

Toward A National Strategy on Infant Mortality

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Here in the U.S. we've seen our infant mortality rates steadily decline. This is thanks to cooperation between federal and local governments, community and faith organizations and the private sector. But today we still lose far too many children in the first years of their lives. They're gone before they learn to walk or talk, before they throw a ball or give their first smile.

Secretary Kathleen Sebelius

Child Survival: Call to Action

June 14, 2012



The United States government has committed to protecting the health of our children with targeted interventions serving the populations who need them most. We've focused on reducing the number of preterm births. And we've set a national goal, very similar to the kinds of goals you're setting here, to bring the percentage of all preterm births down to 11.4% by 2020.

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To reach that goal we've launched a nationwide public-private partnership to raise awareness about the importance of bringing pregnancies to full term. We've taken a family-oriented approach that educates women and their doctors on the dangers of premature birth. And we're funding innovative strategies, like maternity medical homes, where pregnant mothers receive coordinated care from psychological support to education on how to care for infants. We have learned that seemingly simple interventions can help reduce preterm births among women at the greatest risk for poor pregnancy outcomes.

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And where infant mortality has taken the highest toll in the US, we're also partnering with state officials to create strategies and interventions to begin bringing these rates down. Our plan is to find out what works and scale up the best interventions to the national level.

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And today I'm pleased to announce my department will be collaborating in the next year to create our nation's first ever national strategy to address infant mortality.

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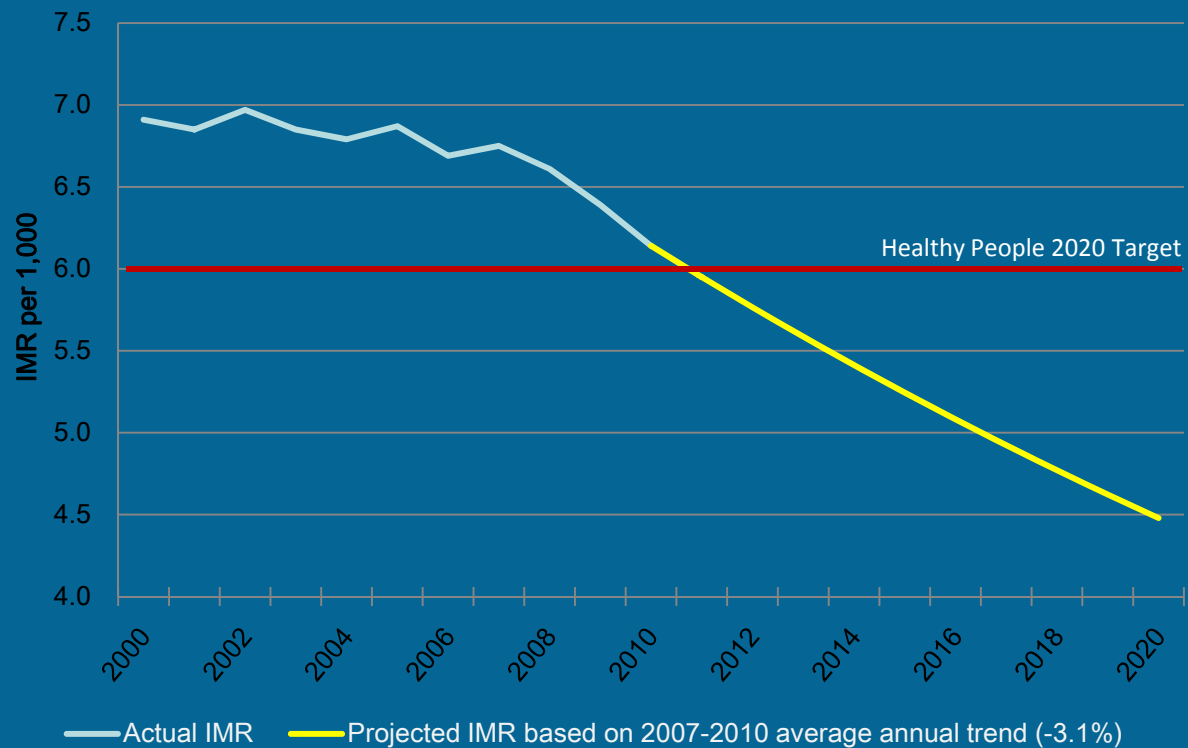


Major National Initiatives to Reduce Infant Mortality

- ASTHO/March of Dimes' Healthy Babies Initiative
- CMS/CMMI's Strong Start
- HRSA's Infant Mortality Collaborative Improvement & Innovation Network (COIN)



Infant Mortality Rate, U.S.



