



Secretary's Advisory Committee on Infant Mortality

MCHB Update
December 4, 2018

Michael Warren, MD, MPH
Maternal and Child Health Bureau (MCHB)
Health Resources and Services Administration
(HRSA)

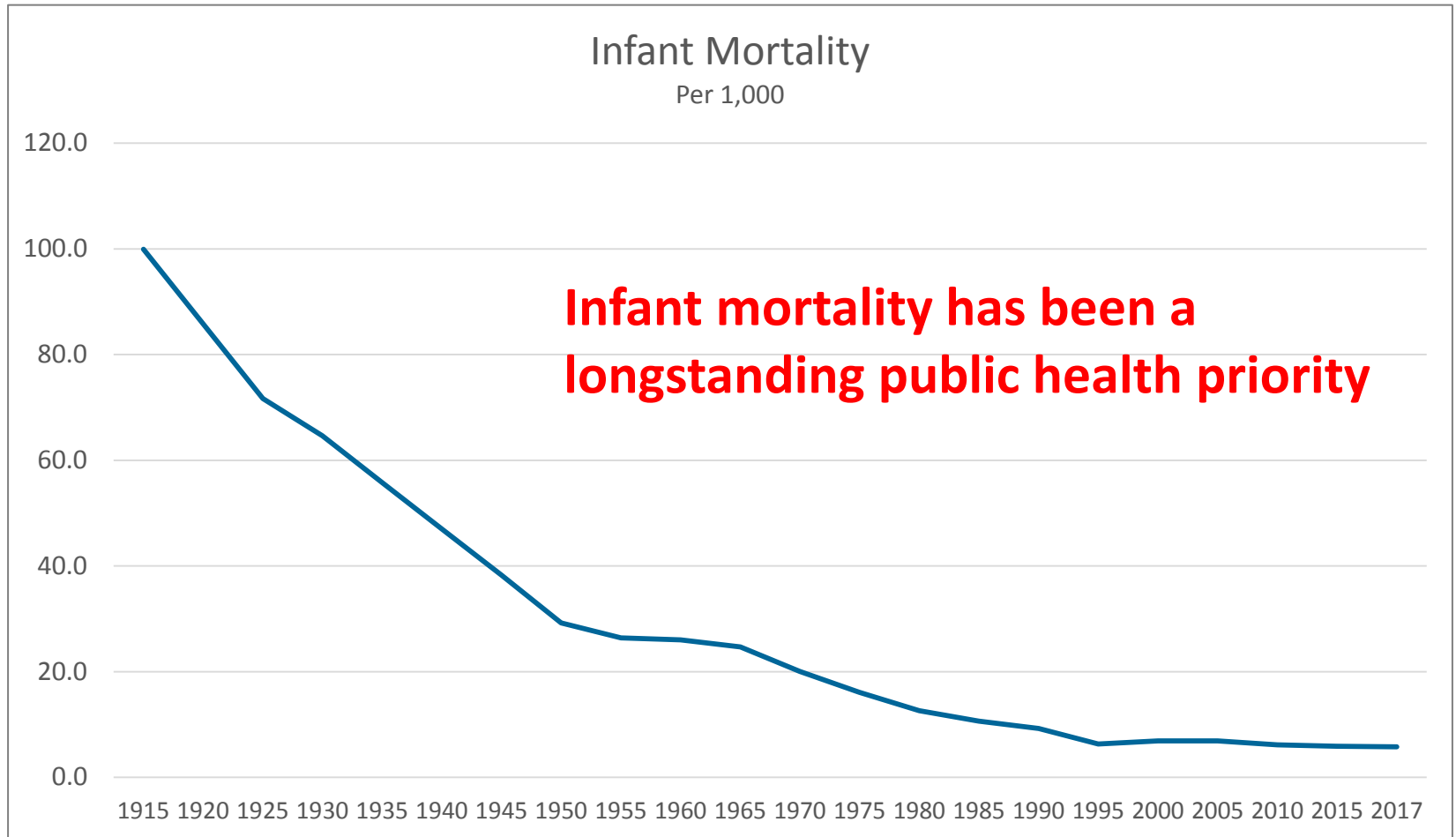


Secretary's Advisory Committee on Infant Mortality (SACIM)

- Established in 1991
- Public/private partnership
- Advise Secretary of HHS and Administrator of HRSA on programs, policies and resources related to infant mortality
- Reflects longstanding public health interest in infant mortality



Infant Mortality in the United States



Source: National Vital Statistics System

Roots of Modern MCH



Early roots of Public Health in the United States

696

FIFTH CONGRESS. Sess. II. Ch. 77. 1798.

The same with respect to the coasting trade.

seaman so employed; which sum he is hereby authorized to retain out of the wages of such seamen.

SEC. 2. *And be it further enacted,* That from and after the first day of September next, no collector shall grant to any ship or vessel whose enrolment or license for carrying on the coasting trade has expired, a new enrolment or license before the master of such ship or vessel shall first render a true account to the collector, of the number of seamen, and the time they have severally been employed on board such ship or vessel, during the continuance of the license which has so expired, and pay to such collector twenty cents per month for every month such seamen have been severally employed, as aforesaid; which sum the said master is hereby authorized to retain out of the wages of such seamen. And if any such master shall render a false account of the number of men, and the length of time they have severally been employed, as is herein required, he shall forfeit and pay one hundred dollars.

Penalty on the master rendering a false account of the same.

Collectors to make returns of the sums received; which shall be expended in relieving sick and disabled seamen.

SEC. 3. *And be it further enacted,* That it shall be the duty of the several collectors to make a quarterly return of the sums collected by them, respectively, by virtue of this act, to the Secretary of the Treasury; and the President of the United States is hereby authorized, out of the same, to provide for the temporary relief and maintenance of sick or disabled seamen, in the hospitals or other proper institutions now established in the several ports of the United States, or, in ports where no such institutions exist, then in such other manner as he shall direct: *Provided,* that the monies collected in any one district, shall be expended within the same.

Monies unexpended, and donations to be invested in stock.

SEC. 4. *And be it further enacted,* That if any surplus shall remain of the monies to be collected by virtue of this act, after defraying the expense of such temporary relief and support, that the same, together with such private donations as may be made for that purpose (which the President is hereby authorized to receive) shall be invested in the stock of the United States, under the direction of the President; and when, in his opinion, a sufficient fund shall be accumulated, he is hereby authorized to purchase or receive cessions or donations of ground or buildings, in the name of the United States, and to cause buildings, when necessary, to be erected as hospitals for the accommodation of sick and disabled seamen.

