

# **STATE OF ALABAMA INFANT MORTALITY REDUCTION PLAN**

**Fiscal Year One Report**  
(October 2018 – September 2019)



# INTRODUCTION

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In December 2017, Governor Kay Ivey convened the Children’s Cabinet to address the issue of infant mortality in Alabama. A subcommittee was created to develop an action plan. This subcommittee was comprised of leaders and staff from the following agencies:

- Alabama Department of Early Childhood Education
- Alabama Department of Human Resources
- Alabama Department of Mental Health
- Alabama Department of Public Health
- Alabama Medicaid Agency
- Alabama Office of Minority Affairs

The Alabama Legislature appropriated \$1 million for the State of Alabama Infant Mortality Reduction Plan. The Children’s Cabinet adopted the recommendations of the working subcommittee to implement a pilot program to reduce infant mortality rates by at least 20 percent in three counties (Macon, Montgomery, and Russell), within the next five years. This report outlines the strategies, the progress of the initiative, and the year one activities.

In fiscal year 2019, many of the activities of several of the strategy teams involved implementation and process development and baseline assessments. Many successes were noted throughout the year and are outlined in the following Year One Highlights.

## YEAR ONE HIGHLIGHTS

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- More than 50 families were enrolled in the Home Visitation Programs.
- 66 of 67 counties have home-visiting services available for clients.
- Nearly 140,000 educational materials were distributed throughout the pilot counties for safe sleep awareness.
- The Preconception and Inter-conception strategy team exceeded their year one program enrollment goal by 45 percent.
- At least five childcare centers have been certified as Breastfeeding Friendly Centers, via a partnership between the initiative’s breastfeeding workgroup, the Alabama Extension Office, and the Alabama Partnership for Children.
- Groundwork to implement a coordinated perinatal regionalization system in the state has commenced.
- A project coordinator was hired as a means to improve and increase the number of quality screenings for substance abuse, depression, and domestic violence.
- Through targeted interviews, key barriers to acquisition, prescription, and administration of 17P were identified and will be used to inform future program activities.

The resources needed, included funding, personnel, and other pertinent needs, were identified and, as a result, specific activities and targets may be further refined in subsequent years. The teams have made tremendous efforts towards implementing programs in the pilot counties. The progress of these teams is outlined below.

### Evidence-Based Home Visitation

The Alabama Department of Early Childhood Education (DECE) contracted with two programs to provide home visiting services, using the Parents as Teachers and Nurse-Family Partnership (NFP)

models of service delivery. With the amount of training required by both models, newly hired staff were required to complete model required and DECE required new home visitor trainings. Following the training period, recruitment ensued. Though the narrow eligibility requirements of NFP proved to be a challenge, the team met half of their year one target in the first three quarters. By the end of quarter three, more than 50 families (across all pilot counties) were enrolled in the program, illustrating rapid growth of participant enrollment. This upward trend is anticipated to increase by the end of year one. Funding from a variety of sources, in addition to matched funds by Alabama Medicaid, allowed home-visiting services to be expanded to 66 of 67 counties in Alabama. The strategy team will continue to use the two models as a basis for continuous program growth and advancement.

**Personal Story:**

One of our moms set several goals for herself and has achieved most of them. She now has a full-time job with benefits and is going to night school for college...all of this with a 4.5-month-old! She's a great mom and making a great future for her and her sweet baby girl!

**Safe Sleep Education**

The Department of Human Resources led the safe sleep education efforts. With sleep-related infant deaths among the top three contributors of overall infant mortality in Alabama, the need for heightened education is evident. The Safe Sleep campaign was created to provide safe sleep education at the community level to parents, healthcare providers, elected officials, and the general public. A workgroup was created as a part of the initiative to inform safe sleep efforts and is comprised of partners in academia, state government, and healthcare. As part of this initiative, the team proposed to have at least 11 members in the workgroup, yet surpassed this goal in quarter one alone by 36 percent. Future efforts are underway to include in the workgroup representatives from Blue Cross Blue Shield and the American Association of Retired Persons. In addition, the workgroup has provided quarterly updates at the Children’s Policy Council meetings in the targeted counties. In fiscal year one, a variety of educational materials were disseminated. Table 2 notes the educational outreach materials by type in the pilot counties. The team will continue to expand the workgroup and promote safe sleep using effective educational strategies.