Secretary's Advisory Committee on Infant Mortality

Charge & Purpose

- Advises the Secretary on Department activities and programs that are directed at reducing infant mortality and improving the health status of pregnant women and infants
- Provides guidance and attention on the policies and resources required to address the reduction of infant mortality
- Provides advice on how to coordinate the variety of Federal, State, local and private programs and efforts that are designed to deal with the health and social problems impacting on infant mortality



SACIM Members

- Kay Johnson, M.Ed. – Dartmouth Medical School (Chair)
- Mark Bartel, M.Div, BCC – Arnold Palmer Medical Ctr
- Sharon Chesna, M.P.A. – Mothers & Babies Perinatal Network of South Central New York, Inc.
- Robert Corwin, M.D., F.A.A.P – University of Rochester
- Raymond Cox, Jr., M.D., M.B.A. – Providence Hospital
- Phyllis Dennery, M.D. – University of Pennsylvania
- Carolyn Gregor, C.N.M., M.S. – Georgetown University
- Arden Handler, Dr.P.H., M.P.H. – University of Illinois at Chicago
- Fleda Mask Jackson, Ph.D., M.S. – Emory University
- Miriam Labbok, M.D., M.P.H. – University of North Carolina
- Joanne Martin, Dr.P.H., R.N. – Indiana University
- Monica Mayer, M.D. – Quentin N. Burdick Memorial Health Care Facility
- Tyan Parker Dominguez, Ph.D., M.S.W. – University of Southern California
- Virginia Pressler, M.D., M.B.A. – Hawaii Pacific Health
- Melinda Sanders, M.S.N., F.N.P. – Missouri Department of Health and Senior Services
- Ruth Ann Shepherd, M.D., F.A.A.P. – Kentucky Department for Public Health
- Susan Sheridan, M.I.M., M.B.A. – Consumers Advancing Patient Safety
- Sara G. Shields, M.D., M.S. – University of Massachusetts
- Adewale Troutman, M.D., M.P.H. – University of South Florida & President-Elect, APHA



SACIM Ex-Officios

- Assistant Secretary for Health
- Administrator for Children and Families
- Administrator for the Centers for Medicare and Medicaid Services
- Director of the Centers for Disease Control and Prevention's Division of Reproductive Health
- Office of Minority Health
- Director of the Agency for Healthcare Research and Quality's Center for Primary Care, Prevention, and Clinical Partnerships
- Assistant Secretary for Food and Consumer Services
- Department of Agriculture
- Department of Education
- Department of Housing and Urban Development
- Department of Labor



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Strategic Directions for National Strategy on Infant Mortality (Work in Progress)

1. Improve the health of women before during, and beyond pregnancy
2. Ensure access to a continuum of safe and high-quality, patient-centered care.
3. Redeploy key evidence-based, highly effective preventive interventions to a new generation of families.
4. Increase health equity and reduce disparities by targeting social determinants of health through both investments in high-risk, underresourced communities and major initiatives to address poverty.
5. Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.
6. Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.



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Preconception Health & Healthcare

- CDC/ATSDR Preconception Care Work Group & Select Panel on Preconception Care
- Office of Minority Health Preconception Peer Educators
- CMS Expert Panel on Interconception Care
- Affordable Care Act



