

2024 Current Fiscal Year Report: Advisory Committee on Infant and Maternal Mortality

Report Run Date: 04/25/2024 04:30:48 PM

1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2024

3. Committee or Subcommittee

Advisory Committee on Infant and Maternal Mortality

3b. GSA

Committee No.

769

4. Is this New During Fiscal Year?

5. Current Charter	6. Expected Renewal Date	7. Expected Term Date
--------------------	--------------------------	-----------------------

No 09/30/2023 09/30/2025

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority Authorized by Law

12. Specific Establishment Authority

42 U.S.C. 217a

13. Effective Date

11/17/1962

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

National Policy Issue Advisory Board

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open 0 17b. Closed 0 17c. Partially Closed 0 Other Activities 0 17d. Total 0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Committee met three times in Fiscal Year (FY) 2023. Two meetings were held virtually via webinar and one meeting was held in-person and virtually at HRSA Headquarters. The Committee is comprised of both voting (public) members and non-voting ex-officio members.

20b. How does the Committee balance its membership?

The 21 public members of the Committee, including the Committee Chair, are selected by the Secretary, and a Committee Chair is selected

among the members by the HRSA Administrator. Members shall be representatives of both the public and private sectors. Members from the private sector may represent corporations and foundations, the religious community, consumers, health and other professional organizations, health plans, and employers. Members from the public sector may include elected officials and health and human services administrators from the state and local levels including representatives of minority, rural, and urban interests. The Committee also has ex-officio members that include: the Assistant Secretary for Health or designee; the Director of HHS Office on Women's Health or designee; the Deputy Assistant Secretary for Minority Health/Director of the Office of Minority Health (OMH) or designee; the HRSA Administrator or designee; a representative from the Agency for Healthcare Research and Quality (AHRQ); the Director of the Centers for Disease Control and Prevention's (CDC) Center on Birth Defects and Developmental Disabilities or designee; the Director of CDC's Division of Reproductive Health or designee; a representative from the CDC's National Center for Health Statistics; the Administrator for the Centers for Medicare & Medicaid Services or designee; the Assistant Secretary for Children and Families or designee; a representative from the National Institutes of Health's National Institute of Child Health and Human Development (NICHD); a representative from the Indian Health Service; a representative from the Substance Abuse and Mental Health Services Administration (SAMHSA); the Assistant Secretary for Food and Consumer Services, the United States Department of Agriculture or designee; a representative from the Department of Education; a representative from the Department of Housing and Urban Development; a

representative from the Department of Labor; and any appropriately qualified representative of the Department of HHS or other agencies of the federal government designated by the Secretary as ex-officio members. The membership balance of the committee is not static and may change, depending on the work of the committee.

20c. How frequent and relevant are the Committee Meetings?

Meetings are typically held three to four times per FY. Committee meetings are necessary to review current evidence and data, and to generate new ideas and recommendations in order to maintain progress on reducing infant and maternal deaths and disparities in infant/maternal mortality. This is addressed through the activities and efforts of a number of workgroups (that are formed on an ad hoc basis), and the discussion of new policies and scientific findings pertaining to maternal and infant health. In addition, the Committee continues to monitor and review the Healthy Start program and its evaluation, as well as Healthy People 2030 objectives. ACIMM advises the Secretary of the Department of Health and Human Services (HHS) on department activities, partnerships, policies, and programs directed at reducing infant mortality, maternal mortality and severe maternal morbidity, and improving the health status of infants and women before, during, and after pregnancy. The Committee provides advice on how best to coordinate federal, state, local, tribal, and territorial governmental efforts designed to improve infant mortality, related adverse birth outcomes, and maternal health, as well as influence similar efforts in the private and voluntary sectors. The Committee provides guidance and recommendations on the policies, programs, and resources required to address the

disparities and inequities in infant mortality, related adverse birth outcomes and maternal health outcomes, including maternal mortality and severe maternal morbidity. With its focus on underlying causes of the disparities and inequities seen in birth outcomes for women and infants, the Committee advises the Secretary on the health, social, economic, and environmental factors contributing to the inequities and proposes structural, policy, and/or systems level changes.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

This Committee is necessary to provide the HHS with ongoing counsel and advice from a broad range of public and private sector expertise not available within HHS. The work of the Committee is especially important in light of the continued rise in preterm births, a major contributor to infant mortality, and an increased focus and attention on maternal health, maternal mortality, and severe maternal morbidity. In addition disparities in infant and maternal outcomes are persistent and must be addressed.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A - ACIMM meetings are open to the public.

