

U.S. Department of Health and Human Services
Health Resources and Services Administration

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's
Webinar
*"Impacting Infant Mortality through Home Visiting"***

October 23, 2012

3:00pm Eastern, 2:00pm Central, 1:00pm Mountain, 12:00pm Pacific

Presentation by:

**Michael Fraser, PhD CAE
Chief Executive Officer,
Association of Maternal & Child Health Programs**

Operator: Good day everyone welcome to the ZERO TO THREE Impacting Infant Mortality through Home Visiting conference calls.

Today's call is being recorded. At this time I'd like to turn the conference over to Susan Stewart. Please go ahead.

Susan Stewart: Thank you very much and welcome everybody to this is our October Webinar sponsored by the MIECHV Technical Assistance Coordinating Center.

And our focus today is appears to be a topic of great interest to you all. We've got a lot of folks on the line today.

And the focus will be on impacting infant mortality through home visiting. And we have staff from the Association of the Maternal and Child Health Programs. Specifically Dr. Michael Fraser will be our presenter today.

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And there's a few things that I want to remind you about before we get underway. The first is that the MIECHV TACC or Technical Assistance Coordinating Center is funded by HRSA and it is housed at ZERO TO THREE.

And the tax partners include Chapin Hall, the Association of Mental - sorry Maternal and Child Health Programs or AMCHP and the Walter R. McDonald and Associates Incorporated which is also known as WRMA.

And as you probably already know the TACC provides all kinds of supports different levels of support to MIECHV grantees using ZERO TO THREE and their partner staff along with expert consultants as well as in coordination with other TA providers so lots of resources available to you.

By the end of today's Webinar we're hoping that you'll have had a chance to learn about the national priorities for improving birth outcomes and have a greater understanding of several comprehensive strategies to address infant mortality.

We hope that you'll learn a bit about the AMCHP Birth Outcomes Compendium which really is an excellent resources - resource for policies and state program options for addressing infant mortality very systematically.

And then we hope that you'll consider how specific home visiting practices and policies can be used to improve birth outcomes and reduce infant mortality.

So hopefully you will have all of those happening by the end of the Webinar.

And I did want to let you know that currently your telephones are muted. And we do encourage you to use your telephone over your computer speakers.

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Today we're going to have an opportunity for your lines to be un-muted. And we will allow you to share your thoughts by phone as well as chat.

So if you're listening on your computers you won't be able to participate verbally if you also don't have the telephone but you will be able to chat throughout the entire time.

And speaking of chat really want to encourage you that chat is not just for Q&A time. You may submit your comments and questions at any time.

And on the screen you see a screenshot of where the Chat box is. And it's in the lower left of the iLinc window.

And you will want to type your message in the field, the text field at the bottom of that box and then click the arrow on the iLinc window or you can hit Enter on your computer keyboard. And that will send your message up into the public chat area where everyone can see it.

Also you should have received an email with a link to the PowerPoint slides. If you have not received that yet don't worry, it will be coming to you later today so you will have those to access.

And now I would like to introduce to you Josephine Ansah who is a Public Health Analyst with HRSA and she's in the Home Visiting in Early Childhood Systems Division. And she's dropped by to welcome you to today's Webinar. Josephine?

Josephine Ansah: Great thank you Susan, greetings everyone. On behalf of HRSA's Maternal and Child Health Bureau and the Administration for Children and Families I would also like to welcome you to today's Webinar.

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As we're all aware the infant mortality rate the number of deaths occurring in the first year of life per 1,000 live births is a widely used proxy for the health status of a nation.

As we're also aware the U.S. rate is among the highest among all developed countries with persistent racial and ethnic disparities.

But what continues to be inspiring is that there are amazing efforts at local, state, federal, national and global levels some of which will be discussed during today's Webinar.

HRSA and its partners are committed to addressing this issue and associated adverse birth outcomes and disparities by recognizing the historical cultural clinical and social factors that impact women's health and the health of infants.

What continues to be inspiring is that since the launch and implementation of the Maternal Infant and Early Childhood Home Visiting Program state teams and stakeholders are also committed and have been very intentional in aligning home visiting and infant mortality reduction strategies fully recognizing that home visiting is only one tool in the arsenal to effectively address this complex challenge.

A few years ago while involved in a community initiative with HRSA grantees one of the grantee representatives described infant mortality work as a movement as opposed to an initiative or a program. And that description really resonated with me because at its core is collective responsibility.

Thank you for your participation today and for all of your contributions in this movement and I hope you enjoy today's Webinar.

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Susan Stewart: Thank you so much Josephine for your warm welcome and also for giving us more context for our discussion today.

And now I would like to introduce to our presenter for today. And our presenter is Dr. Michael Fraser.

And he has over 15 years of public health agency and association experience supporting and serving federal state and local public health agencies.

He's currently the Chief Executive Officer of the Association of Maternal and Child Health programs in Washington DC.

And during his tenure with AMCHP the program has been nationally recognized for its work in determining state and maternal and child health programs.

Before he joined AMCHP Dr. Fraser was a Senior Advisor and Deputy Executive Director of the National Association of County and Child Health Organizations or NACCHO.

And prior to that he was a regional program manager for the Centers for Disease Control and Prevention and a senior staff fellow at NACCHO.

He - I'm sorry that's incorrect - he was a senior staff fellow at HRSA. He was a Senior Research Analyst and Program Manager at NACCHO and a Research Scientist with Aspen Systems Corporation before he joined HRSA.

So you can see that he has many years and much experience in this topic and related topics.

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Dr. Fraser we thank you so much for joining us and we look forward to what you have to share with us about how national and state initiatives are really making an impact on infant mortality. Go ahead.

Dr. Mike Fraser: Okay thank you and good afternoon everybody and good morning for those of you out in Alaska or Pacific friends. Welcome to the Webinar this afternoon.

It's wonderful chance to share some of what we're doing here in Washington with you across the country and to learn from you across the country about how you're making the connection between home visitation and infant mortality as well as more general improving birth outcomes.

I really want to thank ZERO TO THREE and our friends at the TACC for their partnership with AMCHP. We do a lot together and especially thank Susan for her help organizing and orchestrating my slides.

And several members of our team here at AMCHP will be on. Tegan Callahan and Piia will be with us. Piia Hanson will be with us to facilitate some questions at the end.

And this has just been a great team effort. So very much like you in the states we too at our - at your national organizations are partnering to move our shared agenda forward.

AMCHP is the national association that represents state maternal and child health directors. And in most states the state health department is administering the home visiting program although that's not always the case in some states.

