

Connecting the Dots to Improve Birth Outcomes

Key Considerations and Recommendations from a National Meeting

The Role of AMCHP

AMCHP supports state maternal and child health (MCH) programs and provides national leadership on issues affecting women and children. We work with partners at the national, state and local levels to promote women's health; provide and promote family-centered, community-based, coordinated care for women and children; and facilitate the development of community-based systems of services for women, children and their families.

The AMCHP National Center for Health Reform Implementation provides state MCH leaders and their partners with the information, tools and resources to optimize the opportunities presented by the Patient Protection and Affordable Care Act (ACA) for improving services, systems and health outcomes for MCH populations.

Introduction

While the United States has made some gains in improving infant and maternal mortality rates over the past several decades, nationally these rates remain high and significant disparities still exist. Fortunately renewed interest and public and private investments in improving birth outcomes have resulted in a groundswell of momentum, initiatives, recommendations, and activities at the national, state and local levels. These include initiatives of the Secretary's Advisory Committee on Infant Mortality (SACIM), the Association of State and Territorial Health Officials *President's Challenge*, the Maternal and Child Health Bureau (MCHB) *Collaborative Improvement & Innovation Network (CoIIN) to Reduce Infant Mortality*, March of Dimes *Healthy Babies are Worth the Wait*, Centers for Medicare and Medicaid Services (CMS) *Strong Start for Mothers and Newborns Initiative* and investments by the W.K. Kellogg Foundation including the Every Woman Southeast initiative and Best Babies Zones. These efforts vary in their focus and include:

- reforms to health care systems and their financing
- public awareness campaigns
- quality improvement projects, collaborative learning among states and community engagement in place-based programs

These multiple and varied initiatives presented an important and needed opportunity for the leaders of these efforts to coalesce and discuss how to effectively coordinate and maximize the impact of these efforts, particularly for states and community groups. To this end, in July 2013, with the support of the W.K. Kellogg Foundation, AMCHP convened nearly 50 leaders representing federal health agencies, state departments of health and Medicaid agencies, professional associations, provider groups, nonprofit leaders, think tanks, private funders, and academia in Washington, DC. (A list of meeting participants is in Appendix A).



Connecting the Dots: A National Meeting on Improving Birth Outcomes provided a forum for participants to discuss the multiple initiatives to improve birth outcomes, and identify areas of connectivity and commonality, and potential disconnect in coordination and implementation. Participants considered and discussed the range of national initiatives and investments in this area, including the recommendations of the SACIM. (A summary of current national recommendations and guidance is in appendices C and D.) This issue brief summarizes the key themes from meeting participant discussions including challenges with coordination of efforts, strategies, and resources for accelerating implementation and scaling initiatives, and reflections on what remains to be done.

The Current Landscape: How Well are We Doing, and What is Missing?

In recent years, federal agencies and national organizations have convened expertise or workgroups and put forth recommendations and suggested strategies for improving birth outcomes at the state and local levels. Examples include the recommendations of the SACIM and the National Initiative on Preconception Health and Health Care and quality improvement and learning groups such as the CoINNs to Reduce Infant Mortality launched by the Health Resources and Services Administration (HRSA) are working diligently to implement recommendations. In spite of the tremendous policy momentum that these and other efforts have created, participants reported that the numerous initiatives have also resulted in confusion about national priorities and where to place focus, potential duplication of strategies, and lack of clarity about a common vision, particularly among states and communities that are

working to implement efforts to lower infant mortality. Early consensus emerged among meeting participants that additional recommendations on *how* to improve birth outcomes are not needed but rather strategies for implementation of the multiple initiatives and improved coordination to maximize impact.

The meeting discussions were focused in five core areas consistent with AMCHP priorities for much of its work and the recommendations of the SACIM. These areas are: 1) eliminating racial and ethnic disparities, 2) improving access to preventive and primary care, 3) fostering partnerships and collective impact, 4) financing of services and supports, and 5) quality improvement. The following sections summarize meeting participant discussion and findings in these areas.

Eliminating Racial and Ethnic Disparities

The field of public health, including the groups represented at this meeting, has worked hard to increase the visibility of and education about health disparities in infant and maternal mortality and morbidity. The adoption of the life course perspective has helped to clarify where inequities have an impact on health outcomes such as infant mortality, access to quality health care, immunization rates and many more. However, eliminating or even reducing health disparities remains difficult without the identification of measurable outcomes and strategies that could demonstrate a positive impact. Furthermore, limited state and community resources, and challenges in connecting those most in need with services and resources are persistent problems.

Within this context, participants identified several opportunities and key considerations related to eliminating racial and ethnic disparities including the following:



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- Reducing disparities is a long-term effort that requires a comprehensive, multilevel approach. MCH professionals are uniquely poised to discuss health equity with various stakeholders including housing, social services, and policymakers to implement strategies and recommendations to reduce health disparities. This includes taking the lead in talking about ‘race’ and ‘class’ to remove fear of using these terms and speaking about these concepts.
- Increasing cultural competence is a key (but first) step toward health equity. These efforts must take place across the professions serving the MCH community. For example, MCH professionals should participate in the dissemination of a curriculum for current and future health care providers and public health professionals. It should be recognized that cultural competency must take place at every level from the health care provider to the state-level system care setting.
- The MCH community¹ needs tools to assess and describe health equity on multiple levels and factors contributing to inequities and how to eliminate these. For example, differences in quality of postpartum visits in public versus private insurance could be a factor contributing to health inequities and is in need of further study.
- The MCH community should promote more place-based initiatives based on models that work, such as Healthy Start² and Best Babies Zone³, and look to opportunities presented by home visiting investments and community collaborations of home visiting programs. In order to achieve health equity, programs and initiatives have focused on community-driven efforts and community engagement that are able to respond to the unique and specific needs of that community.

Access to Preventive and Primary Care

The Institute of Medicine underscored the importance of women’s preventive services and the critical role of public health in providing community-based and access to clinical preventive services for women in its report to the U.S. Department of Health and Human Services (HHS), *Clinical Preventive Services for Women: Closing the Gaps*.⁴ Meeting participants noted that in spite of the advancements in health care, our current health care system often includes unnecessary interventions, interventions lacking an evidence-base, and deficiencies in coordination. Additionally, the decision by some states not to expand Medicaid eligibility to all adults up to 138 percent of the federal poverty level as part of the Affordable Care Act (ACA) may cause disparities in access to primary and preventive services for women among states. Potential strategies and key considerations to improve access to preventive and primary care as discussed by meeting participants include:

- Partnerships between obstetricians, midwives, nurses, and other women’s health professionals are critical to overcoming workforce shortages, improving the care experience, and expanding opportunities to improve women’s health. Professional associations are well positioned to broker these relationships.
- Insurance coverage to improve the health of women before during and after pregnancy should be a priority. Continued work to expand covered services through Medicaid provides great potential in improving access to preventive and primary care across the life span, including postpartum and interconception care.
- Public and private insurance coverage options including Medicaid and commercial health insurance plans are critical and should be comprehensive in their scope,



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covering women before, during, and after childbirth in order to ensure the best possible birth outcomes. However, women living in states that do not expand Medicaid coverage and those who are not eligible for subsidies through the health insurance marketplace may remain uninsured for the time leading up to a pregnancy and after the 60 day postpartum period for Medicaid pregnancy-only coverage. Further research should be done to explore the possibility of expanding the post-partum period to cover women at a critical period in their life span as well as provide more continuity in women's health care.

