

Framework and Recommendations for a National Strategy to Reduce Infant Mortality

July 9, 2012

National Strategy

- We applaud the Secretary's commitment to develop the first national strategy for reducing infant mortality.
- Success will require a multi-faceted effort, including practice improvement by providers, changes in knowledge, attitudes and behaviors of men and women of childbearing age, improved access to health care, empowered communities, health equity, and a serious commitment to prevention.
- Work on a national strategy is at the heart of the SACIM charter and a part of the personal mission of each member of SACIM.

Framework for National Agenda

- **Life course perspective**
- **Access to a continuum of services**
- **High-quality, patient-centered care**
- **Investments in MCH safety net & data systems**
- **Strategies to create health equity through elimination of disparities and unequal treatment**
- **Interagency, public-private, and multi-disciplinary collaboration.**

Current SACIM Reaffirms Need For:

- **A continuum of prevention and intervention services to improve the health and well-being of women, infants, and families.**
- **Investment in infrastructure that ensures access, quality and safety, and accountability for outcomes.**

Health Reform

- We strongly believe that the Patient Protection and Affordable Care Act (ACA) offers major opportunities to reduce U.S. infant mortality.
 - For one in five women uninsured
 - For young adults in prime childbearing years
 - For infants who need preventive or treatment services
 - For vulnerable families with young children who need effective prevention and intervention services
 - For community-wide prevention

Health Coverage & Continuum of Services

- Promote and monitor coverage of **clinical preventive services** for women & infants
- **Medicaid**
 - Clinical preventive services coverage
 - Interconception care
 - Health homes/chronic conditions
 - Family planning SPAs
 - Breastfeeding
- Monitor **essential health benefits** packages
- Address need for **behavioral, mental health, oral, obesity services** among women
- Automatic newborn eligibility for all infants

Aim for High Quality, Patient-Centered Care

- ***Workforce***

- implement of ACA workforce provisions
- implement ACA primary care incentives

- ***Quality and Safety***

- quality improvement collaboratives
- CMS innovation grants
- evidence-informed practices, flexible funds
- Strong Start focus on reducing elective preterm deliveries

- ***Delivery System Structures***

- patient-centered medical (health) homes
- community health teams
- community care networks
- accountable care organizations (pediatric)
- Strong Start focus on effective care models

Maintain and Protect Federal Investments in MCH Safety Net

- **Transform Healthy Start**
- **Protect funding for:**
 - **Title V MCH Block Grant**
 - **Title X Family Planning**
 - **WIC Supplemental Nutrition**
- **Maintain ACA investments in:**
 - **Community Health Centers**
 - **Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program**
 - **Prevention and Public Health**

Health Equity & Disparities

- Add SACIM to list of HHS Initiatives addressing disparities
- Adopt a strategy to concentrate community development
- Address income support through TANF, tax policies, etc.
- Give emphasis to social support, cultural competency, and families with young children

Data, Monitoring, Surveillance

- **Adequate standardized data, monitoring, and surveillance systems**
 - **National Vital Statistics system** should assure timely, and accurate birth and maternal and infant death statistics
 - **Pregnancy Risk Assessment and Monitoring System (PRAMS)** should be in every state
 - **Medicaid perinatal data** should be reported by every state (e.g., prenatal, birth, newborn)
 - **Maintain Title V Information System (TVIS)**
 - **MIECHV** data should be aligned with other systems
 - **National Immunization Survey (NIS)**
 - **Quality measures** for women and children

Interagency public/private collaboration

- Prevention Council work with SACIM
- Crosswalk National Prevention Strategy
- Build on HRSA Regional initiative
- Support implementation of calls for action
 - e.g. breastfeeding, community prevention
- Fund research & translation
- Restore NICHD position on SACIM

- We believe in the vision of the United Nations “Every Woman, Every Child” campaign: *each nation should aim to ensure that every woman and every child have the same opportunities for health and life.*
- The first years of life lay the foundation to be healthy and thrive across the life course.
- Our nation can and should commit to ensuring economic and social support to families sufficient to allow **every baby to be born in optimal health and to enter the world wanted and loved.**