Provision for building marine hospitals.

Directors of the marine hospitals to be appointed.

SEC. 5. *And be it further enacted,* That the President of the United States be, and he is hereby authorized to nominate and appoint, in such parts of the United States, as he may think proper, one or more persons, to be called directors of the marine hospital of the United States, whose duty it shall be to direct the expenditure of the fund assigned for their respective ports, according to the third section of this act; to provide for the accommodation of sick and disabled seamen, under such general instructions as shall be given by the President of the United States, for that purpose, and also subject to the like general

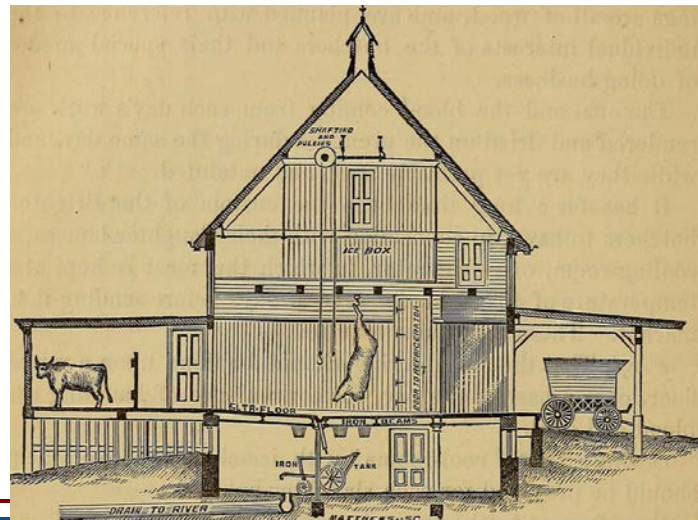
Their duties.

- Fifth Congress of the United States passed law authorizing the Marine Hospital Service in 1789
- Precursor to US Public Health Service



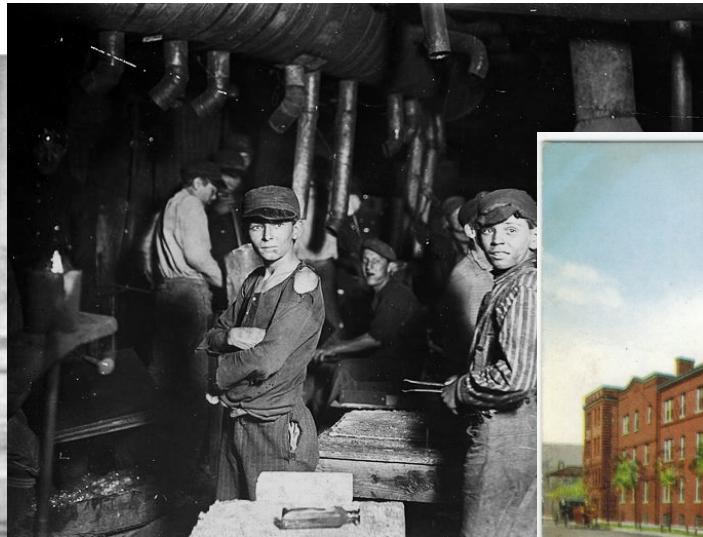
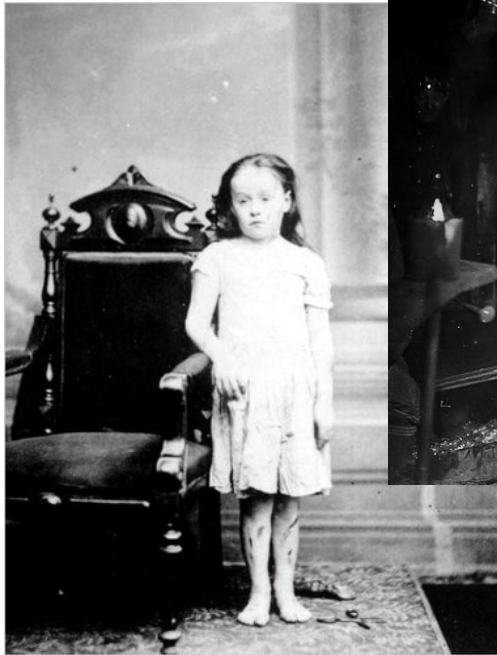
Early roots of Public Health in the United States

- Early emphasis on hygiene and infectious disease
- Smallpox vaccination started in 1800
- First state health board (MA) established in 1869



Early roots of MCH in the United States

- Early focus on social concerns (child abuse, child labor)
- Settlement Houses—education, health, child care
- Milk stations



Early roots of MCH in the United States

- **Children's Bureau established in 1912 under President Taft**
 - Led by Julia Lathrop
 - Mission: "...to investigate and report upon matters pertaining to the welfare of children and child life among all classes of people..."



THE CHILDREN'S BUREAU

Department of Commerce and Labor

CHILDREN'S BUREAU

Washington

ESTABLISHMENT OF THE BUREAU.

The Children's Bureau was established by an act of Congress approved April 9, 1912, and began active operations upon the passage of the legislative, executive, and judicial appropriation bill on



Early roots of MCH in the United States

- Early activities:
 - Support for national birth registry
 - Publications on infant care

105

North Carolina State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF BIRTH

1 PLACE OF BIRTH
County Carter
Township Jeff. N.C.
or Town Jeff. N.C.
or City Jeff. N.C. Registration District No. 10-2164 Certificate No. 27
(If birth occurs in hospital, or other institution, give name of same instead of street number)

