Secretary's Advisory Committee on Infant Mortality
Updates from MCHB

Michael D. Warren, MD MPH FAAP
Associate Administrator
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration (HRSA)

HRSA
Maternal & Child Health

Program Announcements

New MCHB Leadership
Healthy Start
Maternal Mortality
Title V

New MCHB Leadership

Dr. Sara Kinsman
Division Director
Child, Adolescent and Family Health

Dr. Tiffany McNair
Division Director
Healthy Start and Perinatal Services

Cindy Phillips
Division Director
Home Visiting and Early Childhood Services

Joan Scott
Division Director
Services for Children with Special Health Needs

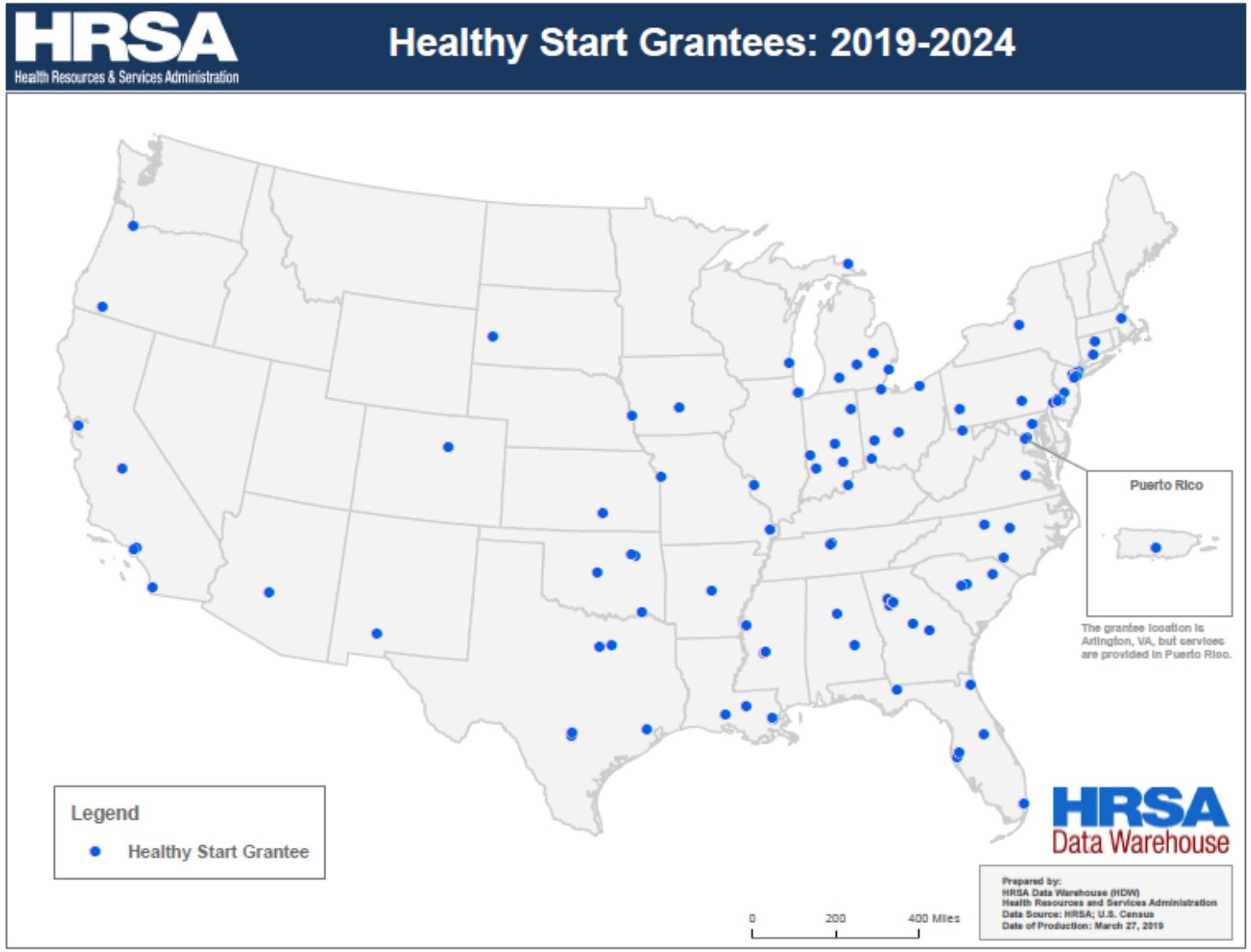
Healthy Start

- New project period starts **April 1, 2019**

- **100 project sites** announced on March 21st
  - Awards total $107 million
  - Projects are awarded in 34 states, DC, and Puerto Rico

- Projects include **$12M in funding for maternal mortality**
  - Fund advanced clinical providers at Healthy Start sites

