

**Infant Mortality Action Group
2011-2012 Action Plan:
Reduce Infant Mortality**



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*For more information about this Action plan, please contact
Jennifer Dillaha, MD, at the Arkansas Department of Health,
Jennifer.Dillaha@Arkansas.gov or (501) 661-2864*

Terms and Acronyms

AAP:	American Academy of Pediatrics
ACF:	
ADH:	Arkansas Department of Health
AFMC:	Arkansas Foundation for Medical Care
AHVN:	Arkansas Home Visiting Network
APN:	Advanced Practioner Nurse
APNA:	Advanced Practioner Nurse Association
APS:	
ASD:	Autism Spectrum Disorder
BRFSS:	Behavioral Risk Factors Surveillance System
California MHA	California Maternal Child and Adolescent Health Department;
CDC:	Center for Disease Control
CHC:	Community Health Centers
CORE:	
CPS:	
CPSE:	
DHS:	Arkansas Department of Human Services
DOT:	Department of Transport
EMS:	Emergency Medical Services
FASD:	Fetal Alcohol Syndrome Disorder
HHI:	Hometown Health Improvement
ICDR:	Infant and Child Death Review
IPC:	Injury Prevention Center
IPN:	
IPV:	
KFF:	Kaiser Family Foundation

MICH: Maternal, Infant and Child Health
MIECHV: Maternal, Infant, and Early Childhood Home Visiting
MOU:
NCANDS: National Child Abuse and Neglect Data System
NCCDPHP: National Center for Chronic Disease Prevention and Health Promotion
NCHS: National Center for Health Statistics
NCIPC
NEISS-AIP: National Electronic Injury Surveillance System- All Injury Program
NHANES: National Health and Nutrition Examination Survey
NHIS: National Health Interview Survey
NHTSA:
NSDUH: National Survey on Drug Use and Health
NSFG: National Survey of Family Growth
NSUB: National Survey of the Use of Booster Seats
NVSS-M National Vital Statistics System - Mortality
NVSS-N: National Vital Statistics System- Natality
PRAMS: Pregnancy Risk Assessment Monitoring System
PSA's Public Service Announcement
SAMHSA: Substance Abuse and Mental Health Services Administration
SIDS: Sudden Infant death Syndrome
SIPP: State Injury Prevention Program
STOP:
SUID: Sudden Unexpected Infant Death
TPCP: Arkansas Department of Health- Tobacco Prevention and Cessation Program
UAMS: University of Arkansas Medical Sciences
UDS: Uniform Data System Report
USCPSC: United States Consumer Product Safety Commission
WIC: Arkansas Department of Health –Supplemental Nutrition Program for Women, Infants, and Children

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Overarching Goal: Reduce Infant Mortality Rate		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>MICH-1.3 Reduce the rate of all infant deaths (within the first year).</p> <p>MICH-1.4 Reduce the rate of neonatal deaths (within the first 28 days of life)</p> <p>MICH-1.5 Reduce the rate of postnatal deaths (between 28 days and 1 year)</p>	<p>Number, Causes and Manner of infant deaths 0-12 months</p> <p>Number of neonatal deaths</p> <p>Number of postnatal deaths</p>	<p>1. National Child Death Review Case Reporting System</p> <p>2. Linked Birth/Infant Death Data Set, CDC/NCHS</p> <p>3. Linked Birth/Infant Death Data Set, CDC/NCHS</p>

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Goal I: Improve knowledge/understanding of causes of infant death in Arkansas		
<i>Strategy A: Develop a comprehensive infant and child death review system</i> (Arkansas Infant & Child Review Program at Arkansas Children's Hospital)		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>IVP-4 (Developmental) Increase the number of States and the District of Columbia where 90% of deaths among children aged 17 years and under that are due to external causes are reviewed by a child fatality review team.</p> <p>IVP-5 (developmental) Increase the number of Statute and the District of Columbia where 90% of sudden and unexpected deaths to infants are reviewed by a child fatality review team.</p> <p>MICH-1.8 Reduce the rate of infant deaths by Sudden Infant Death Syndrome (SIDS) by 10% by 2020</p> <p>MICH-1.9 Reduce infant deaths from Sudden Unexpected Infant Death (SUID) by 10% by 2020</p>	<p>1. b</p> <p>2.</p> <p>3. Number of infant deaths from SIDS</p> <p>4. Number of Infant deaths from SUIDs</p>	<p>1. National Center for Child Death Review; Michigan Public Health Institute; NVSS-M; CDC/NCHS</p> <p>2. National Center for Child Death Review; Michigan Public Health Institute; NVSS-M; CDC/NCHS</p> <p>3. CDC/NCHS</p> <p>4. CDC/NCHS</p>
<p>Intermediate (3-5 years) outcome objective(s):</p> <p>1. Advocate for prevention measures based on information obtained through the local ICDR team reviews; the Arkansas Infant and Child Death Review Program and the Child Death Review Panel</p> <p>2. Develop one local/regional multi-disciplinary team within each of the seven (7) Arkansas Trauma System Regions to conduct infant and child death reviews by 2014.</p>	<p>1. Advise governor, legislature, state agencies, and the public on infant and child death review findings and proposed prevention measures</p> <p>2. Number of trained and active local/regional Infant and Child Death Review Teams</p>	<p>1. Infant and Child Death Review Teams and the Arkansas Infant and Child Death Review Program Annual Report</p> <p>2. Arkansas Infant and Child Death Review Program Annual Report</p>