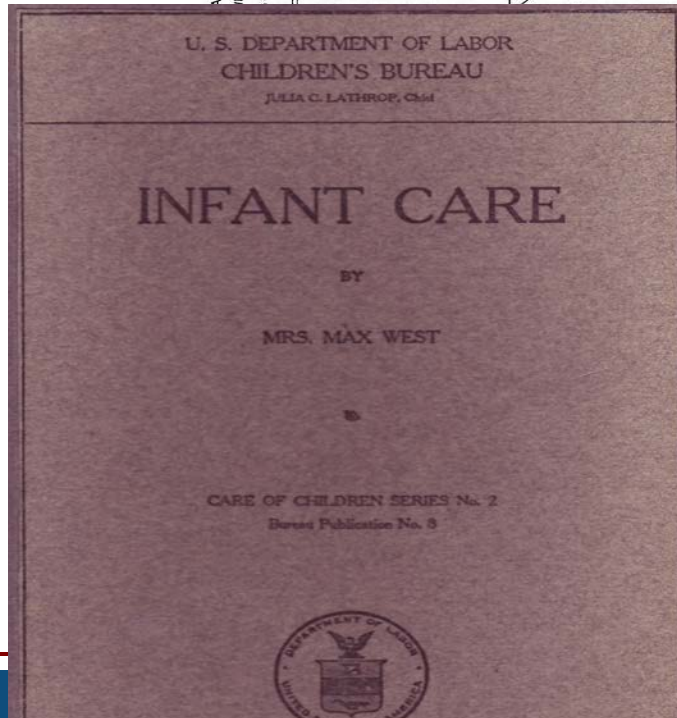
2 FULL NAME OF CHILD Warrington Sparrow

3 Boy Girl 4 Twin, triplet, or other? 5 Number in order of birth 1 6 Parents married? 7 Date of birth April 19 1908
(Name of month) (Day) (Year)

FATHER		MOTHER	
8 FULL NAME <u>George Sparrow</u>	14 NAME BEFORE MARRIAGE <u>Annie G. Spillman</u>	15 RESIDENCE <u>Jeff. N.C.</u>	17 AGE AT LAST BIRTHDAY <u>21</u>
9 RESIDENCE <u>Jeff. N.C.</u>	16 COLOR <u>C.</u>	18 BIRTHPLACE <u>Edenton N.C.</u>	19 OCCUPATION <u>House Keeping</u>
10 COLOR <u>C.</u>	11 AGE AT LAST BIRTHDAY <u>29</u>	20 Number of children born to this mother, including present birth <u>3</u>	21 Number of children of this mother now living <u>2</u>
12 BIRTHPLACE <u>Jeff. N.C.</u>	13 OCCUPATION <u>Fishing</u>	ATTENDING PHYSICIAN OR MIDWIFE*	

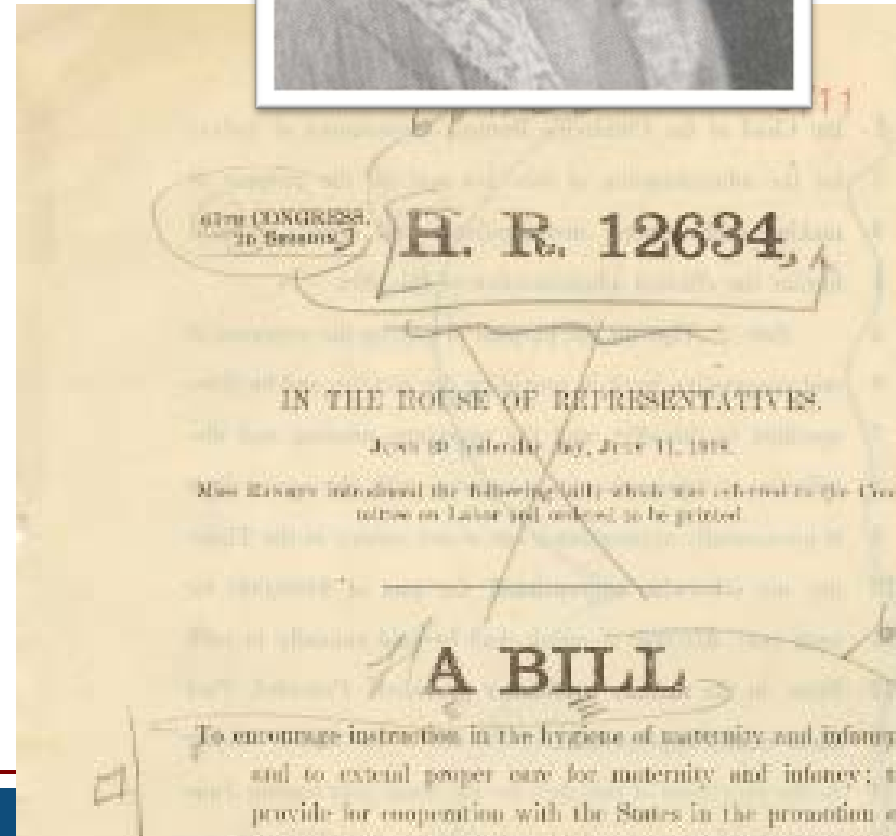
22 (Born alive or stillborn) Alive at Jeff. N.C. on the date above stated.
(Hour, a. m. or p. m.)
Signature Emma G. Spillman (State whether physician or midwife)
24 P. O. Jeff. N.C.
Witness C. J. Maxwell (Signature of witness necessary only when 23 is signed by mark)
Local Registrar Jeff. N.C.

MARGIN RESERVED FOR BINDING WITH UNFADING BLACK INK—THIS IS A PERMANENT RECORD. A SEPARATE RETURN must be made for each, and the number of each, of birth stated.



Early roots of MCH in the United States

- Sheppard Towner Act (1921-29)
 - Maternity and Infancy Care Act
 - Federal grants-in-aid to states for child and adult health programs
 - MCH services in state health departments
 - MCH training programs
 - Grace Abbott led Children's Bureau starting in 1921



Early roots of MCH in the United States

- **Title V of the Social Security Act (1935)**
 - Signed by President Roosevelt
 - Federal-state partnership
 - Programs for maternity, infant and child care
 - Medical services for children
 - Services for crippled children