And it's great to see some of our members, our Title V directors and partner and state MCH programs are on the call and some new friends too.

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So we're really pleased with the chance to reach out to you and share again some pretty current relevant and we hope interesting information with you about national efforts to improve birth outcomes.

We're going to be using an interactive technology. So if you're at a computer you can participate in a couple of polling questions.

And we wanted to make sure that we test that out so that you know how to use it prior to our real question asking. So we just wanted to test it out with a sample question.

If you're sitting at a computer feel free to answer what your dream vacation is Paris, France, Paris Texas, Hawaii or none of the above?

And there was only four - you can only choose four options so this was our best attempt at that. We're going to let you answer the poll and get a sense of your feedback.

And we have votes coming in right now. And fortunately I can tell how many are left to vote so it looks like you all are getting the hang of it and seeing here that Paris France is the front runner with none of the above close behind.

So it seems like this is - and Hawaii actually is taking some lead here. So this is helpful in just making sure you know how to use the technology.

Several of you have no opinion it appears so either you're not at a computer or the polling system isn't as easy as we thought.

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But we're going to gauge your feedback using this technology. So if you do have a chance to use it it's fun. It's part of your learning process here and we look forward to your feedback moving forward.

So with the new question here I just wanted to test our little pretest here in terms of how confident you feel about fitting your home visiting program into national efforts to improve birth outcomes.

And we can see who's answering this so you're confidential. And we want to use it as a way of assessing your learning after the call. We will be asking the same question.

So fortunately we have a pretty good response here already of agrees. And it'll be nice and because many of you are probably fluent with several of the things I'm going to talk about and we can make some pretty strong connections at the end of our time together.

But I am going to let you vote since it - there's a few folks that have yet to respond and we just want to make sure we're getting everybody's input here.

But from what I can tell over half agree that you feel confident that you can describe how your work with home visiting programs fits into national efforts to improve birth outcomes. And I'm hoping that number doesn't go down after my talk.

Our purpose here is to build confidence and share some information about some pretty great stuff going on across the country.

So with that said it looks like about 73% or it's about a little under 75% of everybody on the call feels - agrees that they're confident they can describe how their work in home visiting fits into national efforts to improve birth outcomes.

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And for those of you who neither agreed or disagreed or disagree entirely I'm sure my hope is that you too will have the chance to learn and at the end of the call feel confident that you can describe how your efforts in home visiting are linked to some of these national initiatives. All right thanks for that.

The - I'm going to skip this slide. We just sort of measured that.

The issue of infant mortality prevention and improving birth outcomes has received a lot of attention in the maternal and child health community obviously for a very long time and has received some new interest over the past couple of years.

But those of us who've been working in public health and maternal and child health know that infant mortality is a leading health indicator and we're going to share that in a minute.

But efforts to address infant mortality really sometimes feel like trying to sweep up sand on the beach.

We are constantly trying new solutions, looking for new solutions, analyzing data hoping to better understand the causes of infant mortality.

And a lot of us in maternal and child health keep - just keep on going. And it's an overwhelming task in many places to address all the features and programs and issues that go into infant mortality and improving birth outcomes.

Some of us feel like washing windows on an office building. Just by the time we think we finished got them all clean ready to go we have to start all over again.

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And so it's really tough to re-energize and feel confident that we're making a difference when we're oftentimes confronting a problem that feels like we're rolling a boulder uphill. This is Sisyphus a Greek myth that this Sisyphus was condemned to continue to roll a boulder up a hill.

And gosh sometimes it feels like we're rolling boulders up hills when we address the problem of infant mortality.

And I just want to remind us that we're actually seeing some great success in reducing infant mortality nationwide.

We're seeing pockets of improvement and overall decline in infant mortality.

Here's just one example locally to us here in Washington. On the front page of our Washington Post several months ago was a story about infant mortality rates being at a historic low here in the district which many of you are familiar with the district know that it's a challenging place to do this kind of work and requires all kinds of innovative approaches including home visiting to make a dent in rates.

And certainly we're saying equal success in many other places across the country and we can share some of those at the end of the call.

But I also want to remind us that as we're seeing success the - one of the biggest issues within as a subtopic within infant mortality is the race and ethnic disparities that we see in infant mortality across the country.

And again while we're making some pretty significant improvements in our rates - and this is an older slide and I know we're getting better but that gap between white, black and Hispanic is pretty persistent if you look at the shape or the slope of those lines and should be cause for all of

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us to redouble our efforts to address infant mortality in our work as maternal and child health professionals and people that care about kids.

So as we talk about the infant mortality rate we really have to keep in mind the race and ethnic disparity in the rate and just a locally driven this really is in different places across the country.

And I'm working nationally and a lot of what we share today will be information about national initiatives.

But it's indeed the case that solutions to this problem like you're - the way your home visiting program operates are going to need to be tailored to the specific conditions of the sites and the communities in which you find yourselves working.

Last year about this time there was a huge discussion in USA Today about the US infant mortality rate and whether we're 41st in the world or 41st among developing countries or 39th or 29th or 33rd.

And the controversy here is being US is 41st among developing countries. And the counterpoint to that was well it's because we counted different than other countries and is just a lot of going on about the rate.

And we have the chance at AMCHP to contribute a letter to the editor which basically said listen we're not number one when it comes to infant death and birth outcomes. And we're certainly not number ten and we're not even 20th among developing countries.

This is a big problem for us in the richest country in the world that spends the most on healthcare in the world. And the solutions to the infant mortality problem here in the US are complicated, the

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problem is big, and it doesn't matter if we're 41st, 33rd or 29th. It's a shame that we're not first among peer nations in how well we're doing by our babies.

And this is in a medical problem. It's not a solely public health problem, and it's not solely an economic problem. It's not solely an education problem. It's all of our problem.

And part of what we are trying to address in the initiatives that we are going to be - I'm going to be sharing with you and discussing at the end is a perspective that a multi sector approach to infant mortality that involves partners at many different levels and in many different professions is going to be where we find the answer.

And you that work in home visiting do that work by cost cutting education, health, maternal and child health, public health, healthcare and all of those related resources that families so desperately need to address these conditions and improve birth outcomes and communities. So you know this all too well.

And again as I mentioned the solutions to infant mortality are going to be different across the country. And home visiting programs are going to be while consistent with certain models obviously of different flavors depending on where they are.

Nationwide the national Healthy People 2020 indicators layout goals for the states and for us to reach as a country.

And the rate that's in the Healthy People 2020 most current edition 2020 is six and we're currently going to be well on our way to reach that six (in deaths) per thousand live births.

