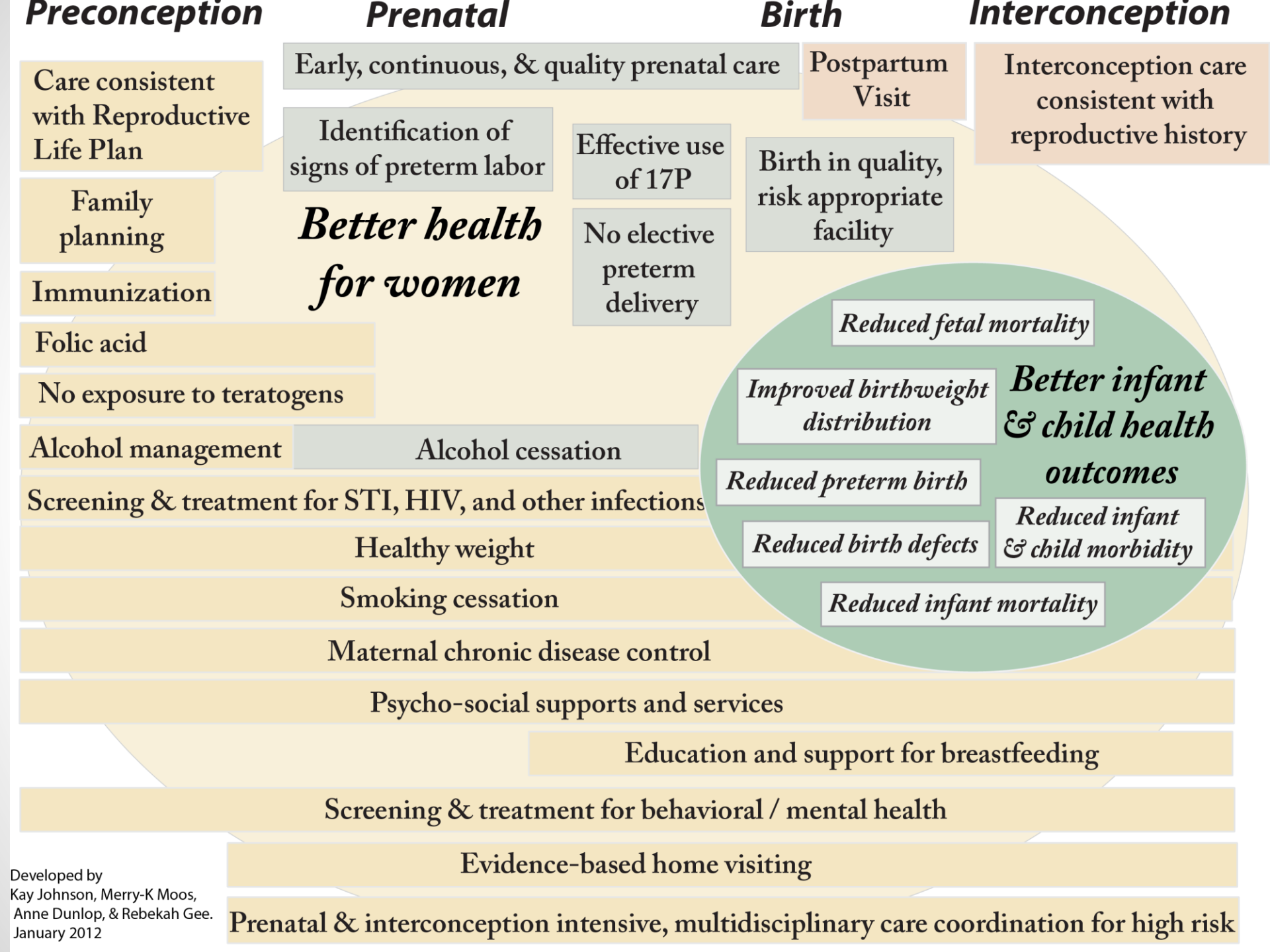
Secretary's Advisory Committee on Infant Mortality (SACIM)

Preliminary Recommendations to HHS Secretary Sebelius

March 8, 2012

Framework for National Agenda

- **Life course perspective**
- **Access to a continuum of services**
  - Including family planning - preconception -prenatal –perinatal – postpartum – newborn – postneonatal
- **High-quality, patient-centered care**
- **Investments in MCH Safety Net**
- **Strategies to create health equity through elimination of disparities and unequal treatment; to influence social determinants of health**
- **Interagency, public-private, and multi-disciplinary collaboration**