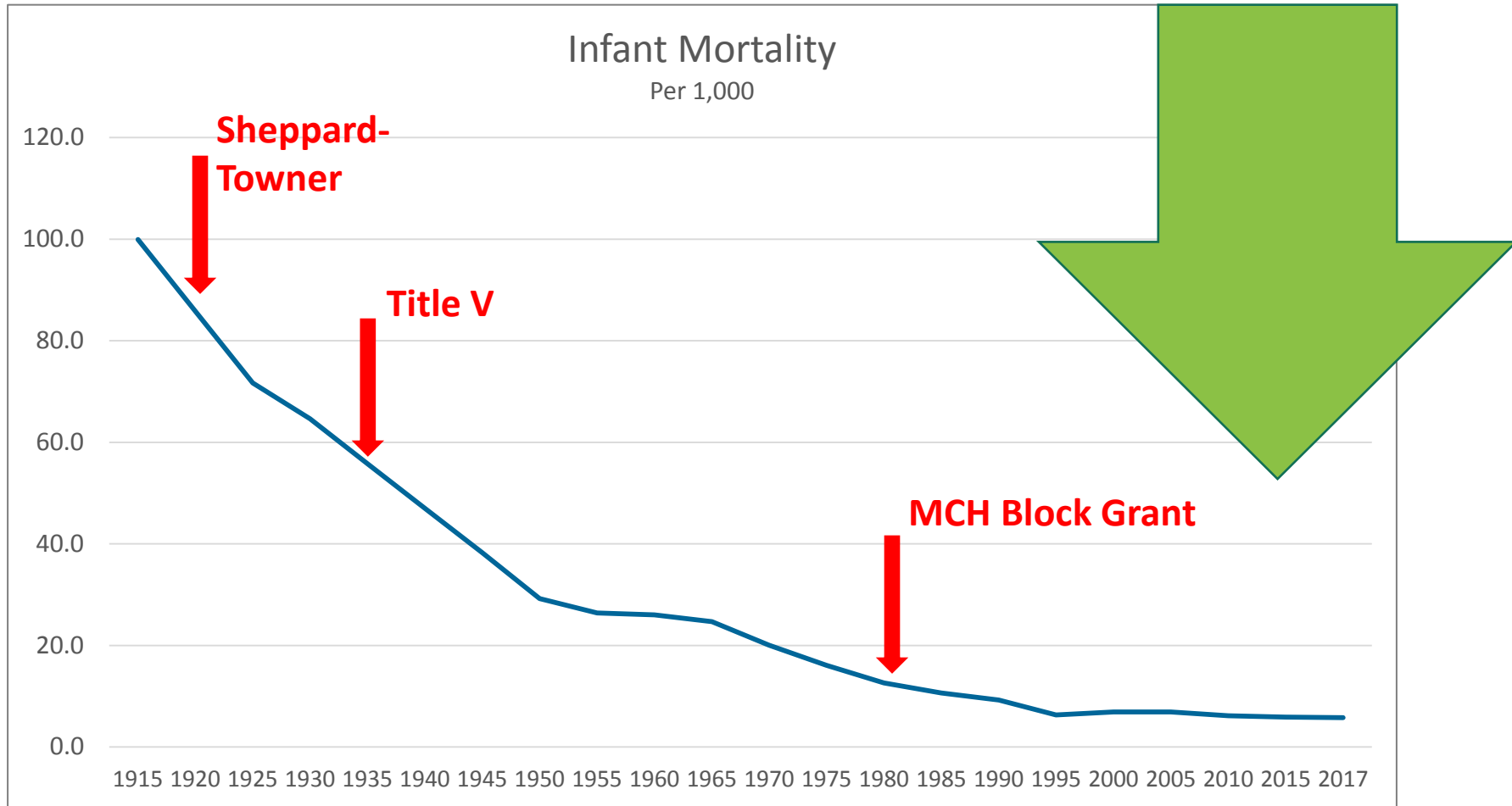


MCH Advances in the 20th Century Related to Infant Mortality

- Vitamin K
- Antibiotics
- Incubators & medical care advances
- Vaccinations
- Newborn Screening
- Family Planning
- Establishment of Medicaid
- Nutrition Programs
- Home Visiting
- Healthy Start



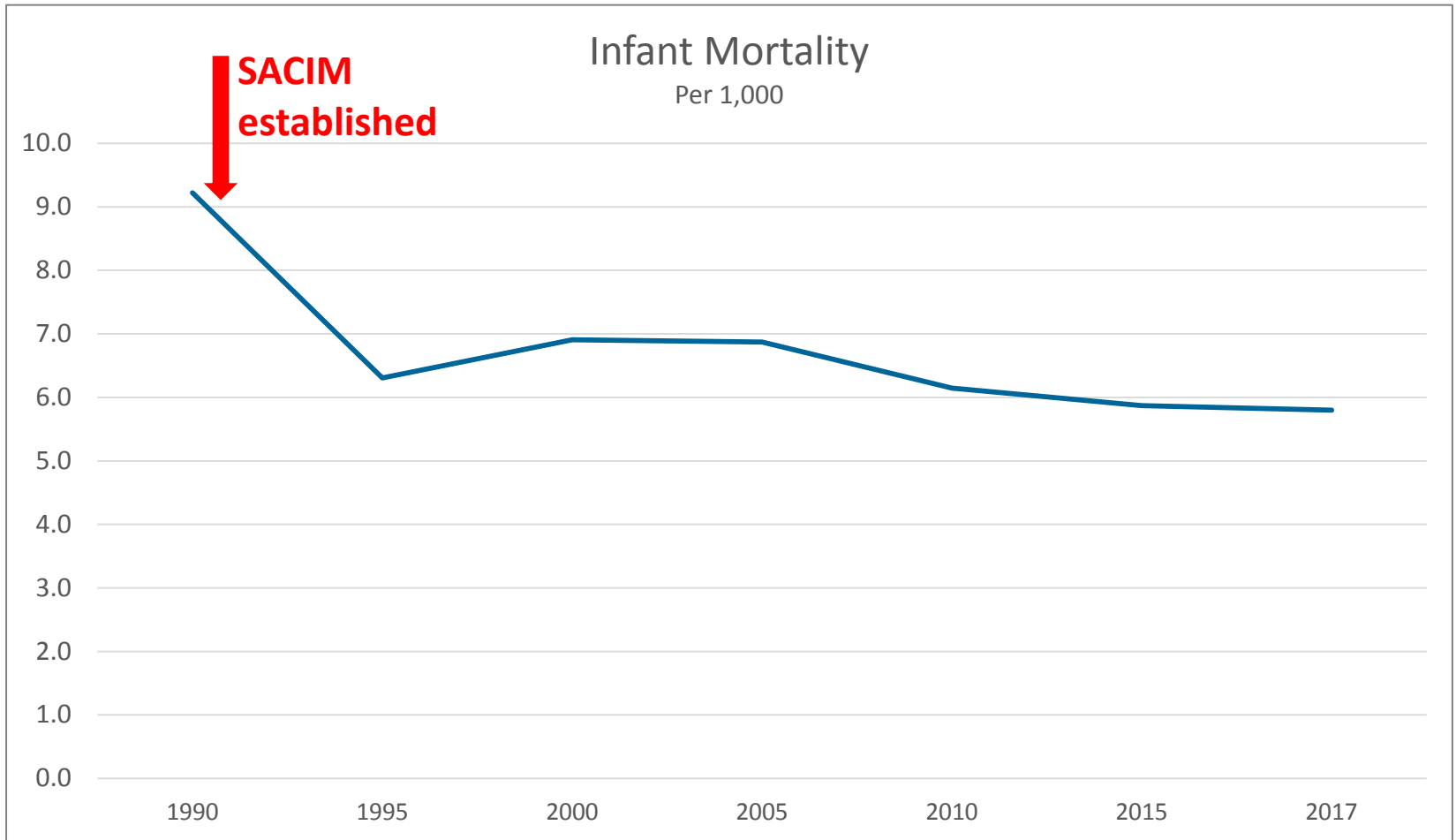
Infant Mortality in the United States



Source: National Vital Statistics System



Infant Mortality in the United States



Source: National Vital Statistics System



Today's Maternal and Child Health Bureau



HRSA's Maternal and Child Health Bureau

- **Mission:** Improve the health of America's mothers, children, and families.
- **Vision:** An America where all children and families are healthy and thriving, and have a fair shot at reaching their fullest potential.



