimes Supportive Pregnancy Care
1. July 19th Meeting Recap
Joint Work Group Meeting-7/19

• The Health Equity Work Group convened with the Policy Work and the Clinical Public Health Practice Work Group on the 19th to:
  • Discuss and review the 2018 Summit
  • Review and share work group accomplishments
  • Discuss, prioritize and identify common ground within the draft work plans
• We identified two collaborative activities to pursue together
  • A social determinants of health screening tool and accompanying toolkit
  • A toolkit around Group Prenatal Care
    • Possible integration of doulas and CHW’s

Time for our first poll!
Poll Question 1:

*Did you participate in the Joint Workgroup Meeting on July 19th?*

- Yes
- No
2. 2018-19 Work Plan & Prioritization
## 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>
</tr>
</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>
CONSENSUS STATEMENT

Goal: Share the value and contributions of the social sciences to understanding and potential solving the problem of birth inequities.

Subgroup of Health Equity Workgroup convened to discuss structure, content and format of consensus statement.

Small writing team assembled to develop content based on initial outline.

Document includes:

1. Core values
2. Call to Action
CORE VALUES: WHAT WE BELIEVE IN

1. Health as a human right therefore quality, affordable and accessible healthcare should be available to all

2. All moms and babies should have every opportunity for optimal health

3. Equity is a directive for addressing social inequities that contribute to negative disparate birth and maternal health outcomes

4. Racial and gender discrimination, exclusionary practices and implicit bias must be undone
CORE VALUES: WHAT WE BELIEVE IN

5. Inclusion of the authoritative knowledge from communities of interest is paramount for equitable research, policy and practice.

6. Social science disciplines and research methods should be used to examine root causes of birth and maternal health inequities in addition to exploring the community assets that promote health.

7. Scientific pursuits should utilize equity frameworks for investigating root causes of racial and ethnic disparities in birth and maternal health outcomes.

8. Knowledge and experience of historically underrepresented minorities should be prioritized including commensurate funding levels for their research.
CALL TO ACTION: TRANSLATING CORE VALUES INTO ACTION STEPS

1. Collective will and resources are needed to achieve birth equity

2. Must end racism and discrimination to address needs of women and children

3. Advance equity-informed approaches to research and evaluation

4. Actively participate in social change to eliminate policies that are harmful to moms and babies and promote those that can address the social determinants of health
Poll Question 2:

How likely are you and/or organization to sign-on to this document?

- Very likely
- Somewhat likely
- Likely
- Not very likely
- Not likely at all
Poll Question 3:

How do you anticipate using the consensus statement to promote your health equity work (multiple choice)?

☑ Encourage others to sign-on
☑ Distribute links and email document to those in my network
☑ Benchmark core values and action steps to track progress towards achieving equity focused work
☑ Incorporate recommendations into my own organization
☑ I don’t have a plan right now
☑ Other (please use the chat feature)
**ACTION (WHAT)** | **NATIONAL IMPLEMENTATION OR LOCAL IMPLEMENTATION?** | **PRIORITY IN STRATEGIC MAP** | **RANK** | **INTEGRATED?** | **TIMING**
---|---|---|---|---|---
Creation of a universal screening tool to identify social risk factors that may influence birth outcomes/screening for SDOH every provider, every woman, every time. Fold in-Assemble a “how to” manual of practical, successful solutions for inequities in the social determinants of health, i.e. Boston and housing; national and state based health equity assessment tools, impact of systemic racism | National & Local | Foster and support population based solutions. | 2 | Yes in CPHP | 2018/2019
Develop a Toolkit or resource guide to scale and replicate group prenatal care programs integrated with doulas, CHW’s/patient navigators, Nurse Family Partnership [include statement or sample policies on recommendations for payment and accreditation or licensure for CHW’s and Doulas that continues to allow women of color access to the profession without to many barriers | National spread & local implementations (Link to current resource guide) | 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. | 3 | CPHP & Policy | 2019

*Add suggestions, other activities to consider, edits or additions in the chat
Time for some feedback!
HE WORKPLAN ACTIVITIES-NEXT STEPS

1. Social Determinants of Health Screening Tool in partnership with Health Equity
2. Group Prenatal Care Toolkit in partnership with Health Equity and Policy

1. If you are willing, able and interested in contributing your time and expertise to one of the activities we have prioritized, please add your name in the chat box and the activity next to it and we will reach out to you.

2. If you know of other best practices or important work going on in these areas, please write that in the chat box or email us at Collaborative@marchofdimes.org.

3. If you are willing to lead and assist with meeting set up and coordination for other meetings regarding these activities, please chat in your name, the activity and the word leader next to it.
3. Best/Promising Practice Sharing
HEALTHY MOMS. STRONG BABIES.

Tracey Reed, Vice President
Maternal and Child Health Innovation
March of Dimes
WHAT CAN WE DO TO ACHIEVE EQUITY AND IMPROVE THE HEALTH OF MOMS AND BABIES?

Accelerate the expansion of group prenatal care, particularly Supportive Pregnancy Care
WHAT IS GROUP PRENATAL CARE?

- Medical care + prenatal education, childbirth preparation, and postpartum care education…in a GROUP!
- Group size 8-12 women
- About ten 90-120 minute sessions during a typical pregnancy, monthly or bimonthly
- Two facilitators
  1. Physician, midwife, or nurse practitioner
  2. Other health care professional
GROUP PRENATAL CARE...