- The pregnancy-centered medical home model -- health care settings for women with a high level of care management with quality control measures built in -- offers a promising model of coordinated care and leading to integrated patient-oriented systems of care. The CMS Strong Start for Mothers and Newborns Initiative has one component that provides funding to test the effectiveness of enhanced prenatal care approaches to reduce the frequency of premature births among pregnant Medicaid or CHIP beneficiaries at high risk for preterm births, a potential for states to test and expand such a model.
- Recognizing that health insurance does not guarantee access to care, public health should continue its role in linking people to needed personal health services and ensure the provision of health care when otherwise unavailable: ensuring a competent public and personal health care workforce; and evaluating the effectiveness, accessibility, and quality of personal and population-based health services as defined in the 10 Essential Public Health Services. This is especially important in an era of health reform.
- As key components of the ACA roll out in states, health care, public health, and

community partners serving the MCH population must unite in a shared goal of broadcasting the message of new benefits included in health insurance plans for women and children.

- The MCH community must use clinical data more effectively both in advocacy on the effectiveness and importance of primary care.

Fostering Partnerships and Collective Impact

Numerous agencies, organizations, and stakeholders are involved in initiatives to improve birth outcomes at the national, state, and local levels. State and local involvement in the national initiatives varies ranging from significant to little to no involvement in multiple initiatives. For example, a particular state may have hospitals that participate in the National Initiative for Children's Healthcare Quality (NICHQ) Best Fed Beginnings and CMS Strong Start initiatives, be in a region rolling out the HRSA Infant Mortality CoIN, and participate in an AMCHP Action Learning Collaborative on improving birth outcomes. Conversely, another state may participate in fewer or none of these initiatives. To achieve collective impact in this environment, meeting participants made the following observations:

- Coordination should be improved among the organizations and agencies leading the key national efforts and should take place at the state level as well. For example, successes in participating states in the Infant Mortality CoIN include assigning a central point of contact for all infant mortality initiatives at the state level, identifying strong and effective leadership, and communicating a shared goal to policymakers. Title V programs can play an important role as a convening organization to promote partnerships that reflect the continuum of services needed to improve



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birth outcomes. Also, as a fundamental piece, community wellness should be a shared goal. Community wellness focuses on the social, environmental, and economic conditions that contribute to poor health.

- Provider and consumer organizations are underutilized resources and additional capacity is needed to achieve initiative aims. Efforts to improve birth outcomes should actively engage national and state chapters of provider organizations.
- Further, MCH professionals should purposefully engage nontraditional partners and those that have a stake in improving women's and infant health, but have not been at the table before. This includes the Substance Abuse and Mental Health Services Administration (SAMHSA), CMS, as well as state social service agencies and the private sector.
- Some states feel overwhelmed at times by efforts that are duplicative at times but also frustrated when there are unfunded gaps and opportunities that remain. Gaps and potential for duplication in initiatives often originate from uncoordinated funding. Collaboration must also occur at the funder level both in aligning investments and in requiring meaningful partnerships across stakeholders, including nontraditional partners.

Financing of Services and Supports

Some fee for service payment systems do not promote integrated systems of care that incentivize prevention and access to services across the life span. For example, today, coverage for preventive services by Medicaid for non-pregnant adults varies across states as well as cost sharing requirements. To overcome these challenges, the MCH community could partner with CMS in efforts to implement a payment perspective or method

that captures at a minimum, more global preventive care.

- The health outcomes of the mother and baby should be linked to payment to incentivize "total care." There is a growing movement toward accountable care and payment mechanisms that align incentives to encourage providers to do what is best for the mother and child with more emphasis on payment for quality, and outcomes rather than volume. Areas where these concepts are taking hold are in programs such as the CMS Strong Start for Mothers and Newborns Initiative, or state policies that reimburse providers equally for a cesarean section and vaginal births. Participants noted that this is a positive trend that must continue.
- The MCH community should partner with economists to measure the return on investment for MCH services and supports delivered outside of a clinical setting are also critical to improving birth outcomes. Such a partnership would show how investments in the health of women across the life course and children are valuable for society in the long term, and could begin to thwart the continued erosion of public health investments.
- Expand Medicaid to include preconception, interconception, and postpartum care as a maternal care package and provide leaders with the facts and evidence to demonstrate cost effectiveness of expanding the public health insurance program. This expansion should also reflect a conceptual and statutory change in Medicaid eligibility for postpartum care for women who receive pregnancy-only coverage and what is defined as the postpartum period: after birth, women are eligible for Medicaid through 60 days postpartum (and then if she lives in a Medicaid expansion state she would be covered beyond 60 days



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postpartum). This is not adequate to maximize maternal, infant and family health outcomes. The MCH community should lead continued dialogue on redefining the postpartum period as a dynamic period of physical, mental, emotional, and family and social changes and demands that impacts lifelong health of the mother for those women receiving pregnancy-only coverage in non-Medicaid expansion states. These efforts may be informed by the CMS Expert Panel on Improving Maternal and Infant Outcomes. The expert panel was launched in June of 2012. Membership of the panel includes state Medicaid medical directors, Medicaid providers, consumer representatives and other experts in the areas of maternal and child health, Medicaid, advocacy and research. The expert panel was charged with exploring program policy and reimbursement opportunities that could result in better care, improve birth outcomes and reduce the costs of care for mothers and infants in CHIP. In August of 2013, the panel presented CMCS senior leadership with a set of strategies to support states and providers in improving maternal and infant health outcomes in Medicaid/CHIP. The strategies suggested by the panel will help CMCS and states as Medicaid expansion creates greater opportunities to enhance the care of women and therefore both maternal and infant health outcomes. In December of 2013, the CMCS Crosswalk of Current Activities and Identified Potential Strategies was released and can be found [here](#).

- Bundling of payments for maternity related care (prenatal care, delivery, and postpartum care) can influence the provision of care and ultimately, health outcomes for women and children. Many meeting participants discussed the strategy

and need for “unbundling” of maternity related care payments, and providing the proper incentives to providers to help ensure the provision of comprehensive care and creating an incentive for appropriate postpartum care.

- Currently, many of the states with the highest infant mortality rates are the same states whose Governors have decided to forego Medicaid expansion under the ACA. A handful of states are working with HHS to explore and implement alternative strategies to expand coverage to this population. This scenario will unfold over the years, but continued support for states to demonstrate the cost effectiveness of expanded eligibility as a way to ensure that women are covered for preconception and interception care.