I think we're currently just from some data that I was looking at a little bit earlier at about 6.4. And, you know, over the next six to seven years with the declines that we're saying we may well be

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this target before 2020 which is great news for all of us but again really does mask some of those pretty substantial disparities in rates.

The many of us are familiar with some pretty big initiatives going on it. And I just wanted to share our perspective from where we sit at AMCHP and from where the states are and what some of these big initiatives are, talk a little bit about the resources that we're provided to states and then have a conversation with you all about what you think and what you're doing in your areas.

Certainly the March of Dimes, your state chapter and also the national office of March of Dimes has committed itself to the issue of prematurity and has led a number of efforts nationwide to deal with prematurity rates and lower them.

And a huge campaign called Healthy Babies are Worth the Wait is taking place across the country. And I would certainly refer you to the March of Dimes Web site and all the work that they're doing with states to address prematurity prevention.

And the reason why that's relevant obviously is we do see a lot of underweight babies experience adverse events. And obviously prematurity is correlated with infant death depending on a number of different factors.

But the Healthy Babies Worth the Wait campaign truly has shown some great success in the states where it's been adopted.

And the resources and tools that are part of that Healthy Babies Worth the Wait campaign is something that I would refer you all to and certainly can be a great resource reference and tool for you in your work.

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Similarly the issue of prematurity prevention and even more specifically limiting elective deliveries prior to 39 weeks is both part of the Healthy Babies Worth the Wait campaign at March of Dimes but also part of the ASTHO, the Association of State and Territorial Health officials President's challenge.

Over the past year 49 states in most of the territories signed onto a pledge to reduce prematurity in their states by 8%.

And ASTHO has committed itself to supporting state health departments with their - with its partners in meeting that challenge. And we'll be monitoring with our state members and partners at ASTHO and others to see how well we're doing in meeting that healthy babies challenge.

But you can find more information about their initiatives which is obviously related to the topic at hand on the ASTHO Web site as well as a best practices resource that they've created which is shown here on the slide on their Web site.

So you can click on each of those boxes and find resources for improving birth outcomes at various stages of a child's life as well as preconception health and some of the interventions that we are all very excited about to improve women's health with the assumption that healthy women are more likely to have healthy babies.

And getting to folks before making the choice to get pregnant and ensuring that their optimal health prior to pregnancy should they choose to become pregnant is a key piece of current efforts to address infant mortality.

And what's exciting about these efforts is working with young women and you women of reproductive age as well as across family life to improve health of everybody in the family not just address the nine months prior to delivery in the preterm period which is obviously important.

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But we know so much of what drives birth outcomes happens early in a woman's life and is part of that family system that evolves over time.

And for us to really make a dent in our birth outcomes we have to take a much, much, much more upstream approach to the issue of infant mortality.

And that's something to think about in your home visitation program in the sense of, you know, how are you preparing women both preconception but also inter-conceptually for healthy birth outcomes and healthy pregnancies moving forward -- a key piece of all your work I'm sure.

Clearly one of the major partners with us and they might say we have with them and as introduced earlier by our colleagues at the Maternal Child Health Bureau is the maternal and Child Health Bureau which is for many, many years supported state efforts to address infant mortality.

A key mechanism for that is the Title V Maternal and Child Health Services block Grant which is Title V of the Social Security Act and this new provision within Title V, the new provision that authorizes the home visiting programs.

So legislatively it's exciting to see that Title V is the locus for both the traditional MCH work that states have been doing for many, many years through the Title V MCH Services Block Grant but also seen as the more contemporary place through the authorization of the Mitch reprogram and the provision that states receive dollars for home visiting, that huge expansion that was part of the Affordable Care Act.

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So we've been working primarily with HRSA but colleagues also in partner agencies and the co-lead at ACF and their colleagues to make the connection to home visiting and infant mortality prevention improving birth outcomes.

And certainly the HRSA work that's going on has supported much of this moving forward. And HRSA has recommitted itself over the past year to support state efforts to improve birth outcomes and primarily through an initiative that started in Regions 4 and 6 called the Collaborative Improvement and Innovation Network to Reduce Infant Mortality.

It's referred to as the COIN. And it is a collaborative obviously in the title effort that brings state leaders together in multiple sectors both state health department, Medicaid, hospitals, providers, community groups individual facilities to address the issue of improving birth outcomes in their state.

And the initiative started in Regions 4 and 6 primarily because it was Regions 4 and 6 that came together and said we have a significant problem in addressing birth outcomes in our regions.

It's historic. Regions 4 and 6 are primarily the southern states and the southwestern states where we do see large numbers in our infant - high rates of infant mortality.

And we know that with some increased activity we'd be able to make a dent in these. And that was the impetus to form the COIN.

And because the COIN has been so successful and its initial phases it's our understanding and we're waiting for more formal discussion of this but a similar kind of program will be rolled out both in Region 5 relatively soon but hopefully by next year in all the states. So that's something to keep in touch about and to track moving forward.

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The key features of many of these efforts, there's several of them. And part of what we want to do today's a share with you what some of those key features are.

Clearly the main thrust of a lot of these initiatives is reducing elective delivery before 39 weeks. And you see that in the March of Dimes Healthy Babies Worth the Wait.

But also this is a central part of the COIN effort to address state policy, the hard stops on Medicaid payments for example as a policy change at the state level but also in changing patient demand and consumer involvement and everything in-between.

So a main part of the COIN collaborative is to think about what this looks like at the state level and by extension at the local and community level.

Another key focus area of the COIN teams in Regions 4 and 6 has been to promote smoking cessation during pregnancy.

We know that maternal exposure to tobacco smoke and both secondhand but also moms smoking primary - being the primary smoker does lead to poor birth outcomes which include maternal - which include infant mortality.

And we know that there are a lot of options for smoking cessation available in the states.

And this has been an important part of the COIN sharing which is thinking throughout we make tobacco cessation more available and move up the number of moms who quit smoking or inter-pregnancy having quit smoking or not being exposed to tobacco smoke at all.

Certainly we've seen some great success with Safe Sleep and SIDS and SUID prevention.

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We also know that there is a continued need for state sleep programs, not just a Back to Sleep program and that this is controversial area for many of us in MCH and also one that communities deal with differently and have different cultural and historical reasons, traditional reasons for co-sleeping. Or we know that for example that there are a number of places where that's seen as acceptable.

And part of what we're doing is trying to find the interventions that work the best, that our community driven and acceptable to folks so that we can promote safe sleep and the COIN states are working specifically on this as a topic area as well.

And certainly there's been a renewed emphasis on promoting perinatal regionalization and having moms deliver in facilities that have the appropriate technology.