Maternal and Child Health Bureau Program Areas

Maternal and Child Health Block Grant
Maternal, Infant, & Early Childhood Home Visiting Program
Healthy Start
Autism and Other Developmental Disabilities
Emergency Medical Services for Children
James T. Walsh Universal Newborn Hearing Screening
Heritable Disorders Program
Family-To-Family Health Information Centers
Sickle Cell Services Demonstration Program
Pediatric Mental Health Care Access Grants
Screening and Treatment for Maternal Depression

**FY2019 Budget:
\$1.33 Billion**



Accountability in MCHB

- **National performance measures**
 - How is health system performing?
- **Measures related to infant mortality:**
 - Well-woman visit
 - Low-risk cesarean delivery
 - Risk-appropriate perinatal care
 - Safe sleep
 - Smoking during pregnancy
 - Adequate insurance
 - Medical home



Accountability in MCHB

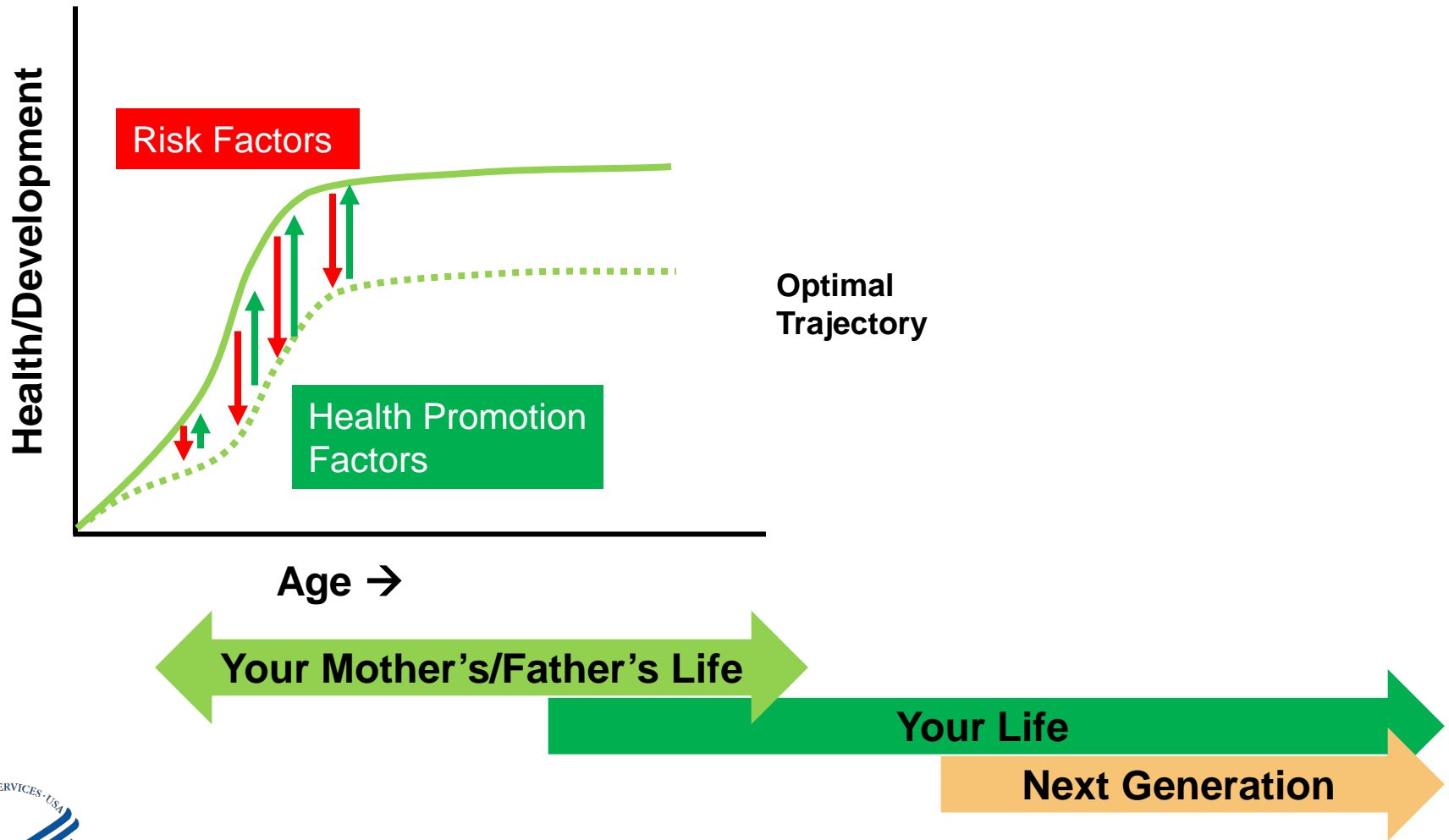
- **National outcome measures**
 - What is impact of health system interventions?
- **Measures related to infant mortality:**
 - Timing of prenatal care
 - Birth weight
 - Gestational age
 - Early elective delivery
 - Mortality (infant, perinatal, neonatal)
 - Newborn screening timeliness
 - Adequate insurance
 - Vaccination