Healthy Start



HRSA
Maternal & Child Health

Maternal Mortality

- Rate of maternal mortality and severe maternal morbidity higher in US than other high resource countries.
- Most common conditions causing maternal death are hemorrhage, severe high blood pressure, and venous thromboembolism.
- Mental health conditions, including opioid use, are emerging causes of maternal death.
- High risk populations:
  - Racial/ethnic minorities
    - Non-Hispanic Black women are three to four times more likely to die from pregnancy complications than non-Hispanic White women.
  - Women of advanced maternal age
  - Women living in medically underserved areas

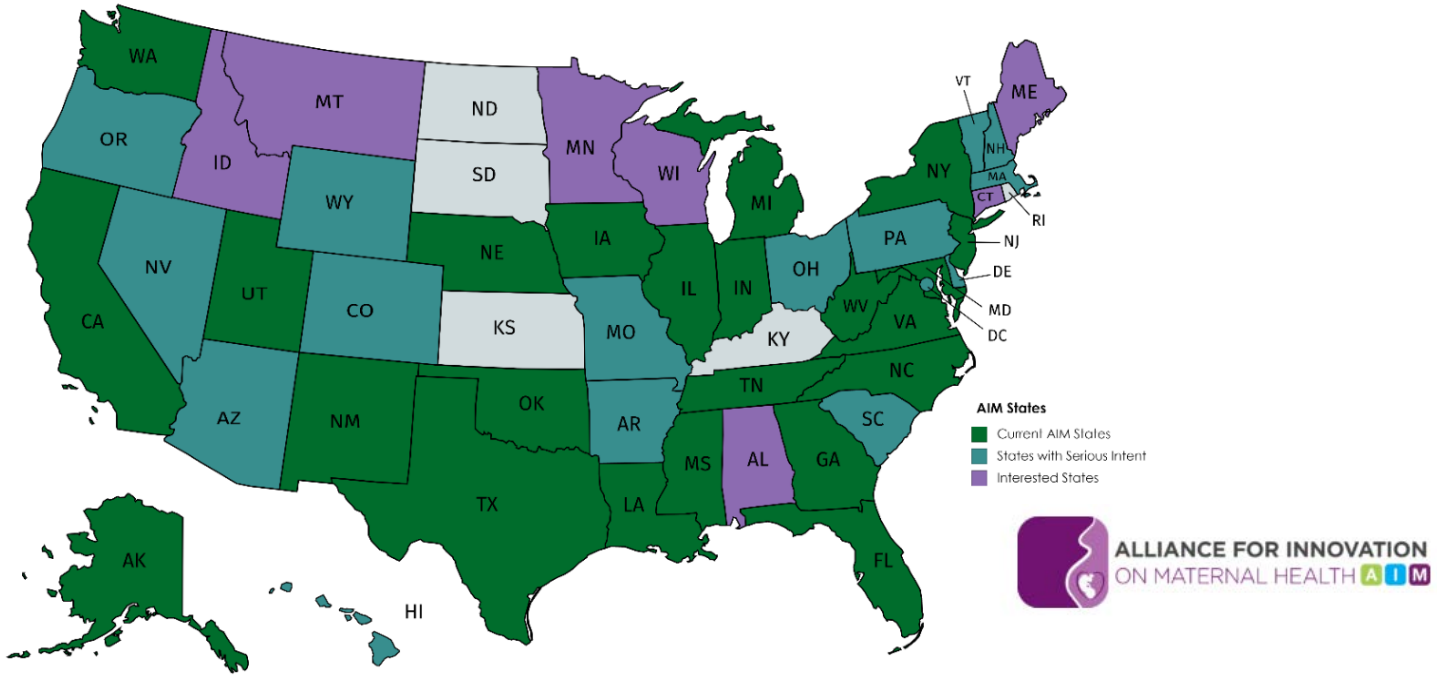
Maternal Mortality

HRSA Maternal Mortality Summit (June 2018)

- Experts from US, 6 countries, and WHO
- Highlighted innovative strategies in reducing maternal mortality

HRSA Maternal & Child Health

Maternal Mortality



Alliance for Innovation in Maternal Health (AIM)

- 23 states and 1,030 birthing hospitals
- Structured bundle of established best practices
- Reaches nearly 2 million births annually

HRSA Maternal & Child Health

Maternal Mortality

FY 2019 Budget = $38M

SPRANS ($26M)

- Expand AIM to all states ($3M)
- State Maternal Health Innovation Awards ($23M)

Healthy Start ($12M)

- Clinical providers at program sites

HRSA Maternal & Child Health

Title V/MCH Block Grant

- Oldest federal/state partnership
- **The** public health system for women and children in the US
- State-focused action plans based on state priorities/needs
  - Influenced by 5-year needs assessment
  - Next needs assessment due July 2020
- Measurement strategy for national-level **outcome** and **performance** measures

HRSA Maternal & Child Health

Title V/MCH Block Grant

- National **outcome** measures related to:
  - Prenatal care
  - Birth weight
  - Gestational age
  - Mortality (perinatal, neonatal, post-neonatal, SUID, preterm-related)
  - Drinking during pregnancy
  - NAS
  - Newborn screening follow-up
  - Postpartum depression
- National **performance** measures related to:
  - Well-woman visit
  - Low-risk cesarean delivery
  - Risk-appropriate prenatal care
  - Breastfeeding
  - Safe sleep

HRSA Maternal & Child Health

Closing Thoughts on Improving Maternal and Child Health

Maternal and Child Health Bureau

Mission:
Improve the health of America's mothers, children, and families.

