

**Report of the Secretary's Advisory Committee on Infant  
Mortality (SACIM):  
Recommendations for  
Department of Health and Human Services (HHS) Action  
and  
Framework for a National Strategy**

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## *Executive Summary*

Infant mortality is a reflection of a society's commitment to ensuring access to health care, adequate nutrition, a healthy psychosocial and physical environment, and sufficient income to prevent the adverse consequences of poverty. While progress has been made in reducing U.S. infant mortality rates, the nation must do more. Inequality is shown in substantial and persistent racial/ethnic and income disparities. Moreover, in 2010, the U.S. ranked 24th in infant mortality compared to other industrialized nations of the world.

In June, 2012, Health and Human Services (HHS) Secretary Kathleen Sebelius made a commitment to the development of the nation's first national strategy to reduce infant mortality. This report of the Secretary's Advisory Committee on Infant Mortality (SACIM), as empaneled for 2011-2012, makes recommendations to serve as the framework for the Secretary, HHS agencies, and the entire federal government as they define and implement an official federal action plan. In addition, we stand prepared to assist further in development and dissemination of a public-private national strategy to reduce infant mortality.

First, the nation should set objectives that reflect our commitment. In 2010, the U.S. infant mortality rate was 6.15 deaths per 1,000 live births, and the average for industrialized countries was 5. The Healthy People 2020 objective is set at 6.0 per 1,000. Based on recent trends, however, SACIM believes the targets should be "five-five by fifteen" and "four-five by twenty" – that is, the United States should aim to reduce the infant mortality to 5.5 per 1000 by 2015, and to 4.5 by 2020.

Second, any plan or strategy to reduce infant mortality should be grounded in a set of core principles. The following core principles were defined by SACIM to guide the recommendations in this report. We believe that the national strategy and the HHS action plan to reduce infant mortality should:

- Reflect a life course perspective
- Engage and empower consumers
- Reduce inequity and disparities and ameliorate the negative effects of social determinants
- Advance systems coordination and service integration
- Protect the existing maternal and child health safety net programs
- Leverage change through multi-sector, public and private collaboration
- Define actionable strategies that emphasize prevention and are continually informed by evidence and measurement.

SACIM proposes six strategic directions or “big ideas”. These strategic directions define key areas for action and each incorporates specific SACIM recommended strategies and activities. Note that the Affordable Care Act (ACA) provides opportunities within each area. In addition, many actions recommended by SACIM require a change in approach rather than new investment or budget. The six big ideas/strategic directions call for the nation to:

1. **Strategic Direction 1: Improve the health of women before during, and beyond pregnancy.** Nothing could be more critical to the health of the next generation than to improve the health of women prior to conception. The nation is on the right track with ACA, including: affordable coverage, emphasis on clinical preventive services, innovations to better serve those covered by Medicaid, interventions for chronic conditions and mental health, and community public health and preventive services investments. Women need clinical services, community services, and social supports to empower them to achieve optimal health and fulfill their reproductive health goals. Effective implementation of such efforts will result in improved birth outcomes, optimal health for infants, and reduced infant morbidity and mortality.

Recommendations:

- 1.A. Monitor coverage and promote use of women’s clinical preventive services.
  - 1.B. Partner with professionals to develop clinical guidelines for well-woman visits.
  - 1.C. Use Medicaid innovation, demonstrations, and flexibility to offer states new avenues for delivering effective, evidence-based interventions to women.
  - 1.D. Increase efforts to ensure mental/behavioral health and social support services for women.
2. **Strategic Direction 2: Ensure access to a continuum of safe and high-quality, patient-centered care.** Currently, the Collaborative Innovation and Improvement Networks (COIIN) supported by the Health Resources and Services Administration, Medicaid perinatal quality improvement projects, and action in select hospitals and health systems demonstrate what can and should be done. The Agency of Healthcare Research and Quality and other entities have defined measures. Still, we have far to go toward assuring that all women and infants receive quality care as defined by the Institute of Medicine, that is, care which is safe, timely, effective, efficient, equitable, and patient- centered.

Recommendations:

- 2.A. Strengthen state leadership and capacity to improve birth outcomes and reduce infant mortality through the HRSA Collaborative Innovation and Improvement Network (COIIN).
- 2.B. Use Medicaid to drive quality and improve the health of women and infants.
- 2.C. Support quality improvement activities through other agencies of HHS, including the Agency for Healthcare Research and Quality (AHRQ) and CDC.
- 2.D. Support health coverage for all newborns by requiring newborn coverage for all infants (i.e., with public or private coverage) and making temporary coverage available to those who are uninsured at birth.
- 2.E. Maximize the ACA investments in community health centers and workforce capacity.