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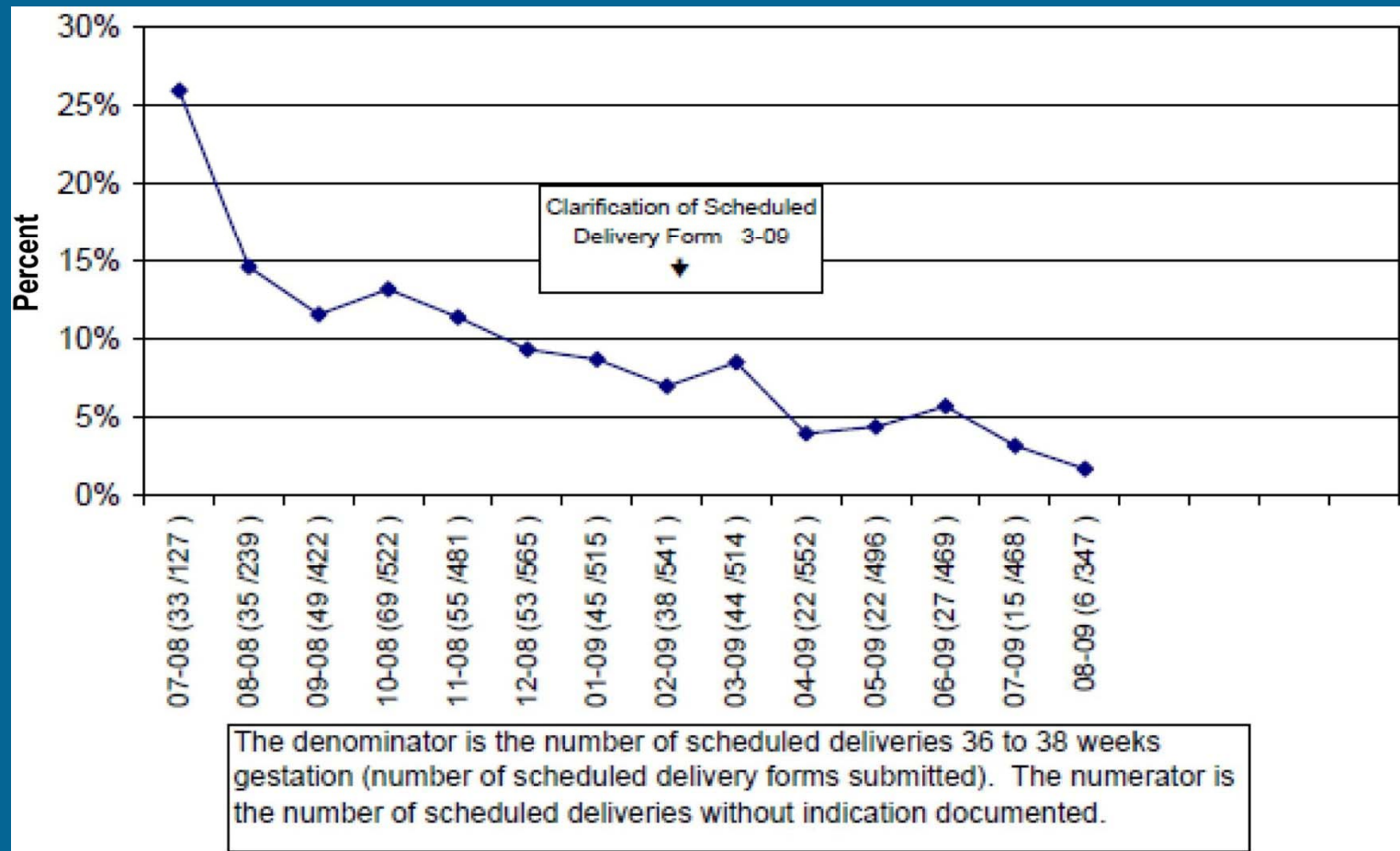


Opportunities for Quality Improvement

- Reduce elective delivery < 39 weeks
 - ASTHO/March of Dimes
 - CMMI
 - HRSA
 - National Governors' Association
 - National Priorities Partnership
- Promote appropriate use of 17P
- Improve screening for asymptomatic bacteriuria or GBS
- Reduce central-line associated bloodstream infections in newborns



Ohio Perinatal Quality Collaborative



Donovan EF, Lannon C, Bailit J, Rose B, Iams JD, Byczkowski T; Ohio Perinatal Quality Collaborative Writing Committee. A statewide initiative to reduce inappropriate scheduled births at 36(0/7)-38(6/7) weeks' gestation. *Am J Obstet Gynecol.* 2010 Mar;202(3):243.e1-8.



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Opportunities for Prevention & Promotion

- Missed opportunities
 - smoking cessation
 - safe to sleep
 - breastfeeding
 - Immunization
 - family planning
- New Workforce
 - Health educator
 - Home visiting nurse
 - Community health worker or doula
- New Platform
 - Group prenatal care
- New Technologies
 - Social media
 - Text messaging