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<p>Short-term (1-2 years) outcome objective(s):</p> <ol style="list-style-type: none"> 1. Pilot two multi-disciplinary ICDR teams: <ol style="list-style-type: none"> I. Regional Team (Conway, Faulkner, and Perry Counties) II. Washington County Local ICDR team that will be trained and reviewing cases by 2012 2. Produce an annual report that identifies infant and child deaths in Arkansas 3. Standardize data collection system for all child fatalities 4. Local/regional ICDR teams will review all reviewable cases for 2010 by 2012 and entered in the National Child Death Review Case Reporting System 	<ol style="list-style-type: none"> 1. Number of Infant and Child Death Review Teams operating in Arkansas 2. Completion of Arkansas Infant and child Death Review Annual Report 3. Development of policies & procedures as reflected in the Arkansas Standard Opening Procedure Manual 4. Number of cases entered into National Child Death Review Case Reporting System 	<ol style="list-style-type: none"> 1. National Child Death Review Case Reporting System 2. Arkansas Department of Vital Statistics 3. National Child Death Review Case Reporting System 4. National Child Death Review Case Reporting System
<p>Anticipated Policy Outcome(s):</p>		
<p>Stakeholders:</p> <ul style="list-style-type: none"> o Arkansas Children's Hospital (Injury Prevention Center) o Arkansas Commission on Child Abuse o Arkansas Department of Health o Arkansas Infant and Child Death Review Program o Child Death Review Panel o Public o Rape and Domestic Violence o University of Arkansas Medical Sciences 		

Goal 1. A: Develop a comprehensive infant and child death review system						
Action Steps	Target Groups	Lead role	Time Line		Anticipated Outputs	
1. Meeting with local team core member agencies	1. Coroners, Law Enforcement, Prosecuting Attorneys, Child Protective Services, EMS Personnel Pediatricians/ APNs, Pubic Health Officials, IPV Advocates, Social	1. Infant and Child Death Review Program Director				1. Discuss their role and participation on the Local Infant and Child Death Review Team

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	Workers, and ad hoc members as identified						
2. Meet with Vital Records to set up system for obtaining and distributing death certificates to local teams	2. ADH Vital Records and local team director and coordinator	2.	Infant and Child Death Review Program Dir.				2. Dissemination of information for local team reviews
3. Attend surrounding states CDR Programs to obtain best practices for local and state teams	3. Michigan and Texas	3.	Infant & Child Death Review Program Coordinator				3. Establishment best practices for local team review in Arkansas
4. Provide training and technical assistance to local team members	4. Conway, Faulkner and Perry County Regional Infant and Child Death Review Team and Washington County Local Infant and Child Death Review Team	4.					4. Establishment of local/regional Infant and Child Death Review Teams
5. Draft Standard Operating Procedure Manual for local review teams	5. Infant and Child Death Review Program Coordinator	5.					5. Completion of Arkansas Infant and Child Death Review Standard Operating Procedure Manual
6. Local teams conduct reviews of unexpected child deaths	6. Local Team Director and Coordinator	6.					6.