Quality Improvement

MCH professionals have the important role of using data to improve the systems of services for the MCH population. Numerous investments in quality improvement (QI) initiatives shine a light on the need for these activities to be driven by high quality and timely data, preferably to provide feedback in real time. To achieve this goal and overcome current challenges facing QI efforts, meeting participants noted that the following is needed:

- The utility of quality measures will improve by identifying entities responsible for their achievement, and holding those entities accountable. While no one entity is responsible for all of the factors that contribute to infant mortality, each key strategy to address the causes of infant mortality can and should have accountable entities, which could include public health, health care, payers, and community members.



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- The MCH community needs a national approach to quality that connects the existing quality improvement and accreditation initiatives in the clinical and public health realms and identifies parallel opportunities for public health and prevention as well as clinical care. Connecting the dots for quality means that state agencies responsible for MCH populations need opportunities to interface with quality initiatives on improving birth outcomes at the hospital and provider levels in order to provide expertise on the health needs of women, pregnant women and infants.
- To achieve quality improvement aims in the area of improving birth outcomes, deeper integration between public health and health care data is required. Currently, systems integration varies across the country, but generally, public health and health care data systems are usually separate entities with small and well-defined bridges between them, such as reportable diseases. This must take place at several levels: 1) electronic data exchange, including harnessing the power of electronic medical records (EMRs) for within-hospital reporting and analysis, facilitating linkage between EMRs and vital records systems, and statewide health information exchange, 2) linkage of administrative data systems, especially Medicaid claims and vital records, to identify at-risk groups, and 3) information sharing between public health and health care institutions to allow for timely feedback. The MCH community should take a leadership role in advocating for this integration and enabling partnerships within the private sector; with epidemiologic expertise and a population health view, the MCH community can provide a rich overlay of information to the clinical experience.
- The non-medically indicated deliveries before 39 weeks initiatives have recently demonstrated success. Now is the time to focus on spontaneous labor and reduction of early preterm births as the primary goals and sentinel indicators of quality in birth and health outcomes. The MCH community should unite around this next quality measure and communicate a strong public health message in its support.

Challenges to Implementation at the State Level

The dialogue within the five core areas allowed participants to consider challenges and create strategies to maximize and realign efforts. In addition to this discussion, throughout the meeting, a number of general challenges emerged specific to implementation of initiatives to improve birth outcomes at the state level. The challenges and opportunities discussed included the following:

- **Limited Resources:** State MCH professionals continue to face serious concerns with regard to available human capital because of hiring freezes and limited staffing. They are challenged by meaningfully engaging in a large number of initiatives, and in some instances lose ground in others while focusing on a particular priority. Further, the ability for state staff to achieve goals in improving birth outcomes is limited by the state's approach to health reform and political will to engage in the issue. It is for these reasons that states need flexibility in developing their approaches.
- **Innovation:** MCH programs need opportunities to innovate beyond traditional partners and programs. In many cases, limited funding and time constrains the ability of public health officials to reach similar levels of innovation as compared to the private sector.



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- **Collaborative Learning:** There is a need and significant interest in learning how to bring ‘implementation to scale’. Programs or services that are promising, emerging, or best practices making an impact on outcomes of interest, they should be purposefully collected and shared to reduce duplication of effort and speed improvement. MCH programs want more opportunities to share tools and lessons learned in implementation across states, hoping for more peer-to-peer and other collaborative learning opportunities, including action learning collaboratives. Further, participants envisioned a consolidated pipeline for implementation that translated federal recommendations into action at the state and local level.

Summary of the Current Landscape

The current environment of the health care system in which initiatives to improve birth outcomes are being crafted and launched is characterized by fragmentation in what should be a continuum of services across the woman’s life span; a focus on volume and less so on value, evidence, and quality; and the need to strategically build and sustain political will for improving birth outcomes at a state and local level. The strategies identified within and across the five core areas reflect opportunities to re-energize work and collaborations to improve birth outcomes at the state and local levels and begin to move beyond shared challenges with regard to implementation of national recommendations.

Connecting the Dots: Commitment to Working Together Differently

Participants envisioned an environment in which programs and services worked together as a part of a continuum of quality services across a woman’s life span and within an infrastructure, that incentivizes shared goals

and coordination among public health, health care, and finance systems. In an era of health reform, this environment also would ensure all women know of health insurance options and benefits that are covered by the ACA, and the system is monitored to measure and assure adequate access to care. The following strategies emerged during the meeting as *priority areas* to translate recommendations and guidance on the federal level to action at the state and local level:

1. National recommendations and initiatives must take into account state uniqueness and need for flexibility.
2. Place-based initiatives and community-driven efforts are critical to achieving health equity. An evaluation process needs to be put in place for their replication and dissemination as targets for future funding efforts.
3. Racism requires a long-term, systems-based strategy to dismantle it, and MCH professionals must take the lead in reaching out to partners “outside their walls” to build strategies together. While training on the root causes of health inequity among the public health and health care workforce is necessary, a commitment to health equity must be an integrated and universal.
4. Provider groups and their members are essential partners in achieving initiative aims, in particular in improving continuity and quality of care across a woman’s life span. State public health leaders must engage provider group chapters to share responsibility and create a spirit of collaboration across the myriad providers serving women in the state.
5. The definition of postpartum eligibility for Medicaid (60 days of postpartum) limits the ability of providers to impact health outcomes for women and infants. In the absence of continuous health insurance coverage for women in states that do not



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expand Medicaid eligibility, further research and exploration of redefining and extending the postpartum period of coverage in Medicaid is needed.

6. Efforts to eliminate non-medically indicated elective deliveries before 39 weeks have seen recent success, and continue to present an opportunity to improve racial and ethnic disparities. We must learn from and build on this success. One standard that was discussed as a possible quality measure of maternity care could be spontaneous labor and vaginal delivery. The MCH community needs to encourage the use of quality measures that lead to the best possible birth outcomes.
7. Data timeliness and regular feedback is essential to quality improvement. In addition to investing in the National Vital Statistics system, more fluid transmission of data between public health and health care entities is necessary to incentivize collaboration and movement toward shared goals.
8. The MCH community needs clearer legislative asks of policymakers that speak to the varied initiatives and unites them under a consistent public health message. Preserving and protecting “community wellness” is ripe for further development as it encompasses the life course approach and health equity, and drives home the value of investment in public health.
9. There is a distinct need for funders and national groups like AMCHP, MCHB, City MatCH and others to coordinate better so as to not overwhelm states and local agencies with initiatives. By aligning funding and initiatives more efficiently, strain on resources, both human and fiscal could be reduced.

Conclusion

The “Connecting the Dots” national meeting provided an opportunity to convene a ‘brain trust’ of individuals and organizations to identify where further leadership, support, and investment is needed at the federal, state, and local level to coordinate efforts to improve birth outcomes. The participants sought to characterize barriers that have impeded the implementation of national initiatives and identify strategies to create new inroads in the translation of parallel goals into their achievement.