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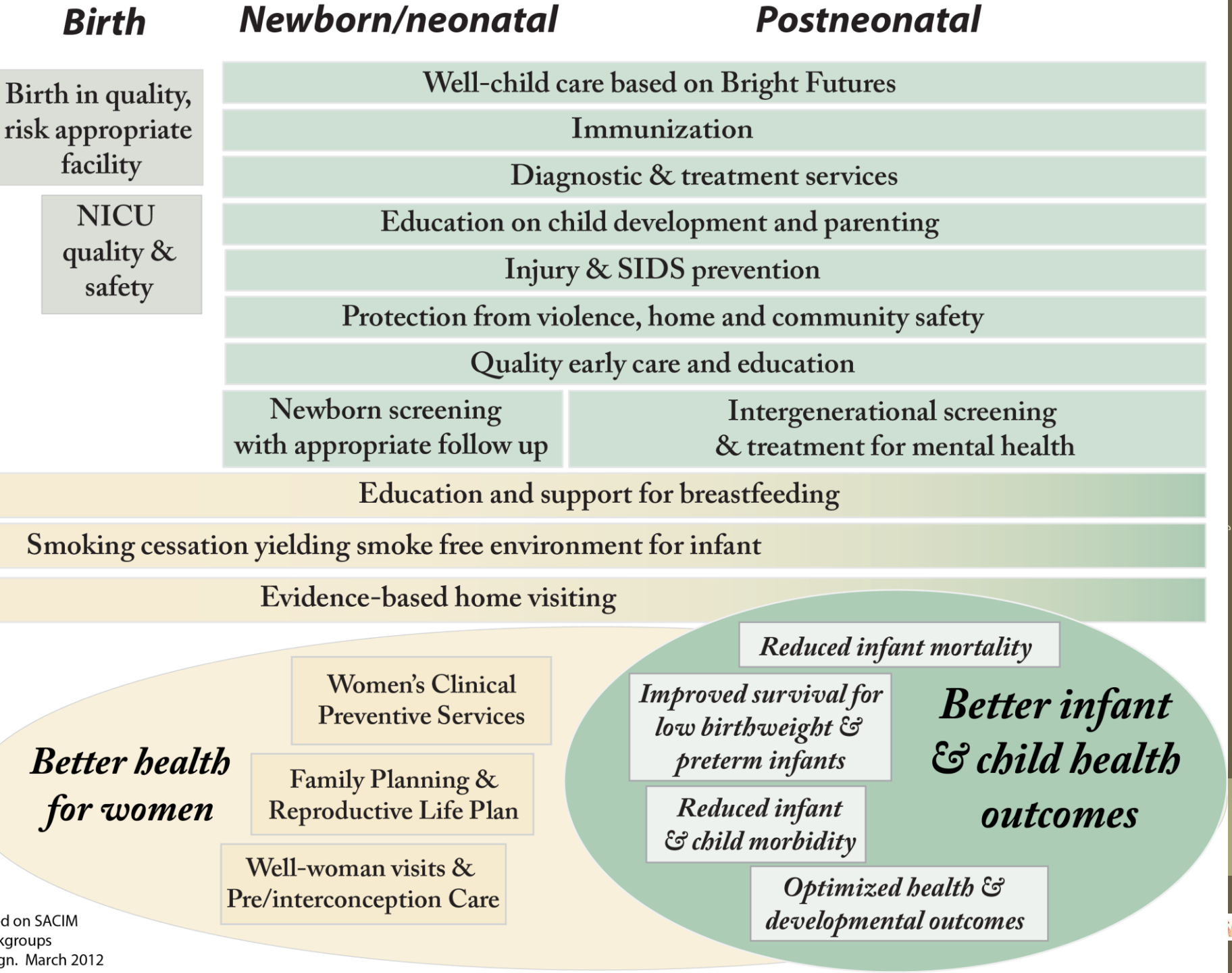
January 2012



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Review of Prior SACIM Documents and Recommendations

Documents Reviewed by SACIM

- **Prior SACIM documents**
  - **Low Birth Weight Report and Recommendations. December 2001**
  - **Opportunities in Clinical and Public Health Practice to Improve Birth Outcomes. Sept. 25, 2006**
  - **Effects of Deficit Reduction Act on Maternal and Child Health Services. October 14, 2006**
  - **Eliminating Health Disparities in Infant Mortality. October 14, 2006**

