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March of Dimes Prematurity Campaign Collaborative Newsletter

Vol. 1, No. 2, May 2017

Announcements

Collaborative to Place Equity at Forefront of Work

The full Prematurity Campaign Collaborative launched on March 20 with a virtual meeting attended by more than 200 people. Thank you to the many Collaborative participants and organizations who helped to spread the word and recruit new participants! As a result of your efforts, more than 150 new people joined the prematurityprevention.org/collaborative website or signed up for a workgroup, including 45 new participants in the Health Equity Workgroup. We continue to invite new participants to the full Collaborative and all Workgroups.

The Health Equity Workgroup is leading the effort to place equity at the forefront of the Collaborative. At their last meeting on April 12, 58 Workgroup participants discussed plans for the following three projects. Subgroups will be established for each of these items.

- A scientific consensus statement recognizing the contributions of many scientific disciplines to equity;
- Guiding principles on how the entire Collaborative and other organizations can incorporate equity into their work;
- A glossary of language to help Collaborative members open up discussions about equity to a broad audience.

The next Workgroup virtual meeting will be held in June. If you have an interest in addressing systemic injustices and the social determinants of health and how these affect birth outcomes, we invite you to join the Health Equity Workgroup. You may sign up [here](#).

Clinical and Public Health Practice Workgroup

The Clinical and Public Health Practice Workgroup conducted an audit to identify gaps in the following areas, consistent with the Collaborative Strategic Map. Based on this information, the group is developing objectives and plans for its first twelve months in the areas of:

- Public health system and strategies
- Clinical practices
- Strategies to increase the intentionality of pregnancy
- Ensuring all women receive high quality prenatal care
- Ensuring appropriate care for all women with prior preterm birth

The survey found much work being done to increase access to services, educate patients, support providers so they can implement evidence-based practices, engage multi-sector partners, ensure high quality services using performance management and quality improvement techniques, and advocate for funding and policies to improve birth outcomes. Gaps and challenges identified were decreased funding, issues with access to services (despite the work being done to promote access), insufficient focus on reducing health disparities, and challenges in measurement and building the evidence base for policies

addressing the social determinants of health. The Workgroup will reconvene on [May 15 at 3:00 PM EDT](#) to continue to refine and begin work on their objectives for the next year. You may register [here](#).

Join us!

Through the Collaborative's many partners and your support, we hope to create momentum and synergy around this work. Complete this [sign-up form](#) to sign up for the full Collaborative or a Workgroup and receive invitations for future virtual meetings. The Collaborative's [strategic map](#) provides more information about our full range of activities. Research and Policy/Communications Workgroups will be formed and begin virtual meetings in coming months, and we welcome you to add your name to receive an invitation when the first meetings are scheduled.

Resources

Fleda Mask Jackson Publishes Research on Mental Health among Pregnant Black Women

This study showed that Black pregnant women who were concerned about the future possibility of negative African American youth-police encounters were more likely to show signs of depression. One hundred mostly low income pregnant African American women in metropolitan Atlanta participated in the study. Read more and request the full text of the article [here](#).

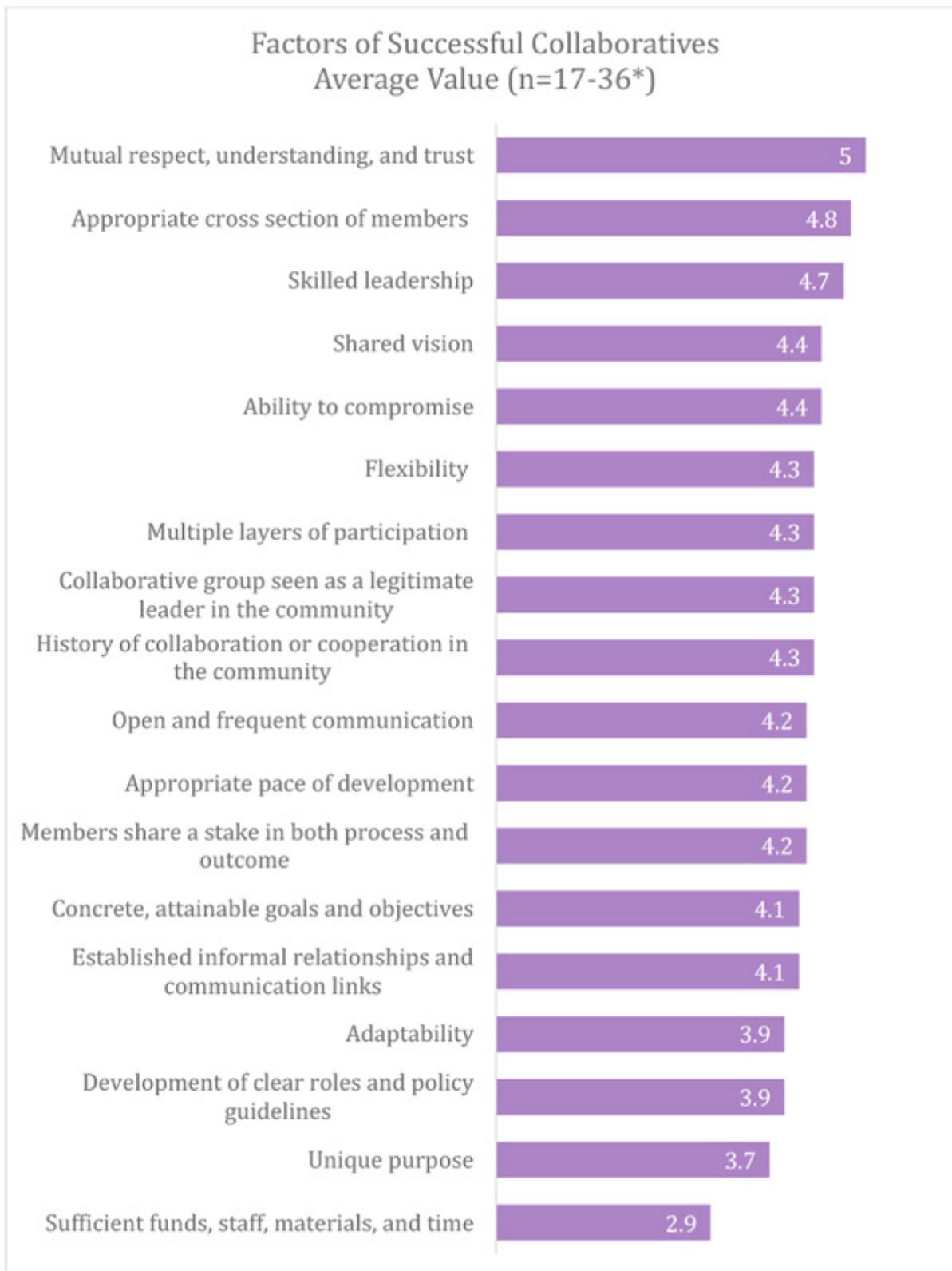
Genomics, Health Disparities, and Missed Opportunities for the Nation's Research Agenda

Research on reducing health disparities has largely focused on advances in genetics and biomedical research due to the emphasis on genetics as the cause of health disparities to the exclusion of other social, economic, and community factors. Achieving health equity in the United States will require researchers and clinicians from many disciplines, including both biomedical and social sciences, to recognize the role that social determinants play in health disparities and work with affected communities towards multidisciplinary, multi-sectoral solutions. Read more [here](#).

Our Impact

Promoting Collective Impact through Shared Measurement

How can we monitor how the Collaborative is functioning in order to make its efforts as successful as possible? How can we develop evaluation metrics for an ever-evolving and complex initiative? These are some of the questions that the Collaborative's evaluation team are grappling with. To measure how the Collaborative is developing, March of Dimes staff measured select items from the Wilder Collaboration Factors Inventory, a list of twenty research-tested factors of successful collaborations. To date, participants of the Steering Committee, Health Equity Workgroup and Clinical and Public Health Practice Workgroup have taken the survey. The results, on a scale of one (lowest) to five (highest) are shown below.



*Varies because some participants responded "I don't know/not applicable" or skipped some items. "I don't know/not applicable" responses were omitted from analysis.

Spotlight

We would like to welcome our Health Equity Workgroup and Clinical and Public Health Practice Group Co-Chairs:

Health Equity Workgroup Co-Chairs

Fleda Mask Jackson, PhD
 Founder, Save 100 Babies
 President and CEO, Majaica, LLC
 University Affiliate, Columbia University



Arthur R. James, MD, FACOG
 General Obstetrician and Gynecologist
 Associate Clinical Professor
 Department of Obstetrics and Gynecology
 The Ohio State University Wexner Medical Center



Diana Ramos, MD, MPH, FACOG
 Medical Director for Reproductive Health, Los Angeles Public Health Department
 Associate Clinical Professor in Obstetrics and Gynecology, Keck University of Southern
 California School of Medicine
 Physician in Obstetrics and Gynecology, Anaheim/Baldwin Park Kaiser Permanente.

Clinical and Public Health Practice Co-Chairs

Christopher M. Zahn, MD
 Vice President, Practice Activities
 The American Congress of Obstetricians and Gynecologists



Vanessa Lee, MPH
 Infant Mortality CoIIN Coordinator
 Division of Healthy Start and Perinatal Services
 Maternal and Child Health Bureau
 Health Resources and Services Administration
 U.S. Department of Health and Human Services

Upcoming Meetings

Our next general Prematurity Campaign Collaborative virtual meeting will take place June 29 at 2:00 pm – 3:30 pm EDT. Stay tuned for updates.

The Prematurity Campaign Collaborative invites you to join one of its five workgroups:

Clinical and Public Health Practice:

Increasing effective use of evidence-informed clinical and public health practice

May 15, 2017 3:00 PM – 4:30 PM EDT

[You may register here](#)

Research:

Expanding discovery and accelerating translation and innovation

Next meeting TBD

Health Equity:

Aligning multi-level support to improve health equity

Next meeting TBD (June 2017)

Policy and Communications:

Developing and implementing messaging, policy and practice strategies

Next meeting TBD (Summer 2017)

Funding and Resources:

Securing the funding and resources required for success

Next meeting TBD

All meetings listed are virtual meetings with a webinar and dial-in option. They are free and open to the public. [You may email for more information.](#)

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