The meeting served as a springboard for participants to return to their organizations and communities to continue exploring the question, “What more needs to be done?” The participants universally agreed that the SACIM recommendations should serve as an anchor for this work: Now is the time to consider how the MCH community can more efficiently coordinate and connect with new partners to accelerate work on improving birth outcomes in an era of health reform. AMCHP hopes that the meeting served as part of a new chapter in efforts to improve birth outcomes, where individuals and organizations serving the MCH population see themselves as part of a national fabric that operates horizontally (across the life course) and vertically (individual to community to state to region) to improve birth outcomes in the United States.

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For more information, please visit the AMCHP website at amchp.org. AMCHP staff can be reached by phone at (202)775-0436.



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**APPENDIX A
Meeting Agenda**



**Connecting the Dots: A National Meeting on Improving Birth Outcomes Initiatives
Wednesday, July 24, 2013**

8:30 a.m. to 4:30 p.m.

Location: Hotel Palomar, 2121 P Street NW Washington DC, 20037

Meeting Objectives: As a result of participation in this meeting, attendees will:

- briefly review and discuss key national and federal initiatives designed to improve birth outcomes,
- identify areas of connectivity, commonality and gaps in focus and goals,
- discuss and prioritize areas needing improved coordination to optimize and maximize collective impact at the federal, state and local levels, and
- solidify the core elements of a common national framework, and collective strategies for advancing mutual goals.

The results of these discussions will be used as a basis for further work to promote a common national framework, key considerations for implementation, and next steps and strategies for advancing this work.

Time	Activity/Event
8:30- 9:00 a.m.	Arrival and Breakfast Breakfast served in Phillips Room at Hotel Palomar
9:00 – 9:30 a.m.	Welcome, Introductions and Overview of the Day <ul style="list-style-type: none"> • Introductions and welcome <ul style="list-style-type: none"> ○ Brent Ewig, AMCHP ○ Patrick Simpson, W.K. Kellogg Foundation ○ Michael Lu, MCHB ○ Karen VanLandeghem, AMCHP
9:30 – 10:30 a.m.	Improving Birth Outcomes: What Outcomes do we Want and How Will We Get There? Co-Moderators: Karen VanLandeghem and Carolyn McCoy Overview: This portion of the meeting is designed to set the stage for the day’s work by engaging participants in



	<p>discussing what is needed in terms of improving birth outcomes, where we need to be, and what we need to get there.</p> <p>Discussion Questions:</p> <ol style="list-style-type: none"> 1) What do you see as the top priorities for improving birth outcomes in this current health and health care environment and considering the next 5 – 10 years? 2) What do you see as the top 2 – 3 challenges? 3) What is needed to get us to this goal and what do we need to get there?
<p>10:30 – 11:00 a.m.</p>	<p>The State of the Union: Lighting Review of Key National Initiatives</p> <p>Co-Moderators: Carolyn McCoy and Andria Cornell</p> <p>Overview: Using the AMCHP matrix on improving birth outcomes to guide the discussion, this session will allow attendees to understand the environment of initiatives to improve birth outcomes in the U.S. This will serve as an overview to supplement detailed information provided in the attendees' packet.</p>
<p>11:00 – 11:15 a.m.</p>	<p>Break</p>
<p>11:15 a.m. – 12:30 p.m.</p>	<p>How Are States Advancing Efforts to Improve Birth Outcomes? Perspectives from the Field About What is Needed?</p> <p>Co-Moderators: Lacy Fehrenbach and Piia Hanson</p> <p>Overview: Discussants present their thoughts to the discussion questions in brief 3 – 5 minute presentations and then use as a springboard for discussion by additional states and the full group.</p> <p>Discussion Questions:</p> <ol style="list-style-type: none"> 1) How are states maximizing this current national and state momentum behind improving birth outcomes? 2) What are the challenges with implementation from a state and local perspective? 3) What more is needed at the state and local level to improve birth outcomes? (i.e., Where are the gaps in states' efforts from a state perspective?) 4) What are the key issues and/or areas that are not being addressed?



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12:30 – 1:00 p.m.	Networking Lunch (<i>Lunch Provided</i>)
1:00 – 2:30 p.m.	<p>Does a Rising Tide Lift all Ships? Where are There Areas of Connectivity and Commonality and Where are the Gaps? Co-Moderators: Carolyn McCoy and Karen VanLandeghem</p> <p>Overview: Meeting attendees will discuss areas of commonality and gaps in breakout groups covering five core elements or focus areas as it relates to improving birth outcomes.</p> <p>Discussion Questions: Please think about your own work/expertise, current and previous efforts to address improving birth outcomes, and the meeting’s morning discussions in discussing these questions in your small groups for the specific focus area.</p> <ol style="list-style-type: none"> 1. How well are we doing as a field (<i>in the area</i> assigned your group) as it relates to improving birth outcomes? 2. Where are there gaps (<i>in the area</i> assigned your group) in spite of the investments, focus and momentum on improving birth outcomes and why do the gaps exist? 3. What are key strategies or recommendations (<i>in the area</i> assigned your group) to improve or strengthen what we are doing and where do we need further leadership to move this forward? 4. Wrap-up in group and report out to group <p>Focus areas:</p> <ol style="list-style-type: none"> 1) Access to preventive and primary care 2) Fostering partnerships/collective impact 3) Eliminating racial and ethnic disparities 4) Financing of services and supports 5) Quality improvement
2:30 – 2:45 p.m.	Break
2:45 – 3:45 p.m.	<p>How Can We Help the Field Collectively Advance Improved Birth Outcomes?</p> <p>Co-Moderators: Karen VanLandeghem and Andria Cornell</p>



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	<p>Overview: Meeting attendees will reflect and discuss what more needs to be done to improve coordination at the national level, what factors or areas are missing, and what more needs to be done. States will also provide possible solutions to each factor.</p> <p>Discussion Questions:</p> <ol style="list-style-type: none"> 1) What is it that we are collectively saying? 2) What will move us to that future vision? 3) How can we collectively work to improve birth outcomes?
3:45 – 4:30 p.m.	<p>Wrap-up and Next Steps</p> <ul style="list-style-type: none"> • Lacy Fehrenbach, AMCHP • Mike Fraser, AMCHP

Pre-readings for participants:

- AMCHP matrix of birth outcomes initiatives
- [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](#)
- [National Prevention Strategy](#) (full) [National Prevention Strategy](#) (fact sheet)
- [Healthy People 2020 Goal, Improve the health and well-being of women, infants, children, and families.](#)
- [AMCHP Compendium on Improving Birth Outcomes](#)



Appendix B Meeting Attendees



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List of Attendees

Chad Abresch, MEd

Executive Director
CityMatCH

***Shabbir Ahmad, DVM, MS, PhD**

Acting Division Chief of Maternal, Child and Adolescent Health Programs and Centers for Family Health
California Department of Public Health

Kris-Tena Albers, CNM, ARNP

Title V MCH Director
Chief, Bureau of Family Health Services
Division of Community Health Promotion
Florida Department of Health

