



DEPARTMENT OF HEALTH & HUMAN SERVICES

Secretary's Advisory Committee on Infant Mortality (SACIM)
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DEC - 9 2015

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

Dear Secretary Burwell:

The members of the Secretary's Advisory Committee on Infant Mortality (SACIM) are pleased to share the conclusions of and recommendations from our Committee discussions in March and August 2015 regarding health equity and disparities. As you know, SACIM transmitted a report with detailed recommendations to reduce U.S. infant mortality in January, 2013. The purpose of this letter is to discuss in greater detail recommended actions to increase health equity, reduce disparities, and shift social determinants of health.

Strategic Direction 4 in our full report is to: **increase health equity and reduce disparities by targeting social determinants of health through both multi-sector investments in high-risk, under-resourced communities and major initiatives to address poverty.** The five core recommendations for this strategy are to:

- 4.A. Convene an interagency expert panel to set goals for closing infant mortality gaps.
- 4.B. Support and transform the federal Healthy Start program and maximize its potential to reduce infant mortality, eliminate disparities, and increase health equity.
- 4.C. Use federal interagency collaboration to turn the curve on social determinants of health at the community level by concentrating investments from multiple programs in place-based initiatives.
- 4.D. Address and alleviate poverty, which has a known impact on infant mortality, through enhanced use of income supports through TANF, EITC, and other policies.
- 4.E. Add SACIM to list of HHS Initiatives aiming to eliminate disparities and increase health equity.

SACIM believes that ensuring health equity will require multiple strategies. Key opportunities for eliminating disparities in infant mortality and other adverse pregnancy outcomes exist in federal policy such as the Affordable Care Act (ACA), Fair Housing Act, and Earned Income Tax Credits (EITC) that assist individual families. For example, researchers have found links between increased EITC and improvements in infant health indicators such as low birth weight and preterm birth. Equally important are community-based initiatives with federal support.

Poverty and many of its sequelae—including decreased access to health care, diminished access to adequate housing, lack of sufficient nutrition, and increased exposure to environmental insults—are important direct correlates of infant mortality as well as risk factors for many of the key causes of infant death including preterm delivery, low birthweight, infant homicide, and Sudden Infant Death Syndrome (SIDS).

Moreover, the underlying causes of disparities in infant health and survival must be specifically tackled. Improved access to health care services is necessary but not sufficient for closing the gap. Social determinants of health—such as income inequality, unequal treatment, and institutionalized racism—are associated with adverse birth outcomes including infant death. Changing the underlying social and economic factors that drive disparities must be a top priority in our national strategy for improving birth outcomes and reducing infant mortality.

Building on our core recommendations (noted above), we delineate below a series of related actions for consideration by HHS. These timely and evidence-informed actions build on the efforts of the Obama Administration to implement the ACA, to adopt the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, and to reduce income inequality.

1. **Stay the course.** SACIM strongly supports President Obama’s initiatives related to increasing the **minimum wage, paid family leave, community college reform, and pay equity for women.** These and similar federal efforts, combined with state and local policy changes, are essential to making work pay and reducing income inequality, which drives disparities in birth and other family outcomes
2. **Expand implementation of the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS).** The collective set of CLAS mandates, guidelines, and recommendations issued by the HHS Office of Minority Health should be more broadly applied to federal agencies and their grantees.
3. **Build on the HHS Disparities Action Plan.** The *HHS Action Plan to Reduce Racial and Ethnic Health Disparities* and its companion document the *National Stakeholder Strategy for Achieving Health Equity* define clear approaches and actions. Many of the identified strategies and actions align with SACIM recommendations. (See Appendix B.) Moving forward, more focus is needed on social determinants of health using the World Health Organization framework.
 - a. Create a national public-private Task Force on Social Determinants of Health to advance collaboration and coordination across agencies.
 - b. Develop expanded research and funding opportunities related to social determinants of health, including multi-agency, cross-sector projects (e.g., justice, housing, education, agriculture and health).
4. **Collaboration between the HHS, Department of Labor and Internal Revenue Service to broaden the reach of key tax credits.** The **Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)** together lift 5 million children out of poverty. Studies show a strong and positive relationship between the EITC and maternal and

infant health, including: more prenatal care, less smoking and drinking during pregnancy and lower rates of low birthweight and preterm birth.

- a. Support reauthorization of key provisions of the EITC and CTC scheduled to expire at the end of 2017.
- b. Expand the EITC to non-custodial parents with financial and parenting obligations to their children and to childless workers under age 26. Such expansions have been proposed by both President Obama and Representative Ryan in budget deliberations of the U.S. House of Representatives.
- c. Work with states to implement a state-level refundable EITC such that each state has adopted an EITC by the end of 2017.
- d. Permit the poorest families with no tax liability to receive the CTC and make the CTC fully refundable.

