SACIM

Secretary's Advisory Committee on Infant Mortality

Virtual SACIM Meeting

April 8 and 9, 2019

Objectives for this meeting

- Objective 1: By Fall 2019, members of the reestablished Secretary's Advisory Committee on Infant Mortality (SACIM) will have shared knowledge and understanding, strong organizational foundation, and collective readiness to execute effectively our charge.
- Objective 2: Seize immediate opportunities for action as an Advisory body to the Secretary of Health and Human Services and in accordance with SACIM's scope and charge, to inform and influence national policies which may impact infant mortality and related health outcomes form women, children and families.
- Objective 3: Achieve consensus and explicit commitment among SACIM members to anchor the committee's work around advancing equity.

Introductions

- What are 1 or 2 things you have done since the first meeting in December 2018 to make stakeholders and constituents aware of the renewed work of SACIM?
- What have you learned from them about how SACIM has been and can be helpful in their work?

Break Out group discussions – April 8

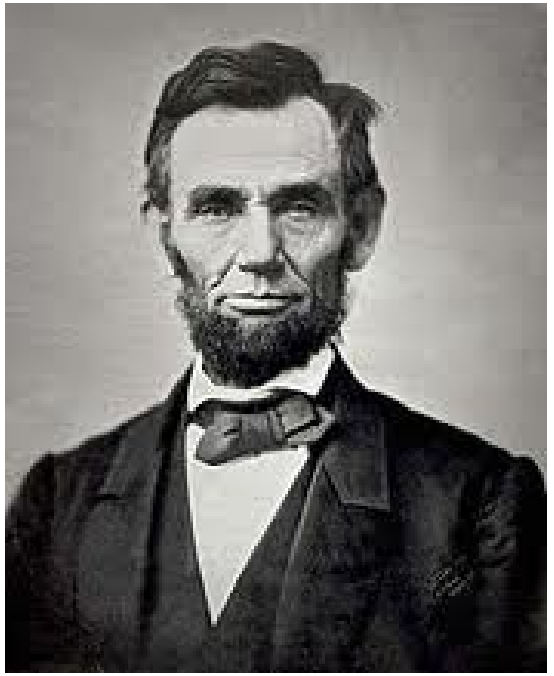
GROUP:

1. What are the unique opportunities that SACIM has right now?
2. Who are the partners with whom we want/need to work?
3. How do we best build and leverage the “stature” of SACIM?

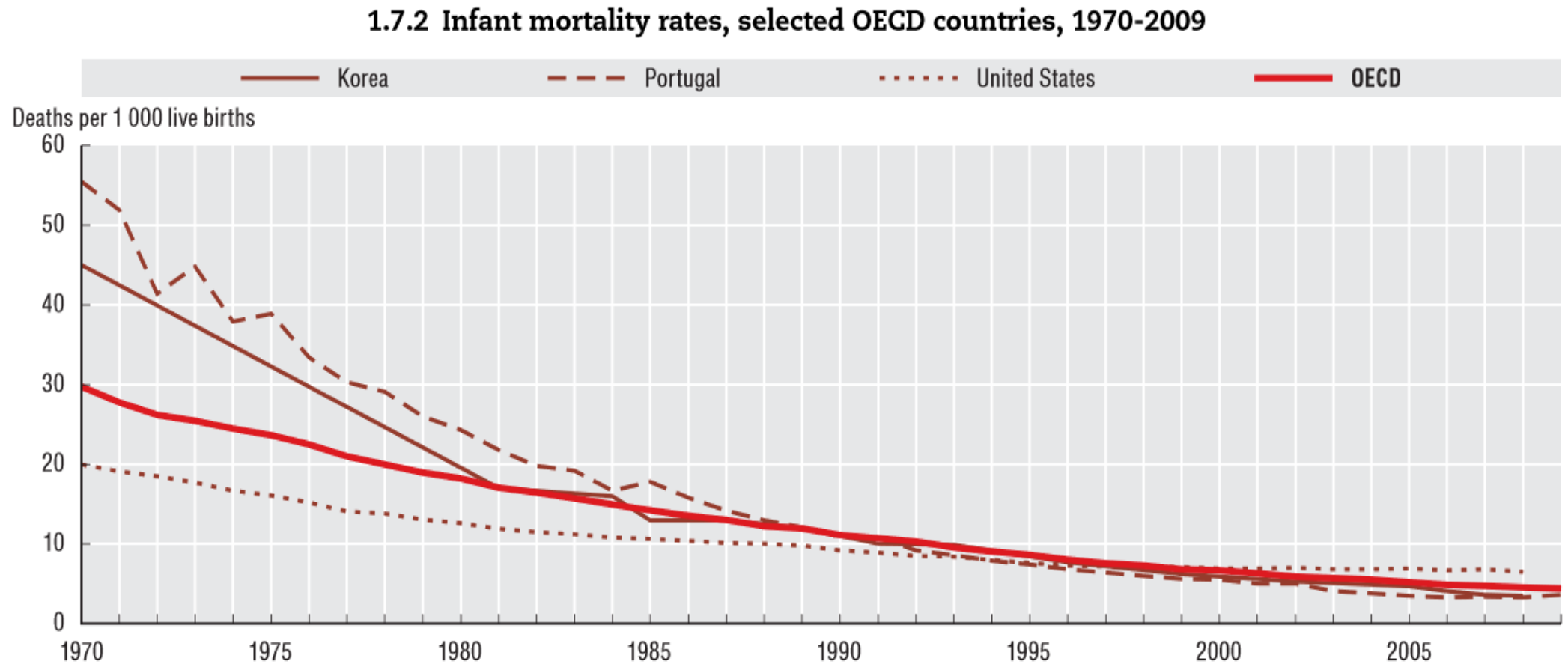
Expand our understanding about what creates health: Importance of Narrative

"Public sentiment is everything. With public sentiment, nothing can fail; without it nothing can succeed. Consequently he who molds public sentiment, goes deeper than he who enacts statutes or pronounces decisions. He makes statutes and decisions possible or impossible to be executed."

-Abraham Lincoln



The United States Infant Mortality Rate has not improved as rapidly as the rates in other OCED countries

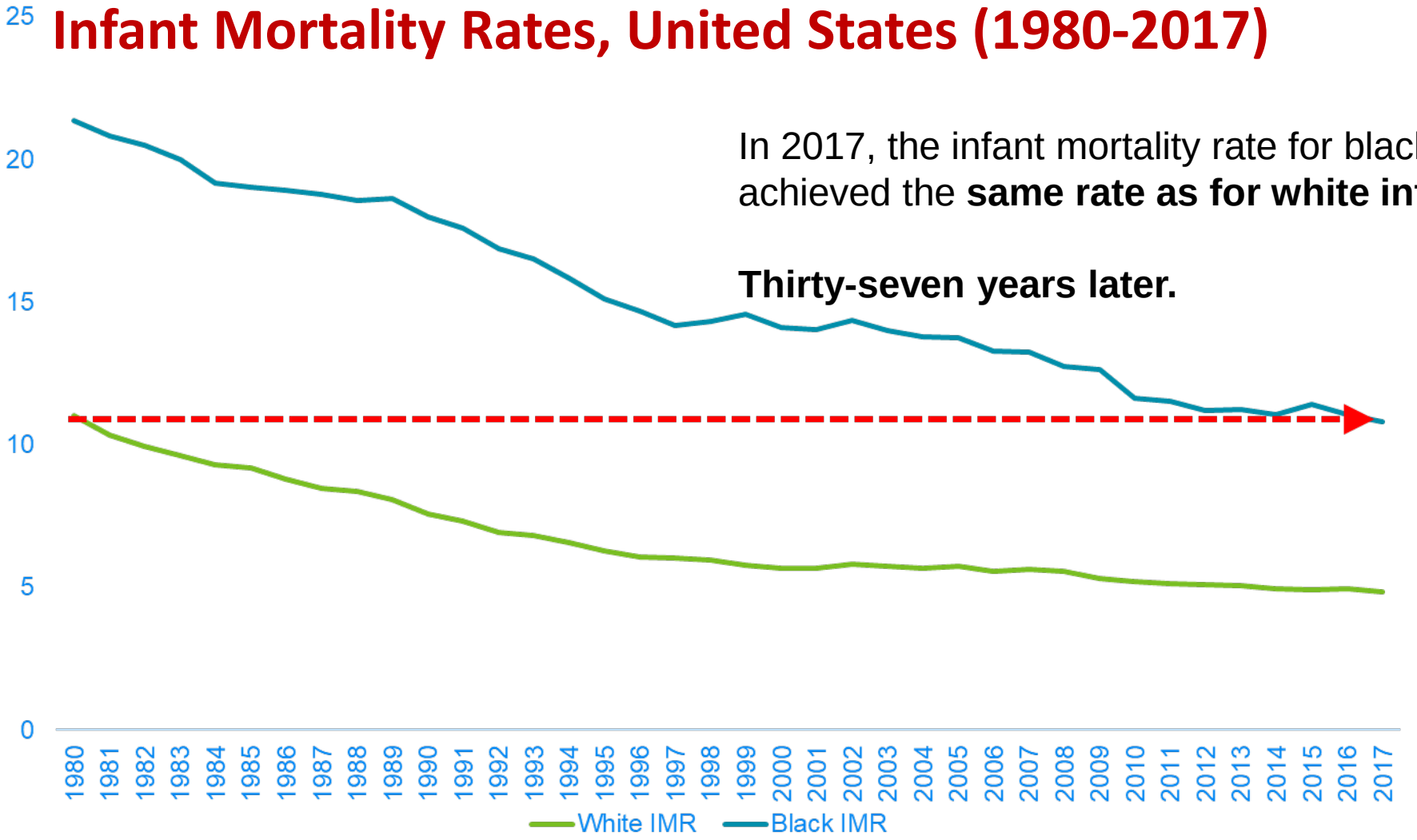


Source: OECD Health Data 2011.

StatLink http://dx.doi.org/10.1787/888932523633

Despite our medical care and public health efforts what we are doing to advance health equity is not working.

