

EleVATing Reproductive Health Equity through Community Engagement: *lessons learned* *(some, the hard way)*

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

Shared Work Disclosure

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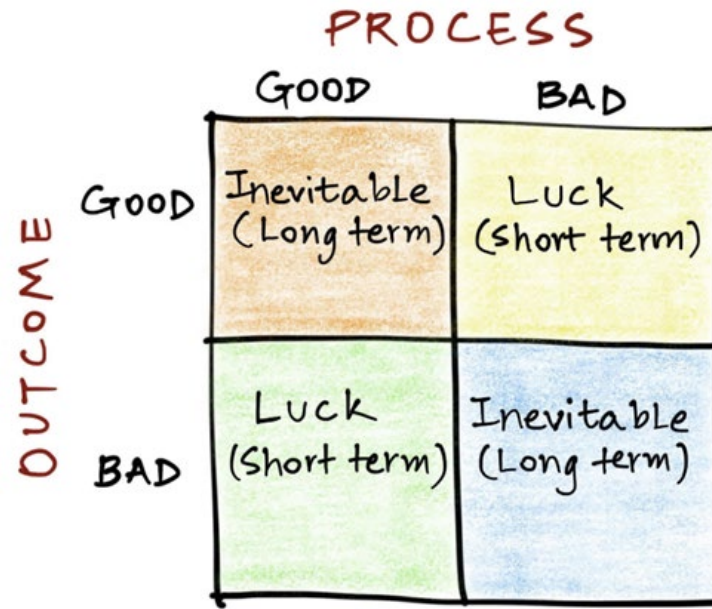


EleVATing Reproductive Health Equity



Process is Important

- Our Story
- Why Group Prenatal Care?
- Process
- Outcomes
- Next Steps



Equity is both an outcome and a process

Our Story

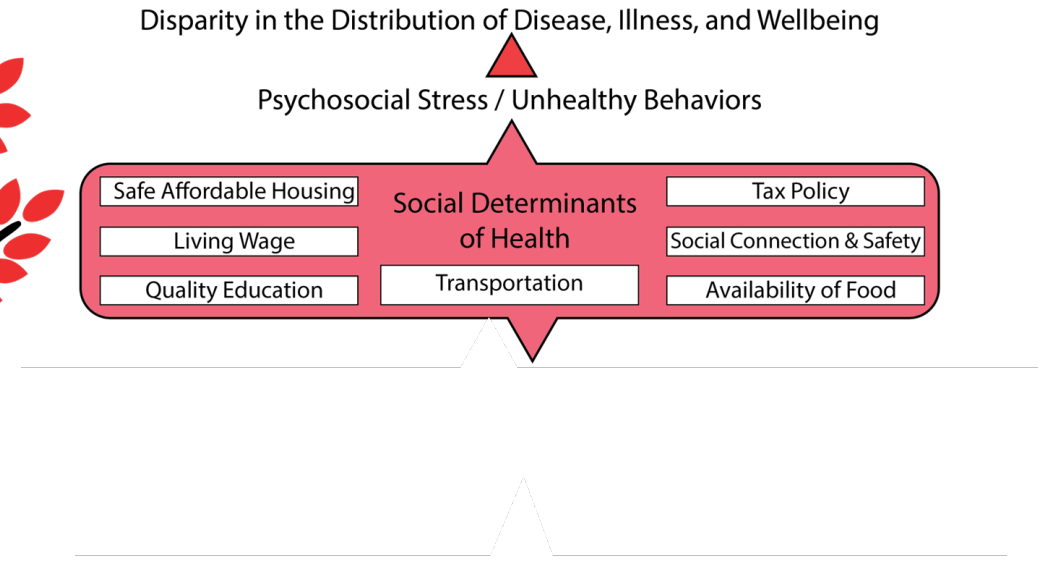
Telling the Story of the Work...

- Summer, 2016 Meeting
 - Consensus:
 - Trans-disciplinary and cross institutional collaborative work
 - Address reproductive health inequities
 - Patients need to be part of the work



Telling the Story of the Work...

- Summer, 2016 Meeting
 - Consensus building needed:
 1. Role of Research
 2. What does accountability to community voice look like?
 3. How do we address the root causes and policies impacting reproductive health inequities?



