



Infant Mortality COLLN Status Update

SACIM Meeting
August 2015

National Infant Mortality CoIN Common Agenda: More first (+++) birthdays



National Infant Mortality CoIIN



Collaborative Learning Network (6)

Who? Members commit to aims and measures in population health that are defined for the network. They are the main reservoir of CoIIN members.

1. Improve Safe Sleep Practices
2. Reduce Smoking
3. Pre / Interconceptional Care
4. Social Determinants of Health
5. Perinatal Regionalization
6. Reduce EED / Progestogen Use

Collaborative Interest Network

State Strategy Selection

(n= number of states)



Improve **Safe Sleep**
Practices
(n = 37)

Reduce **smoking** before,
during and/or after
pregnancy
(n = 21)

Pre & Interconception Care
Promote optimal women's health
before, after and in between
pregnancies during Postpartum
Visits & Adolescent Well Visits
(n = 29)

Social Determinants of Health
Incorporating evidence-based
policies/programs & place-based
strategies to improve equity in
birth outcomes
(n = 23)

Prevent **Pre and Early Term**
Births
(n = 21)

Risk Appropriate Perinatal Care
(Perinatal Regionalization)
Increase the deliver of higher-risk
infants and mothers at
appropriate level facilities
(n = 14)

Pre and Early Term Birth Learning Network



Aim Statement

By July 2016, reduce prevalence of preterm and early term singleton births. States will:

1. Decrease non-medically indicated births between 37 0/7 weeks of gestation through 38 6/7 weeks of gestation by 20%
2. Increase the percent of pregnant women on Medicaid with a previous preterm birth who receive progesterone to 40%
3. Achieve or maintain equity in utilization of progesterone by race/ethnicity

Goal: States may customized goals based on the focus.

Primary Drivers

Support providers in timely, reliable and effective screening, identification and prevention of pre-term birth

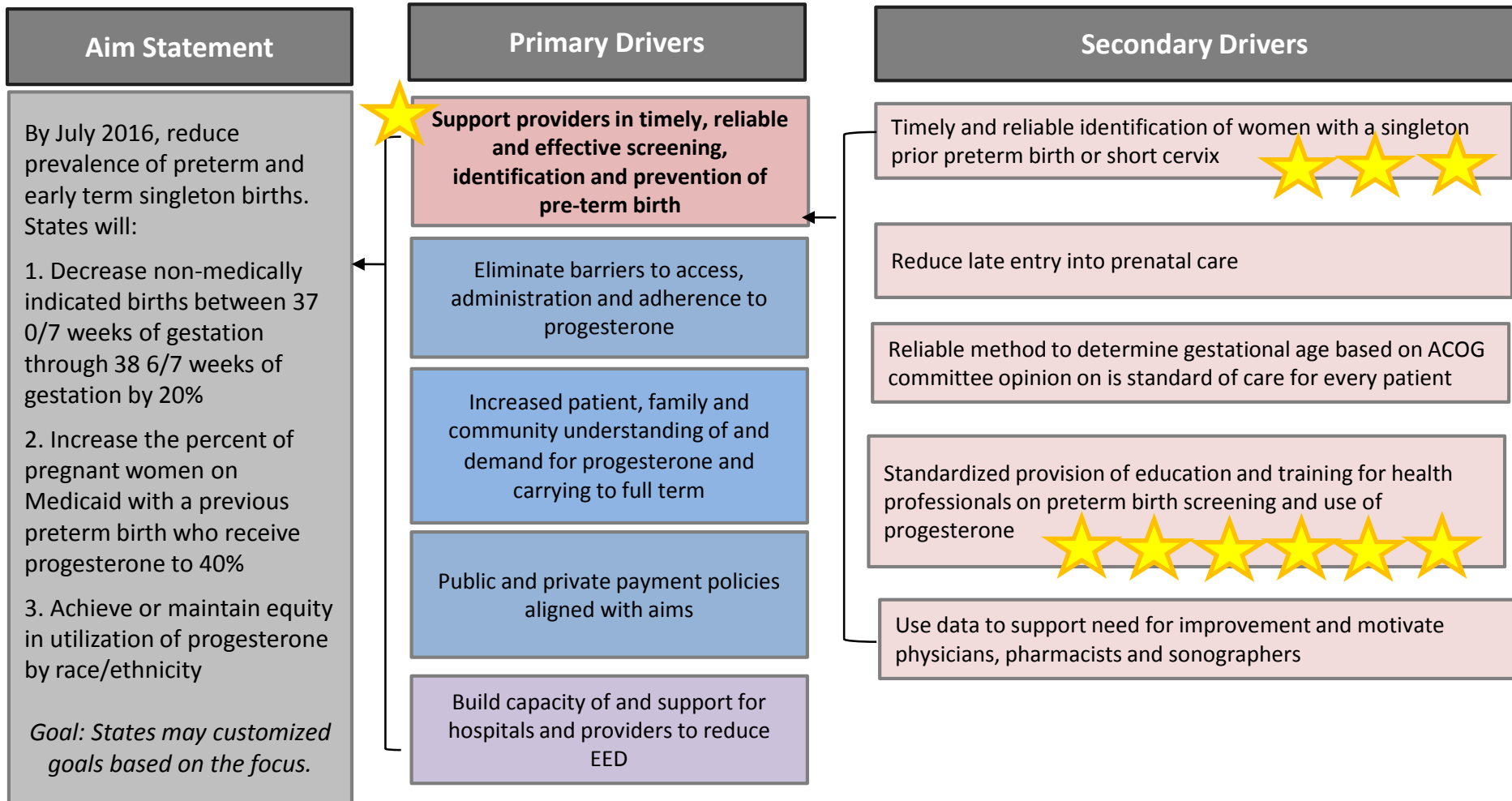
Eliminate barriers to access, administration and adherence to progesterone