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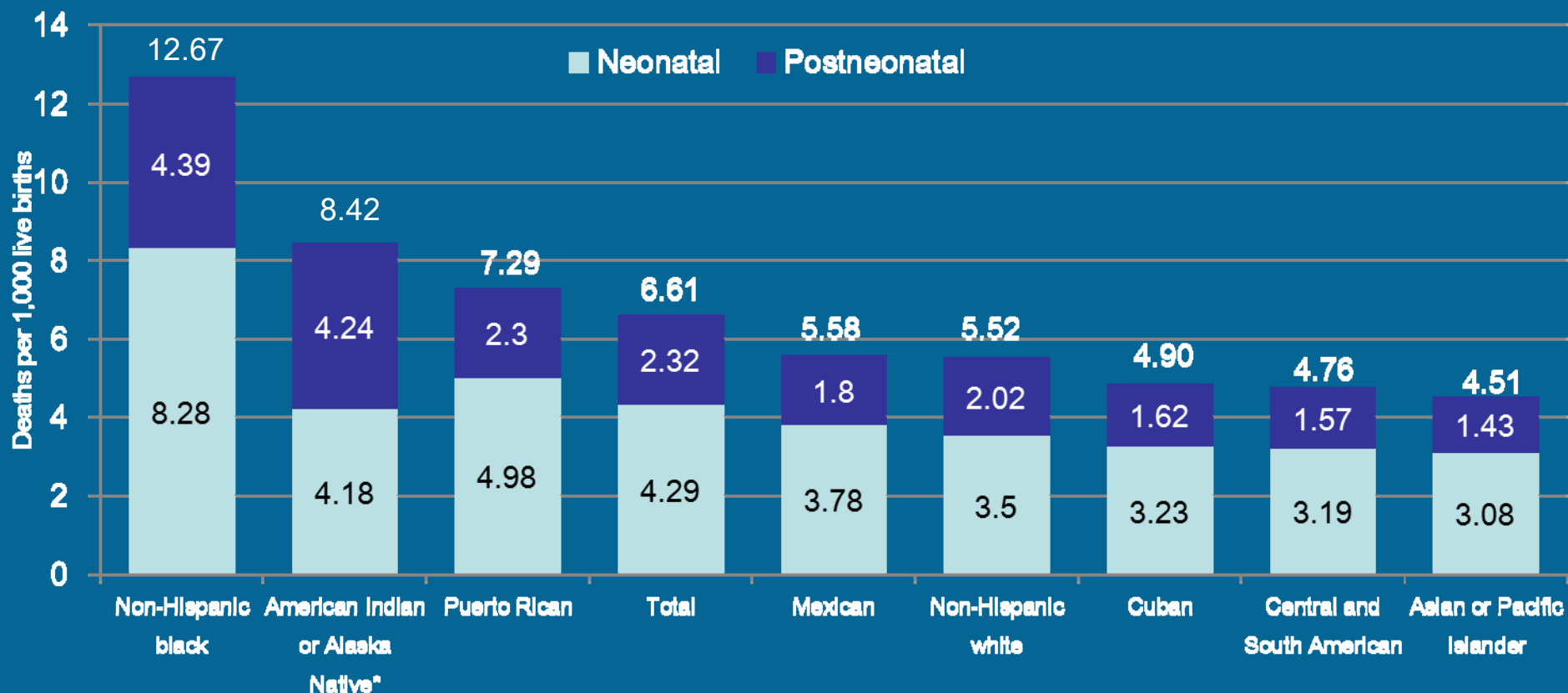


Health Equity

- Overarching goal of the national strategy
 - **Need aspirational goal for the *gap*?**
- Life-Course Perspective as a Guiding Framework
 - Place-based initiatives working across multiple sectors (e.g. transformation of Healthy Start)
 - Policy changes (e.g. inclusion of anti-poverty programs such as TANF reauthorization as part of the national strategy to address infant mortality)



Infant, Neonatal and Postneonatal Mortality Rates by Race and Hispanic Origin of Mother: United States, 2008