Dr. Joia Crear Perry's Framework

Disparity in the Distribution of Disease, Illness, and Wellbeing



Maternal Mental Health Inequities

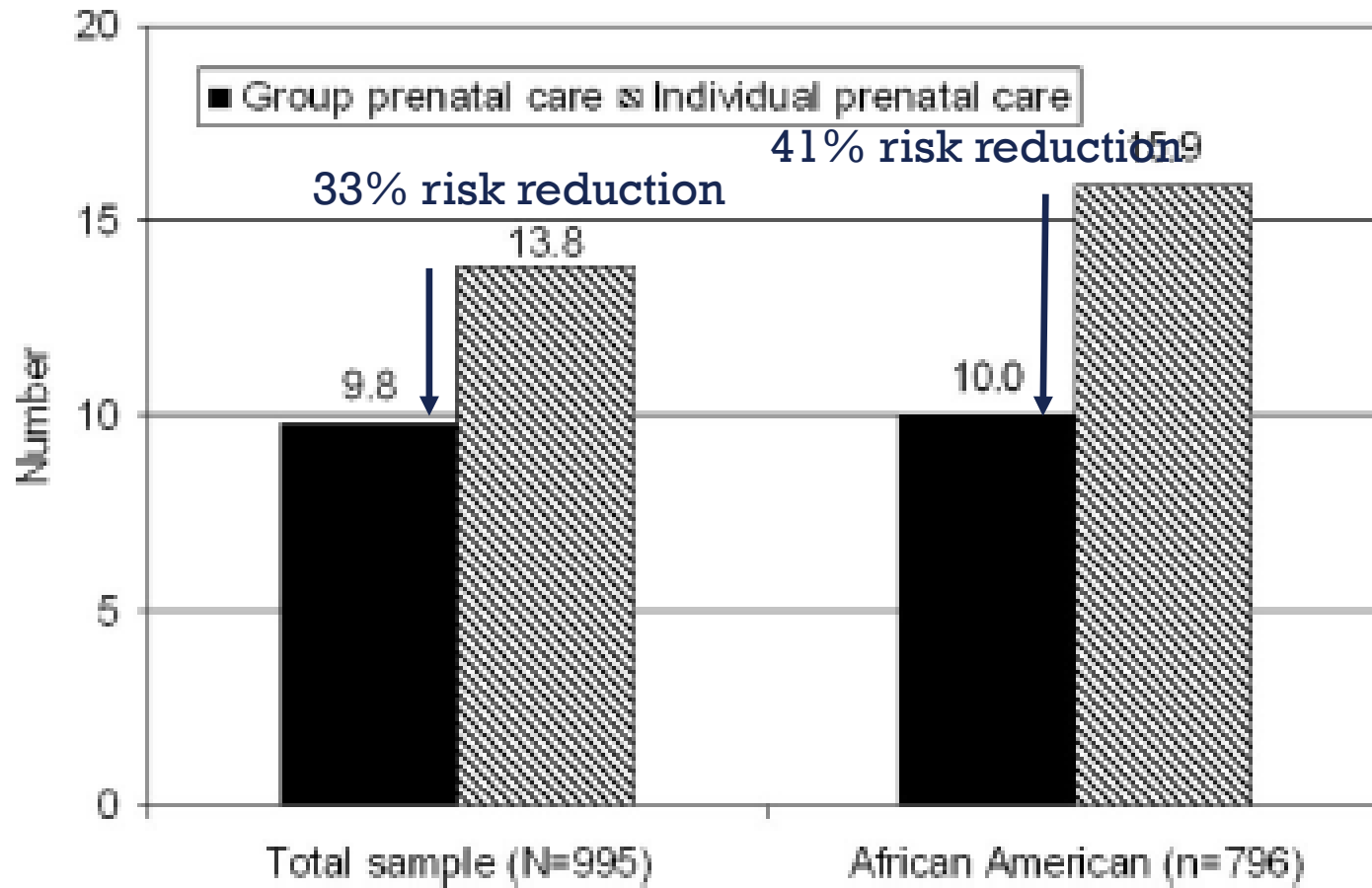


Why Group Prenatal Care?