Increased patient, family and community understanding of and demand for progesterone and carrying to full term

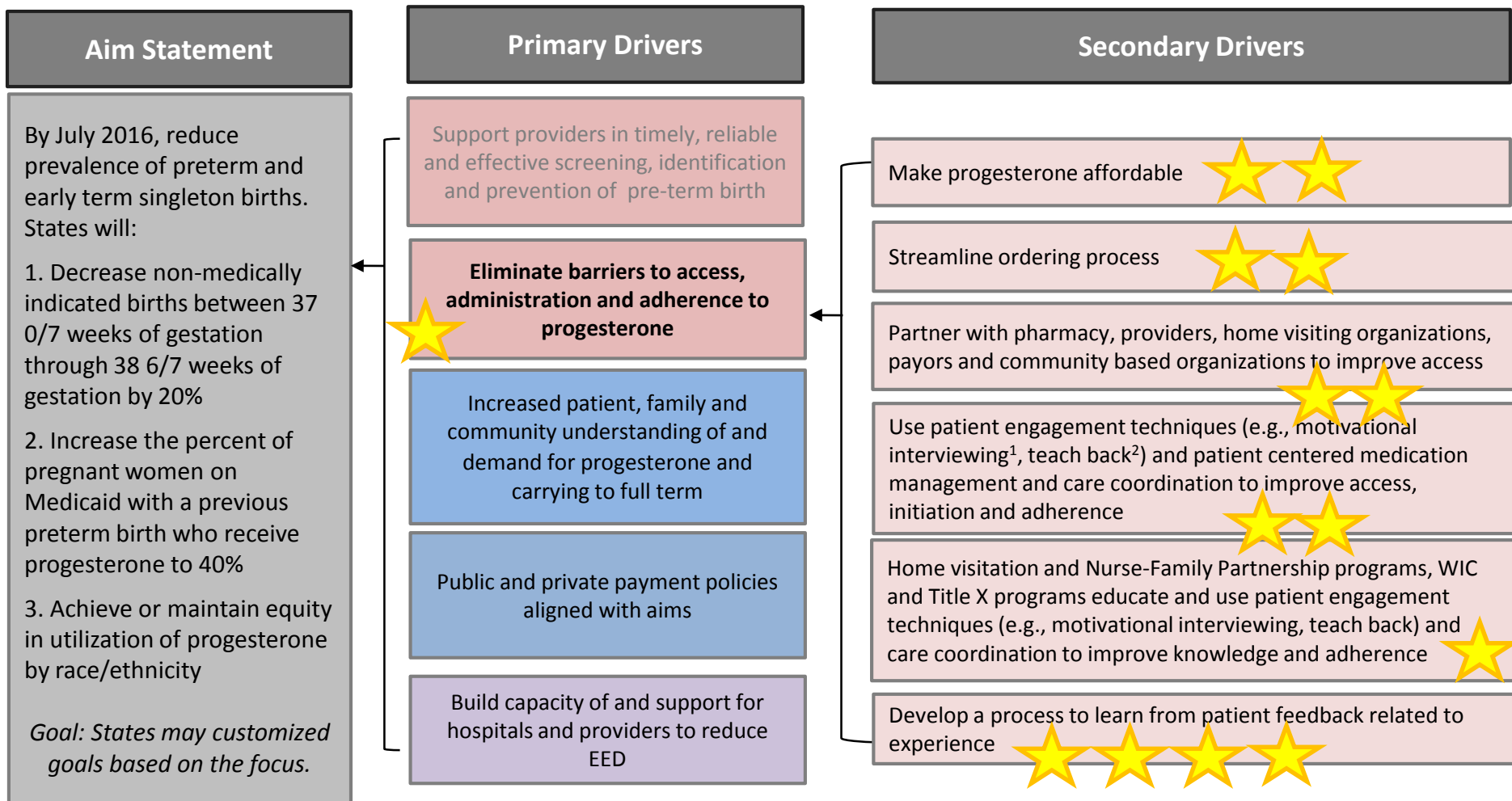
Public and private payment policies aligned with aims