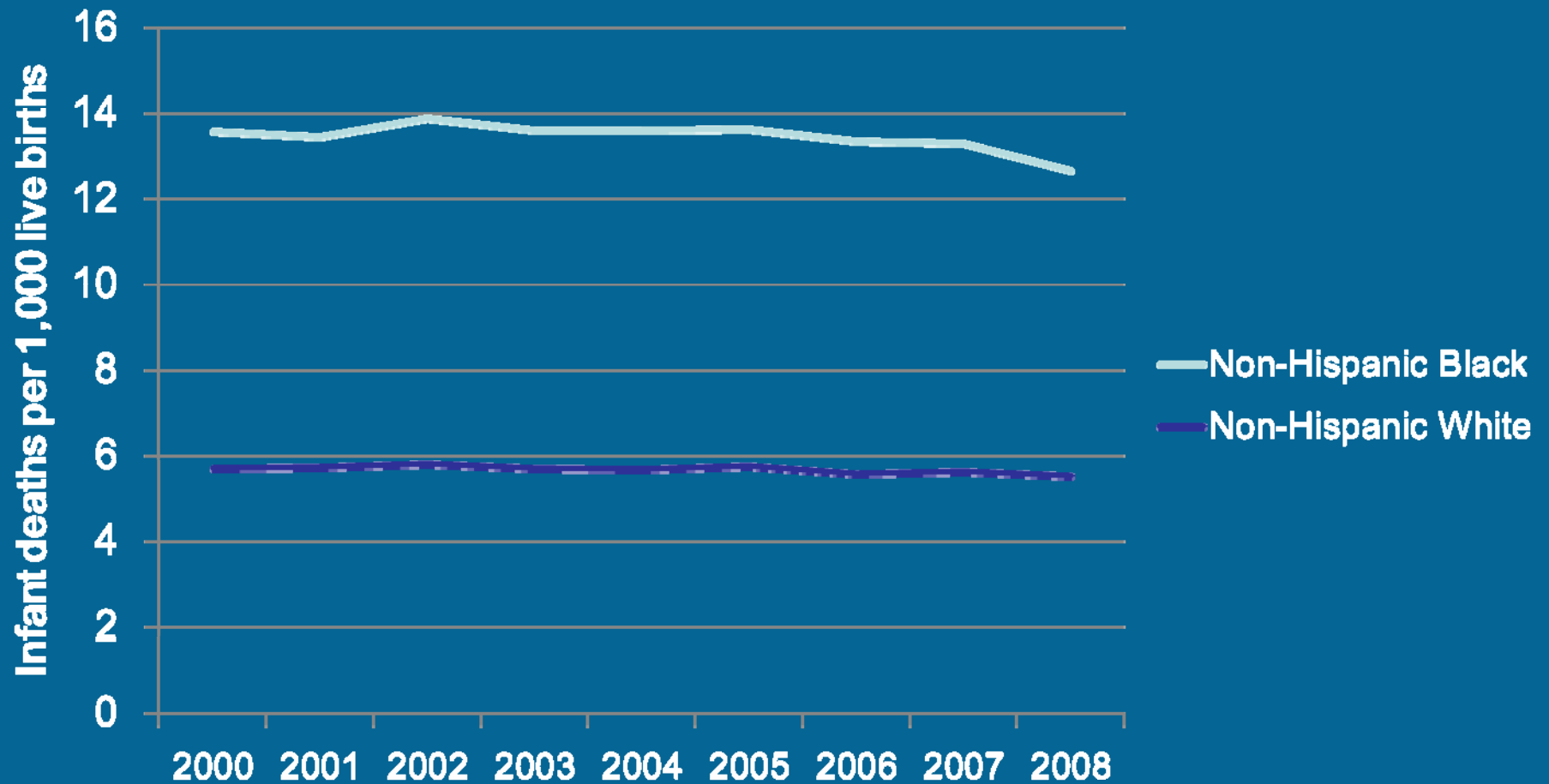
NOTE: Neonatal is less than 28 days; Postneonatal is 28 days to less than 1 year. *Includes persons of Hispanic and non-Hispanic origin.