- **Other Federal Reports**
  - ***HHS Action Plan to Reduce Racial and Ethnic Health Disparities*. April, 2011**
  - ***National Prevention Strategy*. June, 2011**
  - ***Surgeon General's Call to Action to Support Breastfeeding*, January, 2011**

- **President Obama's Budget Proposal for 2013**

Prior SACIM Recommendations:

Focus on Research

- **2001 Recommendations:**
  - Reestablish DHHS Interagency Working Group on LBW
  - Improve our understanding of molecular, genetic, biological and psychosocial mechanisms of preterm birth through clinical and psychosocial investigations
- **2006 Recommendations**
  - Appoint an Interagency Group to identify and prioritize a research agenda, including social determinants
  - Convene a “State of the Science” conference related to what is known about determinants of disparities
  - Increase funding for research initiatives designed to eliminate the disparity in infant mortality

Prior SACIM Recommendations:

Etiologic Research

(*Necessary but not Sufficient)*

- **Etiologic research into causes of LBW, preterm birth, and infant mortality remains important**
- **The current SACIM continues to support research investments (from discovery to translation and dissemination)**
- **However, we recommend investments beyond etiologic research that can make a difference in reducing disparities in adverse pregnancy outcomes including infant mortality.**

Prior SACIM Recommendations: Strategies Beyond Research

- **2001**
  - Assess the content, quality, organization and financing aspects of service delivery that impact low birth weight and preterm birth
  - Guide program and policy investments
- **2006**
  - Convene a "State-of-the-Evidence" conference to identify effective interventions and reduce barriers to their implementation
  - Promote and disseminate throughout HHS the lifespan paradigm for infant mortality prevention, with emphasis on preconception care
  - Celebrate and expand funding for Healthy Start
  - Support quality improvement collaboratives
  - Appoint an Interagency Group to identify core measures

Prior SACIM Recommendations:

Deficit Reduction Act and Medicaid (2006)

- **Consistent CMS policy for approval of State Plans.**
- **Extend Medicaid beyond 60-days postpartum to support interconception care.**
- **Protect targeted case management match rate.**
- **Safeguards on "benchmark" plans to ensure adequate benefit and quality care.**
- **CMS work more closely with Maternal and Child Health Bureau (MCHB) and other agencies.**
- **HHS focus on evidence-based and proven strategies (clinical and public health) to improve birth outcomes and reduce infant mortality.**

Current SACIM Reaffirms Need For:

- **A continuum of prevention and intervention services to improve the health and well-being of women, infants, and families.**

- **Investment in infrastructure that ensures access, quality and safety, and accountability for outcomes.**

Current SACIM Reaffirms Need For:

- **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.

Current SACIM Reaffirms Need For:

- **Adequate standardized data, monitoring, and surveillance systems**
  - **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 should be aligned with other systems
  - **National Immunization Survey** (NIS)
  - **Quality measures** for women and children

Assuring Access to Quality Care with Affordable Care and an MCH Safety Net

Importance of the Affordable Care Act in Reducing Infant Mortality

- **In signing the ACA on 3/23/10, President Obama said:**
  "… I'm signing this reform bill into law on behalf of my mother...everybody should have some basic security when it comes to their health care"

- **We affirm the importance of ACA in access to care for mothers, infants, and families.**
  - Coverage estimated at 10 million uninsured women
  - Prohibits discrimination (e.g., gender, pre-existing conditions) and caps on payments
  - Preventive services with no cost sharing
  - Medicaid to 138% FPL, plus other subsidized coverage
  - Essential Health Benefits, with national standard

Current SACIM Affirms Need For Federal Investments in MCH Safety Net

- **Medicaid**
- **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**
- **WIC Supplemental Nutrition Program (USDA)**

Medicaid

- **WHAT TO DO BETWEEN NOW AND 2014:**
  - **Broaden Center for Medicaid and Medicare Innovation (CMMI) initiatives**
    - Strong Start is good step – prenatal and elective delivery focus
    - Need to go further to reduce infant mortality (e.g., innovation grants for preconception and interconception care; newborn and regional perinatal care; quality improvement)
  - **Automatic newborn eligibility for *all* infants**
  - **Encourage Medicaid health homes for women of childbearing age with chronic conditions**
  - **Approve additional interconception care waivers**
  - **Encourage use of family planning SPAs**
  - **Collect Medicaid data on maternal and infant service utilization and outcomes in all states**

- **WHY: Medicaid currently finances at least 40% of all US births; states have low accountability**

