

TOP PRIORITY FOR SECRETARY OVER NEXT 1-2 YEARS

- Focus on ways to reach aspirational goal
- Social marketing phase/campaign
- Consistent standardized data
- TANF to address poverty
- Evidence based interventions that reduce infant mortality and ensure they are properly incorporated into all programs
 1. Breastfeeding
 2. Family planning
 3. Home visiting
 4. Preconception care
 5. Smoking cessation
 6. Immunization
 7. SIDS/SUID prevention
 8. WIC
 9. Comprehensive sexual / reproductive health education K-12, with life planning.
 10. Regional perinatal care.
- Important, evidence-informed areas
 - Social support (model/design – e.g., centering pregnancy, parenting, doulas/community-based doula)
 - Nutrition, obesity prevention
- Clinician to community interface, care transitions, innovative approaches to linkages for maternal and infant population (e.g., through Medicaid, Healthy Start);
 - discharge planning as a condition/standard of participation for hospitals in Medicaid (set by CMS and monitored by Joint Commission);
- Building on Bright Futures for women and IOM recommendations and HHS approved women's clinical preventive services - postpartum visit, interconception visit
- Increase workforce (e.g., nurse midwives, physicians, community health workers) through education and training funds
- Focus on improving health of women before, during, and beyond pregnancy (e.g., interconception care and opportunities in ACA)
- MCHB responsibility for infant mortality strategy of HHS, nation. Support states and communities in coordinating resources for reducing infant mortality and improving perinatal care and other outcomes.
- Innovative educational programs using new communication technologies for infant mortality reduction strategies (e.g., immunization, breastfeeding, SIDS/SUID)

- Expand funding for mental health and substance abuse for pregnant and postpartum women, as a percent of spending on prenatal/maternity (whatever), maximizing use of new ACA resources related to maternal depression, evidence-based tools and models
- Public health / HRSA support for coordinated, enhanced training of clinicians in public health / cross training
- Transformation of Healthy Start and expanded funding with additional responsibilities in system integration, quality improvement, plus improved evaluation and performance monitoring.
- Concentrate resources in communities with high infant mortality rates; PLACE-BASED INITIATIVE building on Healthy Start, Best Baby Zones to improve health equity and reducing disparities in pregnancy outcomes and infant mortality (maybe community transformation grants, co-location and coordination of other federal resources from HUD, DOE, ACF, HRSA-BPHC, etc.)
- Develop “shared resources” or “utilities” at the state and community that support maternal and infant care providers (e.g., community health teams, Help Me Grow type technological resources, breastfeeding ZIPMILK, telephonic/Internet resource lines for providers).
- Increase the number of states that offer preconception care in well woman visits through Medicaid (defined benefits, providers incentives, billing codes)
- Increase the number of states that finance interconception care for women with a prior adverse pregnancy outcome in Medicaid
- Automatic presumptive eligibility for all newborns
- Continue efforts to improve regional perinatal care and reduce elective preterm deliveries prior to 39 weeks, and otherwise improve the safety and quality of care around the time of birth.
- Increase funding for translational research, particularly related to health equity
- Promote a better balance between high tech and low tech interventions, balance may be currently emphasis on high tech (e.g., NICU technology), keep that but also need to invest in low tech. Risk appropriate care, high and low risk.
- Alignment with National Prevention Strategy
- Include focus on MCH populations, maternity and infant groups in particular, in ACA grants (CTG, innovations grants) Recognize the role of early life in the prevention of chronic disease, lifelong health, life course perspective
- Make infant mortality a winnable battle for HHS, including CDC and HRSA in particular
- Secretary to make statements for infant mortality and other months dedicated to related issues