The Prematurity Collaborative, launched in 2017, includes more than 300 participating organizations. The Collaborative convened in May to celebrate successes and launch its next phase of work: moving towards performance accountability and collective impact to drive improvements in equity and preterm birth rates.

**PURPOSE**

Convene Collaborative thought leaders to:
- Advance policy and practice
- Mobilize community leadership
- Share and spread emerging ideas and promising practices
- Energize stakeholders to achieve equity and reduce preterm birth

**GOALS**

- To present opportunities to take action and motivate participants to pursue them
- To strengthen the Collaborative, share early successes and recruit participants

**ATTENDEES**

More than 300 participants represented a variety of professionals, including local, state and federal public health professionals and clinicians; representatives from community health organizations; academics and researchers; and representatives of American Indian and Alaskan Native tribes.

**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.

**PLENARY SESSIONS, May 21**

A fireside chat with Jerome M. Adams, VADM, MD, MPH, Surgeon General, US Department of Health and Human Services and Stacey Stewart, President, March of Dimes

Key messages: engaging business leaders in this work is critical. Improving the health of women and girls is essential. A public health approach that looks at preterm birth across a comprehensive spectrum of community health and social determinants of health, rather than additional health care interventions, is imperative.

Lunch keynote by Julie Sweetland, PhD, MA, Vice President for Strategy and Innovation, FrameWorks Institute®

Key messages: when talking with the general public about birth equity, refine your core ideas, identify what is counter-intuitive about these ideas and communicate in a way that rewrites the public’s assumptions. It is important to use a can do problem solving frame or an interdependence frame rather than a crisis story or empathy frame.

**PLENARY SESSIONS, May 22**

Breakfast keynote by Michael McAfee, EdD, EMPA, President, PolicyLink

Key messages: adopt a collective impact and results-based accountability framework with one or two indicators to drive action and real change

Access videos and presentation slides at: marchofdimes.org/collaborative

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Lunch keynote by Kimberlydawn Wisdom, MD, MS, Senior Vice President of Community Health and Equity Chief Wellness and Diversity Officer, Henry Ford Health System®

Key message: be deliberate about designing systems of change to address equity in birth outcomes, including policies, systems and plans that have been enacted throughout the years resulting in inequities.

CONCURRENT SESSIONS, May 21

Communities, clinicians and collective action: Opportunities to reduce preterm birth and maternal mortality
Vanessa Lee, MPH; Michael Kramer, PhD, MMSc and Michelle Owens, MD, MS, FACOG

Preterm birth, maternal morbidity and mortality rates are on the rise, and disparities continue to grow. Panelists discussed data and trends; community-level factors associated with maternal and infant outcomes; and low-dose aspirin and its potential to affect outcomes.

Key messages
- Reporting health disparities is not sufficient. Evidence-based action requires actionable evidence that is self-critical of implicit assumptions and locates drivers of inequitable health within and beyond individual health behavior and health care.
- Low-dose aspirin is effective at reducing risk for preeclampsia and should be more widely used.

How genetic and social influences drive poor birth outcomes and disparities: Current debates
Siobhan Dolan, MD, MPH; Paula Braveman, MD, MPH; James Collins, MD, MPH; David Stevenson, MD; Wylie Burke, MD, PhD

Panelists provided a general understanding of genetic and social influences on and disparities in preterm birth. Panelists discussed interplay between genetic and social factors and why social determinants of preterm birth may be greater than genetic influences. Panelists recommended study of genetic and environmental contributions to clinical pathways to preterm birth.

Key messages
- Identifying relevant gene-environment interactions will allow progress along the translational research continuum.
- Fetal programming and epigenetics may be ways in which social factors exert a predisposition to adverse birth outcomes.
- Biologic and social contributors to preterm birth must be examined.

Pre- and interconception health, intentionality and birth spacing issues
Chris Zahn, MD; Ginny Ehrlich, EEd, MPH; Sarah Verbiest, DrPH, MPH, MSW; Diana Ramos, MD, MPH, FACOG

Panelists discussed new frontiers of intentionality and birth spacing and merging conversations about contraception and reproductive life planning with cultural and social justice considerations.