5. Improve the responsiveness of the Temporary Assistance to Needy Families (TANF) program to families with newborns and young children. TANF can and should do more to protect infants and young children from the adverse effects of poverty on development and health.

- a. Provide incentives for every state to use the option to permit TANF qualified women 3 or 6 months receipt of income support following the birth of a child to be used as maternity leave without work obligations or time limit deductions.
- b. Provide incentives to states to encourage use of TANF income support to alleviate poverty and hardship among families during pregnancy and with infants.

6. Continue and expand the federal role in community-level, place-based initiatives. Data from the Racial and Ethnic Approaches to Community Health (REACH) U.S. Risk Factor Survey conducted by the Centers for Disease Control and Prevention finds that residents in predominantly minority communities continue to have lower socioeconomic status, greater barriers to health care access, and greater risks for and burden of disease compared with the general population living in the same city, county, or state. This and other research points to the importance of community-level, place-based initiatives, not only individual level interventions. Concerted effort in one zone or neighborhood works.

- a. Create a new federal interagency project using place-based strategies to optimize birth outcomes, reduce disparities, and increase health equity. The lessons from select Healthy Start community efforts are models. Such a project would include augmenting and coordinating the Promise Neighborhoods Initiative, Choice Neighborhoods, and other federal initiatives in order to increase their focus on issues that affect infant mortality and family health. It might also build on the early results of the privately funded Best Babies Zones.

7. Support the continued funding and evaluation of the Healthy Start. Many of the SACIM 2013 recommendations for transforming the federal Healthy Start infant

mortality reduction program have been adopted. The program now has greater emphasis on evidence-based practice, place-based strategies, and measurement. A minimum five-year implementation period and an evaluation of the transformed program are essential to understanding the potential positive impact of these changes.

8. Support the continuation of key initiatives of the Maternal and Child Health Bureau, Health Resources and Services Administration.

- a. Continue to support funds for Special Projects of Regional and National Significance (SPRANS) within the Title V Block Grant which provide the opportunity for nationwide efforts to address health equity and social determinants of health focused on infant health. A prime example is the Infant Mortality Collaborative Innovation and Improvement Network (CoIIN) Initiative, which includes work with 22 states on social determinants of health and has the potential to change policy, programs, and outcomes across the nation.
- b. Implement the Maternal and Child Health Bureau health equity plan, which includes a focus on workforce development, health equity performance measures, program guidance, and a national strategy to address disparities in maternal and child health.

9. Continue and expand funding to the National Institute of Child Health and Human Development (NICHD-NIH) for research that can lead directly to reductions in disparities and increased health equity, particularly in the area of preterm birth and infant mortality. Examples of recent success include research that revealed new knowledge about: the role of stress in preterm delivery, the ability of progesterone to prevent recurrent preterm birth, early elective deliveries, the effects of alcohol on pregnancy outcomes, and protecting infants through a *Safe to Sleep* campaign.

10. Expand the Preconception Peer Educators program of the Office of Minority Health, which raises awareness of infant mortality among college students and equips trained college students to spread infant mortality prevention messages throughout their campus and community.

11. To reduce unequal treatment and promote health equity, stimulate action using the National Quality Strategy six priorities addressing patient safety, effective communication and care coordination, person and family centered care, prevention and treatment of leading causes of mortality, affordable care, and health. Unequal treatment has been documented by the Institute of Medicine and many studies. The American Hospital Association “equity of care” toolkit gives an idea of what could be done. More efforts are needed to offset the effects of racism, bias, and unequal treatment.

12. Continue and expand collection of state-level data on maternal and child health to build a national profile of those covered by Medicaid. Currently, not all states are participating in data efforts launched by the Centers for Medicare and Medicaid Services (CMS). With more than half of births financed by Medicaid (even prior to recent expansions), HHS needs data to understand the utilization patterns, health status, and birth outcomes of the low-income families served.

At our meeting in March 2015, SACIM recognized the 30th anniversary of the HHS Secretary's Task Force Report on Black and Minority Health (also known as the "Heckler Report"). Beginning in 1985, the landmark Heckler Report led to creation of the Office of Minority Health, a focus on disparities in infant mortality, and other advances in federal efforts to reduce inequality and disparities. The Heckler report principles were to: *"incorporate minority health initiatives into existing DHHS programs to address health conditions amenable to immediate improvement; press for greater public and private involvement in a common effort to eliminate the health disparity; resolve unanswered questions through a concerted program of research and data collection; and seek new strategies to minimize health inequities between minorities and non-minorities."*

We believe that today's HHS is even better positioned to ensure health equity for all Americans, particularly its youngest newborn citizens. Moreover, the call for health equity is a core component of our nation's Healthy People 2020 national objectives.

