



DEPARTMENT OF HEALTH & HUMAN SERVICES

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Secretary's Advisory Committee on Infant Mortality (SACIM)
5600 Fishers Lane, Room 13-91

Rockville, Maryland 20857

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<http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality>

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August 13, 2014

The Honorable Sylvia M. Burwell
Secretary of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Dear Madam Secretary:

In January 2013, the HHS Secretary's Advisory Committee on Infant Mortality (SACIM) submitted a report with six strategic directions and recommendations for a national plan to reduce the nation's infant mortality rate. In brief, these are to: 1) improve the health of women, 2) ensure access to a continuum of care, 3) redeploy preventive interventions, 4) increase health equity, 5) invest in data and research, and 6) maximize collaboration. The purpose of this letter is to provide you with recommendations for more detailed actions related to our third strategic direction.

The third strategic direction defined by SACIM is to **redeploy key evidence-based, highly effective preventive interventions to a new generation of families**. Research and practice demonstrate how **breastfeeding, family planning, immunization, smoking cessation, and safe sleep** can contribute to the reduction of infant mortality. SACIM deems these essential preventive interventions. We know, however, that families having babies today often get mixed or incorrect messages about these interventions and fail to use or sustain these effective and in some cases life-saving interventions.

A renewed focus on prevention will empower women and families to improve and be responsible for the health and development of their health and that of their children. Our nation needs to give a new generation of women and families the knowledge, skills, and access to benefit from these well-established preventive interventions. This should be one important national outcome of the Affordable Care Act (ACA), with its emphasis on prevention.

HHS can give emphasis to these preventive interventions with improved social marketing and increased access to preventive services through the following specific actions:

1. The ACA has greatly expanded coverage for preventive services. SACIM recommends that HHS monitor and report publicly on the status of ACA coverage mandates for preventive services, including clinical preventive services for women (e.g., family planning, breastfeeding support, well-woman visits) and infants (e.g., immunization and well-baby visits).

2. Medicaid as a funder of more than half of all the nation's births is critical to maternal and infant health access. Preventive services coverage for children is already ensured under Medicaid's Early, Periodic, Screening, Diagnosis and Treatment (EPSDT) benefit package. Medicaid coverage for women is less comprehensive. SACIM recommends that HHS:
 - a. encourage states to align Medicaid adult benefits with the ACA women's clinical preventive services guidelines;
 - b. monitor and report on state implementation of the ACA mandate for Medicaid coverage of smoking cessation services during pregnancy; and,
 - c. encourage states to use Medicaid financing for community health workers (e.g., certified doulas, lactation consultants) who have demonstrated success in promoting preventive services and improving maternal and infant health.
3. SACIM recommends development of **common, consistent, evidence-based messaging across HHS related to the five important prevention topics across HHS and other federal agencies**. Consistent public education, media communications, and professional messages are needed and should be delivered by the Agency for Healthcare Research and Quality (AHRQ), Centers for Disease Control and Prevention (CDC), Centers for Medicare and Medicaid Services, (CMS), Food and Drug Administration (FDA), Health Resources and Services Administration (HRSA), and National Institutes of Health (NIH).
4. Home visiting programs deliver prevention messages to some of the nation's highest risk families. SACIM recommends ongoing support for the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program and especially federal support for technical assistance related to promoting the five essential prevention strategies to MIECHV program sites. Breastfeeding and family planning should be highest priorities, as many home visiting programs have less experience and skill in health education and support on these topics.
5. Healthy Start, designed to reduce infant mortality and disparities in high risk communities, offers an opportunity for federally supported technical assistance to grantees regarding health promotion and education on these essential prevention strategies. SACIM supports the redesign of Healthy Start underway at HRSA, which includes mechanisms for grantee training and support.
6. In collaboration with the USDA Supplemental Nutrition Program for Women, Infants, and Children (WIC), HHS should further promote breastfeeding and healthy eating and food choices as an integral part of nutritional services in order to combat the obesity epidemic.
7. Text4baby is one successful, modern social marketing campaign, with nearly half of targeted pregnant women in high-poverty communities enrolling. To promote the five effective interventions, additional campaigns that fit with changing communication patterns are needed.

8. SACIM also recommends that HHS conduct social marketing campaigns to inform families about the **warning signs of pregnancy complications, parenting problems, and infant health risks**, as well as actions families should take. The following topics should receive priority:

- a. Reducing preterm births, including: no early elective delivery prior to 39 weeks gestation, use of antenatal corticosteroids before anticipated preterm birth, and use of progesterone to reduce repeat preterm birth;
- b. Interconception care following an adverse pregnancy outcome (e.g., infant death, preterm birth) to modify women's risks before a subsequent pregnancy;
- c. Perinatal substance use (including neonatal abstinence syndrome) and depression;
- d. Child development risks and warning signs (e.g., early signs of autism, developmental milestones, hearing impairments, emotional distress).

Informing and empowering families is critical for reducing infant mortality. New, culturally congruent, social marketing messages and modern communication strategies are necessary to inform and motivate today's young families. Coverage and access to preventive services with health education and counseling are equally important. Misinformation that suppresses immunization rates, fear of safe contraception, misunderstandings about safe sleep practices, exposure of babies to tobacco during and after pregnancy, and lack of knowledge and support for breastfeeding are unacceptable and avoidable in our nation. In the 1970s, 80s, and 90s, millions of families benefited from proven preventive interventions; today's families deserve no less.

SACIM remains ready to assist HHS in operationalizing our recommendations and would welcome your participation in our next meeting, September 29-30, 2014.

Sincerely yours,



Kay A. Johnson
Chairperson, SACIM



Sara G. Shields, MD, MS, FAAFP
Chair, SACIM Work Group on Strategy 3

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