Title V Maternal and Child Health Services (MCH) Block Grant

- **WHAT: MCHB should be given authority and resources to function effectively as the *Lead Agency* for maternal and child health and well-being in the US**

- **WHY: MCH Block Grant is the "bricks and mortar" of systems to assure the health and well-being of women and children**
  - Connects medical and social service systems through public health and population-based approaches
  - Serves as laboratory to incubate ideas, test innovation
  - Monitors the health of all, not just poor families

Healthy Start

- **WHAT: Healthy Start needs continued and enhanced investment to reduce infant mortality and disparities in birth outcomes in the nation's highest risk communities.**
  - Emphasis on quality improvement, training, and TA

- **WHY:**
  - Healthy Start projects are located in 105 of the poorest neighborhoods with high infant mortality.
  - 90% of all Healthy Start families are African American, Hispanic, or Native American.
  - From prenatal through interconception, Healthy Start reaches highest risk women, infants, & families.

Title X Family Planning Program

- **WHAT: Maintain Title X capacity to provide family planning, preconception risk screening, STD screening and treatment, and some elements of primary care.**

- **WHY: Title X assures access to family planning education and services for millions of women, particularly low-income and young women.**
  - 60% of women using Title X consider these clinics their usual source of care.
  - Prevents nearly 1 million unintended pregnancies per year.
  - These clinics will be an essential part of the safety net for newly insured under ACA.

Community Health Centers/FQHCs

- **WHAT: Maintain the ACA multi-billion dollar commitment to expansion of community health centers/ federally qualified health centers (FQHCs).**

- **WHY: FQHCs offer a patient-centered medical home to reduce racial/ethnic and income disparities in birth outcomes and infant mortality.**
  - Currently providers for 17% of births to low-income families and >5 million women of childbearing age.
  - Primary care for families, family planning, prenatal care, and infant care.
  - Critical to increase primary care capacity by 2014.
  - Essential infrastructure for health care demonstration projects such as Centering Pregnancy or doula support.

Home Visiting

- **WHAT: Protect MIECHV program dollars designated through ACA. Collect uniform data with common benchmarks for MIECHV.**

- **WHY: MIECHV Program invests in an important evidence-based intervention strategy**
- **However, MIECHV Program does not replace the need for:**
  - A strong Title V MCH Block Grant
  - Focus on women's pre/interconception health
  - Quality health care, early care and education (e.g., quality child care, Early Head Start), and social services in the community

Prevention and Public Health

- **WHAT: Protect and restore the Prevention and Public Health Fund**
  - The Fund dollars have been twice diverted to other priorities.
  - Funds needed for community-based prevention for our families and communities.
  - More specific investments should be made for women of childbearing age through Community Transformation Grants.

- **WHAT: National Prevention Strategy guides communities and states toward approaches for reducing infant mortality.**
  - Calls for increased use of preconception, prenatal, and other reproductive health services through cross-sector activities.
  - Tobacco control, healthy eating, limited use of drugs and alcohol, active living, and safe home and community environments called for in the Strategy are all critical elements of having healthy women, infants, and families.