SACIM believes that current social and political challenges call for even greater attention to health equity and social determinants of health. As the nation and our communities struggle with unequal treatment in the justice system, housing, health care, education, and employment, the Obama Administration can maximize opportunities to give all of our children an equal start, by expanding policies to erase the effects of racism and inequity beginning at birth, continuing throughout the life course, and affecting future generations.

We cannot afford to fail. Eliminating U.S. health disparities for all ages would have reduced direct medical care expenditures by an estimated \$230 billion for just the years 2003-2006. The fiscal and human cost of lost infant lives is incalculable.

We stand prepared to discuss any or all of these initiatives with you in detail and look forward to working with HHS staff to implement those efforts that you believe fit best with your current priorities. Thank you for your consideration.

Yours truly,

/S/

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Chairperson, SACIM

/S/

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Chair, SACIM Health Equity Work Group

Attachments:

- A. List of SACIM Health Equity Work Group members 2011-2015
- B. Crosswalk of SACIM recommendations to the HHS Action Plan to Reduce Racial and Ethnic Health Disparities
- C. Graphs on infant mortality and preterm birth by race/ethnicity

Attachment A: Members SACIM Health Equity Work Group 2011- 2015

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Attachment B: Crosswalk between HHS Action Plan to Reduce Racial and Ethnic Health Disparities and SACIM recommendations to reduce infant mortality

The HHS Action Plan to Reduce Racial and Ethnic Health Disparities and its companion document the National Stakeholder Strategy for Achieving Health Equity, a product of the National Partnership for Action (“NPA Stakeholder Strategy”), define clear approaches and actions. Many of the identified strategies and actions align with SACIM recommendations.

The HHS Disparities Action Plan proposes a set of Secretarial priorities and five strategic goals from the HHS Strategic Plan for Fiscal Years (FY) 2010-2015 provide the framework for the HHS Disparities Action Plan (page 11). These goals are as follows:

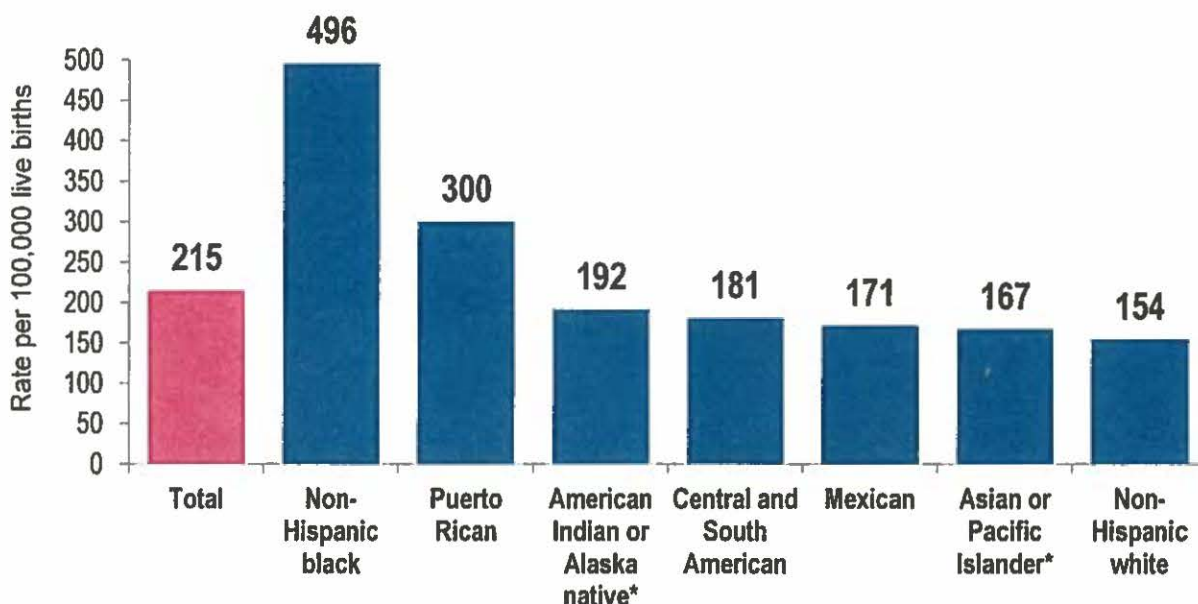
- I. Transform health care;
- II. Strengthen the nation’s Health and Human Services infrastructure and workforce;
- III. Advance the health, safety, and well-being of the American people;
- IV. Advance scientific knowledge and innovation; and
- V. Increase the efficiency, transparency, and accountability of HHS programs.