HRSA
Maternal & Child Health

Some Persistent Challenges

- Adolescent well visits
- Unsafe infant sleep positions
- Maternal mortality
- Medical home and transition for children and youth with special health needs
- Infant mortality

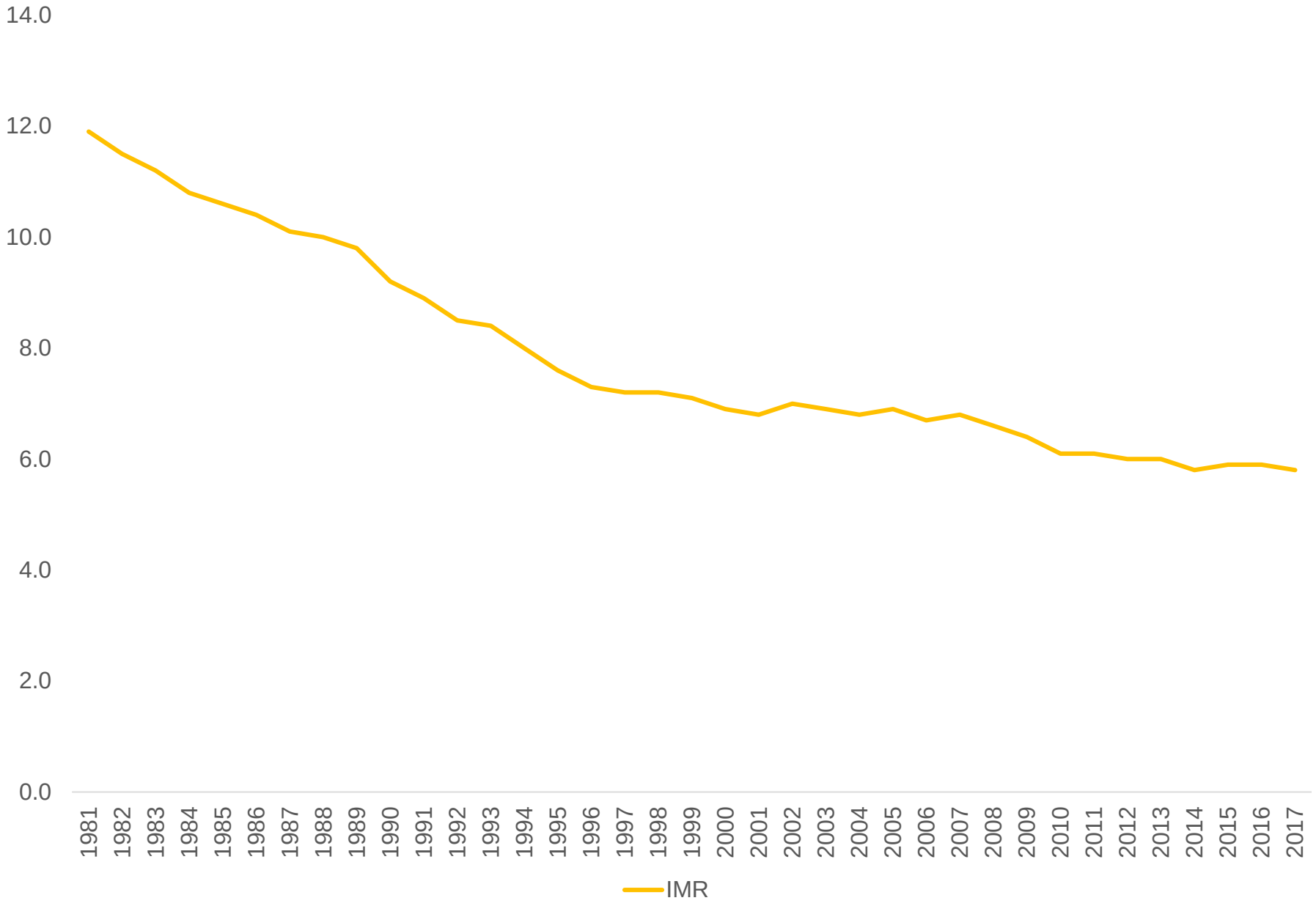
Accelerate.

Upstream.