Key messages
- Focus should be placed on optimizing the health of women rather than the specific amount of time between pregnancies.
• A policy systems approach should emphasize creating a culture change around access, social determinants of health, intentionality and autonomy.
• Models like IMPLICIT’s offer evidence-based community- and patient-centered care for well-baby and well-woman visits.

Meeting women where they live, work and play: Clinical and public health best practices in community settings
Joia Crear-Perry, MD, FACOG; Portia Jones, MD, MPH; Carmanita Pimms, Doula; Celeste Smith, MA, PC
Panelists discussed merging clinical and public health best practices within a community context to serve women and drive improvements in birth outcomes while respecting and addressing cultural contexts and social determinants of health. The March of Dimes Supportive Pregnancy Care model was discussed.

Key messages
• Group prenatal care is an evidence-based approach to decreasing preterm birth rates for women of color that merges clinical care with social determinants of health. Enhancing the model by including doulas and community health workers may offer additional benefits.
• Efforts are needed to identify strategies to reimburse community health workers and doulas; credential women of color to gain entry to the profession; and eliminate barriers to care.

Improving social determinants of health and public policy: An interdisciplinary approach
Art James, MD, FACOG; Kelli Komro, PhD, MPH, MA; Scott Burris, JD; Sara Markowitz, PhD, MA; Alex Wagenaar, PhD, MSW
Panelists discussed effects of policies that shape family socioeconomic conditions and maternal and birth outcomes. Panelists presented the conceptual framework and aims of their research; epidemiology research methods used to code law; results from three sub-studies using various epidemiological and econometric research methods; and implications and next steps for the field.

Key message
• Enacting policies and laws to uplift conditions within social determinants of health (for example, a living wage via earned income tax credit) can result in improved birth outcomes.

WORKGROUP BREAKOUTS
The Collaborative Strategic Map provides the framework and charge for work groups. Work groups met at the Summit to introduce new members to the accomplishments thus far, celebrate successes and to launch the start of performance accountability by discussing shared metrics and future work plans:

POLICY AND COMMUNICATIONS to focus on expanding access through Medicaid and defining success

CLINICAL AND PUBLIC HEALTH PRACTICE to identify ways to improve clinical and public health measurement systems to reinforce better practice

HEALTH EQUITY to integrate with other workgroups to explore socialization of health equity issues with members’ organizations

RESEARCH WORKGROUP to improve standards and quality of data, preterm birth categorization and measurement of social factors and to produce a consensus statement (This group is not yet operational.)

COMMUNITY COLLABORATIVES to focus on community goal setting and performance accountability with clear measures for success and localized data to identify needs.

Access videos and presentation slides at: marchofdimes.org/collaborative
PREMATURITY COLLABORATIVE LEADERSHIP

CO-CHAIRS
Wanda Barfield, MD, MPH, FAAP, RADM, US Public Health Service, Director, Division of Reproductive Health, National Center for Chronic Disease Prevention and Health Promotion

Lisa Waddell, MD, MPH, Senior Vice President, Maternal and Child Health/NICU Innovation, Interim Chief Medical Officer, March of Dimes

- **Health Equity co-chairs**: Fleda Mask Jackson, PhD, MS, President and CEO of MAJAICA, LLC; Diana Ramos, MD, MPH, FACOG, Associate Clinical Professor Obstetrics and Gynecology, Keck University of Southern California School of Medicine; Art James, MD, FACOG, Associate Clinical Professor, The Ohio State University
- **Clinical Public Health Practice co-chairs**: Chris Zahn, MD, Vice President Practice Activities, ACOG; Vanessa Lee, MPH, Infant Mortality CollIN Coordinator, HRSA
- **Community Collaboratives facilitators**: Isadora Delvecchio, MA, Director, MCH, March of Dimes; Michael McAfEE, EdD, EMPA, President PolicyLink
- **Research facilitator**: Paula Braveman, MD, MPH, Professor of Family and Community Medicine, University of California San Francisco
- **Policy and Communications facilitator**: Cindy Pellegrini, Senior Vice President, Office of Government Affairs, March of Dimes

STEERING COMMITTEE MEMBER ORGANIZATIONS

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