<b>TABLE 2. TYPE OF SAFE SLEEP EDUCATION MATERIALS PROVIDED BY PILOT COUNTY IN FISCAL YEAR 1</b>		
<b>Type</b>	<b>Number Provided</b>	<b>County</b>
Postcards	138,878	All
Safe Sleep Environment (Baby Box*)	865	All
Billboards	5	Montgomery, Macon
Bus wraps	2	Montgomery

*\*Shipped to Alabama by Baby Box University.*

**Screening, Brief Intervention, Referral to Treatment (SBIRT) Tool**

The SBIRT tool can be a useful instrument in identifying, reducing, and preventing substance use, domestic violence, and depression. Research has been completed on best practices in providing services among pre-pregnancy, prenatal, and post-partum women. Additionally, training strategies and outreach models have been explored to determine the optimal ways to effectively

provide screenings. In this way, a training program and support for providers may increase the number of screenings that take place. The SBIRT committee began meeting to develop a working plan as to how to accomplish the goal of implementing SBIRT in the designated counties. After developing the plan, the lengthy contractual process further delayed plan implementation; thus, significantly delaying the progress in the team's proposed objectives. However, the team selected a project coordinator, who began in September 2019, to provide oversight for the anticipated activities. The integral role of the project coordinator in the activities throughout the remaining years in the initiative will be imperative to the program's success. The lead agency for SBIRT was the Alabama Department of Mental Health.

### **Preconception and Inter-Conception Care (Well Woman)**

The Well Woman program provides preconception and inter-conception care to women of child-bearing ages (15-55 years), as a foundation for wellness, identification of chronic diseases, and the adoption of a healthier lifestyle. In the first year of the initiative, a referral process was developed and initiated for enrollment into the program. The program boasts a 45 percent increase over the target enrollment of participants (total number by August 26, 2019 = 291). Of those enrolled in the program, at least 78 percent had controlled blood pressure at nearly the end of year one and 93 percent had blood glucose levels controlled inside the target range. One testimonial, out of several received, highlights the utility and impact of the program to those enrolled, as shown in the comment below.

*"The Well Woman Program has **taught** me about being healthy. The knowledge gained has **positively impacted** my lifestyle. I'm proud to say I'm **10 lbs. lighter** since joining this program."*

This program continues to be encouraged throughout the pilot counties and nearly seven thousand promotional materials have been distributed, in addition to social media postings. Community partnerships established in year one with organizations, such as Gift of Life and Small Wonders, is projected to increase participant enrollment and improve health outcomes of women.

#### **Personal Story:**

An 18 year old woman presented for a Well Woman screening. She was noted to have elevated cholesterol levels. The patient made dietary changes that resulted in an 11 pound weight loss. The patient's cholesterol levels have been decreasing since enrollment.

### **Perinatal Regionalization**

Enhancing perinatal regionalization is a priority of the Alabama Infant Mortality Reduction Initiative. For several years, the team has been working and continues to work on implementing a fully coordinated system of perinatal regionalization care in Alabama. The foundation for such a system will be dependent upon relevant data that the workgroup began collecting in year one. Furthermore, the workgroup, in collaboration with the Alabama Hospital Association and the State Health Planning and Development Agency (SHPDA), has worked to identify the level of neonatal care of delivering hospitals through self-declaration of the facilities. Baseline data for self-declared neonatal level of care was received from the SHPDA, and pertinent data was requested from the Center for Health Statistics. In March 2019, a conference call was convened with Dr. Wanda Barfield, OB/GYN and Rear Admiral with the Centers for Disease Control and Prevention (CDC), to discuss recommendations for engaging providers. In May 2019, Dr. Whit Hall, Neonatologist at the University of Arkansas, traveled to Alabama and met with staff and providers at the three delivering hospitals in Montgomery to discuss opportunities, options, challenges, and barriers. Review of the aforementioned data and support from CDC and experts will further advance the efforts underway to develop a perinatal regionalization system in the state.