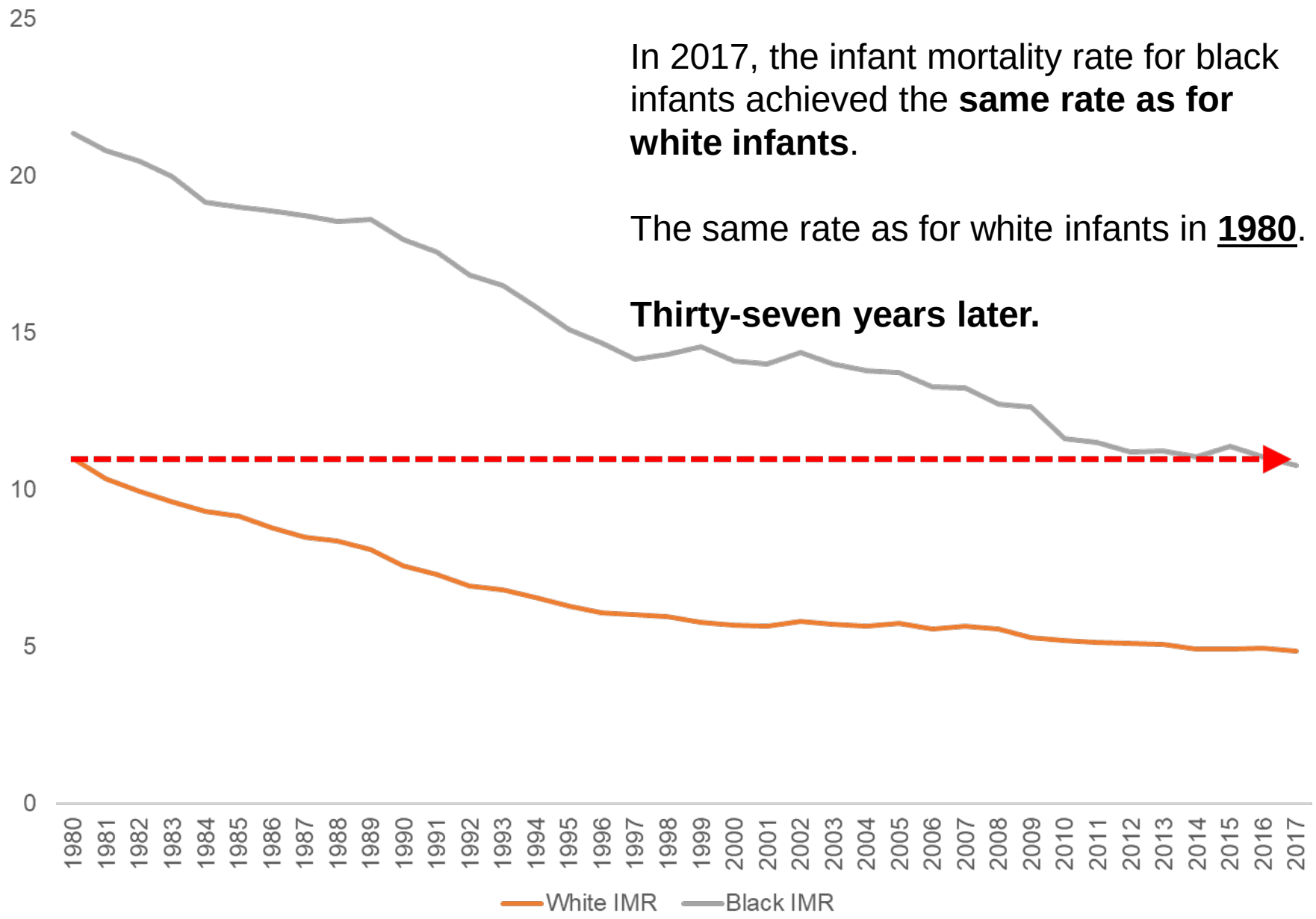
Together.

Accelerate.

Infant Mortality Rates, United States (1980-2017)



Infant Mortality Rates, United States (1980-2017)