And this is a place where there's a lot of collaboration required both at the local facility level but also at the state policy level.

And it's certainly a place where you may see more work moving forward as states really begin to re-energize efforts that had started I believe in the 80s and 90s and may have laid off in some places but again efforts to promote perinatal regionalization are a big part of what the COIN is working on and an important strategy that we all have in assuring us better birth outcomes.

In addition to the COIN work that's going on at the Maternal and Child Health Bureau in June Secretary Sibelius announced a national effort to address the issue of infant mortality.

There has been - there have been a number of state efforts, state reports and state task forces, state commissions and blue ribbon panels to address the topic of infant mortality. But there's never been a national plan.

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And the secretary committed the resources of HHS and the leadership of its related organizations to forward a national infant mortality plan that's currently under development and being led by the Secretary's Advisory Committee on Infant Mortality.

And so obviously we're watching that and we're part of the work to assure that state programs are at peace and include in the Secretary's initiative which cost cuts many of as I mentioned the operating divisions within HHS including HRSA, CDC, ACF, and Indian Health Service and CMS obviously.

So there's a huge initiative underway through the COIN through the Secretary's Advisory Committee as an umbrella to address this issue.

And obviously the biggest payer for births in the US is CMS. It most likely will continue to be especially with the Medicaid expansions we're seeing in some states and the implementation of health reform.

And more exciting we've also seen the introduction of the Strong Start Initiative through CMS to identify innovative and cost effective models for improving birth outcomes. And that again is tied into the work of infant mortality prevention.

And while those awards haven't been announced yet the folks are very anxious to have them be announced and start work in those models.

And that includes home visiting as a strategy to improve pregnancy outcomes and really excited to watch that evolve through CMS.

So given all these initiatives the five big ones I just mention, I just wanted to take the pulse of you all listening.

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Have you heard or do you know something about even just general awareness of all of these efforts, you know, one of them the COIN, the Strong Start the Secretary's initiative, the ASTHO President's challenge or the March of Dimes Healthy Babies Worth the Wait?

And I'm just going to take a break and see how the poll goes.

And for those of you who are typing in questions that's great, keep them coming, we will get to them. And they're all good one so thank you.

So what's fun to see as you've heard about on average our most frequent category is the one to two and with most of you voting.

And what's also nice is many of you have an awareness of all of the ones I just mention we - that's good to see too. And we're again looking to see how you're making sense of these various efforts in your states in your work home visiting programs in the communities across the country.

Those were just five initiatives. The slide which I know you can't read very well is an inventory of other efforts at the national level by professional organizations like ours or government agencies that are addressing the issue of infant mortality prematurity and improving birth outcomes.

And you can see that even though you can't see the names you can see how many lines there are. There's over 40 initiatives to improve birth outcomes including address the issue of infant mortality across the country. And this is not an exhaustive list.

So what's important to know is there's a tremendous energy here and a tremendous resource going into the issue.

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And part of what we have to do is really take advantage of these opportunities to make the link and share our expertise moving them all forward.

And they all have some common features which I want to share. The core features of these national initiatives are I think important for us to remember as we approach our work in linking home visiting programs with some of these strategies.

Quality improvement is a huge focus of many national initiatives. And certainly that is - that includes public health but has been really focused on care.

And perinatal quality is a huge topic for many states. And there's a lot of perinatal quality collaboratives across the country that are working to improve birth outcomes and address the issue of infant mortality.

We take obviously within public health a much more upstream approach. But all of it is informed by quality improvement and quality assurance.

And we can be leaders in public health in the quality arena. Certainly as folks that are accountable for health outcomes in our states we all have an interest in doing the best we can with the resources that we have.

Health promotion is another facet of the current work. And I hope you all have heard about Text for Babies. This is an example of kind of a modern way of doing health promotion that for many replaces leaving a brochure behind or doing a counseling visit but - or adds to that.

Certainly the health promotion messages aren't just for pregnant women. And there's a number of campaigns nationally within states to improve women's health prior to pregnancy and address health needs of women should they choose to become pregnant. So that's ongoing.

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This slide which is on my screen a little kilter here but just we'll use it for illustration purpose, a number of federal programs out there to improve the health of women and children.

And one of the things that we found a really important role that state, maternal, and child health programs play but I'm sure your home visiting program, early childhood councils and initiatives in the states, a big piece of what we're doing is trying to integrate all of those services available to families to improve health and wellbeing home visiting being one of them, the block grant being another.

But just a tremendous number of initiatives that have to be woven together, braided together to address birth outcomes.

And that's a tremendous amount of work and can't be understated in terms of how much time it takes. But certainly there are resources there and this is I think an important piece for folks to realize and to deal with.

We've been dealing with infant mortality for a long time as mentioned. Here's a slide from 1923 of early MCH epidemiology infant mortality rates by father's earnings.

I'm using this picture to illustrate that a another central facet of the national initiatives and work that's been going on in the states has been a focus on data and surveillance and being able to accurately and in real-time illustrate the extent of the problem in the states so that's been another place where national efforts have focused.

Another place where there's a tremendous need and national efforts have demonstrated a real urgent need for efforts in the states to be cross cabinet interagency and include public private

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collaborations. I used this slide of the state health department break room to demonstrate that even in agencies with which we work we're not always collaborating or sharing.

And certainly it's our hope that within the states the work of folks really focusing on infant mortality and the work of the home visiting program are integrated.

But you can see here these different coffee pots often reflect different programmatic silos and missed opportunities for collaboration and sharing across agencies and across sectors within a state or a community.

I think what's exciting about the efforts on infant mortality prevention and improving birth outcomes that we've - I've been sharing is the realization which seems fairly obvious but wasn't always explicit that these issues really are about improving women's health across the life course and preparing women for a healthy trajectory whether they become pregnant or not.

And you'll see in a number of these initiatives the tremendous focus on women's health at large which I think is really important and also very exciting.

So of these different strategies we can go - I can go back and share these again. Of these different strategies quality, health promotion, service integration, data and surveillance, cross cabinet interagency public private collaboration and focusing a women's health of those strategies how many of you are including at least one of those in your current efforts?

And we'll take a sec here to see how the responses are coming up. And what's great to see is the majority of you already I can tell from these data are including at least three to five of them, most likely all of them which is great.

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This is a group that knows what's going on nationally and is looking forward and including all of these strategies which is wonderful to see.

So our most frequent category here is A - three to five. It looks like most of the folks that wanted to vote have. And certainly the one to two category is next with only three and four of C and D so that's great.

And keep it up. Your efforts are consistent with what's going on and being recommended nationally.

