

## Michigan Holds Summit to Raise Awareness of Infertility's Public Health Impacts and Inform Future Work

*The Michigan state health department held its first summit on assisted reproductive technology in 2016, featuring national leaders in the field and patient perspectives.*

In May 2016, the Michigan Department of Health and Human Services' (MDHHS) Maternal and Child Health (MCH) Epidemiology Section held the first [Michigan Assisted Reproductive Technology \(ART\) Summit](#) in collaboration with the Michigan Infertility Advisory Committee (MIAdCo). The one-day meeting invited and brought together about 45 stakeholders interested in ART issues, including healthcare consumers and representatives from the state health department, March of Dimes, RESOLVE: The National Infertility Association, pharmaceutical companies, health systems, and academic institutions.

According to Patricia McKane, director of Lifecourse Epidemiology and Genomics Division in MDHHS, the summit is the largest project to emerge from Michigan's participation in CDC's [States Monitoring Assisted Reproductive Technology \(SMART\)](#) Collaborative, in which the state has been a member since 2008. The SMART Collaborative supports and promotes state-based ART surveillance to help the states evaluate maternal and perinatal outcomes and programs.

CDC [defines](#) ART as fertility treatments in which the provider handles both the sperm and eggs, such as [in vitro fertilization \(IVF\)](#). When used responsibly, IVF and other infertility treatments can help patients have the family they long for. However, ART can also lead to a variety of adverse perinatal outcomes. CDC [found](#) that ART contributed to 1.2 percent of all infant births in Michigan in 2013, and was linked to 14.4 percent of the state's multiples births, 4.4 percent of its low and very low birth weight infants, and 5.0 percent of its preterm and very preterm infants. Due to rising rates of chronic disease and other factors that are linked to infertility, MDHHS [anticipates](#) that the state's rates of ART use will continue to increase, making addressing ART's public health impacts important.

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### Steps Taken:

- The state MCH Epidemiology Section recognized that it needed to elevate the state health department's role on infertility and ART issues and wanted to raise awareness. The state MCH Director, Rashmi Travis, and the Michigan Infertility Advisory Committee (MIADCO) were also supportive. ASTHO's [Healthy Babies Initiative](#) had provided momentum around preterm birth, and McKane wanted to leverage that interest and championed the idea of holding a summit on ART and infertility. Michigan received a grant from ASTHO to fund the summit. Additionally,

McKane hired a consultant, Cheryl Schott, to coordinate the project, plan the event and write a post-event report.

- The goal for the summit was to bring together stakeholders from different areas to raise awareness about infertility, ART, and ART treatment, as well explore ART and non-ART methods' affects on premature births.
- To create the summit agenda, the project coordinator conducted a pre-summit survey of MIAdCo, the 15-voting-member group of experts that advises on the state's ART and infertility surveillance. The survey asked the committee members about content to include in the agenda, potential speakers, and how to structure the day. They also worked with a five-member summit planning committee to plant the event.
- With the committee's guidance, the section planned an [agenda](#) that included four primary speakers, a consumer panel, and breakout work groups. The four event speakers were: Susan Moran, senior deputy director for the MDHHS Population Health and Community Services Administration; Dmitry Kissin, team lead of the ART Surveillance and Research Team in the CDC Division of Reproductive Health's Women's Health and Fertility Branch; Eli Y. Adashi, former dean of Medicine and Biological Sciences at Brown University; and Barbara Collura, president and CEO of RESOLVE.
- Moran's remarks in the opening session focused on making the public health case for engaging on infertility and ART issues. She noted that several of infertility's main causes are public health concerns, such as sexually transmitted infections (STIs), environmental exposures, chronic conditions, and behavioral factors. She also highlighted that infertility treatment can have a profound impact on birth outcomes (e.g., multiples gestation rates, preterm births, and low birth weights). Finally, Moran provided four ways that state health agencies can address infertility issues with public health dimensions:
  - "Reducing exposures that lead to infertility and promoting prevention by addressing modifiable risk factors, such as STI prevention and treatment, obesity, smoking, and pre-conception care.
  - Promoting access to care and ART best practices.
  - Raising awareness of potential risks of multiple births, preterm birth, and low birth weight.
  - Improving detection and response through surveillance, including surveillance of infertility treatments and outcomes."
- Kissin also spoke during the opening session, providing context on ART surveillance and research in Michigan using CDC data and examining best practices for IVF.
- Adashi delivered the keynote presentation, which looked at the national birth trends and the factors driving the U.S. multiple birth epidemic, such as the rise in ART use and people waiting longer to have children. Dr. Adashi also discussed how elective single embryo transfer (eSET) could reduce the incidence of multiple births resulting from ART and the contribution of non-ART therapies (e.g., ovulation induction and ovarian stimulation/intrauterine insemination (IUI)) to multiple gestation pregnancies and births.
- At the plenary session, Collura presented on consumers' needs. During her remarks, she explored the mental health and financial burdens of infertility and ART, the time-consuming nature of undergoing treatment, the importance of facilitating timely, accurate diagnosis of infertility, and the need for empathy for patients who have experienced infertility.