Hani Atrash, MD, MPH

Director
Division of Healthy Start and Perinatal Services
Maternal and Child Health Bureau, HRSA, HHS

Debra Bingham, DrPH, RN, LCCE

Vice President, Research Evaluation and Publications
Association of Women's Health, Obstetric and Neonatal Nurses

Colleen Boyle, PhD, MSHyg

Director
National Center on Birth Defects and Developmental Disabilities
Centers for Disease Control and Prevention

William Callaghan, MD, MPH

Chief, Maternal and Infant Health Branch
Division of Reproductive Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Alethia Carr, RD, MBA

Director
Bureau of Family, Maternal and Child Health
Michigan Department of Community Health

Charlene Collier, MD, MPH, MHS

Perinatal Health Research & Policy Consultant
Mississippi Department of Health

Jeanne Conry, MD

President
American College of Obstetricians and Gynecologists

Sam B. Cooper III, LMSW-IPR

Director, Office of Title V & Family Health
Texas Department of State Health Services

Andria Cornell, MSPH

Program Manager, Women's & Infant Health
Association of Maternal & Child Health Programs

Maureen P. Corry, MPH

Executive Director
Childbirth Connection



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Jim Couto, MA

Director
Division of Hospital and Surgical Services
American Academy of Pediatrics

Isabella Danel, MD, MS

CAPT USPHS; Acting Chief, Field Support
Branch
Division of Reproductive Health
Centers for Disease Control and Prevention

Diana Derige, MPH

Project Officer
W.K. Kellogg Foundation

Suzanna Dooley, MS, APRN-CNP

Chief
Maternal and Child Health Service
Oklahoma State Department of Health

Katie Eukel

President/CEO
Fourth Sector Consulting

Brent Ewig, MHS

Director for Public Policy and Government
Affairs
Association of Maternal & Child Health
Programs

Lacy Fehrenbach, MPH, CPH

Director of Programs
Association of Maternal & Child Health
Programs

Mike Fraser, PhD, CAE

CEO
Association of Maternal & Child Health
Programs

Deborah L. Frazier, RN

Executive Director
National Healthy Start Association

Aileen Gleizer, MPP

Merck for Mothers Specialist
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ASSOCIATION OF MATERNAL & CHILD HEALTH PROGRAMS

APPENDIX C
Matrix of National Initiatives

This matrix includes examples of initiatives, programs, and strategies on national, regional, and state levels to improve birth outcomes in the United States. In general, initiatives and organizations included in this matrix make financial, organizational, or human resource investments in engaging partners to devise and implement strategies toward specific outcomes. This list is not intended to be comprehensive but rather a tool for considering the landscape of efforts to inform collective impact in improving birth outcomes.

National Initiatives			
Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>The Secretary’s Advisory Committee on Infant Mortality (SACIM) hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality/About/about.html The SACIM’s role is to advise the U.S. Department of Health and Human Services (HHS) Secretary on its programs directed at reducing infant mortality and improving the health status of pregnant women and infants. The committee is comprised of members from across the United States. Members include academic, state, and community-based stakeholders. In addition, several government agencies hold ex officio positions on the SACIM. The committee provides advice on how to coordinate federal, state, local and private programs and efforts designed to intervene in the health and social problems impacting infant mortality.</p> <p>In Jan. 2013, the SACIM submitted a report to the Secretary entitled “Recommendations for Department of Health and Human Services (HHS) Action and Framework for a National Strategy [on Infant Mortality].” The SACIM currently works to develop a companion strategy to improve preconception and maternal health.</p>	National	HRSA	<ul style="list-style-type: none"> • CDC • CMS • U.S. Department of Housing and Urban Development • U.S. Department of Labor

National Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>CMS Expert Panel on Improving Maternal and Infant Health Outcomes Center for Medicaid and Children's Health Insurance Program (CHIP) Services (CMCS), Centers for Medicare and Medicaid Services (CMS) www.medicare.gov/Medicare-CHIP-Program-Information/By-Topics/Quality-of-Care/Maternal-and-Infant-Health-Care-Quality.html</p> <p>The Expert Panel on Improving Maternal and Infant Outcomes in Medicaid and CHIP was launched in June of 2012. Membership of the panel includes state Medicaid medical directors, Medicaid providers, consumer representatives and other experts in the areas of maternal and child health, Medicaid, advocacy and research. The expert panel was charged with exploring program policy and reimbursement opportunities that could result in better care, improve birth outcomes and reduce the costs of care for mothers and infants in CHIP. In August of 2013, the panel presented CMCS senior leadership with a set of strategies to support states and providers in improving maternal and infant health outcomes in Medicaid/CHIP. The strategies suggested by the panel will help CMCS and states as Medicaid expansion creates greater opportunities to enhance the care of women and therefore both maternal and infant health outcomes. Current and planned CMCS improvement activities will be leveraged to ensure an active and cohesive approach for advancing the shared goal of improving maternal and infant health outcomes among our partners.</p> <p>In December of 2013, the CMCS Crosswalk of Current Activities and Identified Potential Strategies was released and can be found here.</p>	National	CMS	<ul style="list-style-type: none"> • MoD • NASHP • ACOG • AWHONN • NGA • NICHQ • National Partnership for Women and Families • CDC • HRSA • AHRQ

National Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) mchb.hrsa.gov/programs/homevisiting/ Health Resources and Services Administration (HRSA) (state MIECHV program) and Administration for Children and Families (ACF) (tribal MIECHV program), HHS The MIECHV program facilitates collaboration and partnership at the federal, state, and community levels to improve health and development outcomes for at-risk children through evidence-based home visiting programs.</p> <p>The statutory purposes of the program are to 1) strengthen and improve the programs and activities carried out under Title V of the <i>Social Security Act</i>; 2) improve coordination of services for at-risk communities; and 3) identify and provide comprehensive services to improve outcomes for families who reside in at-risk communities.</p> <p>The legislation requires that grantees demonstrate improvement among eligible families participating in the program in six benchmark areas:</p> <ul style="list-style-type: none"> • Improved maternal and newborn health • Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits • Improvement in school readiness and achievement • Reduction in crime or domestic violence • Improvements in family economic self-sufficiency • Improvements in the coordination and referrals for other community resources and supports 	<p>National states and six jurisdictions; Indian Tribes, tribal organizations, and urban Indian organizations</p>	<p>Established under Title V of the <i>Social Security Act</i>, through the Affordable Care Act of 2010</p>	<ul style="list-style-type: none"> • HRSA • ACF

National Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>Healthy Babies President’s Challenge astho.org/healthybabies/ The Association of State and Territorial Health Officials (ASTHO) and the March of Dimes (MoD) have partnered to help states prevent preterm birth and infant mortality. The challenge asks state health officials to sign a pledge to:</p> <ul style="list-style-type: none"> • Publicly announce a goal to reduce the rate of premature birth by 8 percent by 2014 (measured against 2009 data) • Initiate and support programs and policies that reduce the premature birth rate • Build wider awareness of prematurity rates and other related MCH indicators 	50 state health officials (48 states, Puerto Rico and the District of Columbia) have accepted the pledge to reduce premature births by 8 percent by 2014	MoD offers support for states that sign on with the media package (Prematurity Campaign). Otherwise, efforts to reach target are expected to be funded through state agency funds.	<ul style="list-style-type: none"> • ASTHO • MoD • HRSA • CDC • AMCHP

National Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>National Initiative on Preconception Health and Health Care (PCHHC) cdc.gov/preconception/index.html?s_cid=ncbddd_govd_123 The National PCHHC Initiative is made up of a steering committee and five workgroups – Public Health, Consumer, Policy and Finance, Clinical, and Surveillance and Research. They released the third Action Plan for the National Initiative on Preconception Health and Health Care here. The clinical workgroup also released, in draft in winter of 2013/14 Before, Between and Beyond Pregnancy. This toolkit is designed to be a "one stop" resource for clinicians and others who want to learn more about preconception health, its history, the evidence supporting it and strategies for incorporating relevant content into daily clinical practice.</p> <p>Every Woman Southeast agreed to be an “implementer” group for the Feb. 2013 Consumer Social Marketing Campaign – Show Your Love.</p> <p>This is the only national group with a specific focus on preconception health. They are working to get preconception health on the agenda of many other groups and initiatives.</p>	<p>National</p>	<p>CDC provides TA and leadership support. W.K. Kellogg Foundation has provided funds to three committees via the Every Woman Southeast coalition.</p>	<p>The Steering committee is comprised of national groups including:</p> <ul style="list-style-type: none"> • AMCHP • NACCHO • ASTHO • HRSA • CDC • AWOHNN • OMH • National Healthy Start • ACOG • Universities, health departments and others

National Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>March of Dimes Prematurity Prevention, 39+ weeks campaign marchofdimes.com/pregnancy/pregnancy-39weeks In response to the Joint Commission’s perinatal care core measure set that includes the number of elective deliveries performed >37 and <39 weeks, the March of Dimes and partners created a quality improvement toolkit for professionals: Elimination of non-medically indicated deliveries before 39 weeks. The toolkit focuses on scientific evidence, implementation efforts, data collection and education.</p>	National effort, California major participant	MoD; Johnson & Johnson Pediatric Institute	<ul style="list-style-type: none"> State partners: California Maternal Quality Care Collaborative and the California Department of Health
<p>Healthy Babies are Worth the Wait (HBWW) marchofdimes.com/professionals/healthy-babies-are-worth-the-wait.aspx The HBWW initiative is both a model of collaboration among local- and state-level clinical and public health partners and a national public awareness campaign. As a collaboration model, HBWW engages the community in efforts to achieve its goals of decreasing preterm births, implementing preventable strategies against preterm births, and changing the attitudes and behaviors of providers and consumers. There are five core components (the five Ps) of the HBWW model: 1) partnerships and collaborations, 2) provider initiatives, 3) patient support, 4) public engagement, and 5) measuring progress.</p>	<p>National public awareness campaign</p> <p>HBWW intervention sites include KY (pilot), NJ and TX</p>		<ul style="list-style-type: none"> MoD Johnson & Johnson Pediatric Institute Kentucky Department of Public Health

National Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>Text4baby National Healthy Mothers, Healthy Babies Coalition text4baby.org Text4baby is the largest national mobile information service designed to promote maternal and child health through text messaging. Women who text BABY (BEBE for Spanish) to 511411 receive free text messages timed to their due date or their baby's birth date, through pregnancy and up until the baby's first birthday. The messages address topics such as labor signs and symptoms, prenatal care, developmental milestones, immunizations, nutrition, birth defect prevention, safe sleep, safety, and more. Text4baby is supported and promoted by a public-private partnership of more than 1000 health departments, academic institutions, health plans, businesses, and the federal government. Text4baby is the largest national mobile health initiative reaching more than 565,000 moms since launch in 2010.</p>	<p>Text4baby is available for free within the United States with participating cellular carriers. Any individual or organization is eligible to become a text4baby partner.</p>	<p>Johnson & Johnson, CMS, National Institutes for Health (NIH), Alliance Healthcare Foundation, California Wellness Foundation</p>	<ul style="list-style-type: none"> • Voxiva • The Wireless Foundation • DHHS • National, state and local partners
<p>The Raising of America theraisingofamerica.org (Formerly entitled the American Birthright Project, developed by the producers of Unnatural Causes) The Raising of America is both a public engagement campaign and a documentary focused on promoting an 'equal opportunity childhood' for every infant to improve individual life course outcomes and produce a healthier, safer, better educated and more prosperous and equitable America. The series and official companion website will release in 2014.</p>	<p>National public awareness campaign – any organization can sign up to be part of the endeavor</p>	<p>W.K. Kellogg Foundation The California Endowment CDC Blue Cross and Blue Shield of Minnesota Foundation</p>	<p>Campaign has more than 100 partners to date, including:</p> <ul style="list-style-type: none"> • AMCHP • Birthing Project USA • NACCHO • NHSA • Zero to Three <p>Full list on project website.</p>

National Initiatives			
Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>Birth Project USA – “The Underground Railroad for New Life” birthingprojectusa.org This is a volunteer effort to encourage better birth outcomes by providing practical support to women during pregnancy and for one year after the birth of their children. Their programs allow them to identify babies before they are born, watch them during childhood, and invite them to participate with their mothers in risk reduction programs in middle school and the Academy of Dreams during high school. They also provide guidance to fathers.</p>	National/ International Group. They do have a Sister Friend project in Memphis, TN.	W.K. Kellogg Foundation	W.K. Kellogg Foundation, Ashoka
<p>Best Fed Beginnings National Initiative for Children’s Healthcare Quality (NICHQ) nichq.org/our_projects/cdcbreastfeeding.html Eighty-nine hospitals have been recruited from across the country to participate in a 22-month learning collaborative to make system-level changes to maternity care practices in pursuit of Baby-Friendly designation. Participating hospitals are located in the 29 states with the lowest breastfeeding rates. These hospitals account for approximately 275,000 births/year.</p>	National	CDC	Baby-Friendly USA
<p>Reaching Our Sisters Everywhere – ROSE breastfeedingrose.org/ This group aims to improve access to breastfeeding in the African-American Community, reclaiming African-American women’s breastfeeding experience and reforming health care through breastfeeding.</p>	National, based in GA	(TBD)	
<p>It’s Only Natural womenshealth.gov/itsonlynatural/ The purpose of this education campaign is to help African-American women and their families understand the health benefits of breastfeeding while providing practical tips and dispelling myths. The website also features stories of encouragement and inspiration from African-American mothers.</p>	National public awareness campaign	Office on Women’s Health, DHHS	