Here at AMCHP and this has been the work of our staff as well as members collecting a number of different resources from states and surveying pretty much every state infant mortality task force recommendation and best practice that we could find.

We've developed a compendium to address birth outcomes which is available online and I'll talk about it in a minute. And that compendium our survey of various efforts to improve birth outcomes and address infant mortality has some core recommendations. And they echo what we've discussed prior so I'll go through them relatively quickly.

But the first recommendation in our synthesis of plans, state plans as well as state best practices it's really important obviously to implement health promotion efforts across the life course.

And that's been shown in a number of these initiatives and certainly is a big piece of the work that you all do in your home visiting programs.

Ensure quality health care for all women of reproductive age is another recommendation. And I think we have some tremendous opportunities in the expansion of publicly financed healthcare through health reform as well as some of the women's health preventive services that are

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included in the Affordable Care Act and other opportunities to ensure that women are receiving quality healthcare.

And, you know, for me this is for all women, young women not just women of reproductive age was certainly that's what we're talking about who were talking about today.

And I just want to refer you to a Web site. It's not live yet but there's a wonderful resource that the state of Texas has developed called Someday is Now that is a campaign to get folks in Texas thinking about their health prior to pregnancy, both women but also within families and relationships.

And so as this - it's supposed to be live in middle of November. I was hoping it would be live prior to our call but they're still working on the final kinks.

This Web site is a resource for preconception health messages and how to think about preparing for pregnancy so that you have the best outcomes possible.

And it also has a father involvement component that I think is really exciting. And this is just an example of the kind of work that states are doing and thinking about with regards to infant mortality.

Certainly implementing maternal risk screening for all women of reproductive age is a piece of recommendations in our compendium.

Enhancing service integration, again echoing what's going on in national initiatives, improving access before, during and after pregnancy with some pretty interesting things going on in Medicaid across the country, developing data systems to understand and inform the work.

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And the real push not to be data historians but to use real-time data to monitor our progress and to change course is needed within a state. And that's a big challenge for many, many state programs.

Promoting social equity, obviously we can't forget the disparities in infant mortality. And the opportunity for us here is to really move the needle not just in infant mortality rates overall but close and hopefully one day eliminate the gap between white and nonwhite infant mortality and birth outcomes moving forward.

I wanted to share just a couple more thoughts and then we'll turn it over for questions. It's getting close to the wrap up here.

This is a framework that we use at our compendium to help think about all the different kinds of interventions that are available to us in maternal and child health programs to address the topic of infant mortality.

And a lot of the work in maternal and child health focuses in the counseling and education component. But that's just really the tip of the iceberg when it comes to the kinds of interventions or programs that can be implemented within a state to address any public health challenge but in this case infant mortality.

Certainly that one on one education and counseling is important and that visit to a family that's, you know, looking for that support and wants to - is receptive to that education opportunity is - that's a great effort.

But moving down the pyramid you can see that there's also, you know, in our toolbox should be programs interventions that address these other levels both the clinical, the protective interventions but also efforts that involve policy change, changing the context in which individuals

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make all decisions, and more broad social economic change within communities and within states and ultimately across the country.

And for us to truly make a dent in our infant mortality rates we have to rely on interventions and programs at all levels of this health impact pyramid. We can't just have - expect, you know, rapid change if we're focusing only on counseling and education or only on one of these levels of the health impact pyramid.

The other piece is to think about the life course and think about how in our work we carry with us the health influence - the influences on our health that we - we're created with and are exposed to as children, as young adults and people of reproductive age and as folks past that.

And I love this slide image here which shows yes as adults we carry with us all that early programming and environmental exposure and the systems that we are part of into adulthood and certainly that reproductive potential that we all have.

And I think paints a nice picture of why it's important to not just focus on nine months of prenatal care or the, you know, 30 days postpartum but instead take a much broader life course perspective in our work.

The key features of all of this are that for us to address the issue of improving birth outcomes we need to address women's health. We call this putting the W back in MCH, assuring access to quality care both for women their children and families, address all levels of the health impact pyramid so that our programs and interventions aren't just focused on individual counseling and education efforts per se but across cut and go down the pyramid so that our reach is broad and involves communities and populations not just patients.

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Integrate across silos and turf and building capacity for data and research to show our programs work but also for us to adjust our course if they're not.

And that's been a really important feature for all of these efforts in the states. And I hope you're incorporating all these into your work and home visiting programs and associated and related events.

For us to truly make a difference and we truly do have to take on the mantle of maternal and child health leadership.

And maternal and child health leadership to us at AMCHP is maternal child health leaders inspire and bring people together to achieve sustainable results to improve the lives of the MCH population.

We care of about moms, kids, fathers and families. We care about the systems in which children thrive. We think about the maternal and child health as a population not a program.

And as MCH leaders our job is to inspire, bring people together and set a vision for what our community should look like and our best efforts to envision a healthy future for all moms and kids, all fathers and families should be.

So we need to take on that mantle of MCH leadership to move our shared agenda forward, put those pieces together and be very wary of the challenges that we all face ahead but not use those to limit us in our thinking or our vision setting and see those opportunities.

Certainly there's a lot of challenge in the states right now. There's a lot of challenges in implementing the home visiting programs right now.

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But ultimately we're all going to be accountable to share success. And that's what we're trying to move forward here at AMCHP and our members are trying to move forward in the states.

So with that let's do a quick post-test and we'll have time for a conversation. How confident do you feel now in efforts to describe how your work in home visiting fits with the national efforts to improve birth outcomes?

And we'll let you vote. We're seeing some great numbers here. Thank you all. Almost everybody agrees.

So earlier our A category had 74 votes and we've - well past that and we've gotten rid of our disagrees and unswers.

So I think Susan we've met expectations here and shared some information that hopefully you can all use moving forward.

Thank you for your time and participation in the slides here and let's have a chance to hear from folks. After an hour of me talking I'm sure you're ready for somebody else and we can share what's been going on.

Susan Stewart: Great thank you so much Michael, lots of wonderful information. And I saw a lot of chatting going on about different programs and questions.

And so I want to introduce folks to Piia Hansen and Tegan Callahan who are also from AMCHP. And they're going to be addressing the questions that came through in chat as well as any additional questions that you post in chat.

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Also if you would like to offer your question or a comment via the telephone I want to invite you to raise your hand and I will call on you.

So if you look on the slide you'll notice that there is a cutout that has our telephone number for today and that it has a hand.

It's in the upper-left corner of your screen, extreme upper-left corner. And if you click on that then I will see your name rise to the top and then I can call on you and we'll have the operator un-mute your phone.