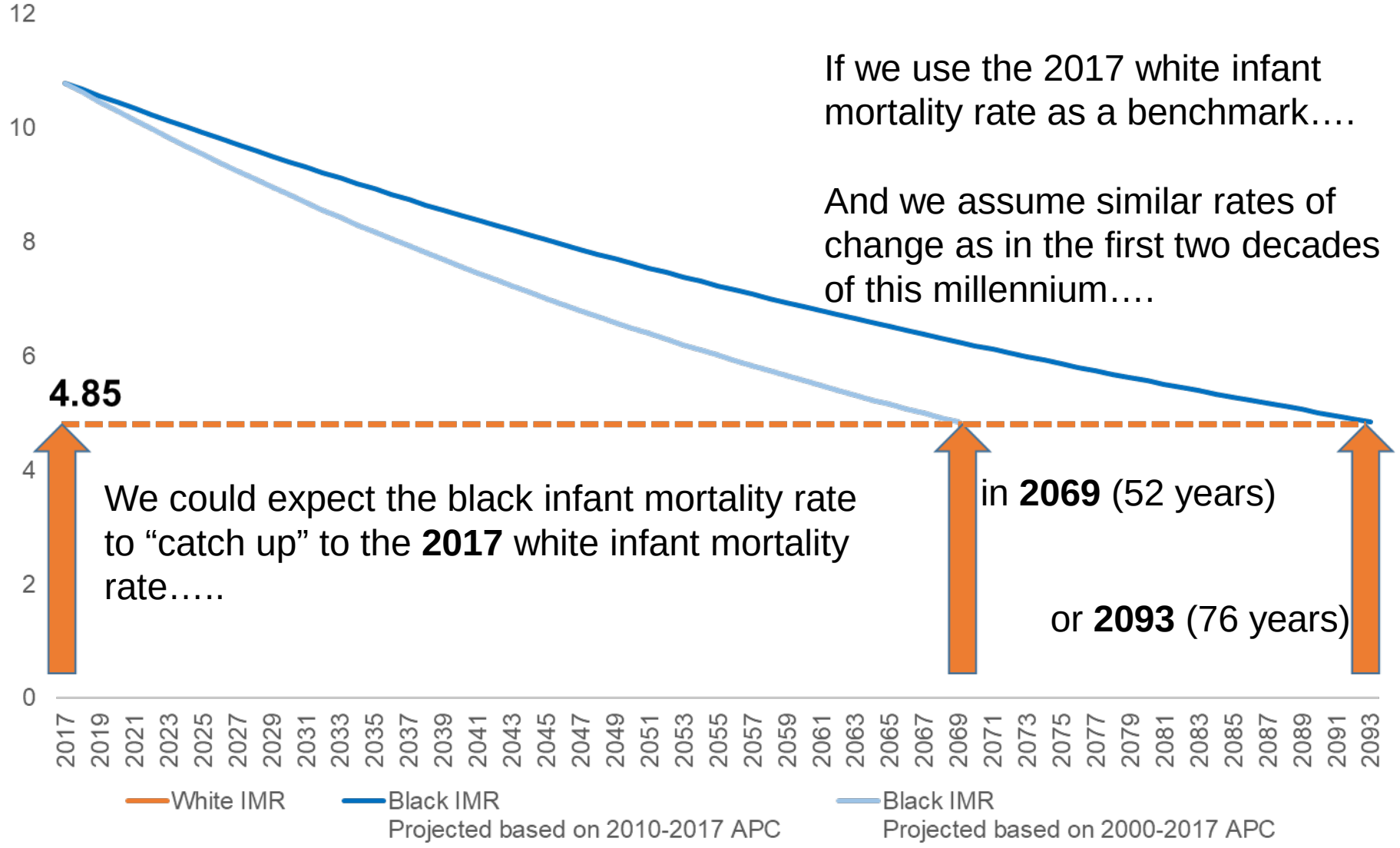
In 2017, the infant mortality rate for black infants achieved the **same rate as for white infants**.

The same rate as for white infants in **1980**.

Thirty-seven years later.

Projected Black Infant Mortality Rate
United States (2017-2093)

Based on Average Percentage Changes in Prior Years



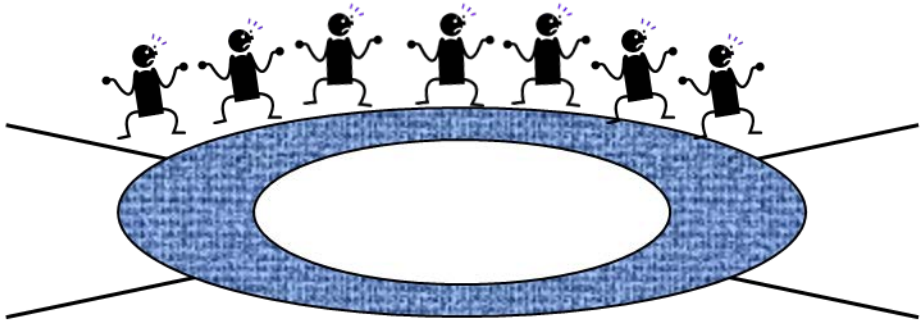
Accelerate.

Upstream.

Levels of Prevention

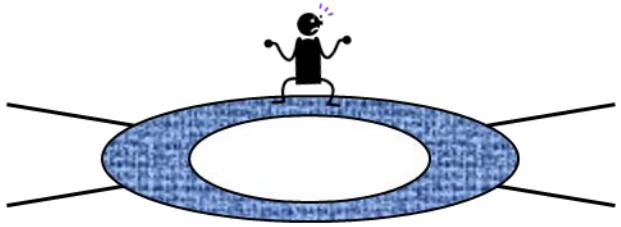
PRIMARY Prevention	**SECONDARY** Prevention	**TERTIARY** Prevention
An intervention implemented before there is evidence of a disease or injury	An intervention implemented after a disease has begun, but before it is symptomatic.	An intervention implemented after a disease or injury is established

Adapted from: Centers for Disease Control and Prevention. A Framework for Assessing the Effectiveness of Disease and Injury Prevention. MMWR. 1992; 41(RR-3); 001. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/00016403.htm