- Reduces premature birth
  - 41% reduction among Black women
  - 33% reduction among participants of all races/ethnicities
- Improves psychological outcomes like readiness for labor and delivery
- Empowers women and increases their satisfaction with their health care
- Increases breastfeeding
- Reduces health care costs by avoiding NICU admissions
- Improves health care provider satisfaction
MARCH OF DIMES INVESTMENT IN GROUP PRENATAL CARE

Over $13 million—including funding from the Anthem Foundation—over more than a decade to support the start-up of the CenteringPregnancy model nationwide

Funding from UnitedHealth Group to develop an additional group prenatal care model, March of Dimes Supportive Pregnancy Care

Leading efforts to get Medicaid and other insurance to pay a higher fee for group prenatal care
WHAT IS MARCH OF DIMES SUPPORTIVE PREGNANCY CARE?
CONCEPTUAL FRAMEWORK

Fosters

By addressing

And is an approach that is

HEALTH LITERACY and HEALTH EQUITY

- Social determinants of health
- Cultural relevance
- Medical factors

- Flexible
- Can be customized
<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 mins.</td>
<td>Individual physical assessments and vitals</td>
</tr>
<tr>
<td>10 mins.</td>
<td>Session start and icebreaker</td>
</tr>
<tr>
<td>40 mins.</td>
<td>First session topic</td>
</tr>
<tr>
<td>10 mins.</td>
<td>Stress management technique</td>
</tr>
<tr>
<td>25 mins.</td>
<td>Second session topic</td>
</tr>
<tr>
<td>5 mins.</td>
<td>Wrap up and set direction for next session</td>
</tr>
</tbody>
</table>
PROGRAM PRODUCTS & SERVICES

- Implementation and Session Guides
- On-site training
- Becoming a Mom/Comenzando bien curriculum and handouts
- Bilingual My 9 Months patient magazine
- Patient recruitment materials
- Technical assistance
- Data analysis
ONLINE PROGRAM ASSETS

e-learning training videos

- Why Group Prenatal Care? The Evidence
- What Does SPC Look Like? Implementation Overview
- How do I Plan and Implement Supportive Pregnancy Care?
- How to be a Good Facilitator
- How to Facilitate a Supportive Pregnancy Care Group: Engaging Participants

Social media platform for women
BENEFITS TO PATIENTS

Can JOIN A GROUP even if entering care in second or third trimester

MORE ACCESS to community resources

Can join a group regardless of RISK FACTORS

Allows attendance of SMALL CHILDREN
BENEFITS TO PROVIDERS

Appeal to **OBSTETRICIANS, MIDWIVES AND NURSE-PRACTITIONERS**

**PROVIDER**-driven and **FLEXIBLE** implementation
- Group composition
- Co-facilitators
- Length of sessions
- Content of sessions

**ONLINE ACCESS** to resources
THANK YOU

Tracey Reed
Vice President, Maternal and Child Health Innovation

For more information, please email SPC@marchofdimes.org.
Poll Question 4:
What are some elements that you would like to see included in the GPC toolkit included from an equity perspective? (multiple choice)

- How to implement the program
- Best practices for problem solving at specific sites
- Integrating doulas/CHWs into care delivery teams
- Community connections via clinics to reach diverse populations
- Research/ outcomes data
- Enhanced reimbursement
- Stories from the community of GPC-successes, struggles, outcomes
- Other (please share in the chat)
4. Announcements
MARCH OF DIMES
#blanketchange CAMPAIGN
For more information and to register: http://www.msm.edu/hela/
Prematurity Collaborative:
Generating Foundational Guidance For Organizations Committed To Birth Equity
September 13, 2018

Frameworks Institute Webinar

You are invited to a Zoom webinar. Pre-registration not required
When: Sep 25, 2018 2:00 PM Eastern Time (US and Canada)
Topic: Strategic Plan in Action: Frameworks Institute presentation on evidence-based equity messaging
5. Schedule & Evaluation
# 2018 Collaborative Meeting Schedule (EST)

<table>
<thead>
<tr>
<th>Event Type</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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</thead>
<tbody>
<tr>
<td>Steering Committee</td>
<td>1/23 3-4:30</td>
<td>4/26 1-2:30</td>
<td></td>
<td></td>
<td>7/26 1-2:30</td>
<td></td>
<td>10/25 1-2:30</td>
<td></td>
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<td></td>
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<tr>
<td>Clinical &amp; Public Health Practice</td>
<td>2/20 3-4:30</td>
<td>4/17 2-3:30</td>
<td></td>
<td></td>
<td>7/19 2-3:30</td>
<td>8/22 1-2:30</td>
<td>10/18 1-2:30</td>
<td>12/12 2-3:30</td>
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<tr>
<td>Policy</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>
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<td>11/5 2-3</td>
<td>12/4 1-2</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are interested in attending Workgroup meetings please email us at collaborative@marchofdimes.org to receive specific meeting information.
Evaluation

• If you are not an official member of the Health Equity Work Group, please email us at Collaborative@marchofdimes.org to join and receive all of our emails, calendar appointments, meeting summaries, slide decks, resources and more.
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](http://marchofdimes.org/workgroup)

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