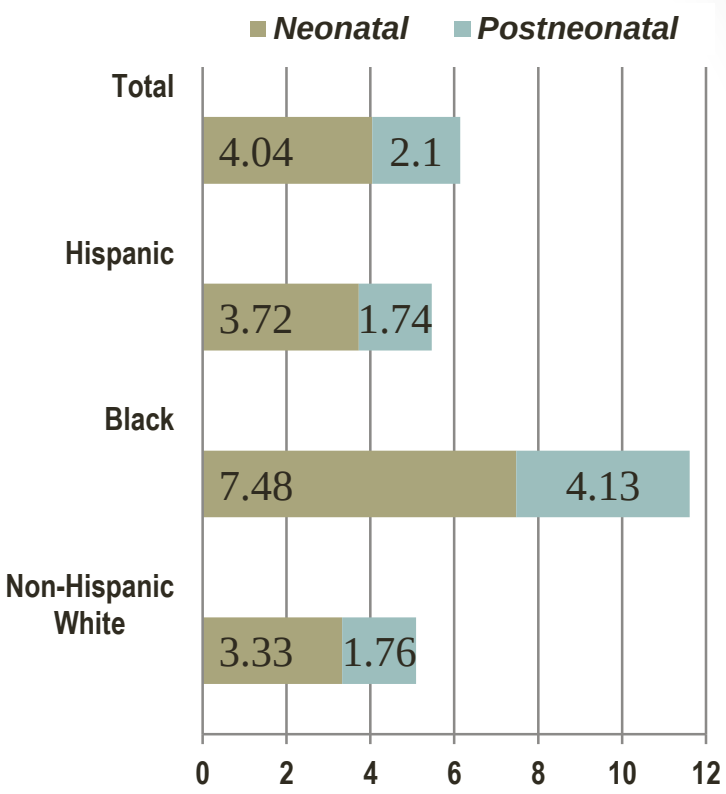
Other ACA Provisions

- **Workforce capacity**
  - Primary care, nursing, community health workers
  - Free-standing birth centers
- **Delivery system structures**
  - Patient-centered medical (health) homes
  - Community health teams
  - Community care networks
  - Accountable care organizations
  - Incentives for reducing disparities
- **Breastfeeding**
  - Break time/space requirement in work place
  - Breastfeeding support, supplies, and counseling in preventive services covered without cost sharing
- **Teen pregnancy prevention grants**
- **Tobacco cessation for pregnant women**
- **Postpartum depression**

ACA & Women's Preventive Services

- **SACIM supports HHS endorsement of IOM recommendations for women's clinical preventive services covered without cost sharing for new, not grandfathered plans**
  1. Well-woman visits (including prenatal and preconception)
  2. Contraception methods (all FDA approved) and related counseling
  3. HPV screening with DNA test
  4. STI counseling
  5. HIV screening/counseling
  6. Breastfeeding support, supplies, and counseling
  7. Domestic violence screening
  8. Gestational diabetes screening

Infant Mortality Rates, U.S., Preliminary 2010



Create Health Equity by Eliminating Disparities and Influencing Social Determinants of Health

Aim to Create Health Equity

❖ ***Add SACIM to list of HHS Initiatives aiming to eliminate disparities and increase prevention***

- **HHS Action Plan [1] Goals link to IM prevention**

I. Transform health care

- I.A.1. Increase health coverage
- I.B.1. Increase patient-centered health homes
- 1.C. Reduce disparities in quality of care

II. Strengthen infrastructure and workforce

- II.A. Increase ability of workforce to identify and address disparities
- II.B. Promote use of community health workers and Promotoras

III. Advance health, safety, and well-being

- III.A. Increase effectiveness of community based programs (includes MIECHV, Healthy Start, prenatal, early childhood)
- III.B. Implement a campaign regarding preventive benefits

***1. HHS Action Plan to Reduce Racial and Ethnic Health Disparities*. April, 2011**

***2. National Prevention Strategy*. June, 2011**

Aim to Create Health Equity

IV. **Advance scientific knowledge and innovation**
- IV.A. Data collection (e.g. Medicaid perinatal data)
- IV.B. Conduct and support research (e.g., impact of cumulative disadvantage, unequal treatment)

V. **Increase efficiency, transparency, and accountability of HHS programs**
- Monitoring and surveillance (e.g., vital statistics, PRAMS)

- **National Prevention Strategy** [2]
  - Focus on communities at greatest risk
  - Reduce disparities in access to quality care
  - Increase capacity of prevention workforce
  - Support research to identify effective strategies
  - Standardize and collect data on disparities

1. HHS Action Plan to Reduce Racial and Ethnic Health Disparities. April, 2011
2. National Prevention Strategy. June, 2011

Address Social Determinants of Health

- **WHAT: Need to explicitly address poverty and income inequality**
  - TANF reauthorization
  - New models such as Children's Allowance/Savings Account, negative income tax
  - Resources for job training, small business development, empowerment zones, and post-secondary education
  - Community development and place-based initiatives (e.g., promise neighborhoods)

HHS Partnerships & Coordination

- **WHAT: Bring together HHS and related agencies whose programs affect the health and well-being of women and children**
  - Engage Surgeon General's Prevention Council
  - Use a life course perspective
  - Use broad definition of health
  - Develop and implement common action agenda
  - Develop and measure common outcomes
  - Support innovation and translation of research, not only evidence-based strategies

SACIM Workgroups

- National Agenda
  - *Cox*, Dennery, Jackson, Labbok, Martin, Petrini, Shepherd, Sheridan, Shields
- Health Equity
  - *Troutman*, Bartel, Jackson, Parker-Domingues, Bartel, Jackson
- Health Care Reform
  - *Johnson*, Chesna, Corwin, Martin, Petrini, Pressler, Shields
- Health Care Financing (and Budget)
  - *Handler*, Chesna, Johnson, Sanders, Shields, Troutman