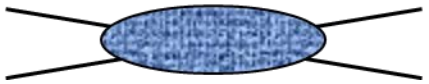
Primary Prevention

- Vaccination
- Breastfeeding
- Healthy built environment



Secondary Prevention

- Newborn Screening
- Lead Screening
- Home Visiting

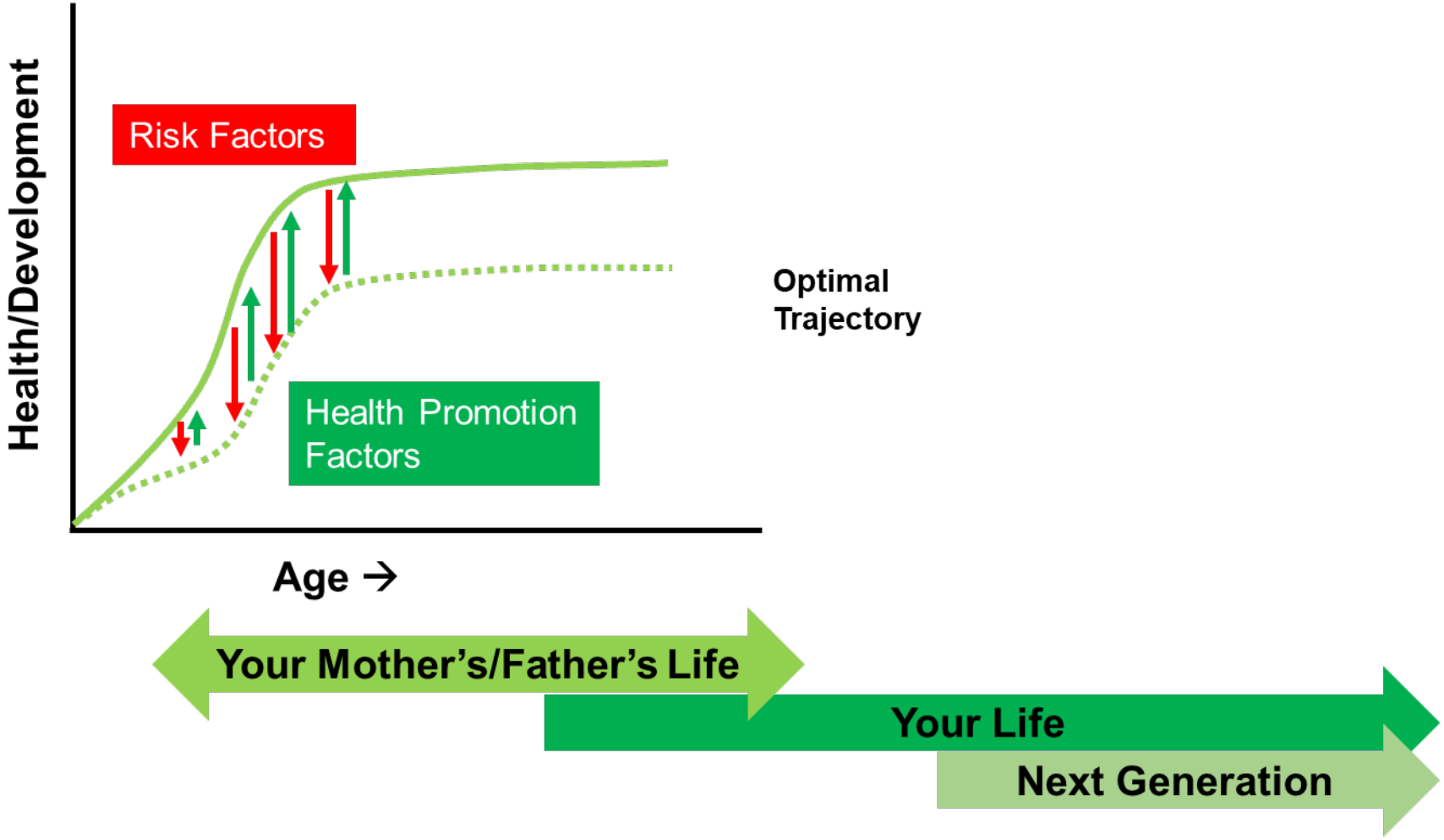


Tertiary Prevention

- Care Coordination
- Early Intervention
- Specialty care for CSHCN, high risk mothers and babies

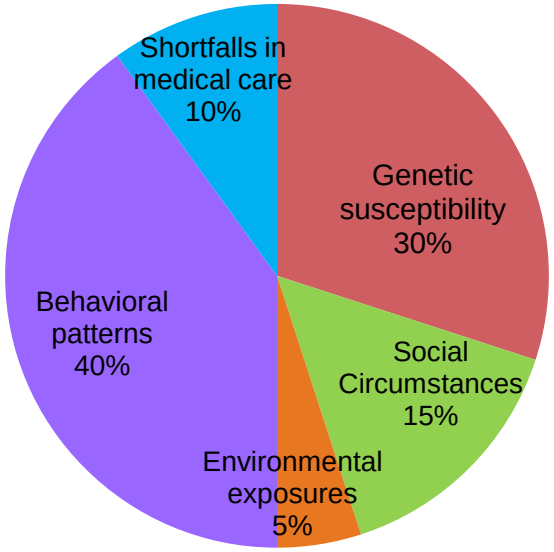
Adapted from Dr. Andrew Garner Available at: https://www.aap.org/en-us/advocacy-and-policy/federal-advocacy/Documents/Panel%201%20-%20Garner%20Toxic%20Stress%20Presentation.pdf .