- The consumer panel took place during the event lunch. Many of the panelists were recruited to participate by a co-chair of MIAdCo from his infertility practice, and they shared their stories about infertility and treatment. One consumer also shared pieces from the artwork, oral history, and portraiture project and traveling exhibit she founded after her infertility diagnoses, called the [ART of Infertility](#), which further illuminated the human side of the summit's issues.
- After lunch, the attendees participated in breakout workgroups in four areas and presented on those issues at the end of the summit:
  - Provider and clinical practice-group members identified ways to improve clinical practice and promote infertility treatments that reduce the risk of multiples and preterm births.
  - Policy and insurance coverage-group members discussed policy and health insurance changes that could improve access to treatments and facilitate best practices to reduce multiples and preterm births.
  - Patient education-group members identified ways to educate patients so they can make informed decisions about treatment, particularly options that may reduce their risk of multiples and preterm birth.
  - Contribution of non-ART treatments to multiple birth and preterm birth-group members explored how to better understand the use of non-ART/IVF treatments (e.g., such as ovulatory stimulant drugs), how they contribute to multiples gestation and preterm birth, and opportunities to prevent multiple birth due these treatments.

## Results:

- According to McKane and Schott, the summit presentations were well received, and participants asked questions and provided ideas on other kinds of surveillance the state could conduct on infertility- and ART-related issues. For example, one participant suggested that the state perform surveillance and monitoring on infertility's mental health impacts.
- The state developed a summit evaluation form that was included in the participant packets and also accessible online via SurveyMonkey, which it disseminated to the attendees via email following the event. The form not only asked for feedback about the speakers and agenda, but also whether the participants felt respected at the event and comfortable sharing their experiences. The section is currently in the process of collecting the evaluation results.
- The evaluations showed that the MiART Summit was received favorably. Participants gave all speakers, workgroup items, and general meeting functions a score of 4.0 or higher, out of a possible 5.0. Participants enjoyed the diverse perspectives represented at the summit, as well as group interaction, participant engagement, and information from speakers. Several respondents would have preferred more time for the summit, and suggested extending the meeting to include a second day.
- The summit generated interest in continuing the conversation on ART and infertility, says McKane and Schott. Although the section had not originally planned on conducting another summit, participants said that they would like it to become an annual event.
- Based on the summit's success, the section is considering next steps to keep the momentum going. Its goal is to develop an action plan to guide current and future efforts to address ART and infertility issues in the state, which may include improving or broadening its surveillance areas.

## Lessons Learned:

- Start planning early. Most of the challenges the section faced as it planned the event were logistical. Having nine months to plan gave the section time to work through those barriers. Similarly, know your state system and how to navigate it for event planning.
- Build relationships through personal discussions, invitations, and informational meetings, particularly with insurers, employers who negotiate insurance packages, and policymakers. They are important partners for implementing policy changes that promote best practices.
- If possible, hire someone who can dedicate time to implementing your idea. McKane credits hiring Schott with giving the section the ability to focus deeply on the issue and helping make the summit a success.

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