A Public Health Approach to Addressing Infant Mortality

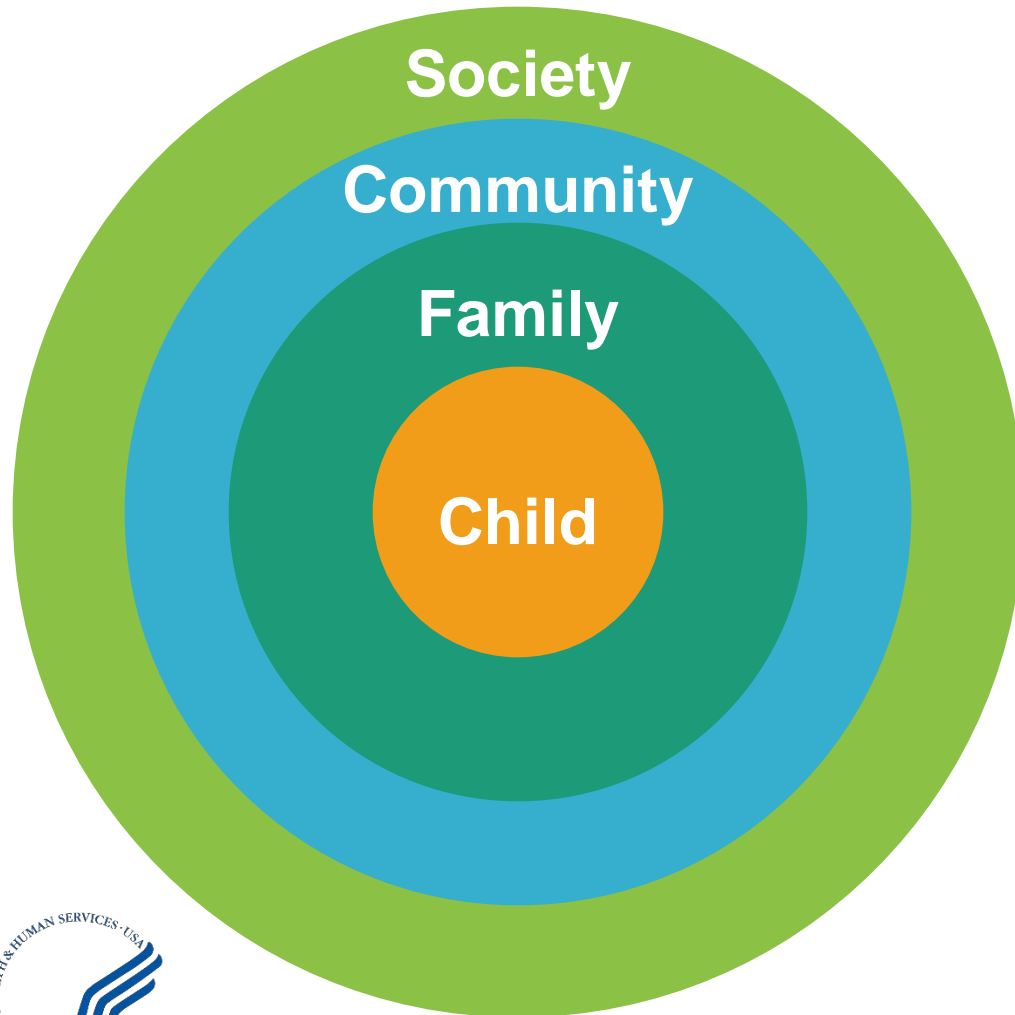


Life Course Model



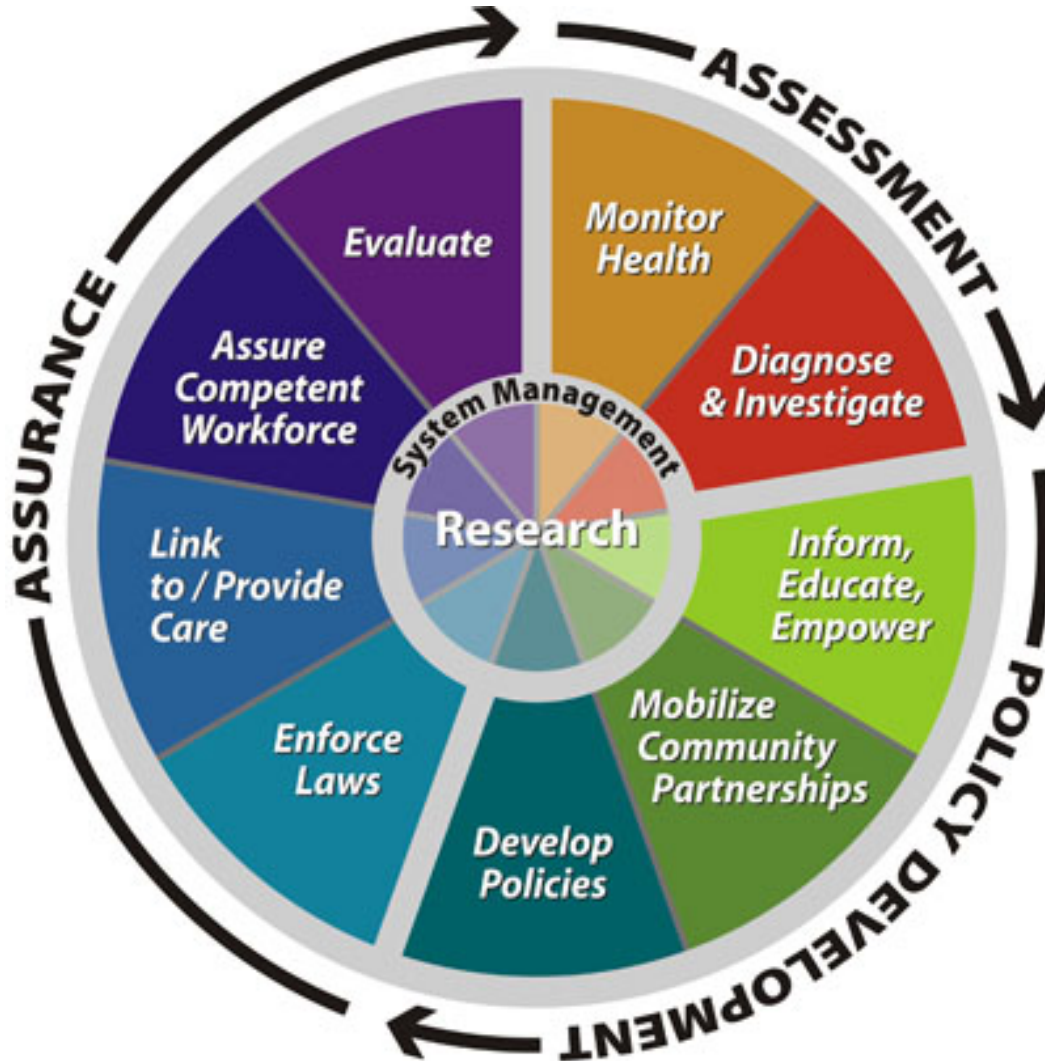
Adapted from the Life Course Toolkit by CityMatCH. Available at: <http://www.citymatch.org/projects/mch-life-course-toolbox>