Build capacity of and support for hospitals and providers to reduce EED

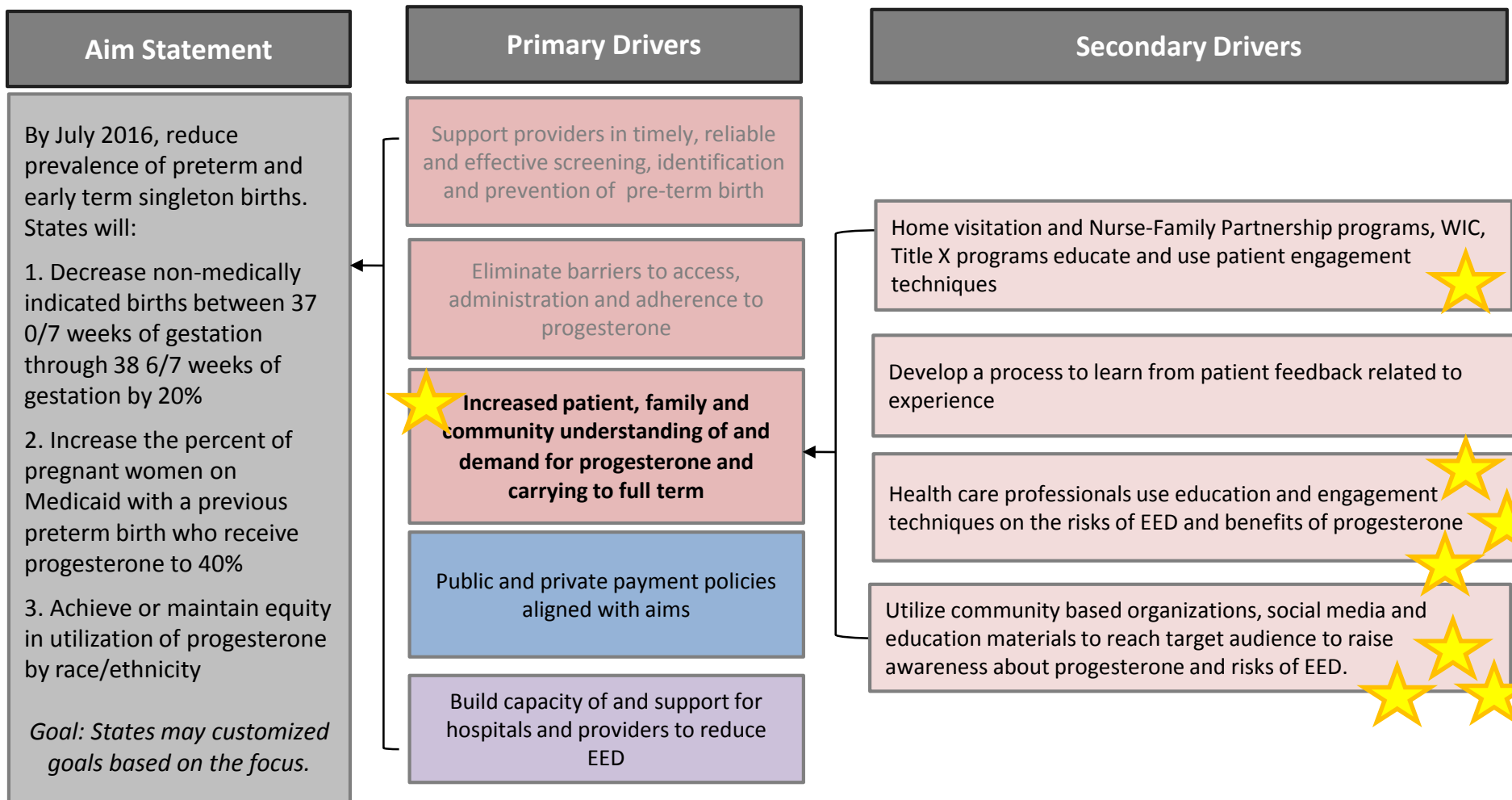
Pre and Early Term Birth Learning Network



