

## Permanent Council on Reducing Disparities in Infant Mortality

### Introduction

Chapter 83 of the 2018 State Laws of Maryland requires MHCC to “make legislative recommendations regarding the establishment of a permanent council for lowering rates of disparity with respect to infant mortality”. Workgroup members agreed that it could be useful to have an organizational entity that could center public focus, action, and attention on the issue of disparities in infant mortality, to provide a plan, structure, and accountability for continuing change.

### Discussion of Organizational Placement of Permanent Council

Workgroup members felt that it was important to have a centralized entity that could focus public and stakeholder attention on disparities in infant mortality. High level focused attention can be an important motivator to make change happen. However, the Permanent council should not pull resources from existing infant and maternal mortality work, but rather help coordinate existing resources and fill gaps. It is important not to duplicate work and effort.

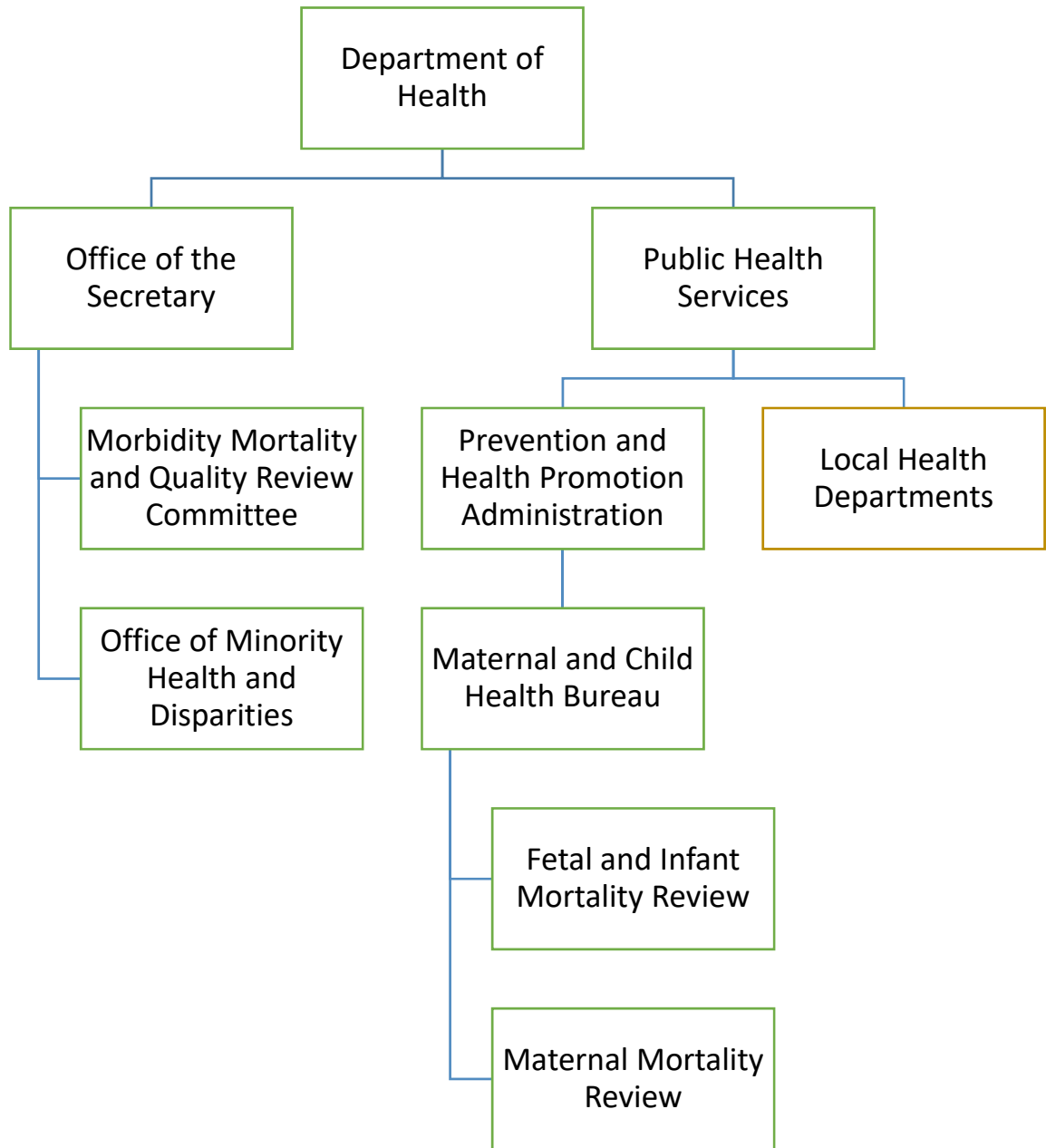
For these reasons, it is important to locate this function in a place in the organization where it can best coordinate resources and bring high level attention to the issue of disparities in infant mortality without impacting ongoing work. New funding and staff resources are likely needed for this effort, but choices about organizational placement are also important for visibility and leadership.

