



## **AMCHP Comments on the National Prevention and Health Promotion Strategy**

### **What are your suggestions on the Draft Vision, Goals, Strategic Directions, or Recommendations?**

The Association of Maternal & Child Health Programs (AMCHP) appreciates the opportunity to comment on the National Prevention and Health Promotion Strategy. AMCHP is the national organization representing state and territorial maternal and child health program directors whose mission is to improve the health and well-being of all women, children, and families, including children and youth with special health care needs.

We applaud Congress and the Administration for their historic efforts to greatly change the dynamic of public health by formulating and implementing a national strategy. The draft strategy document is an important first step laying the foundation toward improving the health of our nation. As the Strategy moves forward we strongly encourage the National Prevention, Health Promotion and Public Health Council to continue a focus on a life course perspective and ensure that recommendations are targeted toward improving the health of women, infants and children.

AMCHP is pleased that the Strategy's strategic directions include initiatives to promote tobacco cessation, healthy eating, curbing alcohol and drug misuse and active lifestyles as the pillars for moving forward. While the National Strategy focuses on the leading causes of adult death, it is important to note that the Strategy remains silent on the leading causes of child death. Tragically, every year nearly 28,000 babies will die before their first birthday. Moreover, many of the chronic conditions that plague our country today begin during pregnancy and childhood. Facilitating the adoption of core strategies aimed to prevent death and chronic disease early in childhood will vastly improve public health. We strongly encourage the Council to ensure that that women of childbearing age and pregnant women are specifically targeted during these endeavors and urge the Council to incorporate other promising evidence based interventions including family planning, and folic acid education and supplementation as part of the national strategy.

### **What evidence-based actions should the federal government take to address the Draft Recommendations?**

AMCHP strongly encourages the Council to review and implement many of the strategies articulated in a paper authored by the Health Resources and Services Administration Maternal and Child Health Bureau entitled, "Rethinking MCH: The Life Course Model as an Organizing Framework." This paper lays out very clear evidence based actions for the maternal and child health community to consider reshaping public health approaches for the 21<sup>st</sup> Century.

Additionally, AMCHP encourages Congress and the Department of Health and Human Services to ensure sustained, enhanced and continued funding of valuable surveillance, research and



public health intervention programs. Without sustaining core programs the public health infrastructure and ability track any evidence based actions put forth by the National Strategy will be lost. State maternal and child health programs should be significantly strengthened to expand and assure statewide implementation of enabling services that help people effectively access care, population-based services that promote prevention for all residents, and infrastructure building services that assure a system is in place to meet the health needs of all.

Population-based services consist of *primary* prevention strategies for MCH populations, such as public information, education, and policy development to prevent injuries, lead poisoning, and chronic disease, promotion of oral health, coordination of statewide immunization activities, interventions to reduce preterm birth, infant mortality and sudden infant death syndrome (SIDS), as well as programs to improve nutrition and prevent tobacco, alcohol and use of other drugs especially during pregnancy, and prevention of activities that increase the risk of HIV transmission and sexually transmitted diseases.

State maternal and child health programs should also be strengthened to continue to guide the implementation of systems of comprehensive *secondary* prevention services including newborn screening and counseling; promotion of regionalized systems of perinatal and neonatal high-risk services; high-risk tracking and follow-up services; early intervention services; and infectious disease control.

### **What evidence-based actions should partners (national, state, Tribal, local, and Territorial governments, non-profit, and private) take to address the Draft Recommendations?**

Enumerated below are specific areas where State Title V directors' expertise can be leveraged to address and implement the draft recommendations:

- **(SD-5) Tobacco Free Living: Improve awareness and utilization of effective and affordable tobacco cessation services.** State MCH programs often help fund state-wide smoking cessation or “quit” lines for pregnant women and provide education within their state on the dangers of smoking during pregnancy. Providers are trained by state MCH programs to refer women to quit lines. State MCH programs also partner with other groups to educate and inform the public on the dangers of smoking and promote smoking cessation at the state and local levels.
- **(SD-7) Healthy eating Assess dietary patterns and provide education, counseling and referrals in clinical and community settings including worksites:** State MCH and Chronic Disease programs work together at the state and community levels to educate women, children and families about the importance of physical activity, nutrition and obesity prevention throughout the lifespan. State MCH programs also work with other agencies, such as WIC, to provide education on healthy eating during pregnancy. State MCH programs participate in task forces to address healthy weight in women, prevent chronic disease such as gestational diabetes, publicize wellness messages for families and establish and promote comprehensive programs for worksite wellness.
- **(SD-7) Health Eating Support breastfeeding within birthing facilities, workplace and communities:** State MCH programs promote breastfeeding by developing

educational materials for new mothers on breast feeding practices and providing information on breastfeeding to all residents of their states through websites, toll-free telephone information lines and coordinating with other programs such as WIC. State MCH programs also provide lactation consultants and work with policy makers, employers, hospitals and other partners to adopt breast feeding friendly policies in the workplace.

- **(SD-9) Injury Free Living:** State MCH programs directly support several surveillance efforts including infant mortality reviews and child death review programs. State MCH programs invest in injury prevention programs, including state and local initiatives to promote the proper use of child safety seats and helmets, and reduce recreational injuries such as falls on playgrounds.

### **What measures should be used to monitor progress on implementation of the National Prevention Strategy's Vision, Goals, and Recommendations?**

AMCHP strongly recommends utilizing Title V Maternal and Child Health Services Block Grant program's national performance and outcome measures to monitor implementation of the National Prevention Strategy. For over a decade, the Title V Maternal and Child Health Services Block Grant program has fostered a culture of results and accountability by promoting annual reporting of national outcome and performance measures. States currently report on six national outcome measures as well as 18 national performance measures. Each State also reports on nine health systems capacity indicators and 12 health status indicators that are considered key indicators of maternal and child health systems and program capacity.

Additionally, AMCHP encourages the Council to utilize the infant mortality rate as a sentinel and overarching measure to monitor progress. Infant mortality is often an indicator of a nation's overall health. Unfortunately, improvements in reducing infant mortality are stalled and the U.S. ranks 30<sup>th</sup> internationally for infant mortality rates. Moreover, racial and ethnic disparities persist across several indicators, with black infant mortality rates double the rate for whites. Ensuring that all babies are given a healthy start in life is an important first step to shift the nation from a focus on sickness and disease to one based on wellness and prevention.

### **Additional Comments or Suggestions:**

AMCHP encourages the Council to list infant mortality as a key issue that disproportionately affects sub-populations specifically under recommendation **(SD-2) Eliminate Health Disparities: Expand opportunities for health within communities and populations at greatest risk. Address key issues that disproportionately affect sub-populations such as diabetes, HIV/AIDS, Viral Hepatitis Band C, homicide, suicide and domestic violence.** According to the CDC during 2004-2006 the infant mortality rate per 1,000 live births in the United States was highest for black infants (13.5) followed by Native Americans (8.5), whites (5.7) and Asians (4.6). Black infants (13.5) were about 3 times as likely as Asian infants (4.6) to die during the first year of life.

AMCHP urges the council to include an additional recommendation specifically aligned to address the unique needs of maternal and child health, as such AMCHP submits the following for consideration:



**(SD 11) Maternal and Child Health:** Implement policies, systems and environmental changes in addition to targeted strategies to improve maternal and child health.

(R) Promote optimal health before a woman becomes pregnant during the preconception and interconception period.

(R) Promote healthy pregnancies by improving outreach and enrollment services to eligible women.

(R) Improve birth outcomes, comprehensive health and developmental screening for newborns and young children, and long term follow up services for children.