21. Remarks

One new report with 59 new recommendations was issued in FY2023 - "Making Amends: Recommended Strategies and Actions to Improve the Health and Safety of American Indian and Alaska Native Mothers and Infants." The HHS Secretary received the report and recommendations in December of 2022 and sent the Committee a response letter in July of 2023. The Committee's Executive Secretary continues to

be the HRSA Associate Administrator for MCHB. Members Edward Ehlinger, Janelle Palacios, Magda Peck, and Colleen Malloy all received extensions to 12/15/2022. Member Belinda Pettiford received 6-month term extension from 6/15/2022 to 12/15/2022; member then reappointed from 12/15/2022 - 12/15/2025. Ex-officio Ronald Ashford term end date changed from 12/31/2024 to 12/31/2022 due to Alicka Ampy-Samuel replacing them. Ex-officio Wanda Barfield term end date changed from 12/31/2024 to 12/31/2022 due to Charlan Kroelinger replacing them. Ex-officio Elizabeth Schumacher term end date changed from 12/31/2024 to 12/31/2022 due to Gayle Goldin replacing them. Ex-officio Brandon Lipps term end date changed from 12/31/2024 to 12/31/2022 due to Caroline Dunn replacing them. Ex-Officio Joya Chowdhury term end date changed from 12/31/2024 to 12/9/2022 due to resignation from OMH. Ex-Officio Karen Matsuoka term end date changed from 12/31/2024 to 12/31/2022 due to resignation from ACIMM. Member Charlene Collier term end date changed from 3/12/2026 to 5/24/2023 due to resignation from ACIMM.

Designated Federal Officer

Vanessa Lee Public Health Analyst/DFO

Committee Members	Start	End	Occupation	Member Designation
Alderman, Sherri	03/13/2022	03/12/2025	Developmental Behavioral Pediatrician	Special Government Employee (SGE) Member
Ampy-Samuel, Alicka	05/30/2023	09/30/2025	US Department of Housing and Urban Development	Ex Officio Member
Calvin, Steven	04/26/2019	12/31/2024	Obstetrician-Gynecologist	Special Government Employee (SGE) Member

Cernich, Alison	09/23/2020	12/31/2024	NIH National Institute of Child Health and Human Development	Ex Officio Member
DeCoursey, Wendy	01/01/2015	12/31/2024	Administration for Children and Families	Ex Officio Member
Dunn, Caroline	03/28/2023	09/30/2025	Food and Nutrition Service, USDA	Ex Officio Member
Ely, Danielle	01/17/2018	12/31/2024	Division of Vital Statistics, National Center for Health Statistics, CDC	Ex Officio Member
England, Suzanne	01/17/2018	12/31/2024	Great Plains Area Indian Health Service, Great Plains Area Women's Health Consultant	Ex Officio Member
Fink, Dorothy	06/04/2020	12/31/2024	DHHS, Office of Women's Health	Ex Officio Member
Goldin, Gayle	06/01/2023	09/30/2025	U.S. Department of Labor	Ex Officio Member
Kesner, Paul	01/01/2018	12/31/2024	Director of the Office of Safe and Healthy Students, Dept of Education	Ex Officio Member
Kroelinger, Charlan	07/01/2021	09/30/2025	Centers for Disease Control and Prevention	Ex Officio Member
Lee, Tara	04/26/2019	12/31/2024	Senior Fellow and Director of Life Sciences	Special Government Employee (SGE) Member
Mabry-Hernandez, Iris	01/01/2015	12/31/2024	Agency for Healthcare Research and Quality	Ex Officio Member
Marshall, Rochelle	06/24/2020	12/31/2024	DHHS Primary Advisor to the Deputy Assistant and Deputy Director, Office of Women's Health	Ex Officio Member
Menard, Mary	03/13/2022	03/12/2025	Professor of Obstetrics and Gynecology	Special Government Employee (SGE) Member
Mistry, Kamila	06/01/2021	12/31/2025	AHRQ, Associate Director, Office of Extramural Research, Education & Priority Populations, Senior Advisor, Child Health and Quality Improvement	Ex Officio Member
Neyhart, Joy	03/13/2022	03/12/2026	Diplomate, American Board of Pediatrics	Special Government Employee (SGE) Member

Pettiford, Belinda	12/15/2022	12/15/2025	NC Department of Health & Human Services, Division of PH, Branch Head-Women's Health Branch	Special Government Employee (SGE) Member
Ramas, Marie-Elizabeth	03/13/2022	03/12/2026	Family Physician	Special Government Employee (SGE) Member
Remley, Karen	01/01/2021	12/31/2025	Director, CDC National Center of Birth Defects and Developmental Disabilities,	Ex Officio Member
Sharps, Phyllis	03/13/2022	03/12/2025	Johns Hopkins University School of Nursing	Special Government Employee (SGE) Member
Thompson, ShaRhonda	03/13/2022	03/12/2025	Member of the Public with special concern and expertise about infant mortality	Special Government Employee (SGE) Member
Warren, Jacob	03/13/2022	03/12/2025	Associate Dean for Diversity, Equity, and Inclusion	Special Government Employee (SGE) Member
Zycherman, Kristen	09/01/2018	12/31/2024	Centers for Medicaid and CHIP Services	Ex Officio Member

