

Review of Recommendations From Three Previous SACIM Committee Reports

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SACIM Committee Function

- Using group process we eventually selected three domains as the focus of our work
- Three work groups were formed
- The following reports with recommendations were generated

Opportunities in Clinical and Public Health Practice to Improve Birth Outcomes

- Rationale for report
 - Improvements in birth outcomes have slowed
 - Some have deteriorated
 - Disparities persist
- Focus of this report
- strategies that promote the wellbeing of women across the lifespan

Recommendation - 1

- Promote the lifespan paradigm for infant mortality prevention with an emphasis on preconception care for women of childbearing age
 - ACOG “ Optimizing a woman’s health before and between pregnancies is an ongoing process that requires the full participation of all segments of the health care system”
 - Strategies need to address community-based and culturally competent social and economic determinants
 - Preconception Summit - 2005

Recommendation - 2

- Convene a State-of-the-Evidence conference to identify interventions for which there is clear evidence of their effectiveness to reduce infant mortality
- Identified strategies will be supported by DHHS in their strategic planning process and resource allocation

Recommendation - 3

- Appoint an interagency group to identify and prioritize a research agenda to effectively reduce infant mortality such as
 - Causes of preterm birth
 - Impact of stress on birth outcomes
 - Birth outcome disparities
 - Intergenerational impacts on birth outcomes

Recommendation - 4

- Appoint an interagency group to identify, from existing sources, indicators that can be monitored to increase accountability for improving infant mortality rates.
 - Determine lead agencies for identified indicators
 - Identified agencies need to “own” the indicators, include them in strategic planning, resource allocation and monitor their progress toward reducing infant mortality
 - Develop new indicators when existing sources are inadequate or not available

Opportunities to
improve birth outcomes and reduce IM

- Pre-reproductive/preconception care
 - Educate all women of reproductive age about healthy lifestyles – diet, PA, smoking/drug and alcohol use
 - Address existing chronic disease
 - Develop reproductive plan for life
 - Integrate preconception counseling into routine “well-woman” care

Opportunities to
improve birth outcomes and reduce IM

- Pregnancy-related
 - Ensure risk-appropriate prenatal and intrapartum care that includes evidence-based strategies *such as* back to sleep, smoking cessation and hydroxyprogesterone to reduce preterm births
 - Promote oral health
 - Promote continual quality improvement in prenatal care

Opportunities to
improve birth outcomes and reduce IM

- Improve public health practice
 - Advance the science of data sharing and utilization for program planning and monitoring birth outcomes
 - Translate data into knowledge and practice
 - Educate and advocate for evidence-based MCH policies
 - Commission IOM to do a 21st century study regarding the lifespan approach to improving pregnancy outcomes

Opportunities to

improve birth outcomes and reduce IM

- Promote excellence in clinical service delivery
 - Promote system-wide use of evidence-based practices
 - Recognize and appropriately compensate good clinical practice
 - Increase culturally appropriate health education to improve patient acceptance of new evidence-based obstetric practices

Effects of the Deficit Reduction Act on MCH Services

- Rationale for report
 - Recent decline in funding for MCH services
 - The 2006 Deficit Reduction Act may impact Medicaid (increase premiums and cost sharing + changes in benefits) and the MCH Block Grant Program (decreased services)

Recommendations

- CMS should develop consistent policies for approval of State Medicaid Services ensuring adequate and quality health care for women and children
- No reduction in match for targeted case management services
- Restore MCH Block Grant funding to 2005 level of \$724 million
- MCH should collaborate with other federal agencies to eliminate health disparities and reach Healthy People 2010 objectives

Recommendation

- Focus priorities, funding and services on evidence-based practices and proven strategies to improve birth outcomes and reduce infant mortality
- These practices should be the standards set for clinical practice and public health care

Eliminating Health Disparities in Infant Mortality

- Rationale for report
 - Despite the dramatic downward trend in infant mortality over the last 100 years, there remains a persistent rate among African Americans that is at least twice that for Caucasians and even 40% above the rate for American Indians.

Recommendations

- Sponsor a “State-of-the-Science” conference to determine what is known about the determinants of AA disparity in infant mortality
- Use this knowledge to develop a strategic action plan to
 - Implement evidence-based strategies
 - Fund gap filling research and demonstration projects

recommendation

- Increase funding for research initiatives designed to specifically eliminate the AA disparity in infant mortality such as
 - Investigation of biological, behavioral, psychosocial, environmental and contextual factors that impact the AA disparity in infant mortality
 - Develop effective translation research and monitor results until the AA disparities in infant mortality are eliminated

- Promote and adequately fund evidence-based projects like Healthy Start and other community-based models, monitor outcomes and use competent evaluations to quickly identify and eliminate elements that are not working to lower infant AA infant mortality **disparities.**
- Add evidence-based effective strategies as they emerge from new research

Summary of Recommendations

- Promote use of the lifespan paradigm for infant mortality remediation and prevention
- Convene State-of-the-Evidence/science conferences to identify strategies and intervention that work
- Encourage
 - DHHS to use identified strategies/interventions to fund and solve the IM problem
 - CMS to promote standardize procedures related to birth outcomes
- Focus on factors that impact specifically the AA infant mortality disparity

Summary of Recommendations

- Develop indicators that increase monitoring and accountability of efforts to improve infant outcomes
- Promote interagency collaboration to address the social, environmental and contextual issues associated with infant outcomes such as education, housing, employment, etc.

There was concern among some committee members regarding the uptake of SACIM recommendations for implementation

- The OMH should be acknowledged for implementing several SACIM recommendations in its project entitled - “A Healthy Baby Begins with You.”
- This Preconception Peer Education project is nationwide.

Biomimicry

- The science of using designs in nature to create a new product or solution.
- Examples:
 - Shark swimsuit
 - Lotus flower paint
 - Kingfisher bullet train
- Our hope is that biomimicry will assist in finding a way to eliminate disparities in infant mortality