Group Prenatal Care and Perinatal Outcomes

A Randomized Controlled Trial

Jeannette R. Ickovics, PhD, Trace S. Kershaw, PhD, Claire Westdahl, CNM, MPH,
Urania Magriples, MD, Zohar Massey, Heather Reynolds, CNM, MSN,
and Sharon Schindler Rising, CNM, MSN



All:

OR 0.67; 95% CI 0.22-0.99

African American

OR 0.59; 95% CI 0.38-0.92

Group Prenatal Care Compared With Traditional Prenatal Care

A Systematic Review and Meta-analysis

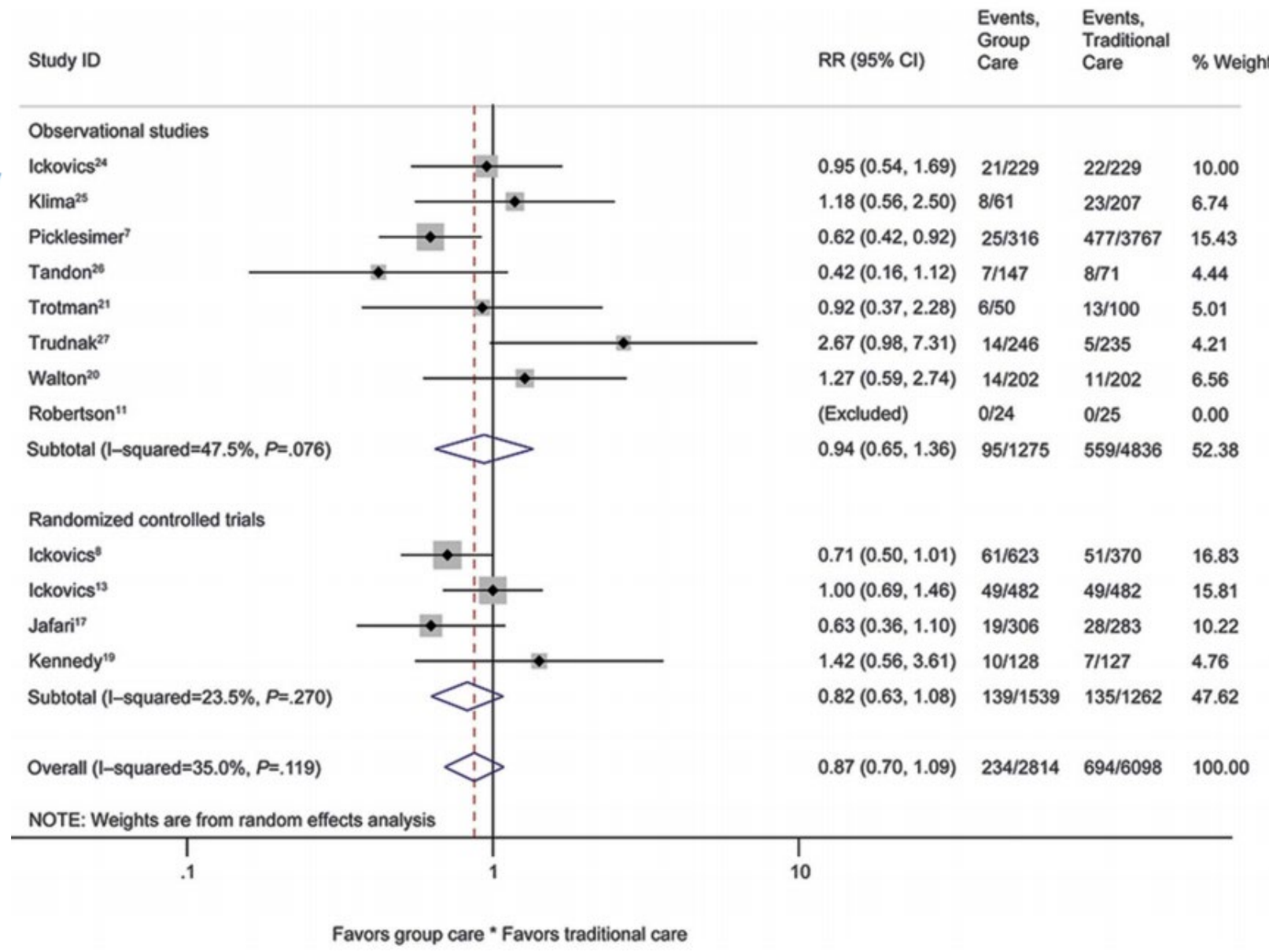
Ebony B. Carter, MD, MPH, Lorene A. Temming, MD, Jennifer Akin, BA, Susan Fowler, MLIS, George A. Macones, MD, MSCI, Graham A. Colditz, MD, DrPH, and Methodius G. Tuuli, MD, MPH