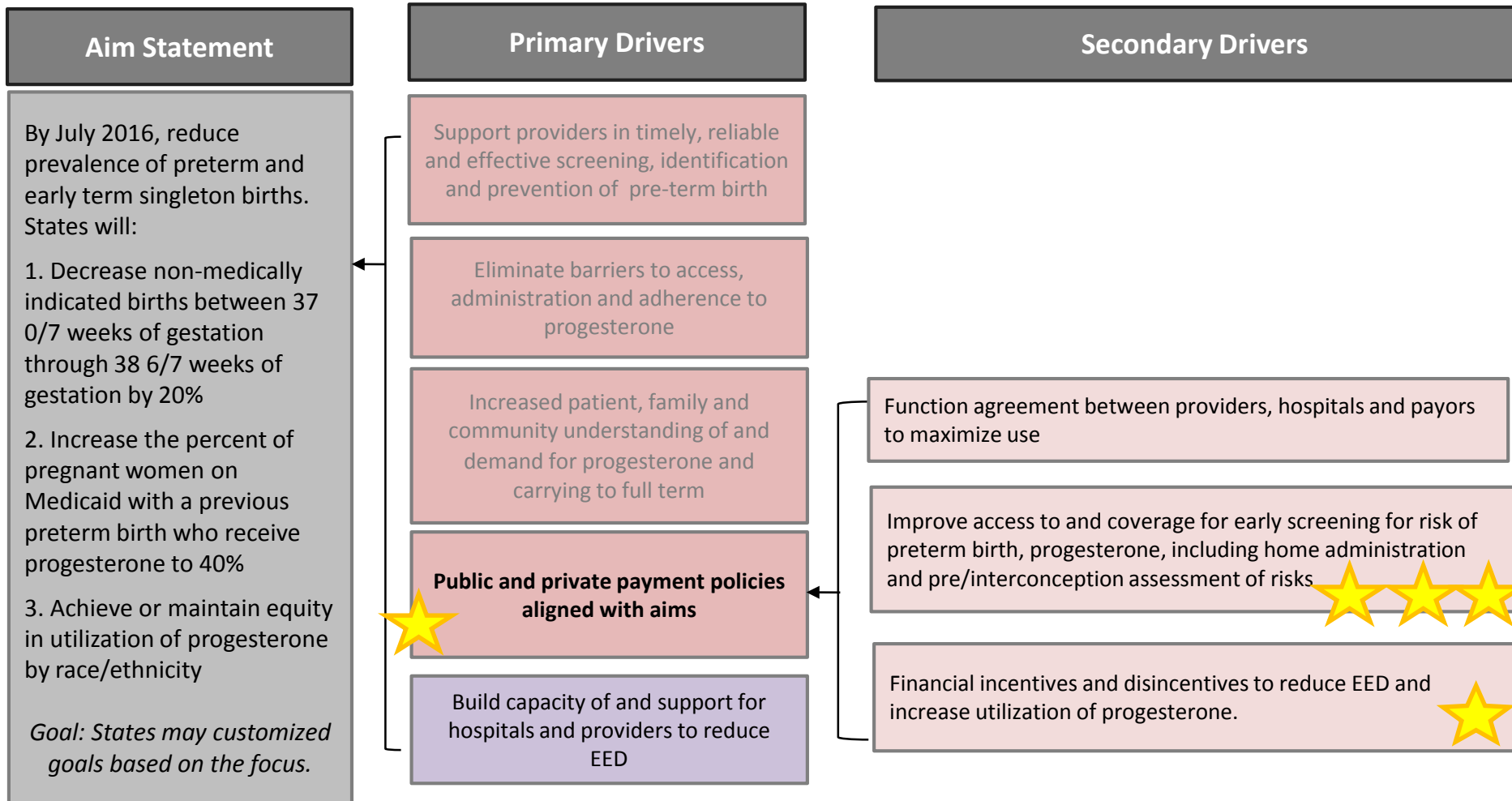
Pre and Early Term Birth Learning Network