The Social-Ecological Model

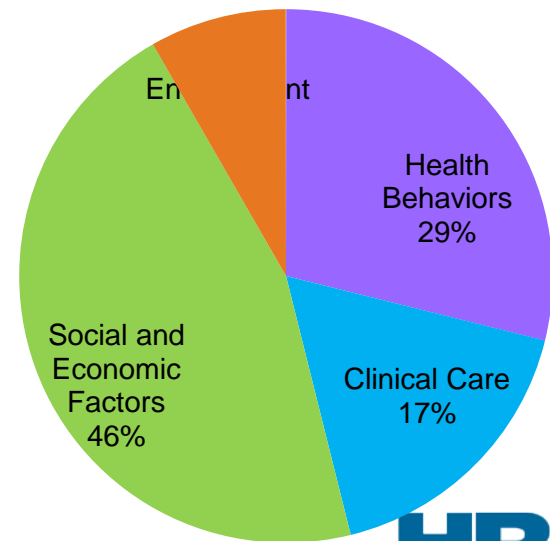
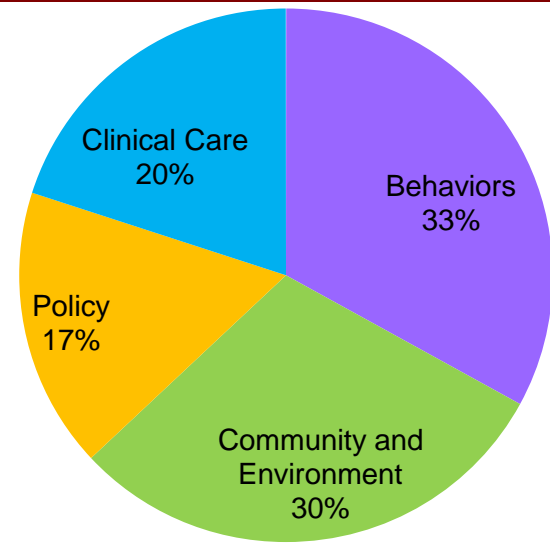
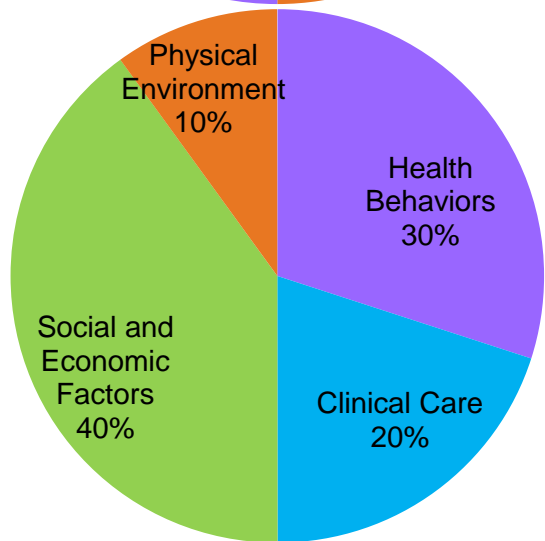
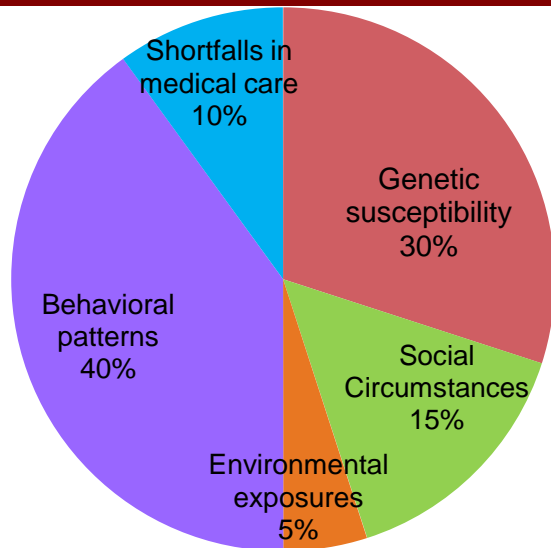


- Based on work of Bronfenbrenner
- Child's development and well-being in context of family, community, and societal factors

What is the role of the public health system?



What Determines Health?