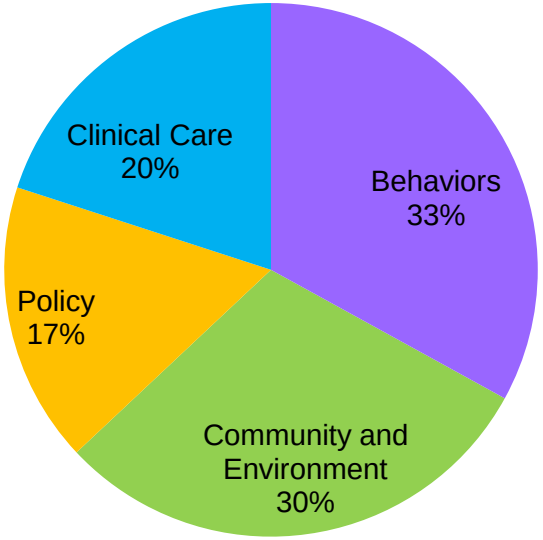
Life Course Model



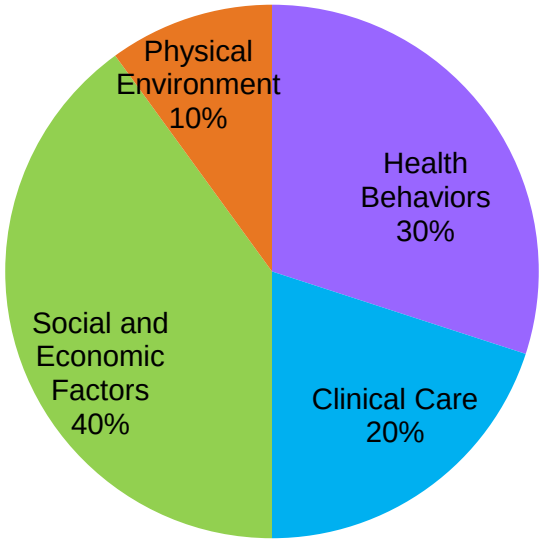
Adapted from the Life Course Toolkit by CityMatCH. Available at: http://www.citymatch.org/projects/mch-life-course-toolbox. Based on: Lu, M.C. & Halfon, N. Matern Child Health J (2003) 7: 13

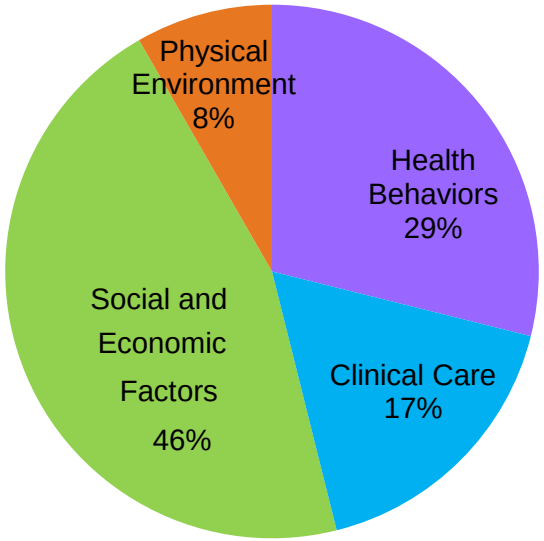
What Determines Health?





