

## Framework for National Agenda

### Background/nature of problem (to come)

#### A lifespan (life course) approach to reducing infant mortality that recognizes the:

- Interaction of biologic, genetic, psychosocial, and environmental factors;
- Importance of the health of girls and women before, during, and beyond pregnancy;
- Contribution of social determinants of health;
- Imperative to create health equity and social justice; and
- Role of coordination and investments from multiple sectors and agencies within and external to HHS.

#### Key action areas/goal level ideas:

1. Health coverage and access to a continuum of prevention and intervention services for all women, infants, and families
2. Access to high-quality, patient-centered care
3. Investments in MCH Safety Net programs
4. Strategies to create health equity through elimination of disparities and unequal treatment, to influence social determinants of health
5. Adequate data, monitoring, and surveillance systems to assess access, quality, and outcomes
6. Interagency, public-private, and multi-disciplinary collaboration

### Short-term, actionable items and winnable battles based on the Framework for National Agenda

#### 1. Health coverage and access to a continuum of services for all women, children, and families

##### Priorities:

- Access to a continuum of services, including family planning - preconception - prenatal – perinatal – postpartum – newborn – postneonatal
- Coverage estimated at 10 million uninsured women
- Patients' bill of rights provisions that protect consumers and promote the fairness and continuity of health coverage
- Coverage for clinical preventive services with no cost sharing (include list e.g. preconception, prenatal, newborn screening, immunizations)
- Essential Health Benefits, with national standard
- Medicaid to 138% of the federal poverty level, plus other subsidized coverage to 400% of poverty

**Top Action items:**

- a. Clinical preventive services
  - i. Protect coverage for clinical preventive services without cost sharing (see list)
  - ii. Conduct social marketing campaigns targeted at consumers and providers to increase awareness of coverage for clinical preventive services without cost sharing (see list), particularly among women and infants.
- b. Medicaid
  - i. Extend coverage beyond 60-days postpartum and cover interconception care for women who have had a prior adverse pregnancy outcome financed by Medicaid through waivers, state plan amendments or other mechanisms.
  - ii. Encourage states' use of Medicaid health homes for women of childbearing age with chronic conditions, including obesity, diabetes, hypertension, and other conditions.
  - iii. Encourage use of family planning state Medicaid plan amendments (SPAs) to deliver enhanced services, including preconception care.
- c. Automatic, presumptive newborn eligibility for 60 days *all* infants.
- d. Monitor states' proposed Essential Health Benefits approaches to assure that maternity and newborn care are consistently and adequately covered in all states.
- e. Assure that Medicaid, Essential Health Benefits, and other federally regulated health plans extend coverage for behavioral and mental health, oral health, and nutrition/obesity services.

**2. High-quality, patient-centered care****Priorities:**

- Opportunities to create and demonstrate the effectiveness of new and emerging practices and delivery system mechanisms.
- Implementation of evidence-base and promising practices.
- Dissemination of research to practice.
- Comprehensive, coordinated, culturally competent care.

**Top Action items:**

- a. *Workforce capacity*
  - i. Implement provisions of ACA that would increase investment in training and education for primary care providers, nurses, public health, community health workers, mental health professionals, and others who address the needs of women, infants, and families.
  - ii. Implement fully the investment defined in ACA for the National Health Service Corps and other loan, repayment, and scholarship options.
  - iii. Implementation of incentives and enhancements to support primary care.
- b. *Quality and safety initiatives*
  - i. Support quality improvement collaboratives through CMS, HRSA, CDC, AHRQ, and other agencies.