So in the meantime I like to turn it over to Piia and Tegan and let me know if you have any need for me to facilitate any other parts of the process.

Tegan Callahan: Hi Susan. Thank you. This is Piia and Tegan.

Piia Hanson: Hi Susan. Thank you everyone for joining us today.

We're going to start with going back to some of the questions that were submitted throughout Dr. Fraser's presentation and actually ask Mike to maybe talk a little bit more and offer a little bit of clarifying information to some of the questions.

And as we do that feel free to continue to craft and think through your questions and submit them through chat.

Our first question is kind of a compilation of some of the comments that we're in the box.

(Gloria) I think specifically asked if you could provide your notes on the 40 different national initiatives that are currently in existence addressing birth outcomes?

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And then somebody else asked something about integrating across the silos and across turfs.

So I was wondering Mike if you could just speak a little bit more of both specifically what AMCHP's doing to try and help coordinate across these initiatives?

Dr. Mike Fraser: Well I think from the AMCHP perspective we really tried to note from a situational awareness perspective what's going on in the states.

And certainly what I was trying to show with that list is it's not identify every individual program nationally and we can share those but really just show the sheer volume and the interest and desire that's out there right now to address this issue.

I think from the AMCHP perspective one of the biggest things we've done is try to make sure that MCH programs are involved at some level and offering their technical assistance or expertise where appropriate and that in some places where they can get out of the way to improve efforts so it's not a one size fits all solution.

I think that the efforts of AMCHP have really been to make sure that as we move forward with this issue that MCH which has traditionally been a leader and one of the few places where those dedicated resource to address infant mortality continue to be the leader and where that's appropriate.

So I would say we've been pretty active in monitoring what's going on across the country and assuring that there's a leadership role for Title V where it exists and a partner role where that exists as well.

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Piia Hanson: Great thank you Mike. It sounds like everyone can continue to turn to AMCHP with questions about all those initiatives. And we'll continue to follow-up with resources and just be the resource for you if you have questions.

We had another question from (Leslie). It was more specific to the COIN project. And she was wondering what the COIN states are currently doing to work with child welfare programs?

Mike do you know anything specifically about what COIN states are doing to work among child welfare programs or specifically TANF programs?

Dr. Mike Fraser: You know I saw that question and it really made me think. I don't know. And one of the places where I think that there's some opportunity is exactly in that area.

And especially in the states where the home visiting program is being run out of a, either a children's council that cross cuts programmatic homes within a state or in the child welfare agency.

And I know there's a few early childhood agencies that are administered in the home visiting program. That might be a good place to ask.

Because for us what I know about the COIN is it's really focused on the health side at least initially and hasn't cross cut into the more early childhood education economic security -- those kinds of places. So that's an opportunity for sure.

Piia Hanson: Great. And we have a follow-up question from Gloria specifically about any sort of efforts that are going on to try and fund integration or integrative models across sectors since the research shows a lot of the impact on these health outcomes is really complex and multi-sectorial.

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So do you know anything about conversations our current efforts to fund more integrative programs?

Dr. Mike Fraser: You know, I think the place that we - where we've seen that happen has been in the promising practices area and states that have adopted and supported efforts both state communitywide to create new models or to build out models that had already been established in the states.

And I think that's been a challenge for folks to find models that cross cut these various domains where we're all comfortable working.

And I think an area that's right for more research and more investment. Ah, you know, one of the biggest challenges of MIECHV program is the fact that it's evidence based and relies on, you know, several models that all have some great data.

But when you - when you're working with one set of models and trying to remain consistent with implementation and fidelity across the states it does create a challenge for places that want an innovator involved, partners that are different from the classic model or the accepted model.

And so I think in that promising practices investment in the states we may see a lot more innovation than we might otherwise if it wasn't there.

And I think that's a place where there is ample opportunity but not a huge commitment right now from what I can see.

Piia Hanson: Thank you Mike. I think we have a few hands raised. Susan can you help...

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Susan Stewart: Yes Piia we've got Jill Vodnick is interested in asking a question or sharing a comment.

So (Jill) would you press Star 1 on your telephone and the operator will open your line.

Give you another minute, another second or so. Okay Joan Alger, I don't know if you are also on the phone. If you are go ahead and press Star 1 and so we can open your line. If you are not go ahead and lower your hand since we won't be able to take comments through the computer.

Okay great thanks. And Sally Baggett go ahead and press Star 1.

Sally Baggett: Good afternoon.

Susan Stewart: Hi Sally.

Sally Baggett: Hi everyone. I just had a comment to make. We are actually running several models of home visitation out of the Federally Qualified Community Health Center and so a comment about the effectiveness of really integrating home visitation into primary health care.

Dr. Mike Fraser: Yes that's really interesting. That's cool.

Sally Baggett: We are running Nurse Family Partnership, Healthy Families and Healthy Step. So we have that continuum of services trying to find best fit for family, some real obvious benefit to running it as part of the team with medical providers.

Dr. Mike Fraser: Great.

Sally Baggett: We also have behavioral health integrated in that. So just a plug for some of integration efforts that are ongoing but still looking for ways to fund it and sustain it.

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Dr. Mike Fraser: Yes it's great. Can you remind us where you're from again?

Sally Baggett: Oh I'm in Greenwood, South Carolina.

Dr. Mike Fraser: Great, great thanks for that. I'm sure those are great, you know, sort of referral process, a much easier referral process for potential families as well being right there.

Sally Baggett: Yes there are a lot of benefits for both - obviously for our home visitation efforts.

Identifying the most at risk families is much easier when we have access to a significant body of folks.

Use of electronic health records is a real benefit. We're able to share information directly with the primary healthcare providers. They'll actually document in the records when it's appropriate, able to get alerts from physicians when they have families that they particularly want to see involved with home visitation, sharing of concerns when we have mutual customers -- just so many advantages to having that system.

And I will say that we also did this when we were not actually employees of the FQHC but a separate legal entity.

So it's very possible to do even if you're not staff of primary health care. I think too many people see it as an impossible task and put up barriers when it's actually very doable.

Dr. Mike Fraser: Right, right no that's great and your showing that so thanks a lot. We'll be interested in seeing how that evolves.

Susan Stewart: Thanks for sharing Sally. And Yvette if you are on the phone line then we can take your comment verbally. If not go ahead and lower your hand so we don't call on you.

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So do we have a few of the questions they came in through chat Piia?

Piia Hanson: We had one question about breast feeding promotion and any sort of ways breast feeding promotion support is being integrated into innovative infant mortality reduction programs?

Dr. Fraser do you have any comments on that or can we can still open it up to other people if there is...