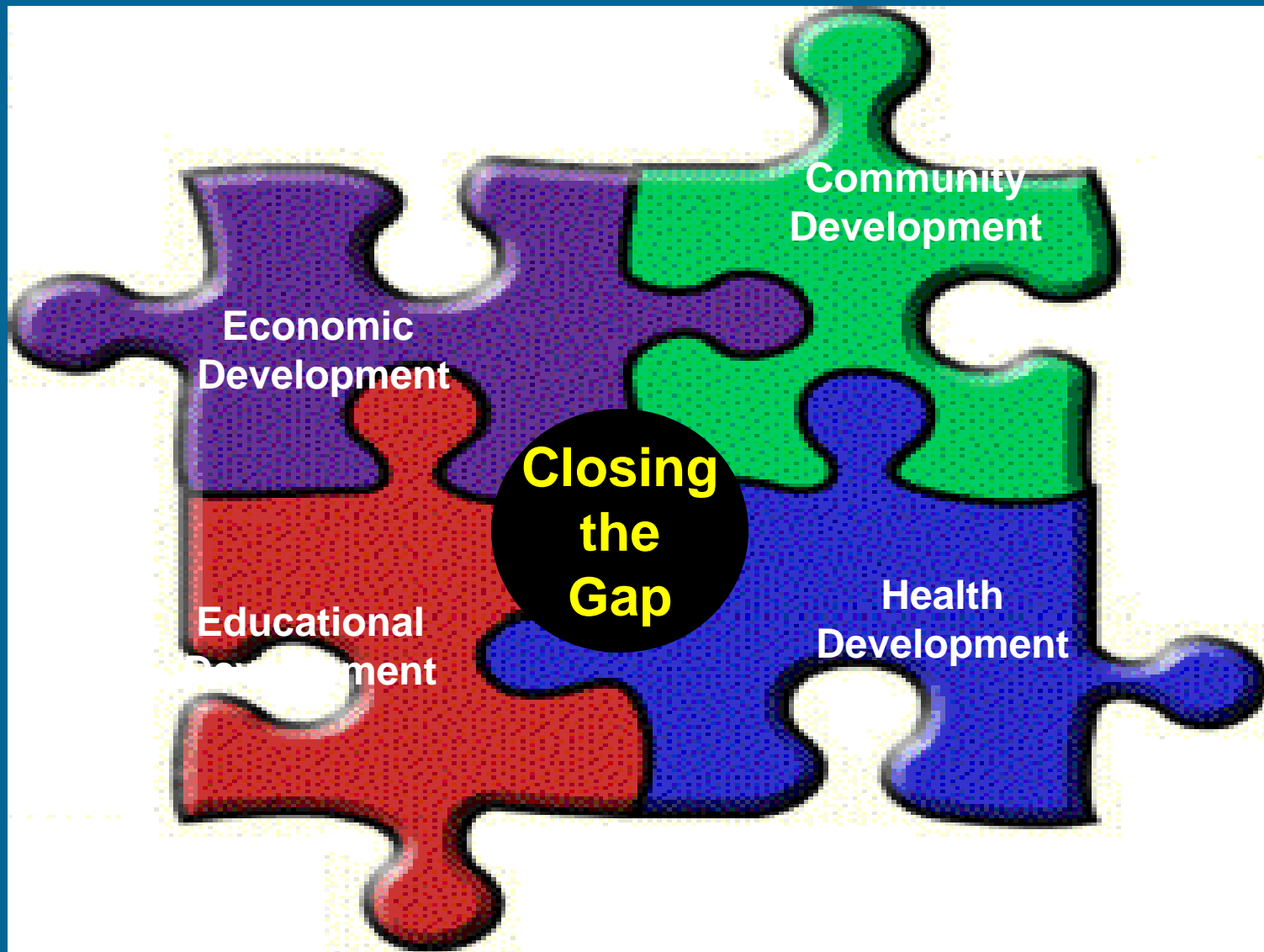
SOURCE: CDC/NCHS, National Vital Statistics System, 2008 Linked File



Black-White Disparity Trends

Black-White Rate Ratio of 2.4 from 2000 to 2007, just dropped to 2.3 in 2008





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Surveillance & Research

- Strengthen Surveillance
 - **Standardize vital records**
 - **Improve data linkage capacity**
 - **Promote quality improvement using real-time data**
- Support translational disparities research
 - **T1 to T2 (bench to bedside)**
 - **T2 to T3 (bedside to curbside)**
 - **T3 to T4 (curbside to policy)**



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Collaborative Improvement & Innovation Network (COIN) to Reduce Infant Mortality