Regional Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>Regional Collaborative Improvement and Innovation Networks (CollINs) A collaborative, multistate initiative aimed at improving infant health outcomes by reducing infant mortality and prematurity across the United States, particularly among disparate populations.</p> <p>Regions IV & VI:</p> <ul style="list-style-type: none"> Regional summit in New Orleans in January 2012; Regional CollIN meeting in Washington, DC in July 2012. At the January meeting, states set five goals for themselves. The CollIN initiatives reflect some but not all of these state goals. Current IV & VI CollIN strategy teams are organized around: enhancing perinatal regionalization, Medicaid financed interconception care, safe sleep, smoking cessation, and eliminating elective deliveries prior to 39 weeks. Next steps include implementing strategies at the state level, tracking process and outcome measures, and planning a 2nd face-to-face meeting <p>Region V</p> <ul style="list-style-type: none"> CollIN expanded to the region in March 2013 Strategies will likely focus on social determinants of health, SIDS/SUID, and preconception care <p>Other regions Region X and California received QI training at 2012 Block Grant Review. HRSA hopes to expand the CollINs to all regions in 2014. In July 2013, HRSA released a Funding Opportunity Announcement for providing support for the implementation of CollINs in the remaining seven HRSA regions. The National Initiative for Children's Health Care Quality (NICHQ) was awarded this opportunity.</p>	HHS regions IV, V, VI	<p>HRSA/MCHB covered travel and meeting logistics for the in-person summit and the in-person components of the CollIN.</p> <p>HRSA/MCHB will offer funding to organizations providing support to the implementation of the CollIN in the remaining regions through a cooperative agreement.</p>	<ul style="list-style-type: none"> HRSA/MCHB CDC ASTHO MoD SACIM CityMatCH AMCHP NHSA Abt Associates NICHQ
<p>Every Woman SouthEast Coalition EveryWomanSoutheast.org</p> <p>EWSE is a multistate, multilayered partnership to improve the health of women and infants in the southeast United States. The initiative aims to foster capacity building and resource sharing, stimulate new ideas, develop new partnerships and promote</p>	SE Region: NC, SC, LA, MS, GA, TN, AL, FL, KY	W.K. Kellogg Foundation	<ul style="list-style-type: none"> AMCHP ACOG NACCHO PCHHC

<p>effective programs and networks for moving the women’s health agenda forward in this region.</p> <p>EWSE has a leadership team with representatives from each state. They have three committees: communication, evaluation and pilot projects. They also have nine state teams – one per state. The W.K. Kellogg Foundation currently provides funding through EWSE for seven pilot projects among a number of complementary activities.</p>			<ul style="list-style-type: none"> • MOD • HRSA/ MCHB
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Selection of States/Locales

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>AMCHP Action Learning Collaboratives (ALCs) Optimizing Opportunities within Health Reform for Preconception Health With support from the W.K. Kellogg Foundation, AMCHP lead a project to increase the capacity of state maternal and child health (MCH) programs and other state-level stakeholders (e.g., Medicaid agencies, providers, local health departments, community health centers) to improve birth outcomes throughout the life course. Phase I of this project focused explicitly on developing opportunities to promote preconception health using opportunities presented by the ACA and health reform efforts overall (e.g., state Medicaid reform). Phase II of this project identified an additional cohort of state teams. AMCHP continued to focus on optimizing health reform to improve birth outcomes by expanding upon the work begun in project year one but also had a specific focus on developing a collective impact approach to coordinating the multiple, concurrent efforts and initiatives to improve birth outcomes through health reform.</p> <p>Partnership to Eliminate Disparities in Infant Mortality CityMatCH, AMCHP, and the National Healthy Start Association (NHSA), with funding from the W.K. Kellogg Foundation, created the Partnership to Eliminate Disparities in Infant Mortality, with an aim to eliminate racial inequities contributing to infant mortality within U.S. urban areas. The Mission of the Action Learning Collaborative was to increase capacity at community, state and local levels to address the impact of racism on birth outcomes and infant health. The ALC brought together multi-disciplinary state/local teams to strengthen partnerships, build community participation and develop innovative strategies for addressing racial inequities in infant mortality in the United States. ALC teams were expected to combine their knowledge of evidence-based practices with local knowledge and</p>	<p>2012-2013 AMCHP worked with teams from FL, MI, MS, NM, OK, OR. Cohort two (2012-2013) included AZ, DE, RI, IL, UT.</p> <p>Cohort 1 state teams included Los Angeles, CA, Aurora, CO, Pinellas County, FL, Chicago, IL, Columbus, OH, and Milwaukee, WI. Cohort two included Fort Worth, TX, New Orleans, LA, New Haven, CT, Boston, MA, and the state of MI.</p>	<p>W.K. Kellogg Foundation</p>	<ul style="list-style-type: none"> • CityMatCH • NHSA

<p>problem solving, to move beyond what has typically been done to address infant mortality. Creativity was encouraged, and participating teams were innovative in addressing challenges related to racial inequities in infant mortality, including the impacts of racism. The ALC teams committed to the following:</p> <ul style="list-style-type: none"> ▪ Work to assure community engagement, mobilization, buy-in and commitment to address racial inequities in infant mortality ▪ Establish diverse partnerships, including non-traditional partners ▪ Commit to focus work upon racism and its impact on birth outcomes and infant health ▪ Create an action plan to address disparities in infant mortality, including a plan for sustaining efforts ▪ Implement an action plan as part of a community-based effort to improve birth outcomes ▪ Make contributions and provide feedback on the development of materials and best practices related to addressing racial inequities in infant mortality ▪ Share products, results and experiences gained from ALC work with other participating teams and national, state, and local entities ▪ Engage in this work with passion, innovation, flexibility, courage, and optimism <p>Resources can be found here.</p>		W.K. Kellogg Foundation	
<p>March of Dimes - The ‘Big 5’ The March of Dimes Big 5 State Prematurity Collaborative is exploring data driven perinatal quality improvement through the development and adoption of evidence-based interventions and the data systems and tools required to track changes in specific perinatal issues and indicators. Recent efforts in CA, KY, NY, OH, NC and other states have led to innovative population-based data driven approaches that provide information on potentially effective initiatives. Lessons have been learned in states that have implemented such approaches and the Big 5 have reviewed these and other efforts to identify a shared agenda focused on eliminating elective deliveries < 39 weeks.</p>	Targets five states: CA, FL, IL, NY, TX, with the goal of making a national impact	March of Dimes	