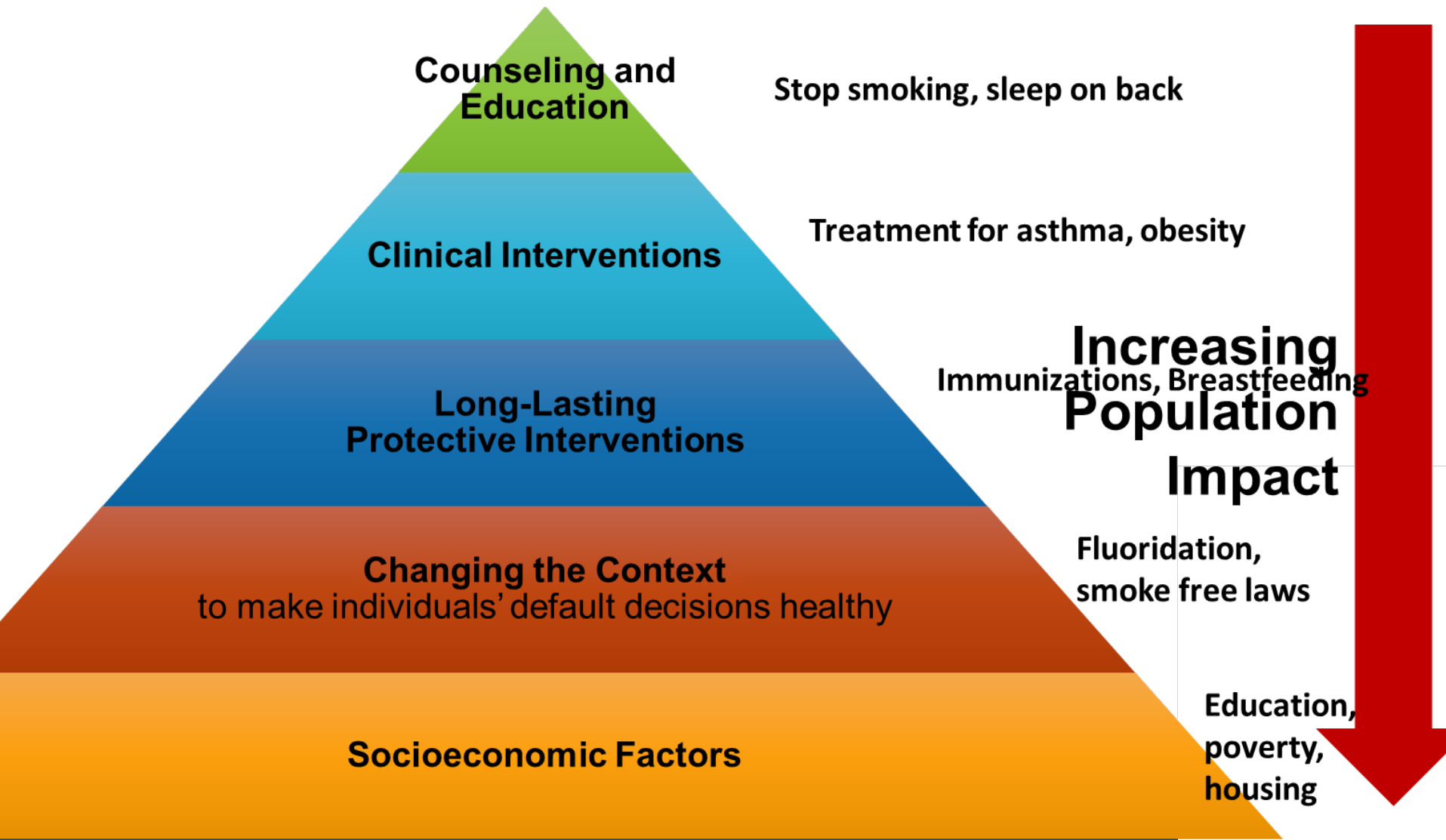
Health care accounts for only 10-20% of overall health



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.



Population Health Focus



A Fence or an Ambulance

'Twas a dangerous cliff, as they freely confessed,
Though to walk near its crest was so pleasant;
But over its terrible edge there had slipped
A duke and full many a peasant.

So the people said something would have to be
done,
But their projects did not at all tally;
Some said, "Put a fence 'round the edge of the
cliff,"
Some, "An ambulance down in the valley."...



A Fence or an Ambulance

**...But the cry for the ambulance carried the day,
For it spread through the neighboring city;
A fence may be useful or not, it is true,
But each heart became full of pity**

**For those who slipped over the dangerous cliff;
And the dwellers in highway and alley
Gave pounds and gave pence, not to put up a fence,
But an ambulance down in the valley.....**

A Fence or an Ambulance

... "For the cliff is all right, if your careful," they said,
"And, if folks even slip and are dropping,
It isn't the slipping that hurts them so much
As the shock down below when they're stopping."

So day after day, as these mishaps occurred,
Quick forth would those rescuers sally
To pick up the victims who fell off the cliff,
With their ambulance down in the valley. ...

A Fence or an Ambulance

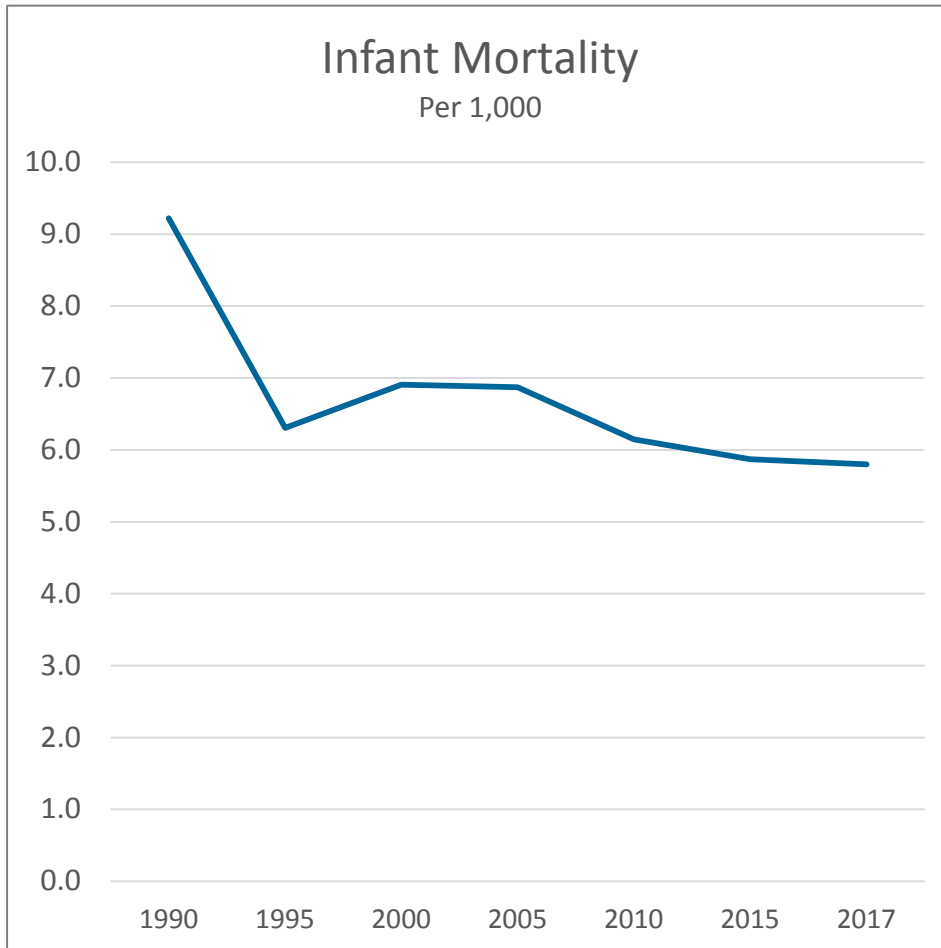
...Better guide well the young than reclaim them
when old,
For the voice of true wisdom is calling.
"To rescue the fallen is good, but 'tis best
To prevent other people from falling."



Joseph Malins
1895

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<http://www.libraryofbirmingham.com/cartedevisiteportraits?nojs>

Closing thoughts: Opportunities for SACIM



- Collaborations across public and private sector
- Overall infant mortality rate
- Disparities
- Social determinants of health
- Upstream interventions

Source: National Vital Statistics System



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