Infant Mortality Rates, United States (1980-2017)

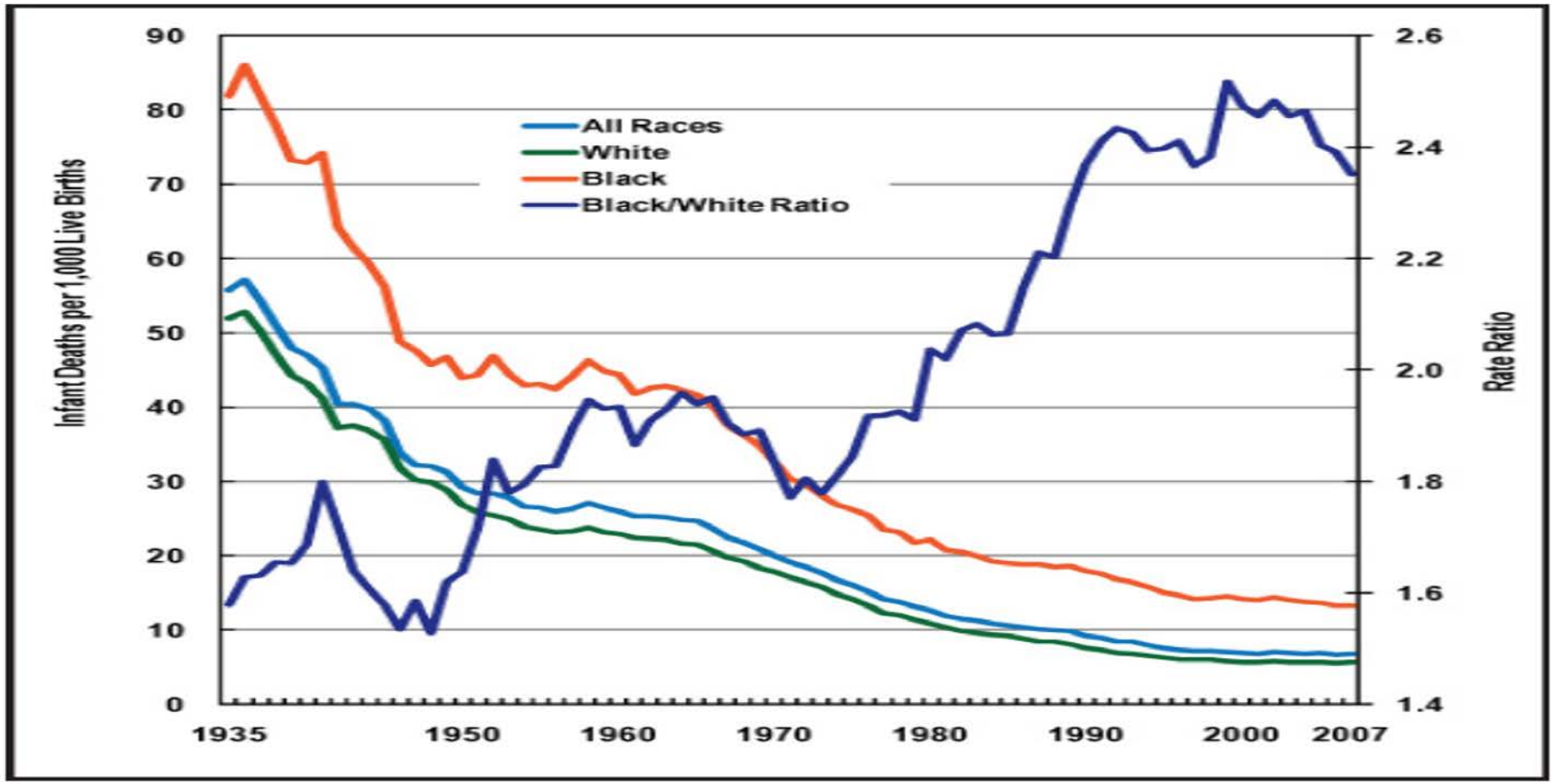


In 2017, the infant mortality rate for black infants achieved the **same rate as for white infants** in **1980**.

Thirty-seven years later.

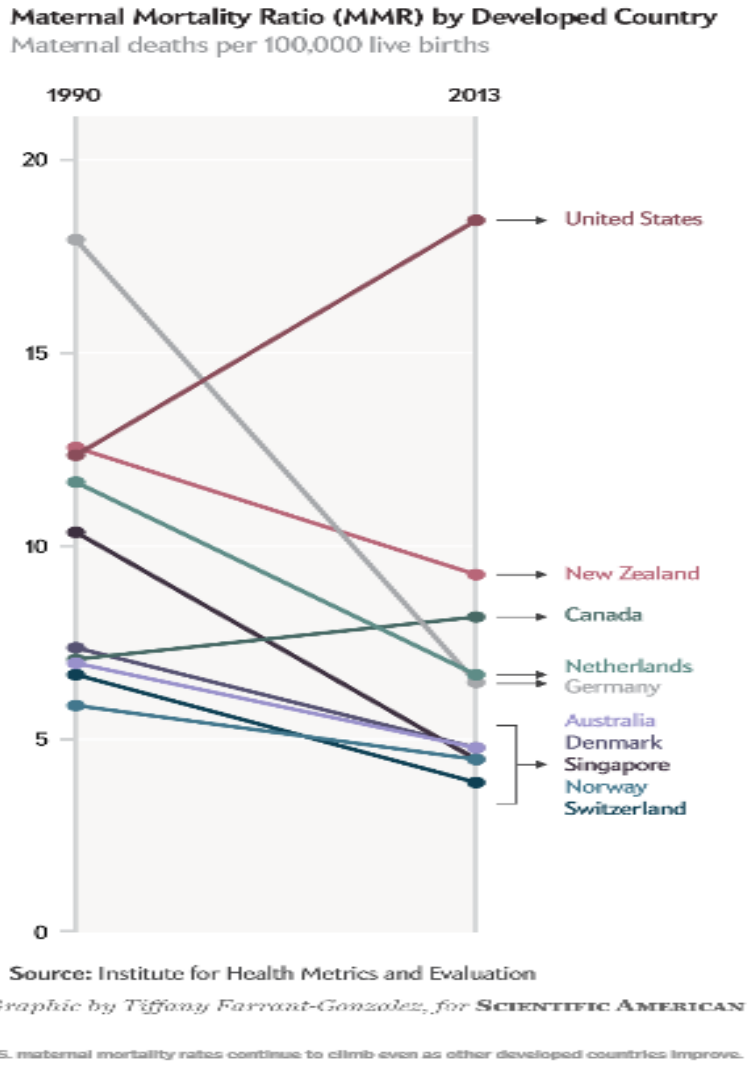
Racial Disparities in Infant Mortality have increased in the U.S.

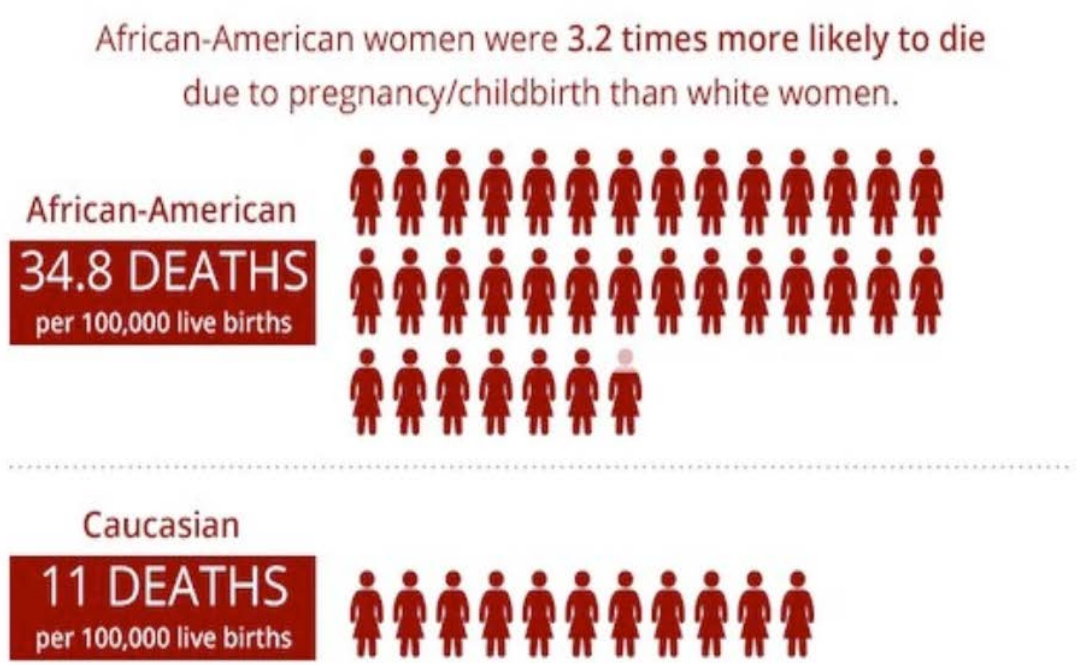
Mortality Rates by Race and Black/White Ratio US, 1935 – 2007



National Center for Health Statistics, Health United States, 2009 (updated)

Maternal Mortality is increasing in the U.S.
U.S. Ranked 49th in Maternal Mortality in 2008

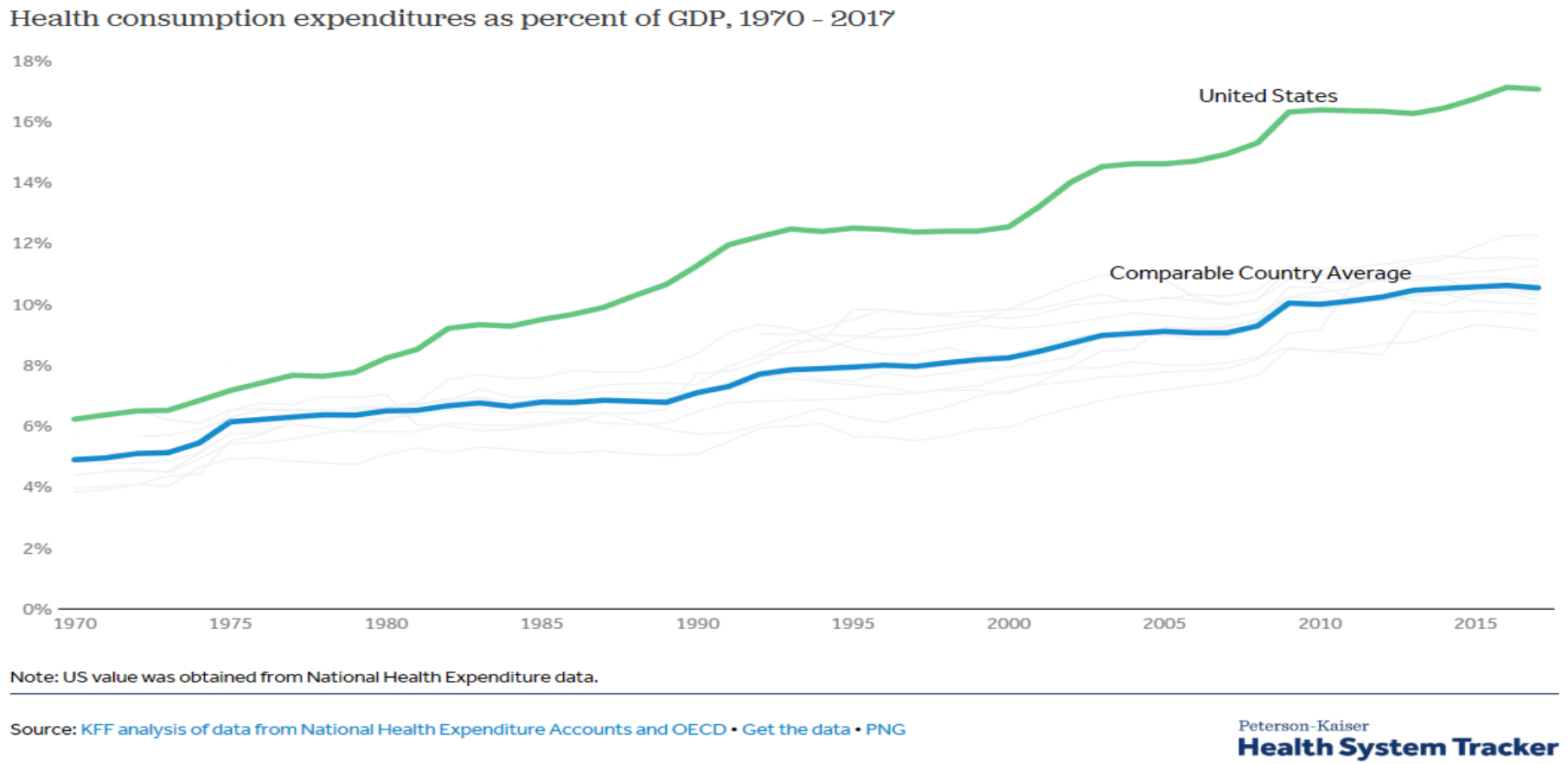




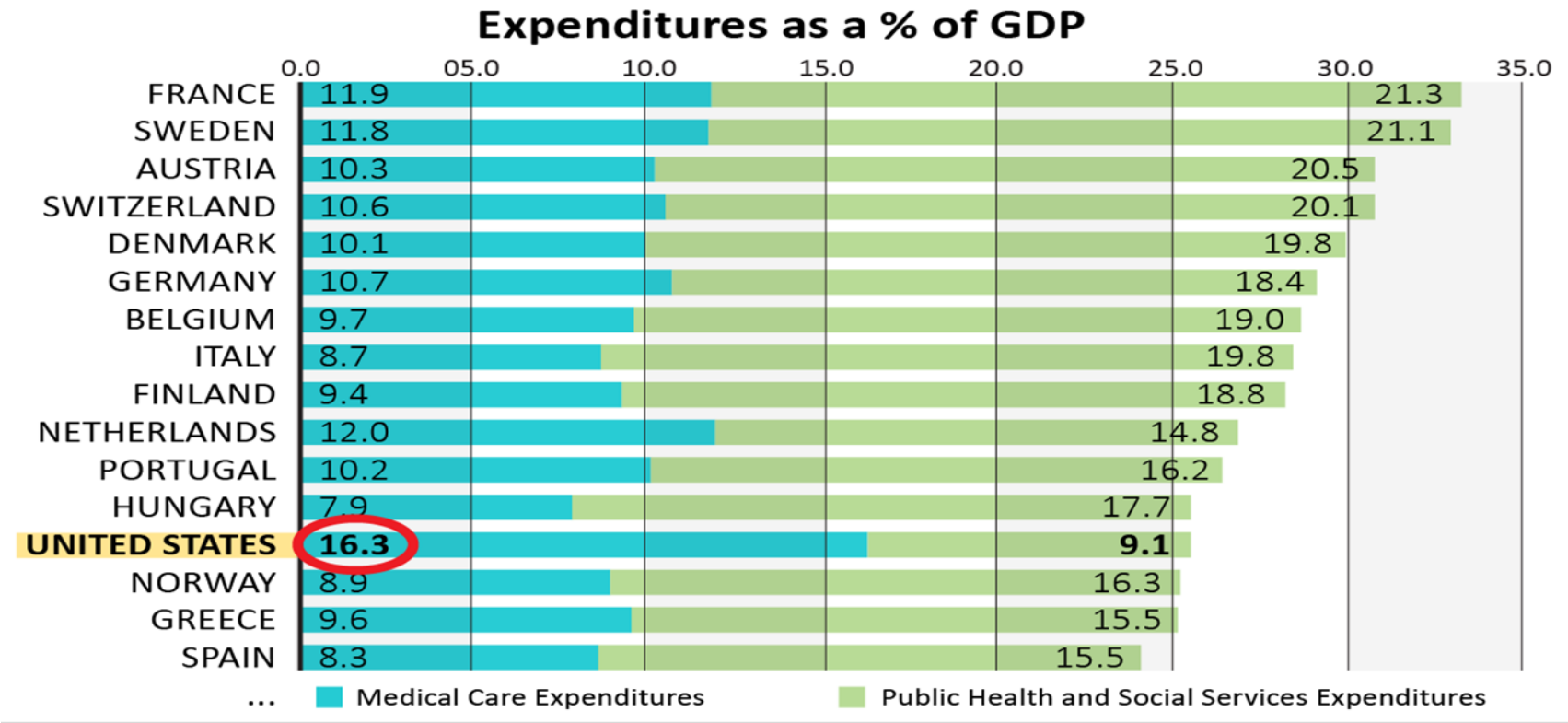
Data from UNICEF, WHO, UN Population Fund, and World Bank with standardized methodology.

Lack of health and equity improvements have not been because of lack of financial resources

Since 1980, the gap has widened between U.S. health spending and that of other countries

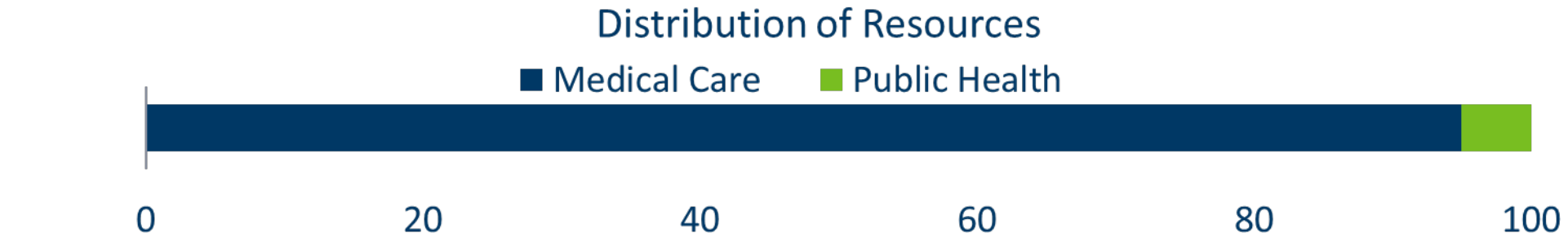


Total Investment in Health and Human Services



In OECD, for every $1 spent on health care, about $2 is spent on social services.

In the U.S., for every $1 spent on health care, about 55 cents is spent on social services.

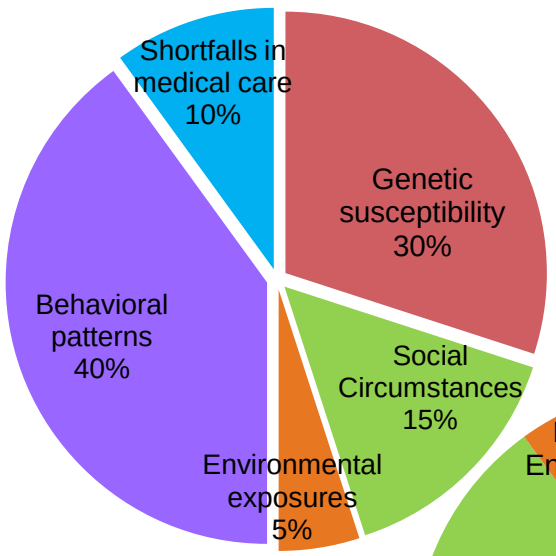


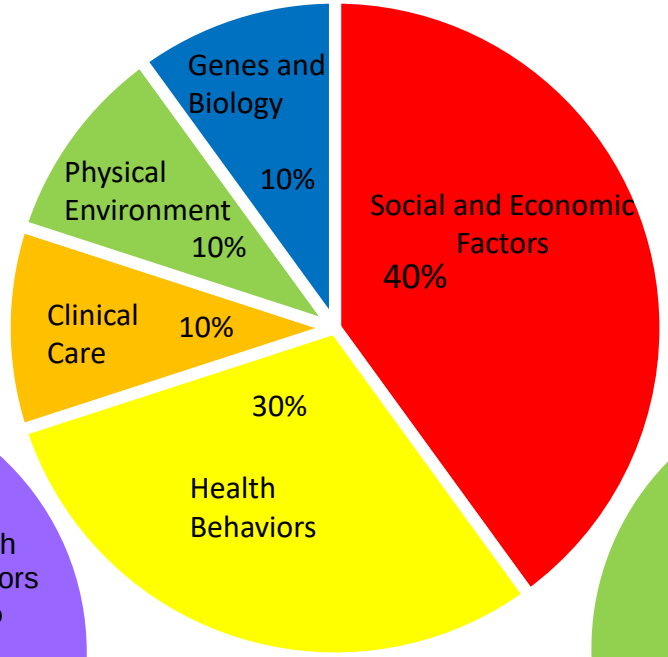
The Dominant Narrative about what creates health

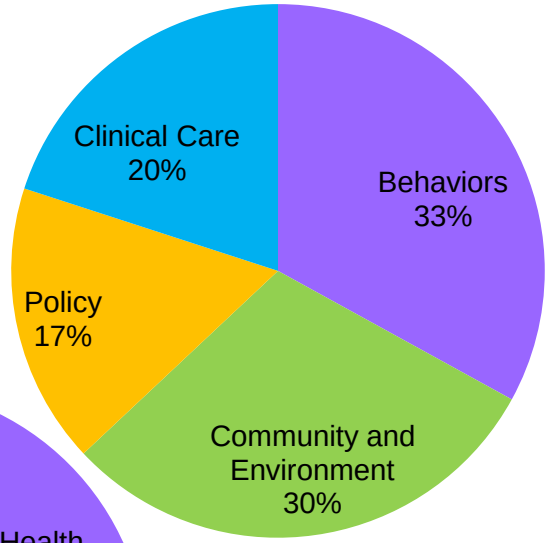
People would be healthy if they worked hard; made good choices about diet, physical activity, and substance use; and had good medical care.

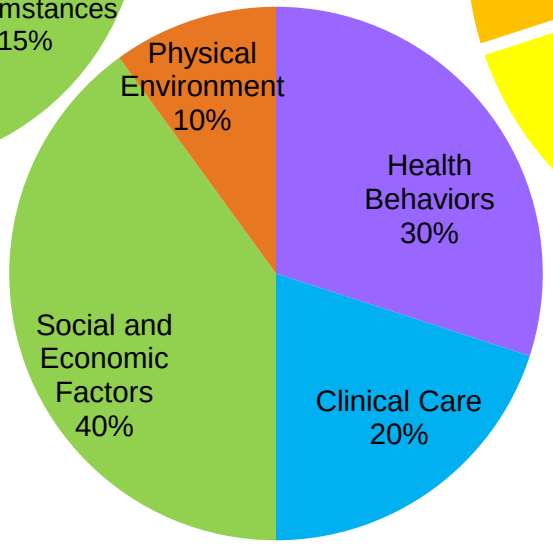
Health is the responsibility of individuals until they get sick, then it becomes the responsibility of the healthcare system.

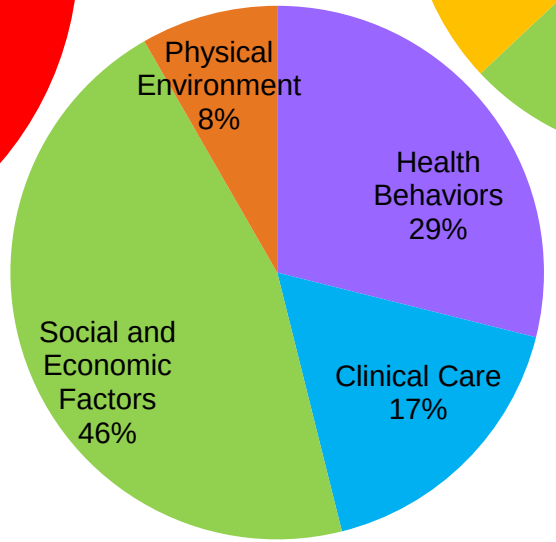
We need to change the narrative about what creates health











Clinical care
10 % - 20%

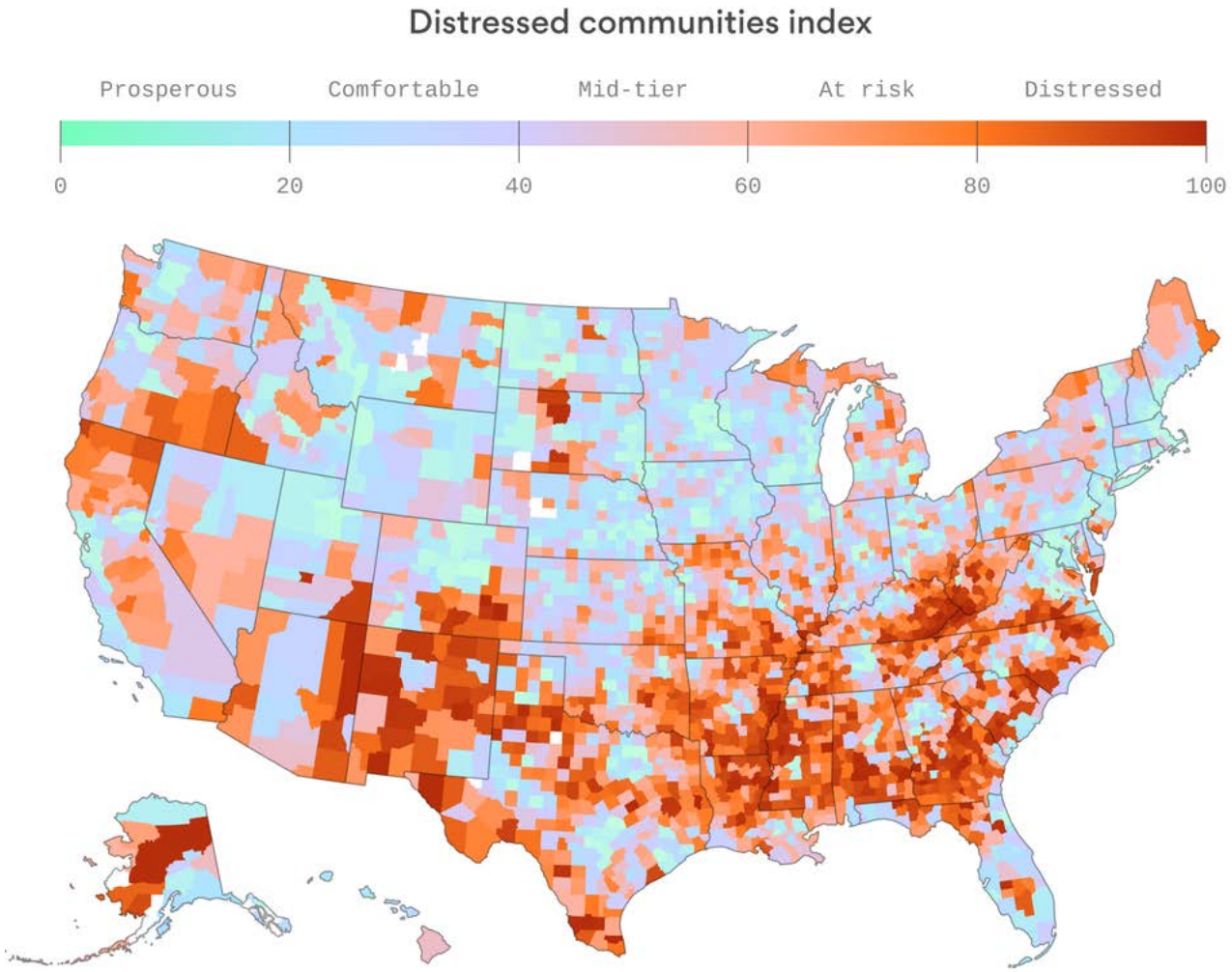
Upper left: McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. Health Aff. 2002; 21(2):78-93.
Lower left: Remington PL, Catlin BB, Gennusko KP. The County Health Rankings: rationale and methods. Popul Health Metr. 2014; 13:11.
Upper right: American's Health Rankings. www.americashealthrankings.org.
Lower right: Park H et al. Relative Contributions of a Set of Health Factors to Selected Health Outcomes Am J Prev Med 2015;49(6):961–969. Determinants of Health Model based on frameworks developed by: Tarlov AR. Ann N Y Acad Sci 1999; 896: 281-93; and Kindig D, Asada Y, Booske B. JAMA 2008; 299(17): 2081-2083.

To Advance Health Equity, We Need to Change How We Do Our Work

"Public health is what we, as a society, do collectively to assure the conditions in which (all) people can be healthy."

The Future of Public Health
Institute of Medicine, 1988

Living Conditions Impact Health



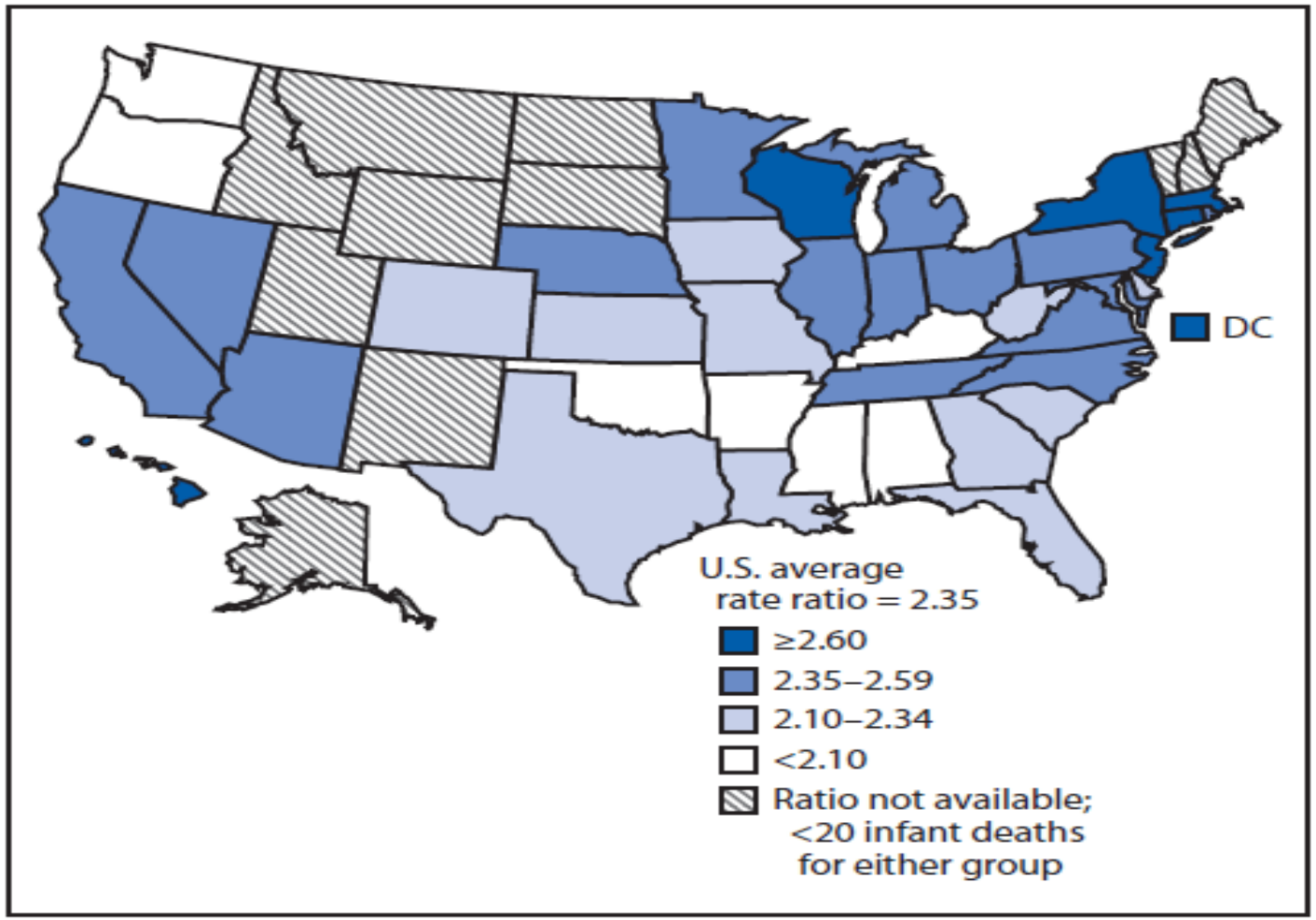
- People in distressed areas die five years earlier than people in prosperous regions.
- Mortality rates from mental health conditions 64% higher in distressed areas.

- DCI: no HS degree, unstable housing, adult unemployment, poverty, income ratio, employment rate change, change in # of business

Data: Economic Innovation Group Distressed Communities Index; Map: Lazaro Gamio / Axios

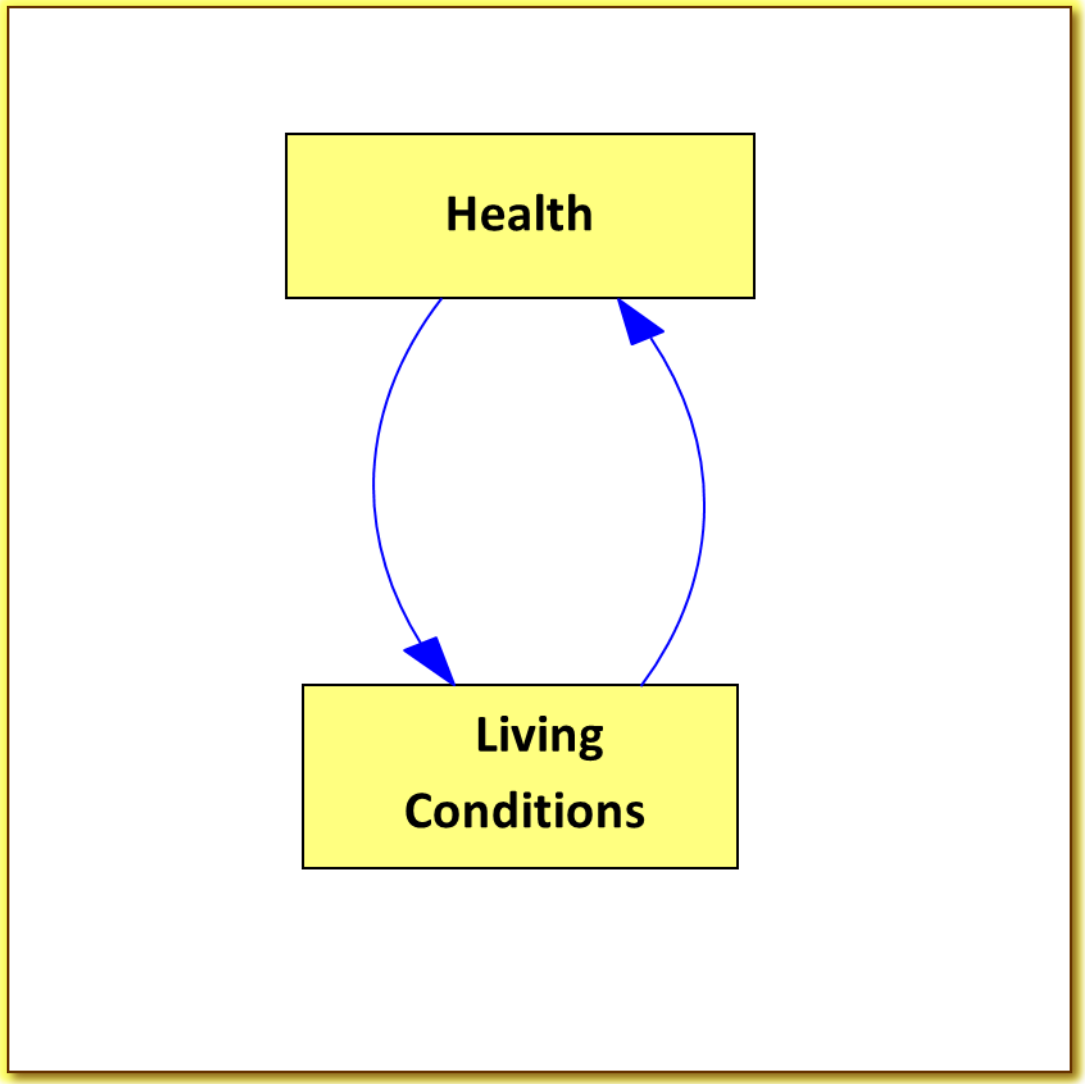
Disparities are significant in non-distressed states

Ratio of non-Hispanic black and non-Hispanic white infant mortality rates by state
United States, 2006–2008

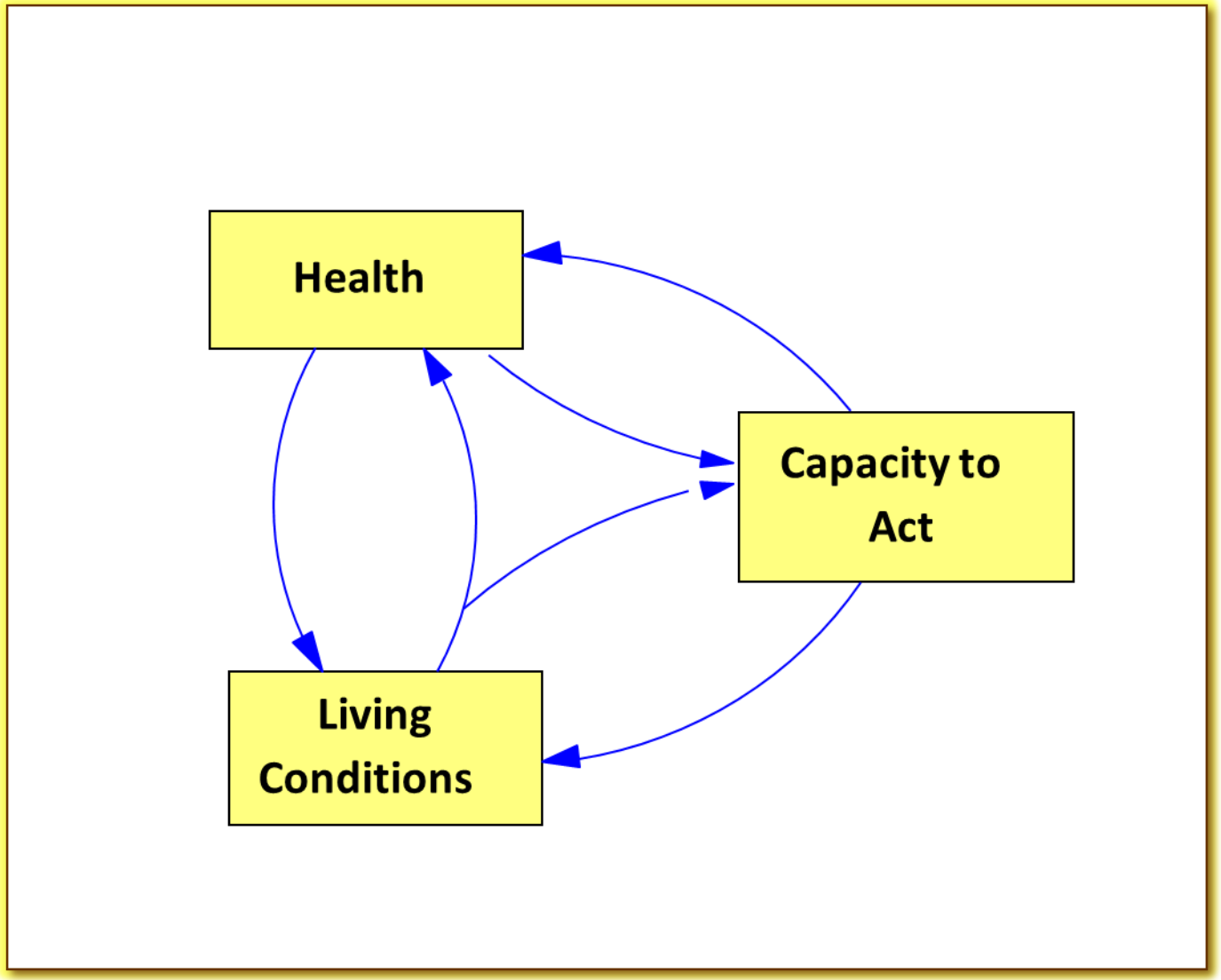


"…overall improvements in infant mortality rates have not been equitably shared by all populations within the country."

Living Conditions Impact Health



Changing the Conditions that Affect Health Requires the Capacity to Act



Structure work to achieve our overall aim: Create/Strengthen our "**Capacity to Act**"

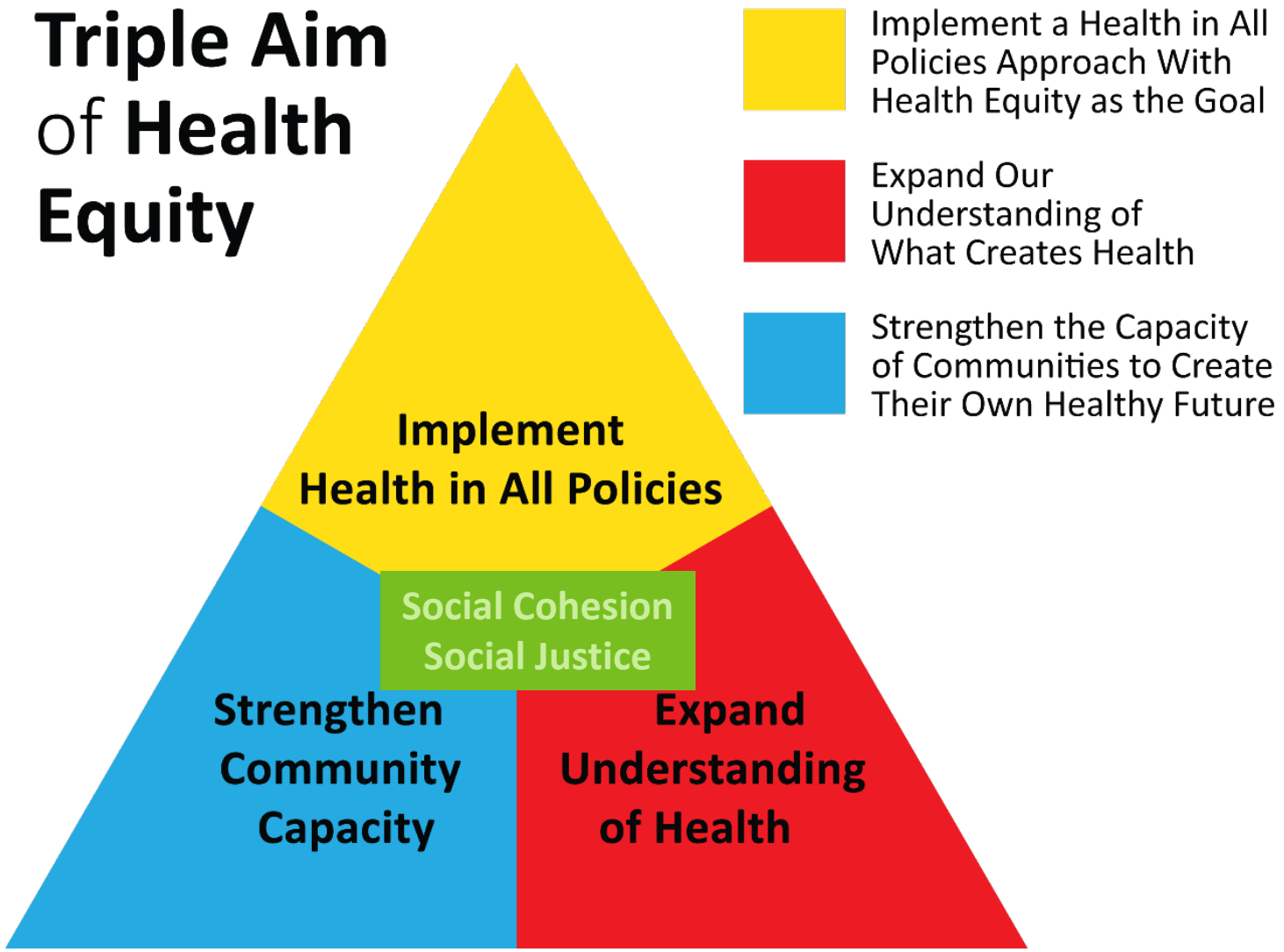
Organize the:

Resources: Identify/shift the way resources, systems and processes are structured.

People: Directly impact decision makers, develop relationships, align interests.

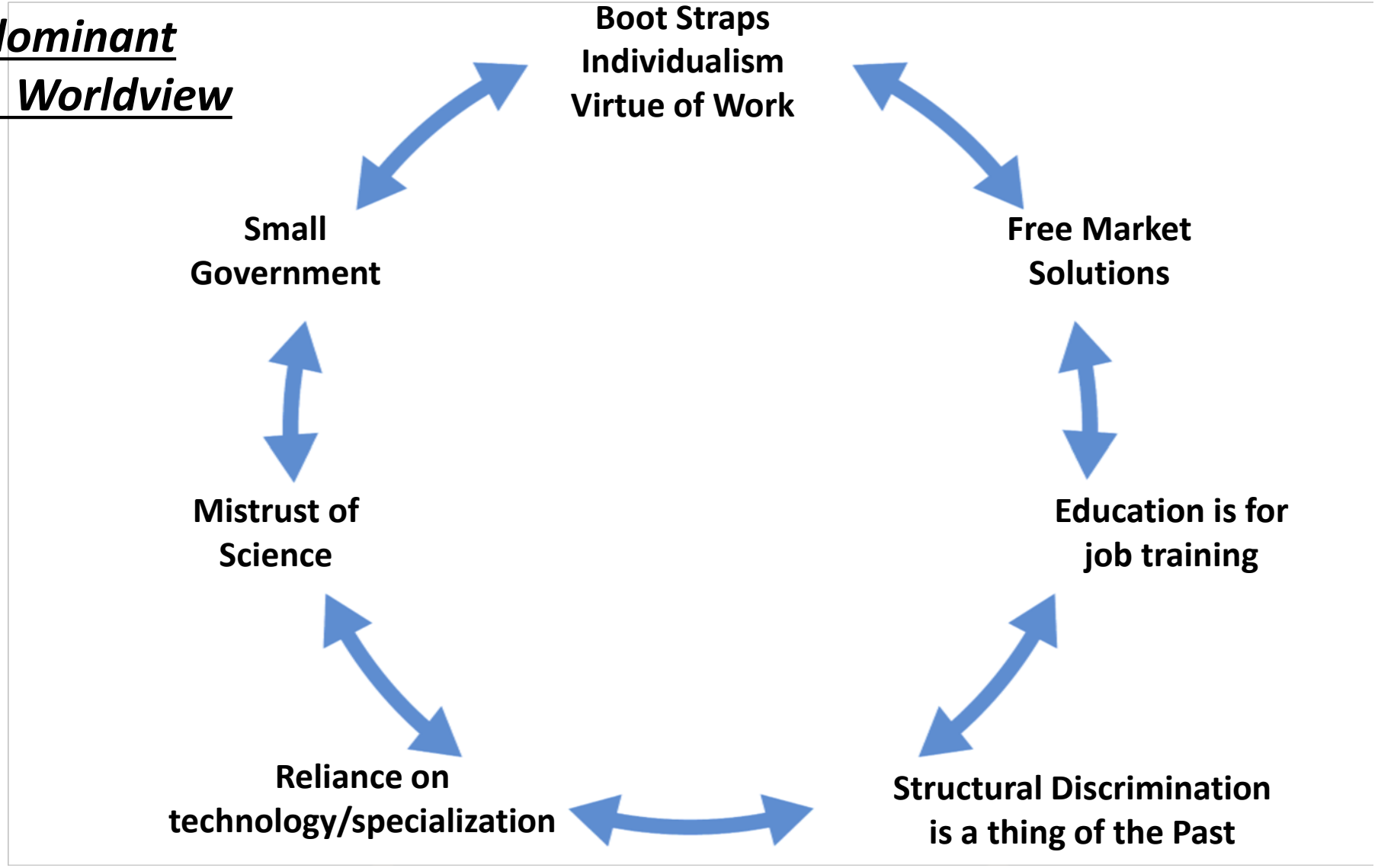
Narrative: Align the narrative to build public understanding and public will.

To Advance Health Equity and Optimal Health for All we need to influence policies and change living conditions



What led to the dominant public narrative about health?

Predominant U. S. Worldview



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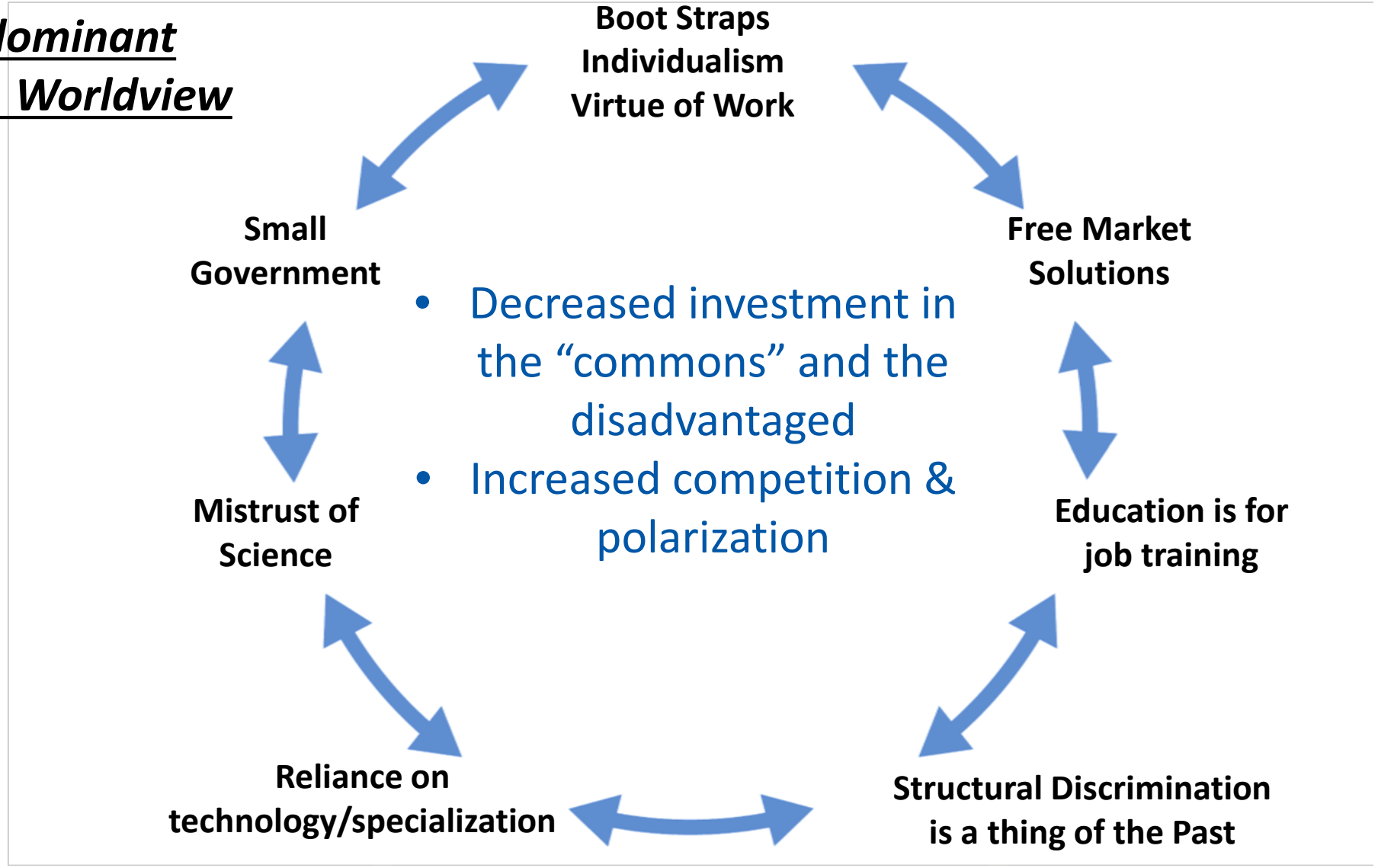