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Goal I: Improve knowledge/understanding of causes of infant death in Arkansas		
<i>Strategy B: Maintain a white paper with periodic updates</i>		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		

Goal 1.B: Maintain a white paper with periodic updates					
Action Steps	Target Groups	Lead role	Time Line		Anticipated Outputs

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Goal II: Prevent unplanned pregnancies (Arkansas Department of Health)		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>FP-1 Increase the proportion of pregnancies that is intended.</p> <p>FP-15 Increase the proportion of females in need of publicly supported contraceptive services and supplies who receive those services and supplies.</p>	<p>FP-1 target: 10% improvement</p>	<ol style="list-style-type: none"> 1. Guttmacher Institute APS; Surveillance Data for Abortion; CDC/NCCDPHP; NSFG; CDC/NCHS; NVSS-N 2. Guttmacher Institute APS; NSFG; CDC/NCHS;
Strategy A: Reduce teen birth rate		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>FP-7.1 Increase the proportion of sexually experienced females aged 15 to 44 years who received reproductive health services in the past 12 months.</p> <p>FP-7.2 Increase the proportion of sexually experienced males aged 15 to 44 years who received reproductive health services</p> <p>FP-9.1 Increase the proportion of female adolescents aged 15 to 17 years who have never had sexual intercourse</p> <p>FP-9.2 Increase the proportion of male adolescent aged 15 to 17 you have never had sexual intercourse</p> <p>FP-9.3 Increase the proportion of female adolescents aged 15 years and under who had never had sexual intercourse</p> <p>FP-9.4 Increase the proportion of male adolescents aged 15 years and younger who had never had sexual intercourse</p> <p>FP-10.1 Increase the proportion of sexually active females aged 15 to 19 years used a condom at first intercourse.</p>	<ol style="list-style-type: none"> 1. FP 7.1 Target 10% improvement 2. FP- 7.2 10% Improvement 3. FP-9.1 10% Improvement 4. FP-9.2 10% Improvement 5. FP-9.3 10% Improvement 6. FP-9.4 10% Improvement 7. FP-10.1 10% Improvement 	<ol style="list-style-type: none"> 1. NSFG; CDC/NCHS 2. Guttmacher Institute APS; Surveillance Data for Abortion; CDC/NCCDPHP; NSFG; CDC/NCHS; NVSS-N 3. NSFG; CDC/NCHS 4. NSFG; CDC/NCHS 5. NSFG; CDC/NCHS 6. NSFG; CDC/NCHS 7. NSFG; CDC/NCHS

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FP-10.2 Increase the proportion of sexually active males aged 15 to 19 years used a condom at first intercourse	8. FP-10.2 10% Improvement	8. NSFG; CDC/NCHS
FP-10.3 Increase the proportion of sexually active females aged 15 to 19 years used a condom at last intercourse	9. FP-10.3 10% Improvement	9. NSFG; CDC/NCHS
FP-10.4 Increase the proportion of sexually active males aged 15 to 19 years used a condom at last intercourse	10. FP-10.4 10% Improvement	10. NSFG; CDC/NCHS
FP-11.1 Increase the proportion of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine conception at first intercourse	11.FP-11.1 10% Improvement	11. NSFG; CDC/NCHS
FP-11.2 Increase the proportion of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine conception at first intercourse	12.FP-11.2 10% Improvement	12. NSFG; CDC/NCHS
FP-11.3 Increase the proportion of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine conception at last intercourse	13.FP-11.3 10% Improvement	13. NSFG; CDC/NCHS
FP-11.4 Increase the proportion of sexually active females aged 15 to 19 years used a condom and hormonal or intrauterine conception at last intercourse	14.FP-11.4 10% Improvement	14. NSFG; CDC/NCHS
FP-12.1 Increase the proportion of female adolescents who received formal instruction on abstinence before they were 18 years old.	15.FP-12.1 10% Improvement	15. NSFG; CDC/NCHS
FP-12.2 Increase the proportion of male adolescents who received formal instruction on abstinence before they were 18 years old.	16.FP-12.2 10% Improvement	16. NSFG; CDC/NCHS
FP-12.3 Increase the proportion of female adolescents who received formal instruction on birth control methods before they were 18 years old.	17.FP-12.3 10% Improvement	17. NSFG; CDC/NCHS
FP-12.4 Increase the proportion of male adolescents who received formal instruction on birth control methods before they were 18 years old.	18.FP-12.4 10% Improvement	18. NSFG; CDC/NCHS
FP-13.1 Increase the proportion of female adolescents who talked to a parent or guardian about abstinence before they were 18 years old.	19.FP-13.1 10% Improvement	19. NSFG; CDC/NCHS
FP-13.2 Increase the proportion of male adolescents who talked to a parent or guardian about abstinence before they were 18 years old.	20.FP-13.2 10% Improvement	20. NSFG; CDC/NCHS