## Breastfeeding

The hallmark of the breastfeeding initiative has been the utilization of existing and new alliances to increase and advance breastfeeding awareness. A multidisciplinary breastfeeding workgroup was established and includes partners from 18 different agencies. This interagency approach, coupled with multiple views of which to share insight, will strengthen the workforce to tackle issues that inhibit breastfeeding efforts. The team collaborated with the Alabama Extension Office and the Alabama Partnership for Children to implement a Breastfeeding Friendly Childcare Certification Program, which aims to recognize childcare providers who offer welcoming environments within their facilities for breastfeeding mothers. As of September 1, 2019, five childcare centers were certified in Montgomery and Lee counties. Education of pregnant and postpartum mothers is key in communicating the benefits of breastfeeding. As such, a variety of educational outreach methods were implemented throughout the pilot counties, including fliers, social media posts, and ads in Oh Baby!, a published book that is given to expectant mothers. This workgroup will continue to provide diverse perspectives to further advance the team’s objective to use breastfeeding as a way to reduce infant morbidity and mortality in the target counties and statewide.

## Increase Utilization of 17P

The use of 17P in women with previous spontaneous singleton preterm births has proven to reduce the incidence of subsequent preterm births. The strategies for the 17P program are to identify the baseline utilization of 17P; provide education to both providers and patients; identify barriers to access and/or adherence to the medication; and expand and facilitate access to 17P. Data collection of 17P claims and research on other states’ approaches to 17P expansion remain underway. Targeted interviews of priority stakeholders (e.g., obstetric providers, medical assistants) were completed to map the processes that providers and patients undergo to prescribe, acquire, and administer 17P. Table 3 outlines the identified problem areas, which indicate a need for programmatic and policy changes. As a result, activities throughout the remaining fiscal years of the Governor’s Initiative will align with implementing solutions to these issues.

### **TABLE 3. ISSUES IDENTIFIED VIA PARTICIPANT INTERVIEWS ASSOCIATED WITH PRESCRIBING, ACQUIRING, AND ADMINISTERING 17P**

1. Appropriate provider education on the differences between progesterone use for short cervix and synthetic progesterone use for reducing a second spontaneous preterm birth.
2. Increased provider education on the importance of screening for previous spontaneous preterm birth and the timeliness of prescribing 17P to at risk patients.
3. Provider office barriers in submitting prescription including incomplete or incorrect prior authorization and Makena Care Connect forms, delaying specialty pharmacy filling of medication.
4. Patient education regarding the importance of 17P adherence to reduce consecutive spontaneous preterm labor.
5. Patient barriers in accessing their medication including consistency in medication administration, identifying appropriate providers to administer medication, and barriers to transportation, childcare, etc. for patients needing to see their provider weekly for shots.

*A memorandum with policy and program options was developed, laying out next steps for 2020 through 2024, including pursuing universal prior authorization and administration of 17P to patients.*

# EVALUATION SUMMARY

In the first year of this initiative, seven strategy teams were funded to positively impact the reduction of infant mortality in Alabama, beginning with three pilot counties – Montgomery, Macon, and Russell. These strategy teams focused on pre-/inter-conception care, the use of 17P, breastfeeding, home visitation, perinatal regionalization, safe sleep, and screening, brief intervention, and referral to treatment (SBIRT). Inputs and activities were defined by the group as a whole (see Figure 1) in order to accomplish the overall objective. Subsequently, each team was tasked with defining the strategy-based efforts that would impact the desired outcomes (see Table 1). Teams received technical assistance to determine appropriate objectives, performance measures, and indicators that could be tracked throughout the funding period as a measure of progress for programs. Data were collected using tools developed by the Maternal & Child Health Epidemiology (MCH-Epi) branch and reported by quarters. MCH-Epi monitored activities, provided guidance throughout the year, and assessed data reported by the teams.