Health care accounts for only 10-20% of overall health

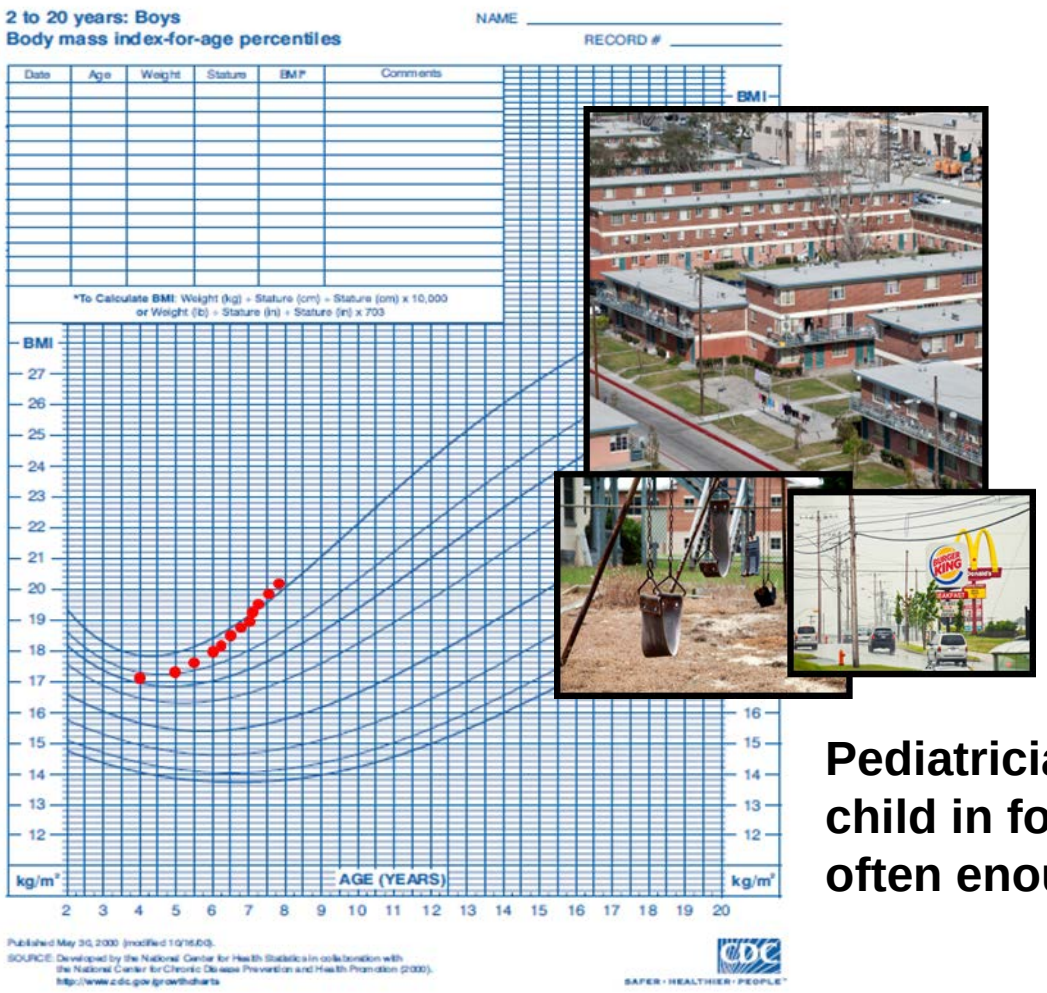




Upper left: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff. 2002; 21(2):78-93.
Lower left: Remington PL, Catlin BB, Gennusko KP. The County Health Rankings: rationale and methods. Popul Health Metr. 2014; 13:11.
Upper right: American's Health Rankings. https://www.americashealthrankings.org.
Lower right: Park H et al. Relative Contributions of a Set of Health Factors to Selected Health Outcomes Am J Prev Med 2015;49(6):961–969.

A Clinical Example: Obesity

- Why isn't this patient's weight status improving?



Family does not have ready access to healthy food

Family lives in public housing with no yard or nearby playground

School does not have funding for PE teacher

Father is also obese and limits physical activity time with child

Pediatrician didn't bring child in for office visits often enough

Single mother works two jobs and has limited time for shopping and preparing healthy food

School does not have large enough refrigerator for storing fresh fruits/vegetables

Pediatrician didn't talk about physical activity or nutrition

Accelerate.

Upstream.

Together.

“Sometimes when I get home at night in Washington, I feel as though I had been in a great traffic jam…moving toward the Hill where Congress sits in judgment on all the administrative agencies of the Government.

In that traffic jam there are all kinds of vehicles….the kinds of conveyances, for example that the Army can put into the street—tanks, gun carriages, trucks, the dancing horses of officers…

There are other kinds of vehicles in this traffic jam—great numbers of them…hayricks and the binders and the ploughs…of the Department of Agriculture….There are….the handsome limousines of the Department of Commerce…and the barouches in which the Department of Justice officials sometimes appear….”

“….I stand on the sidewalk watching it become more congested and more difficult, and then because the responsibility is mine and I must, I take a very firm hold on the handles of the baby carriage and I wheel it into the traffic.”

Grace Abbott
Second Chief of the Children’s Bureau
(1921-1934)

It’s time for us to move into the traffic.

Accelerate.

Upstream.

Together.

Contact Information

Michael D. Warren, MD MPH FAAP

Associate Administrator

Maternal and Child Health Bureau (MCHB)

Health Resources and Services Administration (HRSA)

Email: MWarren@hrsa.gov

Phone: 301-443-2170

Web: mchb.hrsa.gov

HRSA Maternal & Child Health

Connect with HRSA

To learn more about our agency, visit

www.HRSA.gov

Sign up for the HRSA *eNews*

FOLLOW US: