

# Infant Mortality CollN Status Update

SACIM Meeting August 2015

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





## National Infant Mortality CollN



# 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 CollN 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)



#### **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

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#### **Secondary Drivers**

Timely and reliable identification of women with a singleton prior preterm birth or short cervix

Reduce late entry into prenatal care

Reliable method to determine gestational age based on ACOG committee opinion on is standard of care for every patient

Standardized provision of education and training for health professionals on preterm birth screening and use of progesterone

Use data to support need for improvement and motivate physicians, pharmacists and sonographers



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#### **Secondary Drivers**

Make progesterone affordable

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Streamline ordering process



Partner with pharmacy, providers, home visiting organizations, payors and community based organizations to improve access

Use patient engagement techniques (e.g., motivational interviewing<sup>1</sup>, teach back<sup>2</sup>) and patient centered medication management and care coordination to improve access, initiation and adherence

Home visitation and Nurse-Family Partnership programs, WIC and Title X programs educate and use patient engagement techniques (e.g., motivational interviewing, teach back) and care coordination to improve knowledge and adherence

Develop a process to learn from patient feedback related to experience

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Develop a process to learn from patient feedback related to experience

Health care professionals use education and engagement techniques on the risks of EED and benefits of progesterone

Utilize community based organizations, social media and education materials to reach target audience to raise awareness about progesterone and risks of EED.



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#### **Secondary Drivers**

Function agreement between providers, hospitals and payors to maximize use

Improve access to and coverage for early screening for risk of preterm birth, progesterone, including home administration and pre/interconception assessment of risks

Financial incentives and disincentives to reduce EED and increase utilization of progesterone.



# 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 CollN SDOH Recommended Strategies

Context-specific strategies Key dimensions and directions for policy tackling both structural and Social participation intermediary determinants Intersectoral action **Taxes** and empowerment Paid family & medical leave Globalization Minimum wage Policies on stratification to reduce inequalities, **Environment** Justice system reform mitigate stratification. Housing Macro Level: **Public Policies** Policies to reduce exposures of disadvantaged ACEs, trauma & resilience initiatives Place-based initiatives people to health damaging factors. Mesa Level: Community Job training, education, & career paths Policies to reduce vulnerability and increase Fatherhood/male initiatives resiliency of disadvantaged people. Social networks for empowerment Micro Level: Individual Medical-legal partnerships interaction Policies to reduce unequal consequences of Medicaid expansion illness, in social, economic, and health terms. QI on unequal treatment CLAS standards implementation **Cross-cutting Action** Home visit enhancements Group strategies Monitoring and follow up of health equity Health equity in all policies and SDOH. Map risk/protective factors Evidence on interventions to tackle social Monitor inequality & disparities determinants of health across government. Assess capacity Include health equity as a goal in health policy and other social policies.

## IM CollN 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