A number of entities already exist within the State (and local) government that have some relationship to infant mortality and infant health (see next page). These organizations include several entities in the Department of Health, including the Office of Minority Health and Health Disparities and the Maternal and Child Health Bureau, which oversees the Fetal and Infant Mortality Review Teams (FIMR) and Maternal Mortality Review (MMR). The FIMR and MMR are current hubs for bringing experts together on issues related to poor birth outcomes and already have existing funding streams.

FIMR Teams are operated at the local level. While some of these teams issue public reports (ex. Baltimore City has an annual public report), others do not.

The State MMR process is highly professionalized and designed to protect the privacy of individual family members. Since 2018, the MMR has been required to have bi-annual stakeholder meetings to create a process for patients, families, and other stakeholders to provide input. The State MMR has an annual public report.

**Exhibit: Organizational Placement of State Entities Relevant to Infant Mortality**



**Department of Health**

This cabinet-level department provides public health services, Medicaid, and other health services in Maryland. The Department is led by the Secretary of Health.

**Office of the Secretary, Health**

The Secretary of Health serves on the Children's Cabinet; the State Child Fatality Review Team and the State Early Childhood Advisory Council, and other entities. Reporting to the Secretary of Health, three deputy secretaries each have a specific area of responsibility: [Behavioral Health](#), [Developmental Disabilities](#), and [Public Health Services](#) (Code Health-General Article,

sec. 2-103). The Office of Secretary also oversees five offices, including the Office of Minority Health and Health Disparities and the Maryland Primary Care Program Office. The Office is aided by the State Child Fatality Review Team; and the Morbidity, Mortality, and Quality Review Committee. In the past, this Office had an “Advisory Council on Infant Mortality”, but this was removed in 2017, in the same law that created the Morbidity, Mortality, and Quality Review Committee, below.

#### [Morbidity, Mortality, and Quality Review Committee](#)

Confidential and anonymous case reviews of morbidity and mortality associated with pregnancy, childbirth, infancy, and early childhood are conducted by the Committee. From such reviews, the Committee develops and implements interventions to improve the system of care for pregnancy, childbirth, infancy, and early childhood (Code Health-General Article, sec. 18-107). A precursor to this organization was named the “State Commission on Infant Mortality Prevention”.

#### [Office of Minority Health and Health Disparities](#)

With public and private organizations and institutions, the Office works to secure funding, administer grants, establish programs, and conduct research to reduce and eliminate racial or ethnic health care disparities in Maryland. The Office’s mission is to address the social determinants of health and eliminate health disparities by leveraging the Department’s resources, providing health equity consultation, impacting external communications, guiding policy decisions and influencing strategic direction on behalf of the Secretary of Health.

Key programs include—

- Minority Outreach and Technical Assistance (MOTA), which uses Cigarette Restitution Funding to address tobacco, cancer community health coalition, cardiovascular disease, infant mortality, diabetes, obesity, cancers, and asthma in minority communities. MOTA grantees have also held Community Caucuses to bring stakeholders together to focus on community needs.
- Educating Minorities of Benefits Received after Consumer Enrollment (EMBRACE), which seeks to increase rates of health insurance, increase use of primary care services, and reduce rates of emergency department visits and hospital readmissions.
- St. Mary’s Asthma Initiative, which uses community health workers and nurses to provide home-based education and support for children with asthma.
- Health disparities data analysis and reporting
- Awareness, outreach, and workforce development activities, including a newsletter, social media, an annual conference, an internship program, and technical assistance on cultural competency, health equity, health literacy, and workforce diversity.

[MHHD Overview Document](#) (brief doc that includes mission, vision, and office program highlights)

## [2018 Annual Report](#)

**MHHD Statutory Duties and Role:** Md. HEALTH-GENERAL Code Ann. § 20-1004, § 20-1005, § 20-1006

### Public Health Services

Lead by the Deputy Secretary for Public Health, Public Health Services oversees local health departments and directs three administrations: [Laboratories](#); [Prevention and Health Promotion](#); and [Vital Statistics](#). It also is responsible for the [Office of Chief Medical Examiner](#), the [Office of Health Care Quality](#), the [Office of Population Health Improvement](#), the [Office of Preparedness and Response](#), the [Office of Provider Engagement and Controlled Dangerous Substance Regulation](#), and the [State Anatomy Board](#). Public Health Services is aided by the Health and Human Services Referral Board.

### Prevention and Health Promotion Administration

This administration is responsible for infectious disease, environmental health, and family health. The Administration has five bureaus: Environmental Health; Infectious Disease Epidemiology and Outbreak Response; Infectious Disease Prevention and Care Services; Maternal and Child Health; and Primary Care and Community Health.

