



## 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  
Phone: (301) 443-0543; Fax: (301) 594-0186  
<http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality>

June 27, 2012

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

Dear Madam Secretary:

The members of the Secretary's Advisory Committee on Infant Mortality (SACIM) applaud your commitment to develop the first national strategy for reducing infant mortality. We pledge to take action to assist you in developing and fulfilling a national agenda to ensure that babies are born and survive their first year in optimal health.

As you know from the framework we shared via the March 8-9, 2012 meeting of SACIM, we believe that reducing infant mortality in the United States will require a multi-faceted effort, including practice improvement by service 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. Importantly, it is time for all sectors beyond public health and medicine to embrace infant mortality as "their" issue and strategically utilize their investments to ensure that no young women, children, and families are without food, shelter or income.

We believe actions are needed at the national, state, community, family, and individual levels. SACIM stands ready to work with DHHS agencies and through public-private partnerships to leverage innovation, technology, expertise, and community assets to achieve the goal of eliminating preventable infant deaths.

Already, DHHS has begun to intensify efforts to prevent premature births. The Health Resources and Services Administration (HRSA) has launched an Infant Mortality Reduction Initiative in Regions IV and VI which will demonstrate the impact of five key strategies and will be scaled up to a national initiative by next year. We support Strong Start and the strategy for immediate progress by eliminating elective preterm deliveries prior to 39 weeks of gestation. The Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program is another investment in evidence-based prevention. At the same time, we emphasize the need to continue to improve efforts to reduce long term disability among babies born too soon, too small, or sick, particularly through hospital quality initiatives and regionalized perinatal care.

In the United States, as in countries around the world, it is time to recommit ourselves to the promotion and support of breastfeeding and childhood immunizations. These are basic building blocks for child survival and lifelong health. Accelerated implementation of related clinical preventive services provisions of the Affordable Care Act (ACA), as well as community-based prevention through public health, community empowerment, and social marketing, are needed.

As emphasized by many speakers at the Committing to Child Survival meeting, empowering women is essential to success in reducing infant and child mortality around the world. The health of the next generation depends upon women's health. In the United States, through the ACA, we are on our way to improvements in health coverage for all women. The added commitment to services and supports for vulnerable, low-income women throughout their childbearing years is urgently needed, through programs such as Medicaid interconception care, Healthy Start projects, and Best Baby Zones.

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. We know that the first years of life lay the foundation to be healthy and thrive across the life course. Our wealthy 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. Anything less would fail to make a significant long term change.

On June 14-15, 2012, in Washington, DC, the U.S. and other governments, along with UNICEF and private sector partners, mobilized the world to achieve an ambitious, yet achievable goal – to end preventable child deaths. We were proud to see you be first among world leaders to sign a renewed promise, a commitment to child survival. We, as you, believe every child born should be given the opportunity to survive and thrive.

Again, SACIM commends you for your leadership, and we pledge our support in advising you in development of the national strategy to reduce infant mortality. We already have been meeting over the past year to define what we believe to be the core elements of this strategy at this time in our nation's history, including elements of the National Prevention Strategy and the National Prevention Council Action Plan. Work on a national strategy is at the heart of the SACIM charter and, I know, a part of the personal mission of each member of SACIM.

Sincerely,

/S/

Kay A. Johnson, M.Ed., M.P.H.

Acting Chairperson

Secretary's Advisory Committee on Infant Mortality