Pre and Early Term Birth Learning Network



Pre and Early Term Birth Learning Network



Aim Statement: SDOH Learning Network



The primary focus is innovation and spread of evidence-based policies, programs and place-based strategies to improve social determinants of health (SDOH) and equity in birth outcomes. *

**Strategy team is in the Innovation phase and will not necessarily employ traditional QI methods.*

WHO Framework for Tackling Social Determinants of Health and Infant Mortality CoIIN SDOH Recommended Strategies

Context-specific strategies tackling both structural and intermediary determinants

Key dimensions and directions for policy

Intersectoral action

Social participation and empowerment

Policies on **stratification** to reduce inequalities, mitigate stratification.

Policies to reduce **exposures** of disadvantaged people to health damaging factors.

Policies to reduce **vulnerability** and increase **resiliency** of disadvantaged people.

Policies to reduce **unequal consequences** of illness, in social, economic, and health terms.

Cross-cutting Action

- Monitoring and follow up of health equity and SDOH.
- Evidence on interventions to tackle social determinants of health across government.
- Include health equity as a goal in health policy and other social policies.

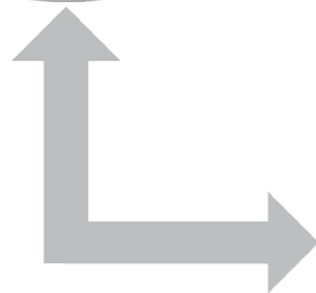
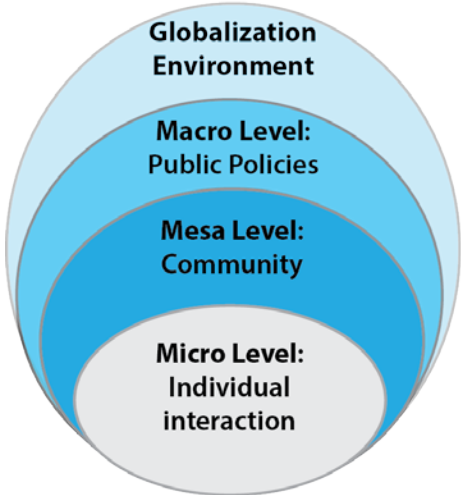
Taxes
Paid family & medical leave
Minimum wage
Justice system reform

Housing
ACEs, trauma & resilience initiatives
Place-based initiatives

Job training, education, & career paths
Fatherhood/male initiatives
Social networks for empowerment
Medical-legal partnerships

Medicaid expansion
QI on unequal treatment
CLAS standards implementation
Home visit enhancements
Group strategies

Health equity in all policies
Map risk/protective factors
Monitor inequality & disparities
Assess capacity



IM CoIN Learning Session 2

July 27-28 in Boston



Across the six learning networks:

- 49 states participated
- 401 attendees
- 64 partners – including federal, state and local
- 15 small group sessions
- 5 technical assistance sessions
- Multiple panel discussions
- Storyboard rounds and resource fair
- Learning Network team time

SDOH World Café Highlights



What are we trying to achieve?

- Shift to positive SDOH
- Greater equity in birth outcomes
- Change or shift in societal, cultural values
- Long term intergenerational investment
- Not just focused on infants but on a life course perspective

SDOH World Café Highlights



How can we motivate change?

- “Ride the wave” of social concern about racial inequity
- Knowledge of return on investment (ROI)
- Arguments for investment in children, two-generations
- Knowledge of poor outcomes (human and fiscal costs)
- Evidence for effectiveness (evidence-based arguments)
- Understanding and countering arguments about negative impact (e.g., family leave impact on business)

SDOH World Café Highlights



What partnerships do we need?

- Cross-agency connections within government
- Cross-systems (health, education, social services, housing, justice)
- Families as full partners
- Community leaders from private sector (faith communities, business, CBOs, etc.)
- Philanthropic organizations