Dr. Mike Fraser: Yes let's open it up but I can say thank you for that reminder. And, you know, that's part of - I think it's not specifically stated but it is part of what's going on in these initiatives. I apologize that I didn't tease it out.

But I think that's a big part of the focus on improving birth outcomes has been to recommit ourselves to breast feeding.

And there's some pretty neat opportunities within the Affordable Care Act and health reform to promote breast feeding both, you know, long term and things that communities are doing now. So I - that really is a good reminder to include that in the future.

Piia Hanson: And I just wanted to put in a plug for the AMCHP Compendium. We have a few programs highlighted in there that are specific to breast feeding.

One I can think off the top of my head is in Oklahoma they have a breast feeding support hotline I think. And we have a little bit of a information and how you can contact that program to find out more. So take a look at the AMCHP Compendium for other breast feeding ideas.

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Susan Stewart: And the AMCHP Compendium will be, a link to that will be sent in the follow-up email so everyone will have access to that as well.

Dr. Mike Fraser: There was a slide with the compendium on it I was trying to find but we'll get to that.

Susan Stewart: I think the rest of the questions are in chat right now Piia. Do you have other questions from previous times or do you have another question for folks?

Piia Hanson: I do have a few more questions actually. And I think at this point we'd like to open the lines up and invite our participants to press star 1 to un-mute themselves so that we can hear their responses.

This first question actually has to do with infant massage. And this is Christine's question. She says that infant massage has a strong history of improving general parent child interactions and awareness of infant needs and her specific question is how is this area of expertise being incorporated into home visiting.

So we're quite interested to know if there's anyone on the line that can answer this? Feel free to use your chat function also.

Susan Stewart: If you choose to answer by telephone please raise your hand so that I can call on you.

Dr. Mike Fraser: I can say I'm not aware of any. Tegan did one of the synthesis in the compendium. Do you Tegan know of any?

Tegan Callahan: We don't have anything in the compendium yet but if people do have good models we can highlight in there please get a hold of AMCHP and we'll make sure they are in there.

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Piia Hanson: That's a great idea. Okay. I'm going to move on to one more question then while we're waiting for folks to respond. Oh I just lost - let me go back up here.

Christine there's also a question here about Not One Single Drop which I'm actually unfamiliar with. This is going to be a learning opportunity here.

Her question is how is Not One Single Drop being incorporated into the pre-pregnancy message?

Mike are you familiar with the Not One Single Drop...

Dr. Mike Fraser: I'm not.

Piia Hanson: ...program or campaign is anyone on the line they can provide us any more information about Not One Single Drop?

Susan Stewart: I believe that was Christine Snell. Christine was that you that mentioned No Single Drop? And if so perhaps you could share with us a little bit more of that?

It looks like we've got a couple of comments may be related to that, prevention of FASD and no alcohol during pregnancy. So that must be what the No Single Drop is about. Would anybody like - oh Karen Hughes I see your hand is up. Go ahead and press Star 1.

Karen Hughes: Karen Hughes from Ohio.

Susan Stewart: Hi Karen.

Karen Hughes: Thank you. So yes Ohio is an example of a state that has implemented a widespread initiative, not a single drop - we call it Not a Single Drop.

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Not a Single Drop in Ohio is an inner agency effort to get the message out about no alcohol during pregnancy.

So it's a has a multi-pronged approach to work with providers and public information campaigns and child serving agencies and that kind of thing in order to prevent exposure to alcohol during pregnancy but also to identify early those infants who have been exposed and get them into an appropriate services to mitigate the consequences.

Susan Stewart: Great. Thank you for clarifying that for us Karen.

Karen Hughes: Sure.

Dr. Mike Fraser: Hi Karen. Nice to hear your...

Karen Hughes: Hi Michael. Thank you.

Piia Hanson: Great those are all the questions we've gotten so far. So we thought we could transition into a little bit more of a discussion. And we have some discussion orientated questions ready to go.

So as we move through these please raise your hand to be un-muted and share some of your thoughts if you have any to share.

The first question is general. What about the presentation resonated with the home visiting work you do in your state?

You can also chat your response to these questions as well if you don't want to open up your phone line?

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Susan Stewart: And we know it takes a little bit of time for folks to write so we're going to count to 30 in our heads and that will give you a chance to think and write before we start jumping in with another question.

Piia Hanson: So maybe if we add a few more questions people will have more to respond to and think about something to share.

But we we're wondering if we could hear from you and from your home visiting programs and what you've been involved with in in your states related to these national infant mortality initiatives?

So basically how have these national infant mortality initiatives integrated you as home visiting programs?

Susan Stewart: I see that Gloria said that the information about the big national initiatives really resignation and it gave her a sense of direction and how the country is moving. It's helpful to see how the dollars are following that direction.

And it looks like Erica has a question about the national initiatives addressing the healthy needs of pregnant undocumented women who are not covered? Are there any national initiatives to do that?

Piia Hanson: That's a great question. Mike do you have any sort of awareness of a national initiative that incorporates serving undocumented women at this time?

Susan Stewart: Mike you might be on mute.

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Piia Hanson: Well great, we'll try to follow-up and if we know of any agencies that are working on that we can send that out possibly in that post call or email with other resources.

But currently at AMCHP we're not working on anything directly related to that issue. Some of these questions kind of get to the basic question here at AMCHP. We're wondering how the home visiting programs at the states really work with the Title V programs.

So if anyone wants to share thoughts or reflections on that we'd also love to hear that now at this point?

So a lot of our discussion questions seem to be getting at the same things. Basically we're trying to get a sense from how home visiting programs are contributing to some of the statewide infant mortality initiatives.

So if you have anything you want to share please feel free to do that now. We'll wait a few more minutes for chats to come in. But Karen has her hand raised.

Susan Stewart: Great. So Karen go ahead and press Star 1 again.

Karen Hughes: This is Karen Hughes in Ohio again. I think one of the ways that we've seen opportunities is to use not only the federal investment in home visiting but also our statewide home visiting program which in Ohio is called Help Me Grow Home Visiting to - we tend to consider it our army of folks on the ground who work directly with families in conveying the messages around safe sleep and breast feeding and access to, you know, helping to remove the barriers to access to care and following-up postpartum to ensure, you know, that families don't have barriers to getting to postpartum visits.

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And all the things that are on that the list we have found that COIN list of strategies to be exceedingly helpful.

And one of the things I think that we've recognized is that while in some ways we have pockets of those efforts going on in various places across the state we still have a fair amount of work to do to make sure that all of those things are done statewide and systemically.