Preterm Birth

- Group 8%
- Individual 9%
- RR 0.87 (95% CI 0.70-1.09)

Black women in Group Care are 45% less likely to have a preterm birth

- 8% GC vs. 11% TC
- RR 0.55; 95% CI 0.34-0.88





Process

EleVATE Collaborative Shared Vision

- REDUCE BLACK INFANT AND MATERNAL MORTALITY RATE
- ENHANCED REIMBURSEMENTS FOR GROUP PRENATAL CARE
- EVERYTHING IN THE PUBLIC DOMAIN



EleVATE Facilitator Booster Training, St. Louis, MO, June, 2023

13

NORTH STAR

EleVATE Focus

Patients: Reduce inequitable adverse perinatal outcomes through group prenatal care
(EleVATE Patients)

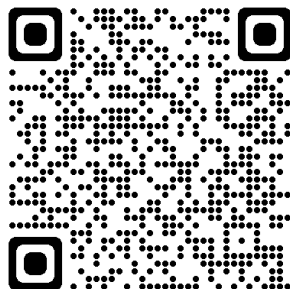
Health Care Teams: Provide intensive trainings for health care teams and communities to support patients who are experiencing trauma, depression and psychosocial stress as result of racism
(EleVATE Clinicians)

Health Care System: Increase shared accountability between communities and health care teams through the development of innovative solutions, policies and new approaches to care delivery
(EleVATE Patients and Clinicians)