- 3. **Strategic Direction 3: Redeploy key evidence-based, highly effective preventive interventions to a new generation of families.** We know that breastfeeding, family planning, immunization, smoking cessation, and safe sleep are proven, effective interventions for reducing infant mortality. It is clear, however, that new, culturally congruent social marketing messages and modern communication strategies (i.e., social networking, Internet) are essential to inform and motivate today's young families. Support and adequate financing for these proven prevention strategies is equally critical.

Recommendations:

- 3.A. Design and implement new health promotion and social marketing campaigns to accelerate use of five key preventive interventions.
- 3.B. Conduct health promotion and social marketing campaigns to inform families about the warning signs of pregnancy complications and infant risks and the actions families should take when problems arise

- 4. **Strategic Direction 4: Increase health equity and reduce disparities by targeting social determinants of health through both investments in high-risk, under-resourced communities and major initiatives to address poverty.** The underlying causes of persistent racial/ethnic and socioeconomic disparities in infant mortality must be specifically tackled. Poverty and racism profoundly affect psychosocial well-being and are widely considered to be contributors to disparities in birth outcomes and infant mortality. A national strategy to reduce infant mortality must include sustained commitment to address social determinants of health in order to increase health equity.

SACIM recommends comprehensive, community-based initiatives that increase access, opportunity, and resources in high-risk areas. SACIM also strongly recommends concerted efforts to reduce the impact of poverty on families in their childbearing years.

Recommendations:

- 4.A. Convene an interagency expert panel to set goals for closing infant mortality gaps.
  - 4.B. Support and transform the federal Healthy Start program and maximize its potential to reduce infant mortality, eliminate disparities, and increase health equity.
  - 4.C. Use federal interagency collaboration to turn the curve on social determinants of health at the community level by concentrating investments from multiple programs in place-based initiatives.
  - 4.D. Address and alleviate poverty, which has a known impact on infant mortality, through enhanced use of income supports through TANF, EITC, and other policies.
  - 4.E. Add SACIM to list of HHS Initiatives aiming to eliminate disparities and increase health equity.
5. **Strategic Direction 5: Invest in adequate data, monitoring, and surveillance systems to measure access, quality, and outcomes.** The nation's vital statistics system, perinatal surveys, Medicaid perinatal data collection, quality measurement systems, and other data systems need to be dramatically improved. Timely and accurate data are needed to help inform the development and implementation of important policies and programs for families across the country.

Recommendations:

- 5.A. Make investments in the National Vital Statistics system to assure timely, and accurate birth and maternal and infant death statistics.
- 5.B. Incentivize reporting of Medicaid perinatal data from every state, based on a uniform set of quality and outcome measures.
- 5.C. Provide resources to expand the Pregnancy Risk Assessment and Monitoring System (PRAMS) to every state in order to monitor the health of women and infants.
- 5.D. Systematic use of quality measures for women and children.
- 5. E. Continue support for other related data systems.
- 5.F. Give priority to research into the causes and prevention of infant mortality through NIH, AHRQ, HRSA, CDC, CMS, SAMHSA, and other parts of HHS

6. **Strategic Direction 6: Maximize the potential of interagency, public-private, and multi-disciplinary collaboration.** It is time for all sectors beyond public health and medicine to embrace infant mortality as "their" issue and strategically maximize their investments. For example both the HHS Action Plan to Reduce Racial and Ethnic Health Disparities and the National Prevention Strategy contain activities designed to improve reproductive health and birth outcomes. SACIM believes that actions are needed at the national, state, community, family, and individual levels, and through public-private partnerships to leverage innovation, technology, expertise, and community assets to achieve the goal of eliminating preventable infant deaths.

Recommendations:

- 6.A. Engage the National Prevention Council and build upon the National Prevention Strategy.
- 6.B. Strengthen state health departments with effective federal-state partnerships, particularly through activities underway at HRSA, CMS, and CDC.
- 6.C. Maximize the potential of public-private partnerships, particularly by engaging private sector organizations which have a distinct focus on preventing infant mortality.
- 6.D. Engage women (daughters, mothers, and grandmothers) in efforts to prevent infant mortality, improve women's health, and strengthen family health and well-being.

These SACIM recommendations acknowledge that reducing infant mortality in the United States will require a multi-faceted effort, including practice improvement by service providers, changes in knowledge, attitudes and behaviors of men and women of childbearing age, improved access to preventive and treatment services, empowered communities, health equity, and a serious commitment to prevention by all.

SACIM believes in the vision of the United Nations "Every Woman, Every Child" campaign: each nation should aim to ensure that every woman and every child have the same opportunities for health and life. We know that the first years of life lay the foundation for an individual to be healthy and thrive across the life course. Families, communities, states, and the federal government must work together to optimize the potential of every child. A nation as wealthy as ours can and should commit to ensuring medical, economic, and social support to families sufficient to allow every baby to be born in optimal health and to enter the world wanted and loved. Anything less would fail to achieve significant and lasting improvement.