So I think infusing all those messages into the existing systems and as opposed to trying to fix it all with program after program after program that has been kind of our challenge in Ohio.

And I think as one of the other people have commented already that being part of this national initiative I think makes us feel in one state that we're part of a bigger effort and that the momentum is a great opportunity for engaging nontraditional partners in some of this work. So I appreciate that opportunity.

Susan Stewart: Great. Thank you for sharing that Karen.

I think that we - go ahead.

Piia Hanson: I was going to say yes thank you so much Karen. And we have had a lot of comments come in under chat. I was going to read through some of those at this point.

There is no one else queued on the phone correct?

Susan Stewart: Correct.

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Piia Hanson: All right so it sounds like in Wisconsin the Home Visiting program is in the Department of Children and Families but Katy Murphy's position links with DCF with the HF where I'm housed along with the Title V where many of these initiatives connect in Wisconsin.

So Wisconsin is focused on infant mortality issues and the needs assessment period. We target communities with high infant mortality rates and have a goal of serving 75% of families prenatally.

So that's great sounds like they're doing some work to integrate across the programs in Wisconsin. Thank you Katy.

(Pam) shared that in her area they're working on an environmental scan to see what is already available and what the gaps are. And she's wondering if there's any tool that helps tease that out or guides the frameworks of the scan?

So (Pam), I would encourage you to look at the AMCHP Compendium. There's a few organizational frameworks in there that might help in the needs assessment period trying to figure out what sort of programs are in place and how they address different parts of the health impact pyramid.

I don't know if you have any more specific information you want to share about the types of tools or resources you're looking for?

Rosemary Wilson shared that the home visitation goals in her state are included in the COIN work we call Healthy Mothers Healthy Babies and are using objectives from the benchmark in the Home Visiting program.

So that's great and a great example of how COIN and Home Visiting are integrated. Rosemary, could you share where you're from possibly in chat?

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And we also had a comment come in from Illinois saying in Illinois we have Healthy Families Illinois which has some Title V funding.

The Ounce of Prevention is involved with ongoing training of HFI staff. Some of the programs have also affiliated doula programs which some are based at county health departments.

So they are linked to WIC and the breast feeding peer counselors, et cetera. Lots of program integration within many of our Title V programs.

That's good to hear Robin Lee. It sounds like in Illinois they have some good models for integration. And I might be following-up with you to highlight some of that in the next round of the compendium.

If anybody has any specific questions please raise your hand. If not I'm going to continue off reading off some of these comments before we wrap up.

So Jane) shared from Nebraska in Lancaster County they utilize the Healthy Families America model with their visitation. And their home visitors are RNs or community outreach specialists. And we use a curriculum called Partners for a Healthy Baby.

So Rosemary from South Carolina thank you so much Rosemary for letting me know how I can track you down.

Shelby shared from North Carolina that home visiting funding is used to support multiple models. And the oversight of these programs fall under the state Title V Children and Youth branch.

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In addition they're involved in their COIN as well and have four federal Healthy Start programs. So there's a lot going on in North Carolina.

And (Jean) shared that other Title 5 dollars are used for some home visiting programs in some more rural areas of Nebraska. So that's all excellent. And it sounds like there's a lot of coordination between programs at the state level.

I'll read one more comment and then we can think about final comments. But Karen is sharing that during their home visits and a part of their curriculum they discussed SIDS prevention, child spacing, postpartum depression and the dangers of smoking and other factors that contribute to infant mortality.

Families are twice - are visited twice a month to discuss these topics along with other topics related to infants and their development.

And Karen uses the healthy - sorry uses the Partners for Healthy Baby curriculum in her state. Can you let us know what state you're in Karen?

All right so we have another comment from Kentucky. I love how active the chat box is becoming. So in Kentucky they have a statewide program called Hands.

And Hands is housed in the local health department throughout the state. The goal of the program are positive pregnancy outcomes, optimal child development, healthy and safe home and family self-sufficiency. Hands serve first time families.

Through the Home Visiting funding we have been able to expand and serve more first time families in 78 counties as well as offer in-home cognitive behavioral therapy treatment for mothers that screen for severe depression. That sounds like an excellent model in Kentucky.

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So thank you everyone for sharing in chat. And if anybody wants to add anything else remember you can also raise your hand or continue to chat. But I think we are exhausting people here Susan. So I don't know if you have any final comments?

Susan Stewart: I do have a few final comments. I just wanted to check and see if Mike had any. I'm not sure if he was able to stay on the full time or not?

Dr. Mike Fraser: Yes hey Susan. I'm here.

Susan Stewart: Okay great.

Dr. Mike Fraser: No thank you all for the chance. This is great learning for us too and I'm really impressed with what states are doing. Thanks for sharing that.

Susan Stewart: Yes sounds like there will be some additional follow-up for - from AMCHP to learn more about what great things you all are doing so that those wonderful strategies that you've come up the creative things can then be shared with others so that everyone benefits from the good work that you're doing.

I want to say thank you so much to Dr. Fraser and to Piia and to Tegan. You've brought so much to the conversation and really stimulated some new thinking for those of us who are doing work with Home Visiting and how we can collaborate with other entities so that we're really making a difference on the issue of infant mortality in our states and communities.

Thank you again for your time and commitment to this Webinar but also to this issue.

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And the folks at AMCHP have also as we've mentioned multiple times developed this wonderful compendium of resources.

It's entitled -- you can't see it on this slide -- but it's entitled Foraging a Comprehensive Initiative to Improve Birth Outcomes and Reduce Infant Mortality Policy and program Options for State Planning.

Long title, but it's meaningful title. The compendium along with a selection of other resources that I mentioned such as Web links will be sent to you in a follow-up email.

And we're - what we're hoping is that one of your action steps as a result of this Webinar will be that you will download and glean information from the compendium so it can support you in your efforts to reduce infant mortality.

The last thing I'd like to do is provide you with our learning objectives for today and ask you to scan those. And you'll be receiving an email from Ms. Africa Queen of WRMA with a link to an electronic feedback form. And she's going to be asking you about these learning objectives.

So take a moment to scan them. Think about how you these have or have not been achieved today and so that you'll be prepared to address those questions when the feedback form comes to you.

Really want to thank you for your participation today, the wonderful resources and examples that you shared with us, the great questions that gave us new things to mine.

We're very helpful and we appreciate that. And please keep an eye out for an announcement for our next Webinar. It has not been scheduled yet but it will be soon.

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And in the meantime we encourage you to continue to go out and do good work for very young children and their families in your communities and across the nation. Have a good week everyone.

Operator: And that does conclude today's conference call. Thank you for your participation.

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