Community Collaboration

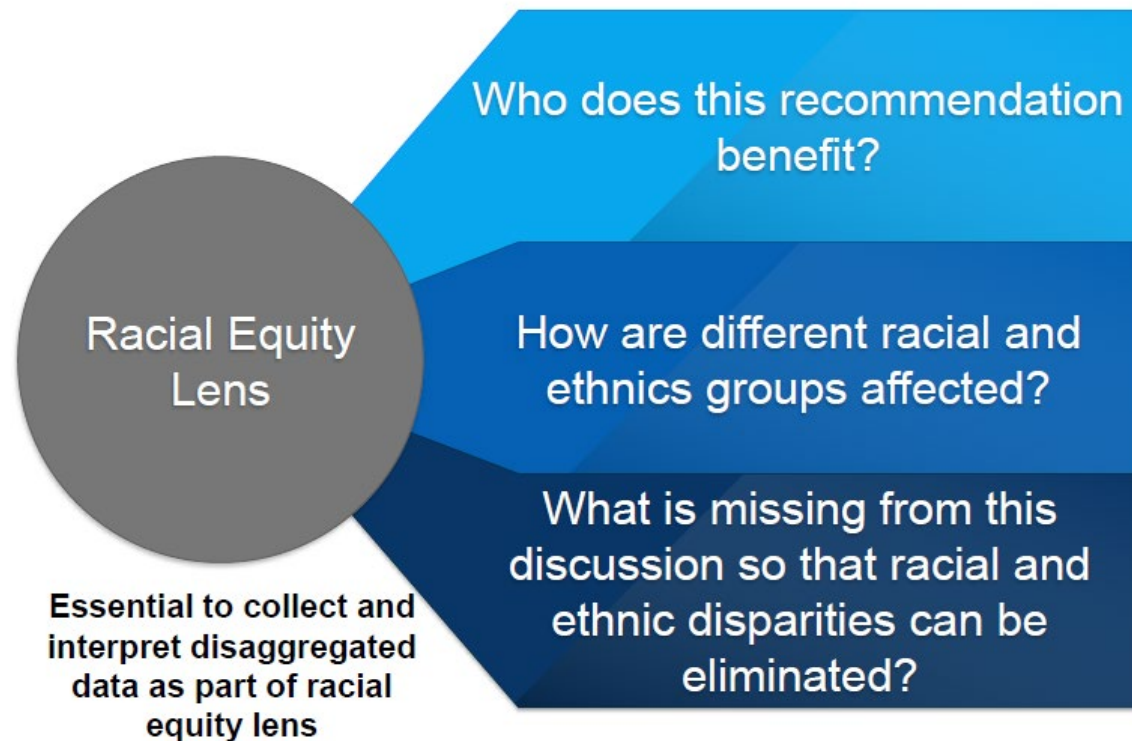
1. Trusting
2. Asking
3. Acting

A CHECKLIST FOR CATALYZING CHANGE			
Prepare for the Work	Engage with Community	Think Systemically	Tell the Story of the Work
<input type="checkbox"/> Build an Inclusive Team <input type="checkbox"/> Adopt Core Values <input type="checkbox"/> Establish Process Principles <input type="checkbox"/> Set Shared Expectations	<input type="checkbox"/> Listen to Community Voices <input type="checkbox"/> Convene and Catalyze	<input type="checkbox"/> Acknowledge Race <input type="checkbox"/> Prioritize Policy	<input type="checkbox"/> Make the Work Accessible <input type="checkbox"/> Create Communications Scaffolding



PROCESS

Apply Racial Equity Lens to our work together



Programs vs. Policies

“Programs are short-term interventions that create temporary improvements in the wake of challenges. Policies, on the other hand, are covenants we collectively choose to live by, as articulated in legislation and regulation. They inform our socially accepted mores and ethics.”

**-Rev. Starsky Wilson,
Former Co-Chair Ferguson Commission
President & CEO, Children’s Defense Fund**

IMPLEMENTATION

EleVATE Teams

Curriculum Team: Formed a curriculum team consisting of community collaborators, group care clinicians, mental health specialists, and researchers to write the group prenatal care curriculum

Evaluation Team: Formed an interdisciplinary evaluation team, which also included community collaborators and other key stakeholders to establish evaluation methods and assessment

Steering Committee: A steering committee and community collaborators designed trainings for health care teams and focused on the overall initiative strategy

EleVATE-Clinicians Training Plan



IMPLEMENTATION

Co-creation results in a better product than you'd ever come up with on your own

(even if it's slower, messier, and may make success with traditional funding mechanisms less likely).





IMPLEMENTATION

“If we ask our community partners a question, we should make every effort for the answer to be, ‘Yes’!”

-Kelly McKay

RELATIONSHIP

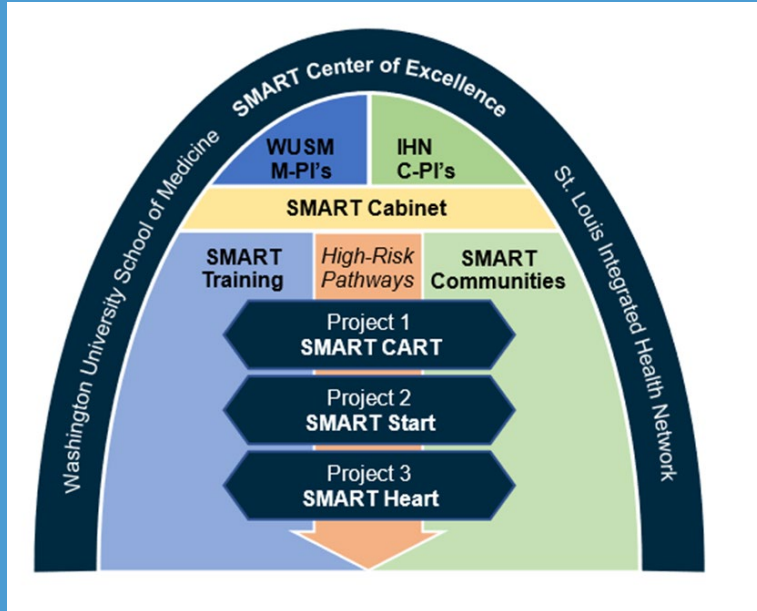
Translator/Trusted Broker

- Relationship first (ideally pre-dates RFA)
- Present whether the \$\$\$ are there or not
- Interactions transcend “the ask”
- More available/accessible than a busy faculty member
- Accountability partner representing community voice



Kelly McKay, EleVATE Program Manager
St. Louis Integrated Health Network

Shared Governance



Budget Transparency

- Programmatic grants through community partner (IHN)
- Research grants through Wash U
- Attempt to keep as much \$\$\$ in the community as possible



Establish Protocols to...