SACIM has proposed six areas for a National Strategy to Reduce Infant Mortality that overlap with the Disparities Action Plan goals.

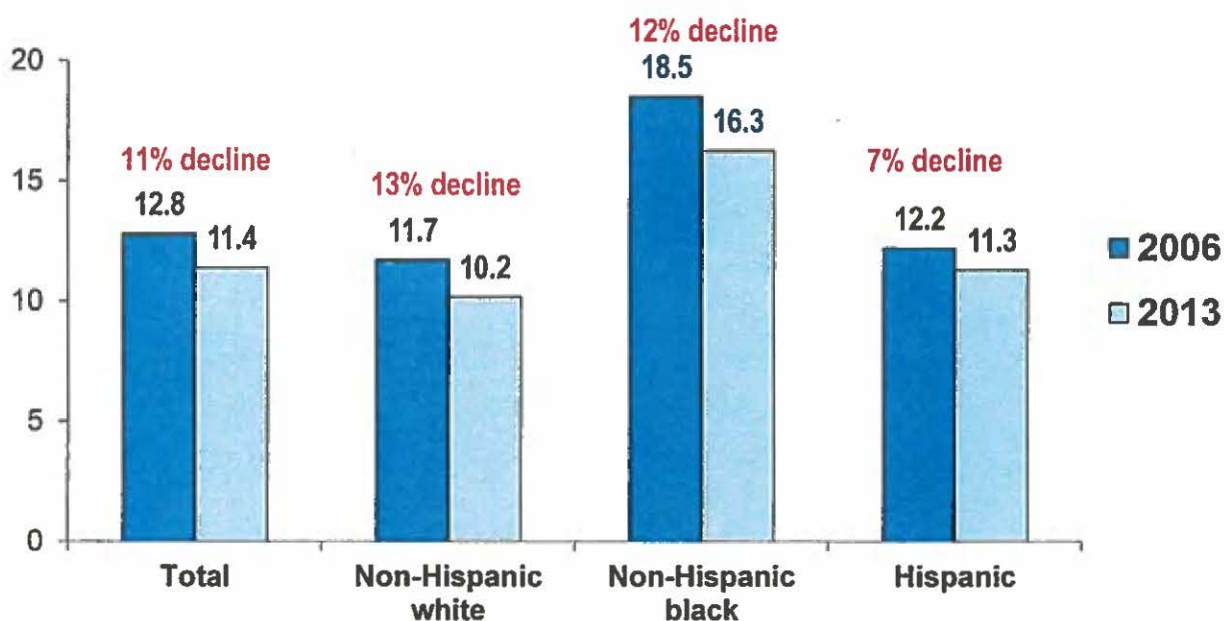
- 1. Improve the health of women prior to pregnancy.**
 - a. As called for by the HHS Disparities Action Plan (I.A), SACIM recommends increasing insurance and access to preventive services, particularly for low-income, minority women who are uninsured.
- 2. Ensure access to safe and high-quality, patient-centered care**
 - a. Example 1: SACIM recommends building upon the Infant Mortality COIN strategy to capitalize on the partnership of MCHB/HRSA, CMS, ASTHO, NGA, and MOD. These states have some of the greatest racial and ethnic disparities in birth outcomes.
 - b. Example 2. As called for by the HHS Disparities Action Plan (I.B), SACIM recommends expanding community health centers and the National Health Service Corps in medically underserved areas and using community-based health teams to support and enhance primary care effectiveness.
- 3. Redeploy key evidence-based, highly effective preventive interventions to a new generation of parents.**
 - a. Example 1: SACIM has recommended giving high priority to topics such as immunization, breastfeeding, smoking cessation, and family planning where rates of utilization have stagnated.
 - b. Example 2: As called for by the HHS Disparities Action Plan (III.A.2), SACIM recommends education campaigns regarding preventive benefits.

Attachment C: Graphs on Infant Mortality and Preterm Birth by Race/Ethnicity

Preterm-Birth-Related Infant Mortality Rates by Race/Ethnicity of Mother, US, 2011



Percentage of Births that were Preterm by Maternal Race/Ethnicity, US, 2006 and 2013



*Includes persons of Hispanic and non-Hispanic origin. Source: CDC/NCHS National Vital Statistics System.