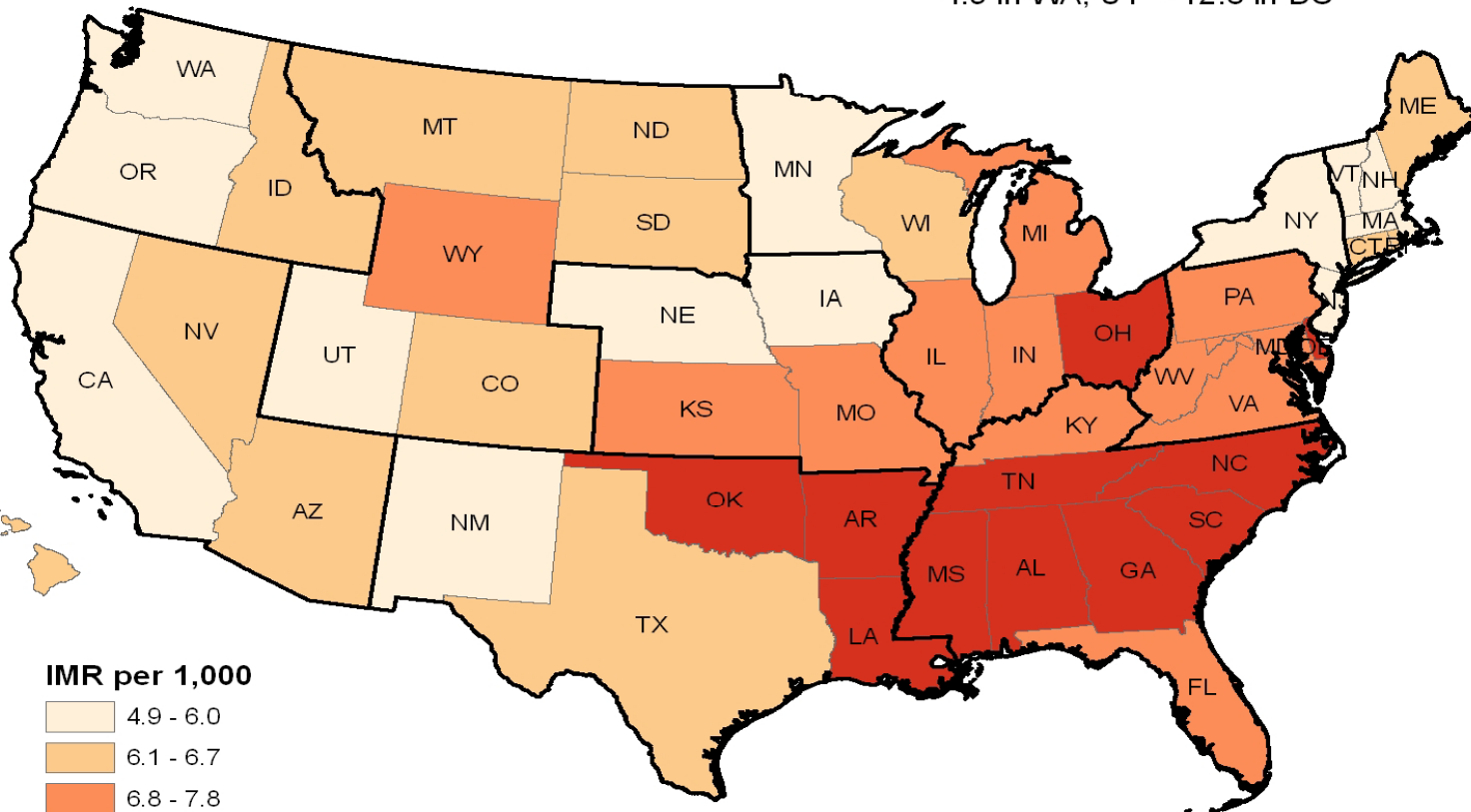
- Partnership among HRSA, ASTHO, AMCHP, CDC, CityMatCH, CMS, March of Dimes, NGA, NPP, and the States
- Began in the 13 Southern States in January 2012
- States developed their state plans to reduce infant mortality

1 Gloor PA. Swarm Creativity: Competitive Advantage through Collaborative Innovation Networks. New York: Oxford University Press, 2006.



Infant Mortality Rate, 2005-2007

U.S. IMR: 6.8 per 1,000
4.9 in WA, UT -- 12.8 in DC



COIN: Strategies & Structure

5 Strategy Teams

1. Reducing elective deliveries <39 weeks (ED);
2. Expanding interconception care in Medicaid (IC);
3. Reducing SIDS/SUID (SS);
4. Increasing smoking cessation among pregnant women (SC);
5. Enhancing perinatal regionalization (RS).

Teams

- 2-3 Leads (Content Experts);
- Method Experts
- Data Experts
- Shared Workspace
- Data Dashboard



Regions IV & VI Infant Mortality COIN AIMS

- **By December 2013,**
 - Reduce elective delivery < 39 weeks by 33%
 - Reduce smoking rate among pregnant women by 3%
 - Increase safe sleep practices by 5%
 - Increase mothers delivering at appropriate facilities by 20%
 - Change Medicaid policy and procedures around interconception care in at least 5-8 states