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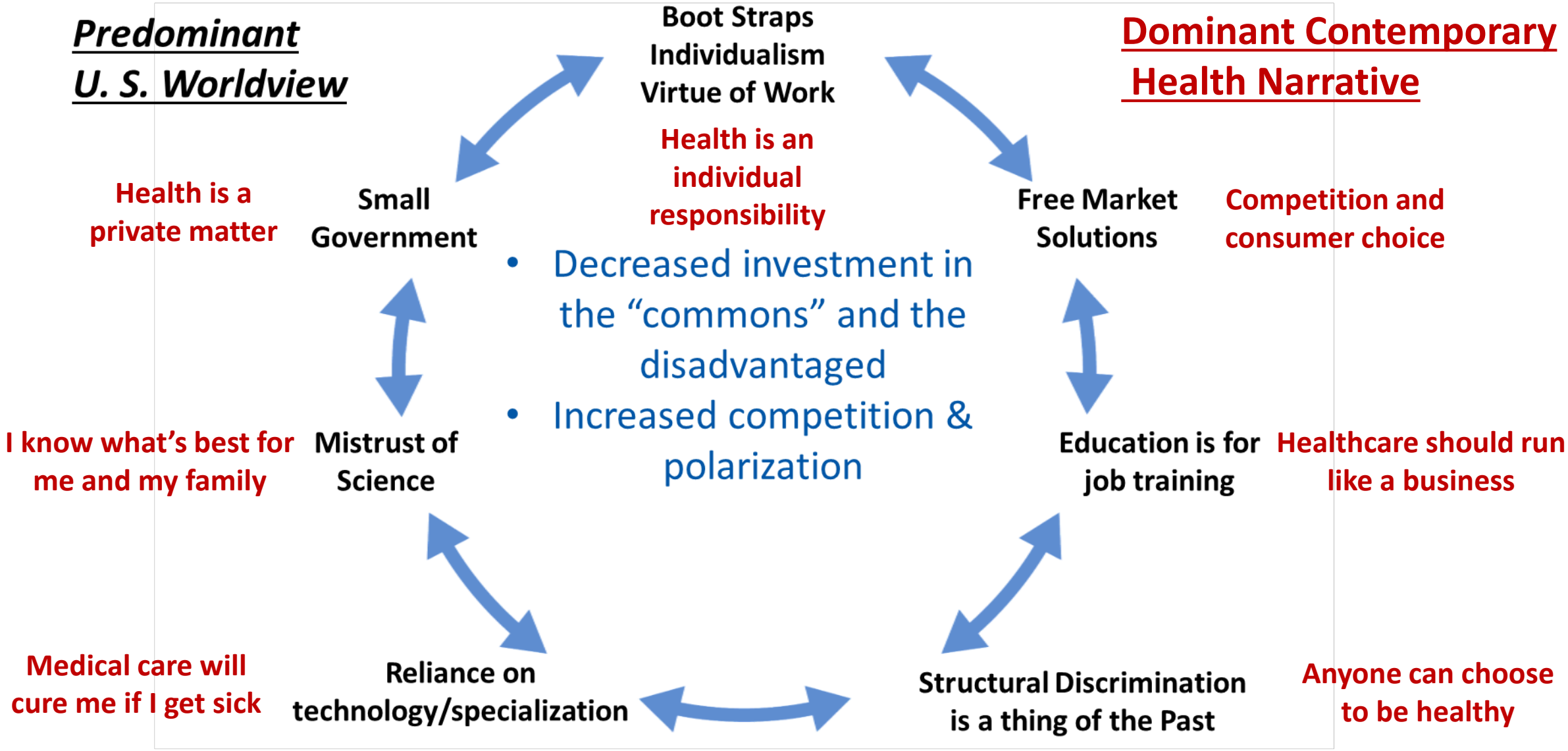

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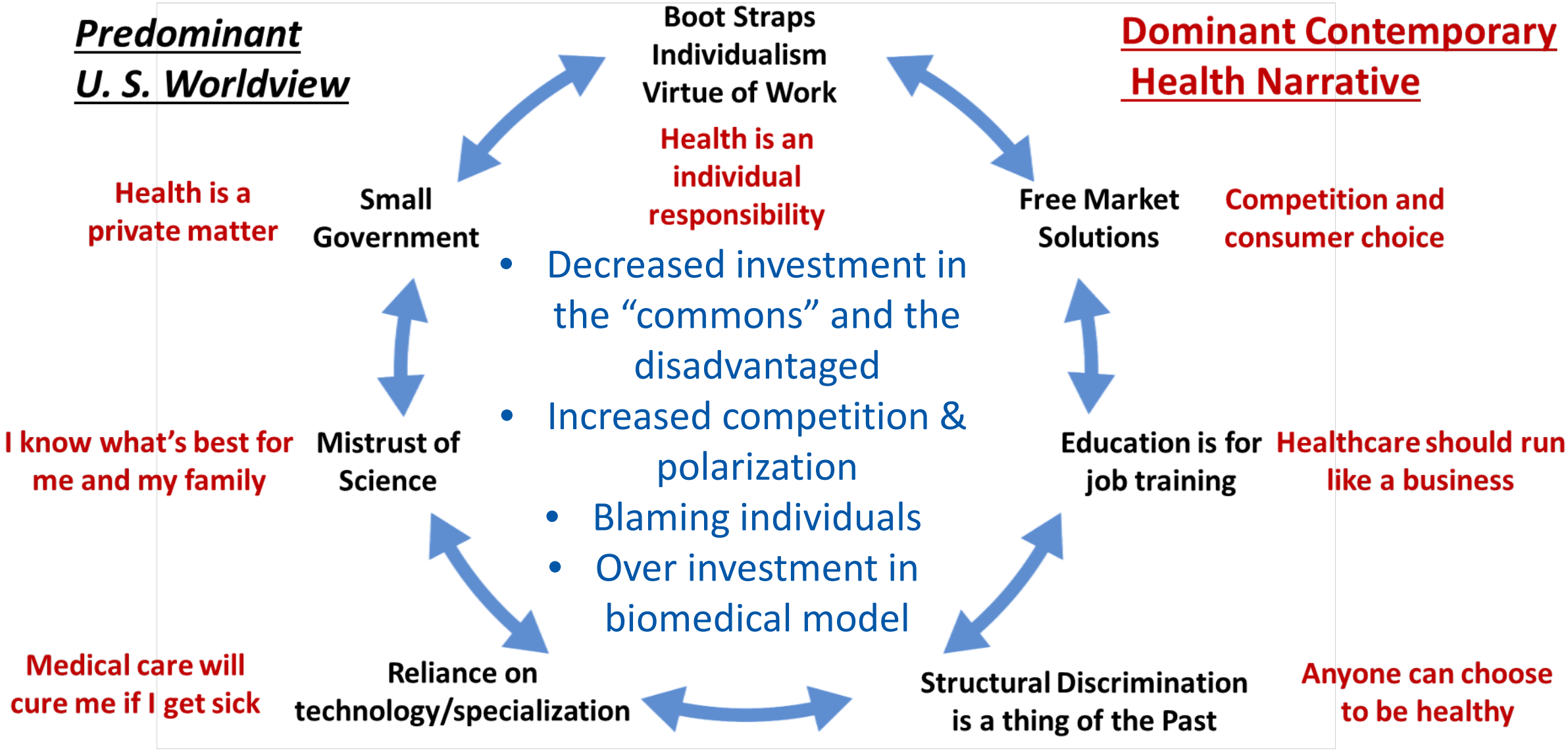
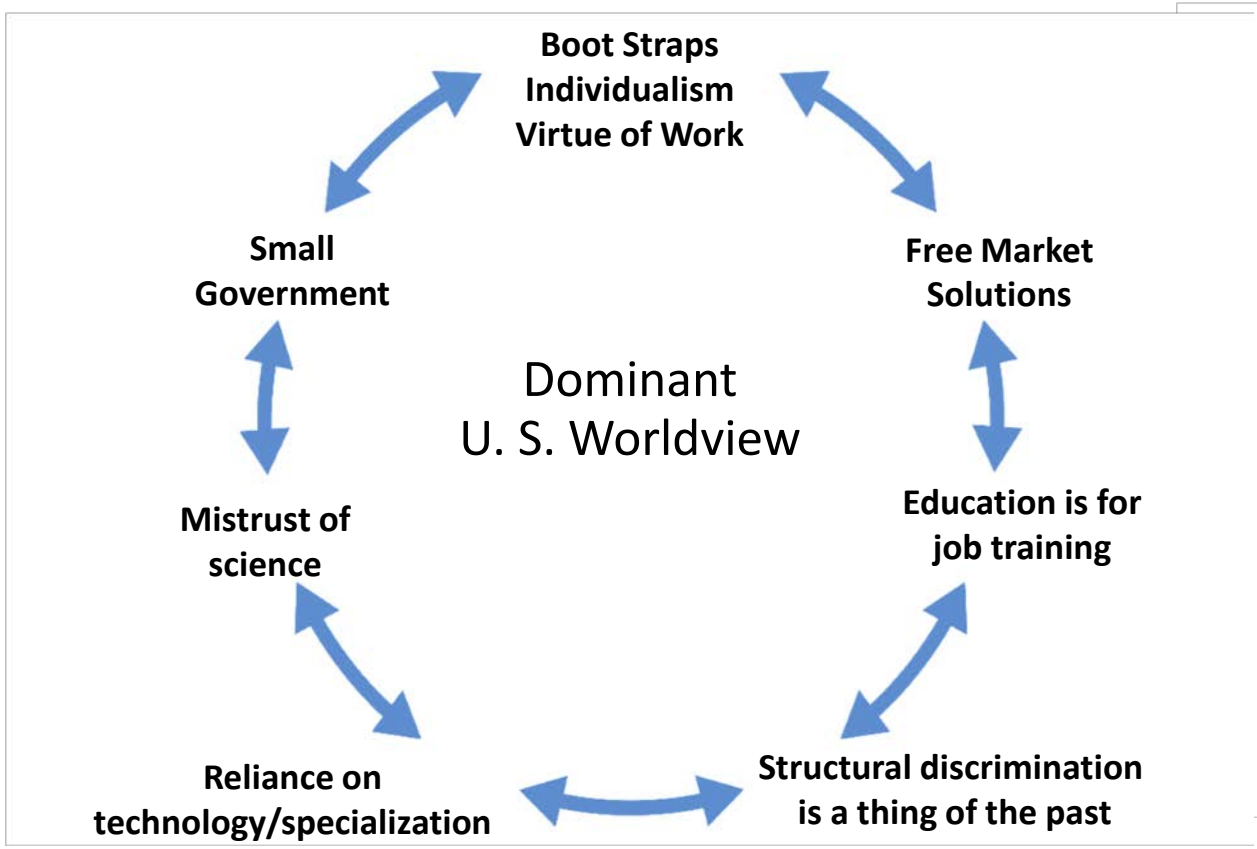
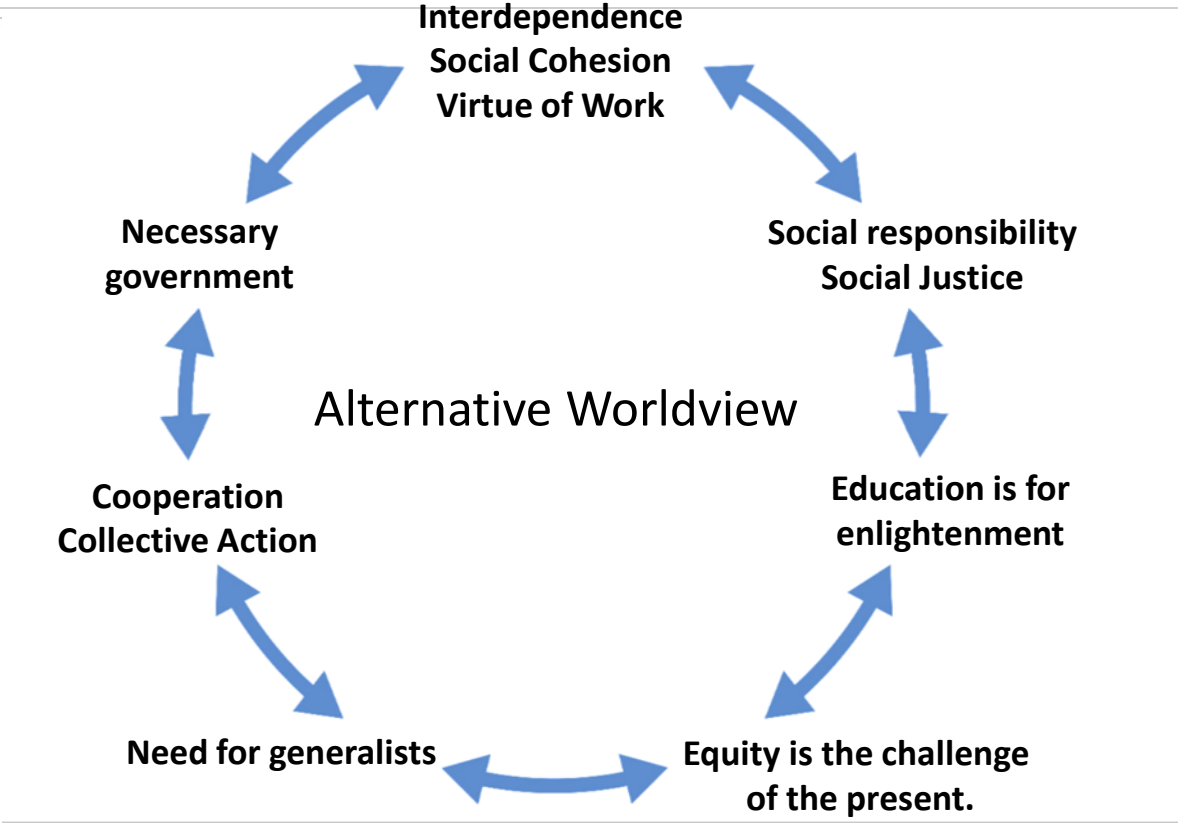
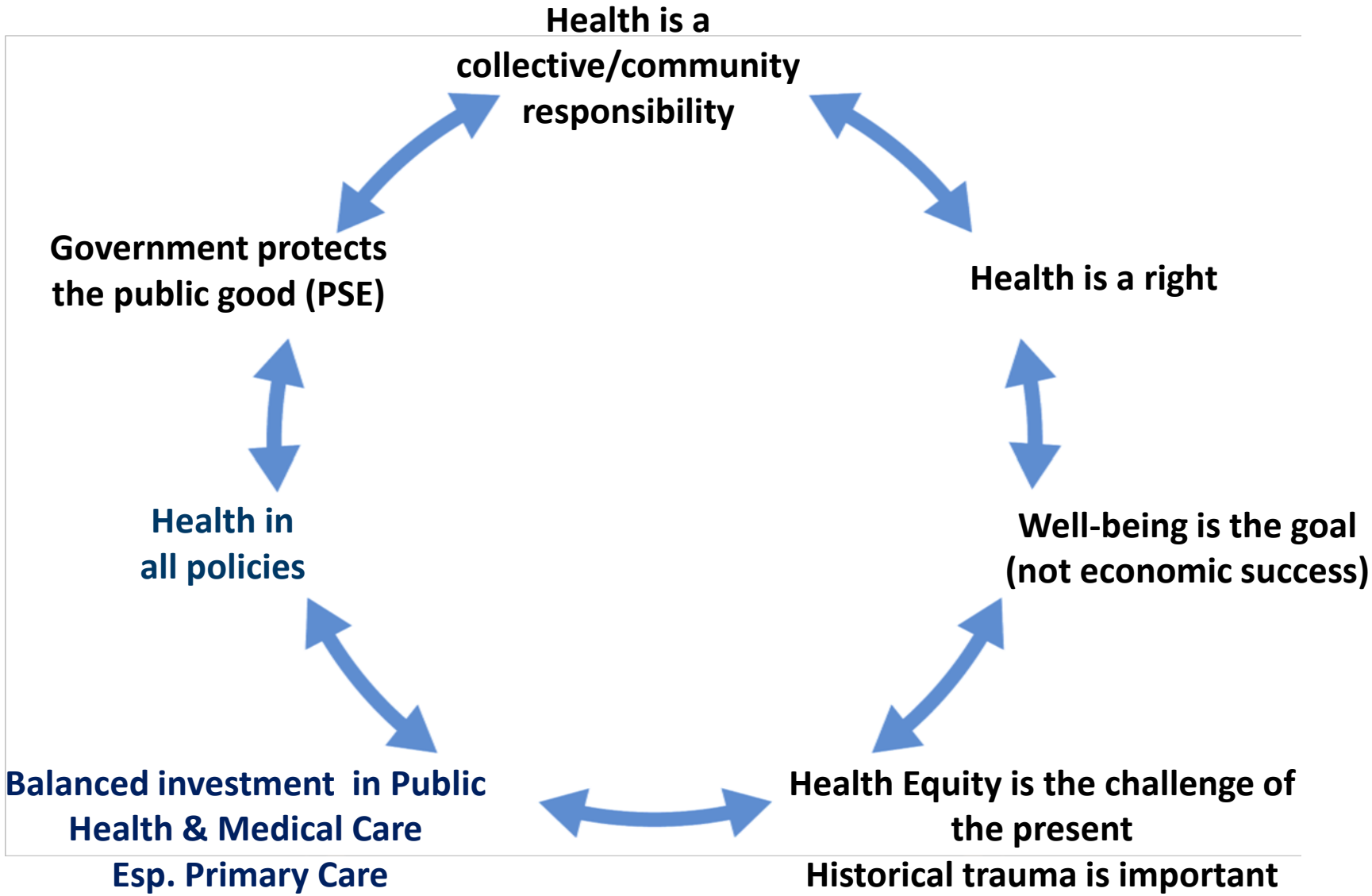