<p>CMS Strong Start for Mothers and Newborns Initiative innovation.cms.gov/initiatives/strong-start/ With an overall goal to reduce the risk of significant complications and long-term health problems for both expectant mothers and newborns, the initiative utilizes two strategies 1) Public-Private Partnership to Reduce Early Elective Deliveries and 2) Funding Opportunity for Testing New Approaches to Prenatal Care.</p> <p>The Public-Private Partnership to Reduce Early Elective Deliveries will examine ways to promote best practices and support providers in reducing early electives deliveries prior to 39 weeks.</p> <p>The Funding Opportunity for Testing New Approaches to Prenatal Care will fund opportunities for providers, states and other eligible applicants to test the effectiveness of three enhanced prenatal care approaches (enhanced Prenatal Care through Centering/Group Visits, at Birth Centers or Maternity Care Homes) to reduce preterm births for Medicaid covered women at risk for preterm births. Twenty-seven Strong Start awardees were announced in Feb. 2013: innovation.cms.gov/initiatives/map/index.html#model=strong-start-for-mothers-and-newborns-initiative</p>	<p>The public-private partnership will provide broad-based awareness building and dissemination of best practices for all MCH programs and stakeholders. The Strong Start RFA was open to all geographic areas.</p>	<p>CMS Innovation Center was established through <i>Patient Protection and Affordable Care Act</i> (ACA) funding.</p>	<ul style="list-style-type: none"> • CMS • HRSA • ACF • ACOG • MOD • HHS 'Partnership for Patients'
<p>The National Governors Association's (NGA) Initiative Learning Network to Improve Birth Outcomes nga.org/cms/home/news-room/news-releases/2013-news-releases/col2-content/more-states-to-focus-on-us-birth.html</p> <p>The goal of this Learning Network is to assist states in developing, implementing and streamlining their key policies and initiatives related to the improvement of birth outcomes, starting with low-income populations. NGA will convene in-state sessions with each selected state to facilitate this process and convene a networking conference for that group of states to share lessons learned and to further their respective planning process.</p> <p>Overall, the NGA does not intend for this to be a <i>new</i> initiative, but rather a <i>facilitative</i> effort to work with a selected group of states to meet the ASTHO Presidential</p>	<p>Nationally led, implemented at the state level.</p> <p>Since Fall 2012, NGA has released 3 rounds of RFAs for opportunities for states to participate in this learning network.</p>	<p>This project is funded by the NGA.</p>	<ul style="list-style-type: none"> • ASTHO • HRSA • CMS • Childbirth Connection • MOD • AMCHP

<p>Challenge ('8 by 14') pledge. The initiative strives to 'meet states where they are at' through facilitated expert design teams and learning networks among a group of states.</p> <p>At the conclusion of this project, NGA hopes to create best practice resources to share widely with other states.</p>	<p>Included in all three rounds are AL, AZ, CT, HI, IN, LA, KY, MI, NJ, NM, NV, VA and WV.</p>		
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Community-Based Initiatives			
Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>Healthy Start mchb.hrsa.gov/programs/healthystart/ The Healthy Start program is an initiative mandated to reduce the rate of infant mortality and improve perinatal outcomes through grants to project areas with high annual rates of infant mortality. The program began in 1991 with grants to 15 communities with infant mortality rates 1.5 to 2.5 times the national average. Healthy Start projects address the significant disparities in the health of mothers and babies experienced by racial and ethnic minorities in communities that face many challenges, including inadequate access to care and limited funding. All Healthy Start projects provide the following core services: direct outreach and client recruitment, health education, case management, depression screening and referral, and interconception care services to for all participants. Healthy Start sites have been successful in reducing the number of infant deaths and babies born of low or very low birth weight.</p>	<p>Nationally run, community-based. A list of grantees can be found here.</p> <p>As of 2013, MCHB funds 105 grants serving areas or populations in 191 counties located in 39 states, DC and Puerto Rico.</p>	<p>Projects are funded by competitive grants through HRSA/MCHB</p>	

Community-Based Initiatives

Brief Summary of Initiative	Geographic scope	Funding	National partners
<p>The Best Babies Zone (BBZ) bestbabieszone.org/ The Best Babies Zone (BBZ) Initiative is an innovative, multi-sector approach to reducing infant mortality and racial disparities in birth outcomes and improving birth and health outcomes by mobilizing communities to address the social determinants that affect health. The BBZ vision is that all babies are born healthy, in communities that enable them to thrive and reach their full potential. The uniqueness of this national initiative lies in the fact that not only is the approach zonal, but it is comprehensive – addressing four critical sectors – economics, education, health and community – in order to strengthen environments that support better and healthier outcomes.</p>	<p>Three pilot cities include: Cincinnati, New Orleans and Oakland</p>	<p>W.K. Kellogg Foundation</p>	<ul style="list-style-type: none"> • UC Berkley • NHSA • AMCHP • CityMatCH
<p>Institute for Equity in Birth Outcomes (“Equity Institute”) CityMatCH citymatch.org/Projects/iebo The Institute for Equity in Birth Outcomes (IEBO) is a national initiative that brings a scientific focus to the persistent gap in birth outcomes. Institute teams are based in local urban health departments, drawing in additional leadership and partners from other sectors. During a two-year span, selected teams headed by CityMatCH member health departments will participate in the IEBO and will receive in-person as well as distance-based training to support them as they select, implement, and evaluate an equity-focused project.</p> <p>In the coming years, CityMatCH will release curriculum content and project reports, with the intention of hosting an Equity Institute Summit in 2015.</p>	<p>For a list of the teams in each cohort, please visit the IEBO website.</p>	<p>W.K. Kellogg Foundation</p>	

APPENDIX D

Selected Resources from Participant Organizations



Additional Resources and Selected Readings

To complement the matrix of national initiatives to improve birth outcomes

National Recommendations and Strategies

- [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](#)
- [Action Plan for the National Initiative on Preconception Health and Health Care](#)
- [Toward Improving the Outcome of Pregnancy: Enhancing Perinatal Health Through Quality, Safety and Performance Initiatives](#)
- [Blueprint for Action: Steps Toward a High-Quality, High-Value Maternity Care System](#)
- [National Prevention Strategy \(full\)](#) [National Prevention Strategy \(fact sheet\)](#)
- [AMCHP Compendium on Improving Birth Outcomes](#)

Measurement Activities

- [Healthy People 2020 Goal: Improve the health and well-being of women, infants, children, and families.](#)
- [The Collaborative Improvement and Innovation Network to Reduce Infant Mortality](#)
- [The Joint Commission Perinatal Care Core Measure Set](#)
- [The Life Course Metrics Project](#)
- [More, Better, Faster: Strategies for Improving the Timeliness of Vital Statistics](#)

¹ The MCH community is used throughout the document. This includes but is not limited state Title V MCH programs, provider groups, state Medicaid programs, maternal and child health advocates and academics.

² The Healthy Start program is an initiative mandated to reduce the rate of infant mortality and improve perinatal outcomes through grants to project areas with high annual rates of infant mortality. The program began in 1991 with grants to 15 communities with infant mortality rates 1.5 to 2.5 times the national average. In 2010, 104 Healthy Start projects were providing services in 38 States, the District of Columbia and Puerto Rico.

³ The Best Babies Zone (BBZ) Initiative is an innovative, multi-sector approach to reducing infant mortality and racial disparities in birth outcomes and improving birth and health outcomes by mobilizing communities to address the social determinants that affect health. The Best Babies Zone (BBZ) Initiative is an innovative, multi-sector approach to reducing infant mortality and racial disparities in birth outcomes and improving birth and health outcomes by mobilizing communities to address the social determinants that affect health.

⁴ Clinical Preventive Services for Women: Closing the Gaps. Washington, DC: Institute of Medicine. July 2011.