- ii. Offer additional CMS Innovation Grant opportunities to test/demonstrate methods for delivery of preconception and interconception care; well-woman care and family planning; and quality improvement in newborn/regional perinatal care.
  - iii. Promote dissemination and implementation of evidence-based and evidence-informed practices through interagency collaboration and/or flexible funding streams (e.g., donor human milk banking, maternity care practices, maternal depression).
- c. *Delivery system structures* must be designed to link high quality clinical services with community public health services to assure continuity of care (IOM).
- i. Within the structure of an evolving health care system, some delivery systems are important to reducing infant mortality. HHS should assure emphasis on women of childbearing age and infants within the following initiatives and programs: patient-centered medical (health) homes, community health teams, community care networks, pediatric accountable care organizations, home visiting, incentives for reducing disparities
  - ii. Use Strong Start to translate evidence into practice and advance knowledge of delivery systems mechanisms for comprehensive prenatal care. (See other suggestions for innovations grants above in quality section.).
- d. *Informing families about risks and benefits*
- i. Develop new strategies to encourage parents to accept and use childhood vaccines.
  - ii. Conduct health education/social marketing campaigns to inform families about the warning signs of pregnancy complications and serious infant illness.
  - iii. Expand promotion and support of early, exclusive, and continued breastfeeding through professional training, research, social marketing, and interagency collaboration. (see list)

### 3. Investments in MCH Safety Net Programs

#### Priorities:

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- Title V MCH Block Grant
- Healthy Start
- Title X Family Planning Program
- Community Health Centers
- Maternal, Infant, Early Childhood Home Visiting (MIECHV) Program
- Prevention and Public Health Fund
- WIC Supplemental Nutrition Program (USDA)

#### Top Action items:

- a. Support enhancement and transformation of Healthy Start
- b. Maintain the ACA commitment and funding to MIECHV program, Prevention and Public Health Fund expansion of community health centers/ federally qualified health centers (FQHCs).

- c. Protect critical funding for the functions of the Title V MCH Block Grant and Title X family planning program.
- d. WIC (what do we want HHS to do?)

#### **4. Strategies to create health equity through elimination of disparities and unequal treatment; to influence social determinants of health**

##### **Priorities:**

- Address undoing racism
- Address violence prevention ( Homicide, Suicide, Intimate Partner Violence as well as accidents)
- Address poverty and income inequality
- Address educational attainment and high school dropout rates
- Eliminate place-based disparities

##### **Top Action items:**

- a. Add SACIM to list of HHS Initiatives aiming to eliminate disparities and increase prevention.
- b. In communities with high infant mortality, dedicate and concentrate federal resources (e.g., FQHC, Healthy Start, Baby Friendly Hospitals, small business development, job training, and post-secondary education) to support community development and place-based initiatives (e.g., Promise Neighborhoods, Best Baby Zones, empowerment zones).
- c. Increase access to social support for disenfranchised women (e.g., community-based doula, home visiting, WIC peer counseling, Centering Pregnancy, government-faith-based partnerships).
- d. Encourage federally funded programs to complete cultural competency training and assessments of their practices.
- e. Assist families with income support through TANF reauthorization, federal guidance to (protect TANF funding), emerging models such as Children's Allowance/Savings Account, negative income tax.
- f. Continue investments in early childhood and strengthening families for prevention through the life course.

#### **5. Adequate, standardized data, monitoring, and surveillance systems**

##### **Priorities:**

- National Vital Statistics system should assure timely, and accurate birth and maternal and infant death statistics.
- Pregnancy Risk Assessment and Monitoring System (PRAMS) should be in every state.
- Medicaid perinatal data should be reported by every state (e.g., prenatal, birth, newborn).
- Maintain Title V Information System (TVIS).
- MIECHV data and benchmarks should be integrated into and/or aligned with other MCH data systems.

- National Immunization Survey (NIS) XXX
- Health care quality measures for women and children.

**Top Action items:**

- a. Provide technical assistance and funding for states to improve the National Vital Statistics system in order to assure timely, complete, and accurate birth, and maternal, fetal and infant death statistics needed for program and policy development.
- b. Support implementation of the Pregnancy Risk Assessment and Monitoring System (PRAMS) in every state.
- c. Support efforts to collect standardized Medicaid perinatal data from every state (e.g., prenatal, birth, newborn).
- d. BRFSS, National Survey of Children's Health, and other specialized surveys should be encouraged to collect information regarding behaviors, such as family planning use, birth spacing, birthing experiences, and breastfeeding.
- e. Implement CHIPRA and ACA quality measures for women and children.