Expand the understanding about what creates health. Contrasting/Alternative Worldviews

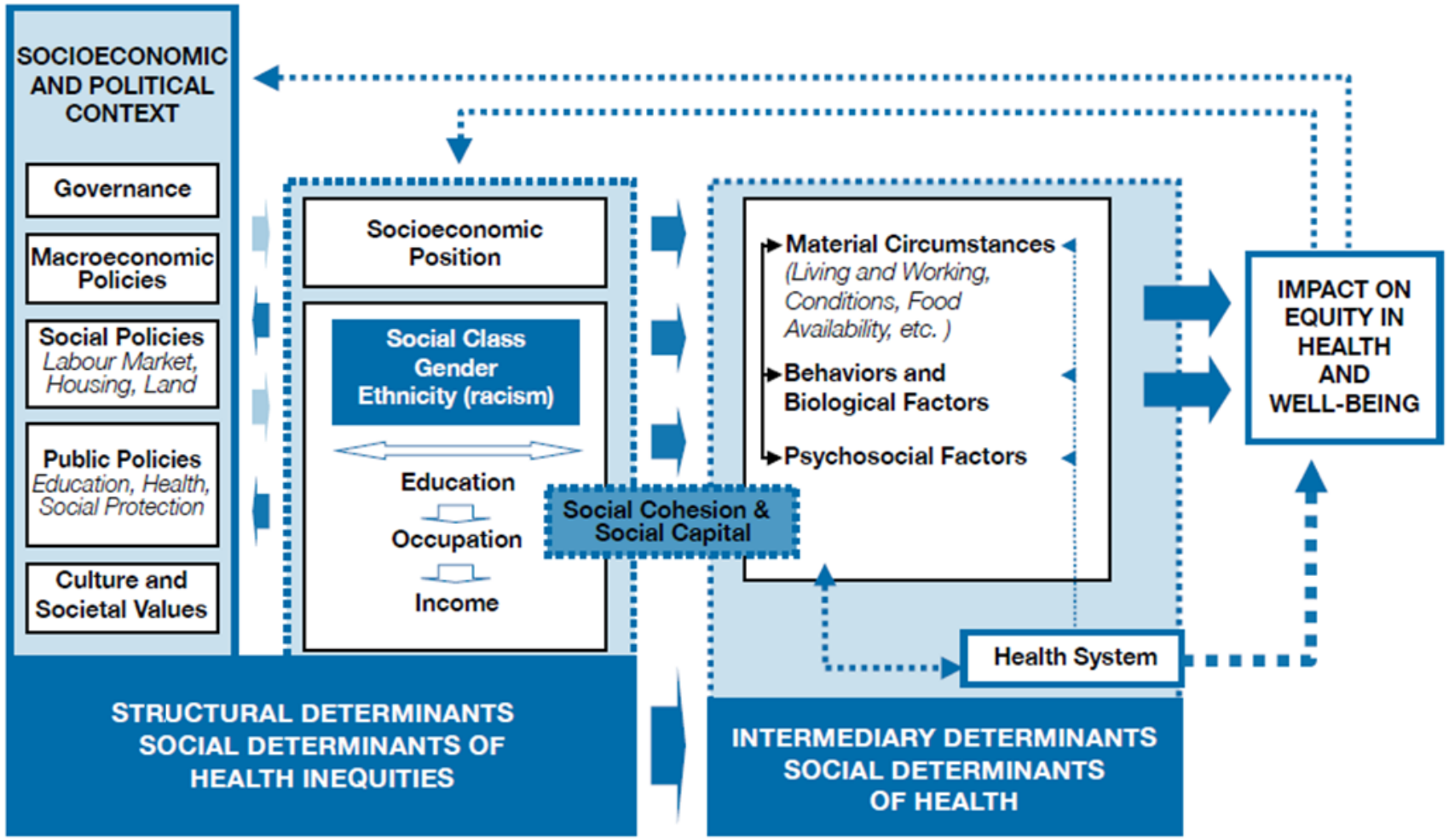




Alternative Health Narrative



WHO Framework for Advancing Health and Health Equity



Commission on Social Determinants of Health. (2010). *A conceptual framework for action on the social determinants of health*. Geneva: World Health Organization.

Break Out group discussions – April 9

- Who are our partners in addressing this issue?
  - How should we engage, support, and strengthen those partnerships?
- What will success look like?
  - Short term and long term objectives/goals
- How should we organize our work?
  - What needs to be done between now and our next meeting?
  - Who will be accountable for the tasks?
  - What help do we need?