

**SECRETARY'S ADVISORY
COMMITTEE ON INFANT MORTALITY
(SACIM)**

**WORKING GROUP ON HISTORY
PRELIMINARY REPORT**

Magda Peck (Lead), Founder and Principal MP3 Health

April 8, 2019, on behalf of the SACIM History Working Group:

Janelle Palacios, Colleen Malloy Stover, Suzanne England, Arthur James

RATIONALE:

LOOKING BACK TO MOVE FORWARD

- Limited **institutional memory**: new SACIM members
- Build on **strong foundations**, hone and honor the work of our predecessors and colleagues
- Jumpstart third generation of SACIM – heed **lessons learned** about Committee effectiveness, strategy
- Long **arc of history**: understand and address social determinants of health, Life Course, Equity - across generations

FRAMEWORK AND APPROACH

- History of **SACIM** (since 1991)
- **100+ years** of policies and programs to address maternal and infant mortality and disparities
- Legacy of **structural forces**, systems of oppression
- Through lens and **levels** of population health: individual, clinical, social determinants, environment
- **Methods**: key informant interviews, e-mail invitation to former members, aggregate review and synthesis, limited lit review

With gratitude to those who have served

Key Informant Interviews Jan – April 2019, including:

Arden Handler

Arthur James

Kay Johnson

Milton Kotelchuck

Deborah Klein Walker

Michael Lu

Hani Atrash

Wanda Barfield

Laura Kavanagh

Michael Warren

4 GUIDING QUESTIONS:

1. What do you hope this next iteration of SACIM will carry forward from the work your Committee accomplished, to sustain and augment strategic recommendations? How do we best build on your efforts?
2. From your experience, what are effective ways to maximize the likelihood that SACIM's work can be productive and have real impact, especially at this time?
3. What lessons from history should we be mindful of as we take on upstream forces and factors that drive maternal and infant health outcomes?
4. How might you best continue to contribute to the next generation of SACIM work?

Q1: What do you hope this next iteration of SACIM will carry forward from the work your Committee accomplished, to sustain and augment strategic recommendations? How do we best build on your efforts?

- Leverage SACIM **gravitas**, ‘bully pulpit’: only body with exclusive focus on infant mortality
- Base the work/build on **science** (***and advocacy***)
- **Shape** SACIM to fit challenges of the moment
- Find and fix SACIM **focus**, with clear endpoint(s)
- Sustain momentum, navigate wisely, muster **political will**

Q1: What do you hope this next iteration of SACIM will carry forward from the work your Committee accomplished, to sustain and augment strategic recommendations? How do we best build on your efforts?

Employ ‘Strategic Pragmatism’: seize shorter-term opportunities for action - ‘early wins’

- ✓ **Now!** PREEMIE Act, Medicaid, ACA, post-neonatal mortality, mental health/substance use, better data (systems, innovation)...
- ✓ **Care well:** preconception, prenatal, hospital, first year
- ✓ **Sustain and stabilize** what works: Healthy Start, CoIN
- ✓ **Maternal mortality:** go beyond quality bundles, clinical care
- ✓ **Fatherhood, Families:** include as social determinant, outcome
- ✓ **Bottom line:** *‘This is urgent work. Babies are dying.’*

Q1: What do you hope this next iteration of SACIM will carry forward from the work your Committee accomplished, to sustain and augment strategic recommendations? How do we best build on your efforts?

- Longer-term: upstream attention – now is right time to further advance **Equity**
- Use '**Blueprints**' – e.g. National Strategy, WHO social determinants framework - to address poverty, economic policy, social safety net
- Render **specific recommendations** that are strategic, focused, actionable, e.g. **Housing** access, quality, security

Q2: From your experience, what are effective ways to maximize the likelihood that SACIM's work can be productive and have real impact, especially at this time?

- Cultivate and sustain strong **members**, strategically-engage Ex Officio and external **partners**
- **Assure shared knowledge, understanding, priority of equity**, in upstream and downstream work
- Align with and include organizations **lead by and for people of color**, 'without exploitation'

Q2: From your experience, what are effective ways to maximize the likelihood that SACIM's work can be productive and have real impact, especially at this time?

- **Structure the work** for learning, robust dialogue, strategic collaboration, and action to get it done well
- Be intentional, know boundaries, be **mindful about ethics**
- Become a valued **'Think Tank'** that HHS and other agencies, organizations use to shape strategic solutions for maternal and infant health
- Create of a **broad set of IM recommendations** every 5/7/10 years, based on latest science and problems of the day

Q3: What lessons from history should we be mindful of, as we take on upstream forces and factors that drive maternal and infant health?

- Understand *and* **strive for Equity**, to address persistent disparities (racial and other)...and high infant death rates
- Lay out the facts that help us **connect the dots** from then to conditions now
- **Change the narrative** that has persisted for more than 400 years
 - Since African slavery's arrival in America, 1619: cumulative toxic legacy of oppression over 400 years (Arthur James, 12/04/19)
 - From American Indian perspective, first contact 1491 and cumulative traumas: loss of land, forced migration, Boarding Schools and assimilation, women's sterilization, poverty (Janelle Palacios, Salish and Kootenai)

Q3: What lessons from history should we be mindful of, as we take on upstream forces and factors that drive maternal and infant health?

- Recognize, learn from history: **importance of widespread structural interventions** (e.g. basic housing, sanitation and clean water, civil registration, women's right to vote) as **core public health strategies for addressing continued infant mortality.**
- **Ground SACIM work in the history of maternal and child health⁺⁺**
- **Recall: 100 years ago, maternity issues drove policy solutions – e.g. idea of universal provision of medical care for women, lost wage replacement – that resulted in lowered infant mortality.#**

**Learning From History About Reducing Infant Mortality: Contrasting the Centrality of Structural Interventions to Early 20th-Century Successes in the United States to Their Neglect in Current Global Initiatives. Milbank Quarterly, March 2019 | Amiya Bhatia, Nancy Krieger, S.V. Subramanian

##Kotelchuck M, "Looking Back to Move Forward" forthcoming chapter in textbook edited by S Verbiest, APHA Publications, 2019

⁺⁺Health Resources and Services Administration. [MCH Timeline](https://mchb.hrsa.gov/about/timeline/index.asp). <https://mchb.hrsa.gov/about/timeline/index.asp>.

Q4: How might you best continue to contribute to our next SACIM work?

Ask.

Yes, please.

Thanks.



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For more information and follow up:

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