...Present Shared Work

- Media
- Presentations
- Funding



...Onboard New Partners



Outcomes

Health Equity
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Health Equity

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ORIGINAL ARTICLE

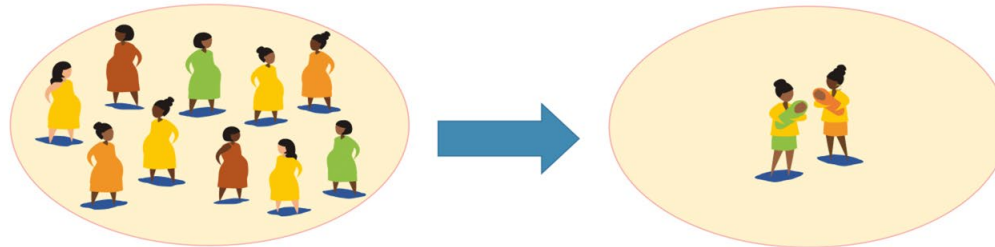
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Elevating Voices, Addressing Depression, Toxic Stress, and Equity Through Group Prenatal Care: A Pilot Study

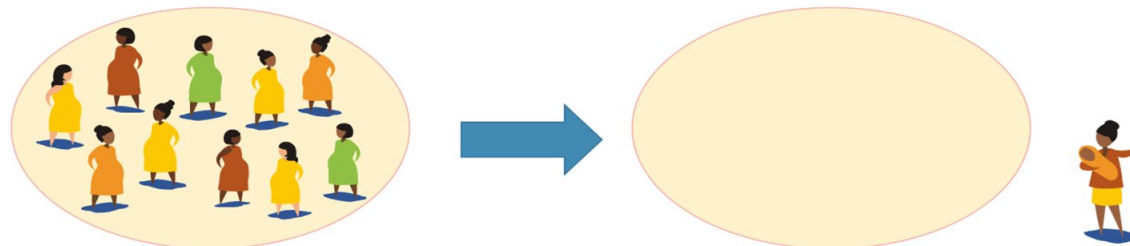
Shannon N. Lenze,^{1,*} Kelly McKay-Gist,² Rachel Paul,³ Melissa Tepe,⁴ Katherine Mathews,⁵ Sara Kornfield,⁶
Cheron Phillips,² Richelle Smith,² Amanda Stoermer,² and Ebony B. Carter³

IMPLEMENTATION

While **18%** of individual care patients gave birth preterm (< 37 weeks)



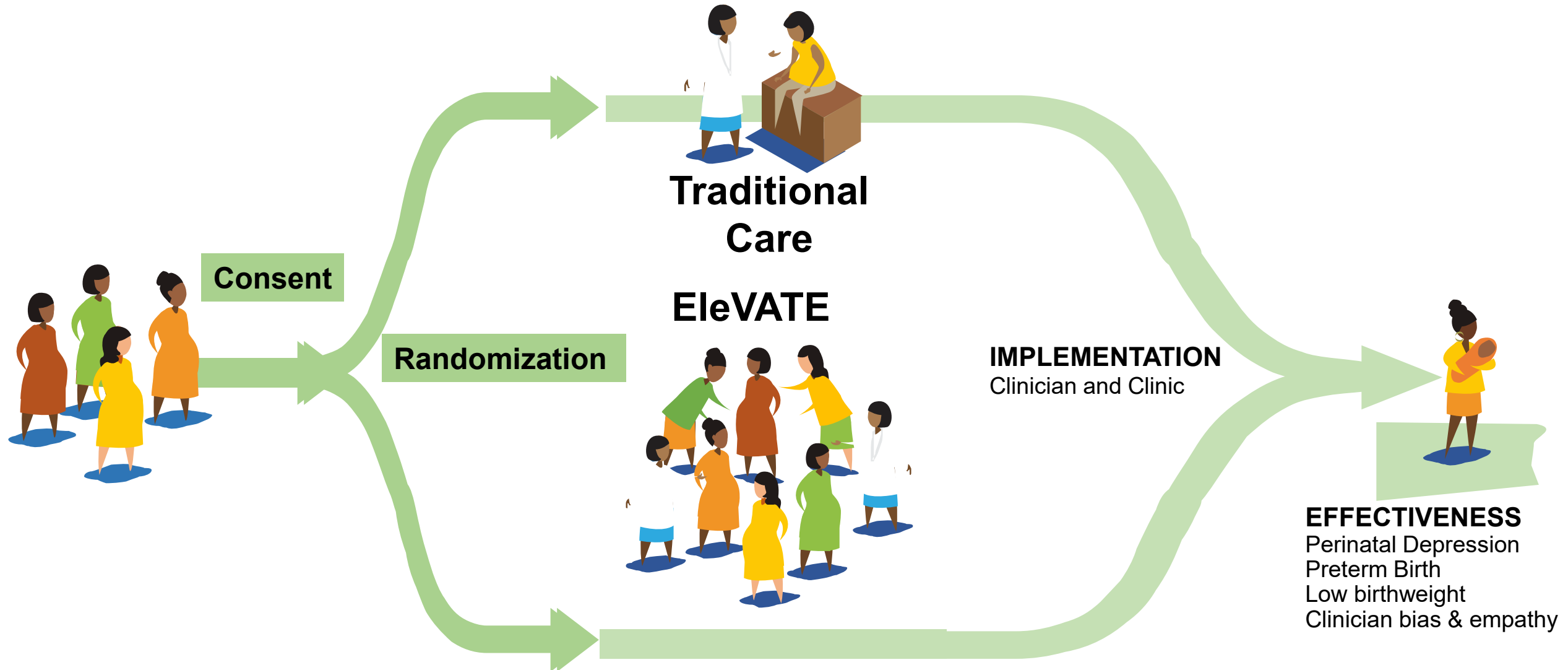
No **EleVATE** patients experienced preterm birth.



Ongoing Work



EleVATE-Patients (R01) & Clinicians (R21)



THE RACE IS NOT GIVEN TO THE SWIFT...

EleVATE Timeline



2016

St. Louis Group
Prenatal Care
Clinicians convene
& commit to work
together

2017

Sub-Committees
formed
EleVATE Curriculum
is co-created
MO Foundation for
Health Funding for
1-year

2018

EleVATE piloted
across city of St.
Louis
Multiple
unsuccessful
programmatic
grants
Funding Gap
Start-Up Funds
pulled

2019

EleVATE Pilot finds
significant
reduction in PTB
rate
(0% GC vs. 18% TC)
PCORI not funded
Funding gap
Generate Health
Bridge Award

2020

EleVATE R01
Submitted 2/20
3/20 EleVATE GC
shuts down
Funding gap
9/20 R01 Funded

2021

EleVATE R01
Planning
Site Visits
Half of original sites
never re-open GC
post-pandemic
EleVATE Clinicians
R21 funded
UMKC joins
Collaborative

EleVATE RCT

at 8-sites across
Missouri
Booster Trainings
Trauma Informed
Care Training

2024

MO Medicaid
Enhanced
Reimbursement



“Go in search of your people. Live with them. Learn from them. Love them. Start with what they know. Build on what they have. But with the best leaders, when the work is done, the task accomplished, the people will say ‘We have done this ourselves.’”

– Lao Tzu

Bonus Slides



EleVATE Booster Training
April 12, 2024
Missouri Foundation for Health

Acknowledgements



Carter Research Team



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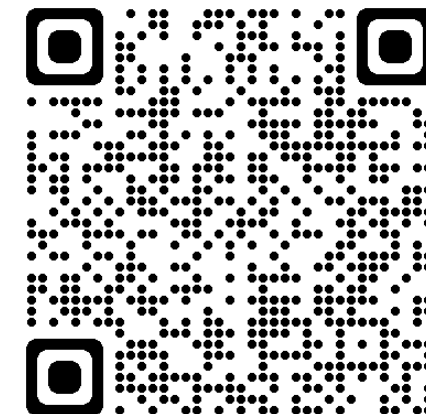


Marta Torres
Research Coordinator





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