### Maternal and Child Health Bureau

The Maternal and Child Health Bureau works to improve the health of women of childbearing age and their babies. Under the Bureau are four offices; Family Planning and Home Visiting; Genetics and People with Special Health Care Needs; Surveillance and Quality Initiatives; and Maryland Women, Infants, and Children Food Program (WIC). The Bureau is responsible for implementing federally funded home visiting and family planning programs. The Bureau plays a key role in the Fetal Infant Mortality Reviews and Maternal Mortality Reviews, as well as other activities related to reducing infant mortality and serving pregnant women and infants.

### Fetal and Infant Mortality Review Program

The goal of the [Fetal and Infant Mortality Review \(FIMR\) Program](#) is to prevent infant mortality and morbidity through the review of [fetal and infant deaths](#) in Maryland. The Maryland Department of Health's [Maternal and Child Health Bureau](#) is the lead agency for Maryland's FIMR Program. There are 18 FIMR projects in the state which represent all 24 Maryland jurisdictions. There are 16 jurisdiction level programs (Allegany, Anne Arundel, Baltimore City, Baltimore County, Calvert, Carroll, Cecil, Charles, Frederick, Garrett, Harford, Howard, Montgomery, Prince George's, St. Mary's, Washington) and two regional FIMR programs: the Lower Eastern Shore Regional FIMR (Somerset, Wicomico, and Worcester County); and the Midshore Perinatal Advisory Committee (Caroline, Dorchester, Kent, Queen Anne's, and Talbot).

### Maternal Mortality Review

The Maryland Department of Health (MDH), Maternal and Child Health Bureau (MCHB) collaborates with the Department's [Vital Statistics Administration](#) to obtain vital records information for case reviews. MCHB also collaborates with [MedChi, The Maryland State Medical Society](#) to administer the Maternal Mortality Review Program. MedChi assists in obtaining medical records, abstracting cases, and hosting the Maternal Mortality Review Committee, a committee of clinical and public health experts from across the State. Since 2001, case reviews have been conducted to investigate all pregnancy-associated deaths in Maryland and identify opportunities for reduced maternal mortality. The State publishes an annual report as a result of MMR activities ([2018 Report](#)).

Beginning in 2018, the MMR includes bi-annual meetings of stakeholders. This stakeholder group reviews findings and recommendations in the annual report; examines issues resulting in disparities in maternal deaths; Review the status of implementation of previous recommendations; and identifies new recommendations with a focus on initiatives to address issues resulting in disparities in maternal deaths.

### Local Health Departments

Local health departments ensure that basic public health services are provided in all parts of Maryland. Under direction of a local health officer, each local health department provides these services and administers and enforces State and local health laws and regulations in its jurisdiction. Programs meet the public health needs of the community and provide services not offered by the private sector. The local health officer is appointed jointly by the Secretary of Health and the local governing body (Code Health-General Article, secs. 3-101 through 3-405).

### Examples of models for “Permanent Council”

#### State Advisory Council on Health and Wellness

In October 2017, the State Advisory Council on Health and Wellness was created (Chapter 40, Acts of 2017). The Council assumes the responsibilities of the State Advisory Council on Arthritis and Related Diseases, the State Advisory Council on Heart Disease and Stroke, and the State Advisory Council on Physical Fitness. The council must (1) promote evidence-based programs for healthy lifestyles and the prevention, early detection, and treatment of chronic disease and (2) make recommendations to DHMH related to chronic disease prevention, health, and wellness.

To carry out that work, the Council works through at least four committees concerned with arthritis, diabetes, heart disease and stroke, and physical fitness. The Council may create additional committees.

The Council has thirty-three members. Twenty seven are appointed by the Secretary of Health to four-year terms. The following members serve without term limits: (1) the Secretary of Health and Mental Hygiene or the Secretary's designee; (2) the State Superintendent of Schools or the State Superintendent's designee; (3) the Secretary of Aging or the Secretary's designee; (4) the Secretary of Disabilities or the Secretary's designee; (5) a representative of the Maryland

Office of Minority Health and Health Disparities; and (6) a representative of the Maryland Association of County Health Officers (MACHO).

**Stakeholder Group advising the Maternal Mortality Review**

As noted above, the MMR has a bi-annual meeting of stakeholders. This stakeholder group reviews findings and recommendations in the annual report; examines issues resulting in disparities in maternal deaths; Review the status of implementation of previous recommendations; and identifies new recommendations with a focus on initiatives to address issues resulting in disparities in maternal deaths.

The group includes representatives of: (1) The Maryland Office of Minority Health and Health Disparities; (2) The Maryland Patient Safety Center; (3) The Maryland Healthy Start Program; (4) Women’s health advocacy organizations; (5) Community organizations engaged in maternal health and family support issues; (6) Families that have experienced a maternal death; (7) Local health departments; and (8) Health care providers that provide maternal health services.