Number of Committee Members Listed: 25

Narrative Description

“Making Amends: Recommended Strategies to Improve the Health and Safety of American Indians and Alaska Native Mothers and Infants” marks the first time that the Advisory Committee on Infant and Maternal Mortality (ACIMM) has made safeguarding and promoting the health and well-being of American Indian and Alaska Native (AI/AN) women, infants, and families a priority. The report offers a strategic set of recommended actions that could be among the many steps the Federal government must take, both to reconcile past actions and step up to the obligations to American Indians and Alaska Natives that it has abrogated since the founding of our nation. The report offers a compelling analysis of the historic issues and current conditions facing American Indian and Alaska Native women and infants in the United States, through the lens of persistently poor birth outcomes for AI/AN mothers and babies. In

developing this report, the Committee spent 24 months reviewing the literature on AI/AN birth outcomes and the impact of genocide and historical trauma, and social, economic, political, and environmental factors on the health status of AI/AN populations. At five separate meetings, ACIMM members heard testimony from representatives of federal, state, local, and Tribal agencies, non-governmental organization, and academic institutions who are working on AI/AN maternal and child health issues (the testimony and input of over 88 individuals with relevant lived and professional experience). The work culminated in an ACIMM meeting on the Tribal land of the Shakopee Mdewakanton Sioux Community (SMSC) in Minnesota in September 2022. ACIMM focused its work on the birth outcomes of AI/AN mothers and infants because AI/AN populations are often overlooked in programmatic and policy discussions and investments even though their birth outcomes are among the worst in the country. ACIMM's recommendations fell into three recommended areas for strategic action: 1) MAKE THE HEALTH AND SAFETY OF AI/AN MOTHERS AND INFANTS A PRIORITY FOR ACTION; 2) IMPROVE THE LIVING CONDITIONS OF AI/AN MOTHERS AND INFANTS AND ASSURE UNIVERSAL ACCESS TO HIGH QUALITY HEALTHCARE; and 3) ADDRESS URGENT AND IMMEDIATE CHALLENGES THAT DISPROPORTIONATLY AFFECT AI/AN WOMEN BEFORE, DURING, AND AFTER PREGNANCY.

What are the most significant program outcomes associated with this committee?

	Checked if Applies
Improvements to health or safety	<input checked="" type="checkbox"/>
Trust in government	<input type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input checked="" type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input type="checkbox"/>
Other	<input type="checkbox"/>

Outcome Comments

What are the cost savings associated with this committee?

Checked if Applies

None	<input type="checkbox"/>
Unable to Determine	<input checked="" type="checkbox"/>
Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

NA

What is the approximate Number of recommendations produced by this committee for the life of the committee?

151

Number of Recommendations Comments

A report with 59 new recommendations was made in FY2023.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

15%

% of Recommendations Fully Implemented Comments

The Committee submitted recommendations to improve American Indian/Alaska Native (AI/AN) birth outcomes in December of 2022. They were reviewed by the Department and continue to be used as agencies think about national efforts and activities across the Department to improve the health and well-being of AI/AN mothers and infants. The ex-officio members met twice (March and June 2023) to discuss progress on implementation/adoption of the recommendations in their respective agencies, and they report out at each Committee meeting on activities being undertaken related to the AI/AN recommendations. The DFO and ACIMM Program Lead continue to monitor and assess

what recommendations are fully and partially implemented, as well as any that are not feasible. 8 of the new AI/AN recommendations were fully implemented in FY2023.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

58%

% of Recommendations Partially Implemented Comments

The Committee submitted recommendations to improve American Indian/Alaska Native (AI/AN) birth outcomes in December of 2022. They were reviewed by the Department and continue to be used as agencies think about national efforts and activities across the Department to improve the health and well-being of AI/AN mothers and infants. The ex-officio members met twice (March and June 2023) to discuss progress on implementation/adoption of the recommendations in their respective agencies, and they report out at each Committee meeting on activities being undertaken related to the AI/AN recommendations. The DFO and ACIMM Program Lead continue to monitor and assess what recommendations are fully and partially implemented, as well as any that are not feasible. 25 of the new AI/AN recommendations were partially implemented in FY2023.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

The Committee submitted recommendations to improve American Indian/Alaska Native (AI/AN) birth outcomes in December of 2022. They were reviewed by the Department, and a letter from the Secretary was sent to the Committee in July 2023 acknowledging receipt and describing some of the recommendations or related activities that were being undertaken. The HHS letter to the Committee with feedback on their recommendations is publicly shared on the Committee website:

<https://www.hrsa.gov/advisory-committees/infant-mortality/recommendations-reports> The Committee Chair, HRSA Administrator, Executive Secretary of the Committee, and the Director of the Division that administers the Healthy Start program (or their designees) provided updates at committee meetings, specifically addressing progress on recommendations or questions raised. Additional feedback from various HHS agencies was provided to the Committee at the FY2023 Committee meetings. In addition, speakers from relevant HHS agencies and programs were invited to present on emerging issues and strategies to keep Committee members apprised of changes or advances (many of these federal partners also serve as ex-officios of the Committee). In addition, feedback is

provided by other agencies and organizations (including outside of HHS) as appropriate.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input checked="" type="checkbox"/>
Reallocated resources	<input checked="" type="checkbox"/>
Issued new regulation	<input type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input type="checkbox"/>

Action Comments

NA

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

NA

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input type="checkbox"/>
Other	<input type="checkbox"/>

Access Comments