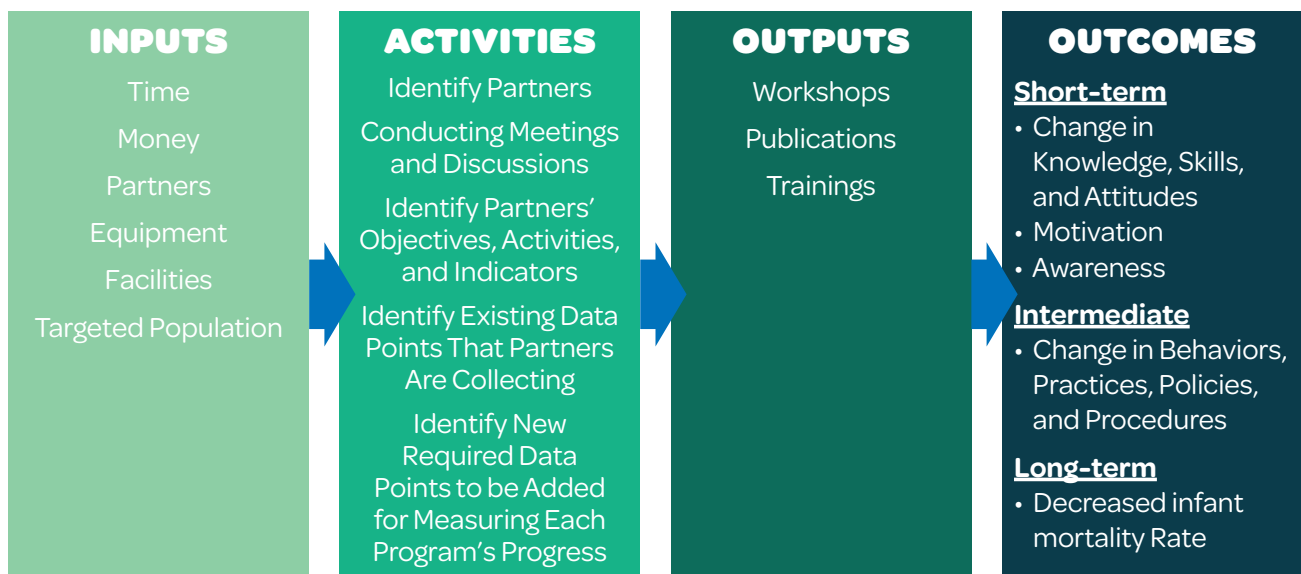
































Figure 1. Logic Model for Alabama's Infant Mortality Reduction Initiative

**TABLE 1. ANTICIPATED MEASURABLE OUTCOMES FOLLOWING IMPLEMENTATION OF THE GOVERNOR'S INITIATIVE**

      						
Measurable Outcomes	Increase(↑) or Decrease (↓)	Contributing Strategy Team(s)*				
Number of Preterm Deliveries	↓	 				
NICU admissions	↓	 				
NICU costs	↓	 				
Sleep-related infant deaths	↓	 				
Infant deaths	↓	  				
Number of low birth weight deliveries	↓	 				
Infants delivered at a healthy weight	↑	 				
Deliveries with adequate birth spacing	↑	 				
Breastfeeding initiation and duration	↑	 				
Women screened and referred for treatment	↑	  				
Very low birth weight infants delivering at an appropriate facility	↑					

\*May be directly or indirectly involved in contributions towards the anticipated outcomes.

## KEY SUCCESSES

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- Rapid expansion of the work of the initiative including planning, program implementation, and enrollment.
- Leveraged state dollars to allow Medicaid to draw down federal dollars; therefore, allowing more families to be served in the target counties.
- Established new ways for state agencies, community providers, and others to collaborate in reaching more families.
- Collaboration with the University of Alabama at Birmingham School of Public Health to develop specific, measurable, achievable, relevant, and time-bound (SMART) objectives and program activities.
- Collaboration with the University of North Carolina Center of Excellence to identify evaluation performance measures and to form the evaluation plan.
- The development of skills, knowledge, and abilities to perform program evaluation by the maternal and child health epidemiologists.
- Collaboration with the University of Alabama and Vital to develop a comprehensive SBIRT implementation plan.