**6. Interagency, public-private, and multi-disciplinary collaboration****Priorities:**

- Elevate and integrate the infant mortality prevention strategies of HHS and related agencies whose programs affect the health and well-being of women and children.
- Using a life course and intergenerational perspective and broad definition of health, develop and implement a common action agenda; then develop and measure common outcomes.
- Support innovation and translation of research, not only evidence-based strategies.

**Top Action items:**

- a. Engage Surgeon General's Prevention Council in work on infant mortality reduction, [Place the issue of Infant Mortality in the hands of the Prevention Council and the Surgeon General for Interdisciplinary consideration and action]
- b. Supporting action on current Calls for Action that have impact on infant mortality (e.g., tobacco, breastfeeding, obesity, etc.)
- c. Connect and "crosswalk" the National Prevention Strategy with SACIM recommendations and priorities.
- d. Build on ASTHO/HRSA Region IV and VI initiative.
- e. Increase NIH, CDC, HRSA, AHRQ, and other federal funding for innovative research and translation of research into action for infant mortality prevention.
- f. Focusing resources on prevention of preterm birth, obesity, maternal depression, and known direct causes of infant mortality.
- g. Restore position for NIH/NICHD staff as ex-officio members of the SACIM



## NOTES AND POSSIBLE APPENDIX ITEMS

From Miriam Lubbok:

The more I think about it, the more it seems that there needs to be more on birth delay/spacing, but also on birthing conditions. We have an epidemic of early inductions and c sections that are of questionable medical necessity, and each on increased the risks for mother and infant. Please consider these bullets:

Urge Medicaid to consider physician liability – in general physicians will say that they are forced to carry out these procedures due to medico-legal liability.

Request a review within Title V to ensure attention to these three issues; delay, spacing and improved evidence for the physiological bases of optimal delivery/birth.

Fund additional study of the outcomes for low risk women to be attended 1)outside of hospital 2) within birthing centers or 3)within hospital by nurse-midwives. The Coalition for Improved maternity services has ten quality of care practices that deserve our attention in terms of impact on infant mortality

Details on breastfeeding action items.

- i. actively supporting these issues in undergraduate and graduate medical and nursing school curriculum as part of the federal Medicaid (Medicare?) funding and medical school compensation packages (assuming this survives...),
- ii. working towards modification of the ACA to include breastfeeding support, in addition to the current lactation support,
- iii. expanding the CDC support of quality services in hospitals by specifically targeting clinical settings where future practitioners are trained,
- iv. actively support research on how best to support breastfeeding success,per se, especially among most vulnerable populations (as opposed to research on human milk and its components) (NICHD)
- v. encourage expansion of both federal and state-level breastfeeding initiatives that support community actions, such as breastfeeding support in child care settings, among faith-based organizations, and in k-12 education, (Maybe Eat Smart, Move More CDC) sponsor a white paper on what various states are doing now to inform federal planning (CDC is involved in this, so...)
- vi. complement WIC breastfeeding support with social marketing campaigns using PSAs and social media (OWH/USDA)

From Adewale

- 1) Address educational attainment and high school dropout rates
- 2) Address undoing racism
- 3) Address violence prevention ( Homicide, Suicide, Intimate Partner Violence as well as accidents )

- 4) Place the issue of Infant Mortality in the hands of the Prevention Council and the Surgeon General for Interdisciplinary consideration and action

From Kay

List of categories for preventive services

❖ *No cost sharing on preventive services for “new” plans, not “grandfathered” (policies created after March 23, 2010)*

1. **US Preventive Services Task Force (Recommendation A or B) (9/23/2010)**
2. **Advisory Committee on Immunizations – ACIP (9/23/2010)**
3. **Preventive services for children 9/23/2010)**
  - ❖ **AAP Bright Futures guidelines**
  - ❖ **Newborn screening**
4. **Preventive services for women (8/1/2012)**

list of women's clinical preventive services

- ❖ **Based on IOM recommendations, for new, not grandfathered plans, without cost sharing (8/1/2012)**
- **Well-woman visits (includes prenatal and preconception)**
  - **Contraception methods (all FDA approved) and related counseling**
  - **HPV screening with DNA test**
  - **STI counseling and HIV screening/counseling**
  - **Breastfeeding support, supplies, and counseling**
  - **Domestic violence screening**
  - **Gestational diabetes screening**