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<p>FP-13.3 Increase the proportion of female adolescents who talked to a parent or guardian about birth control methods before they were 18 years old.</p> <p>FP-13.4 Increase the proportion of male adolescents who talked to a parent or guardian about birth control methods before they were 18 years old.</p>	<p>21.FP-13.3 10% Improvement</p> <p>22.FP-13.4 10% Improvement</p>	<p>21. NSFG; CDC/NCHS</p> <p>22. NSFG; CDC/NCHS</p>
<p>Intermediate (3-5 years) outcome objective(s):</p>		
<p>Short-term (1-2 years) outcome objective(s):</p> <p>Establish an action group to address teen pregnancy</p>		
<p>Anticipated Policy Outcome(s):</p>		
<p>Stakeholders:</p>		

Goal II. A: Reduce teen birth rate						
Action Steps	Target Groups	Lead role	Time Line			Anticipated Outputs

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Goal II: Prevent unplanned pregnancies		
<i>Strategy B: Lengthen intervals between births</i>		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s): FP-5 Reduce the proportion of pregnancies conceived within 18 months of a previous birth	FP-5 Target: 10% Improvement	NSFG; CDC/NCHS
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		

Goal II.B: Lengthen intervals between births					
Action Steps	Target Groups	Lead role	Time Line		Anticipated Outputs

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Goal III: Prevent low birth-weight and birth defects		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
MICH-1.6 Reduce the rate of infant deaths related to birth defects (all birth defects)	1. MICH 1.6 Target: 10% Improvement	1. NSS; CDC; NCHS
MICH-8.1 Reduce low birth weight (LBW)	2. MICH 8.1 Target: 7.8% Reduction	2. NSS; CDC; NCHS
MICH-8.2 Reduce very low birth weight (VLBW)	3. MICH 8.2 Target: 1.4% Improvement	3. NSS; CDC; NCHS
MICH-9.1 Reduce total preterm births	4. MICH 9.1 Target: 10% Improvement	4. NSS; CDC; NCHS
MICH-9.2 Reduce late preterm or live birth at 34 to 36 weeks gestation.	5. MICH 9.2 Target: 10% Improvement	5. NSS; CDC; NCHS
MICH-9.3 Reduce live births at 32 to 33 weeks of gestation	6. MICH 9.3 Target: 10% Improvement	6. NSS; CDC; NCHS
MICH-9.4 Reduce very preterm or live births at less than 32 weeks of gestation	7. MICH 9.4 Target: 10% Improvement	7. NSS; CDC; NCHS

Goal III: Prevent low birth-weight and birth defects		
<i>Strategy A: Promote preconception health behaviors among women of child-bearing age</i>		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
MICH 16 Increase the proportion of women delivering a live birth who received preconception care services and practiced key recommended preconception health behaviors.		1. PRAMS; CDC/NCCDPHP; MIHA
MICH 16.1 (Developmental) Discussed preconception health with a health care worker prior to pregnancy.		2. MIHA; CDPH; PRAMS; CDC/NCCPHP

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Goal III: Prevent low birth-weight and birth defects		
<i>Strategy A: Promote preconception health behaviors among women of child-bearing age</i>		
Sub-strategy A.1: Decrease smoking (Arkansas Department of Health)		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
MICH 11.3 Increase abstinence from cigarettes smoking among pregnant women	1. 10% improvement	1. PRAMS; CDC; NCCDPHP: California's MHA; California State health Department; NHIS; CDC; NCHS
MICH 16.3 Increase the proportion of women delivering a live birth who did not smoke prior to pregnancy	2. 10% increase	2. NHIS; CDC;NCHS
MICH-18 (Developmental) Reduce postpartum relapse of smoking among women who quit smoking during pregnancy	3.	3. TCPC Pregnancy Pilot Evaluation Reports;
TU-6 Increase smoking cessations during pregnancy	4.	4. MIHA;CDPH; PRAMS; CDC/NCCDPHP
Intermediate (3-5 years) outcome objective(s):		
<ol style="list-style-type: none"> 1. TPCP Pregnancy Cessation Pilot Project 2. TPCP Tobacco Cessation Quitline 3. CHC's STOP program 4. Prevent Youth Initiation 5. Media 		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		
ACH American College of Obstetricians and Gynecologist- Arkansas Chapter Arkansas Department of Health –Supplemental Nutrition Program for Women, Infants, and Children (WIC) Arkansas Department of Health- Tobacco Prevention and Cessation Program (TPCP) Arkansas Department of Human Services-Alcohol and Drug Abuse Prevention Arkansas Hunger Alliance		

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Arkansas Legislature
 Jefferson Comprehension Care Corporation
 March of Dimes- Arkansas Chapter
 University of Arkansas Medical Sciences

Goal III.A.1: Decrease smoking

Action Steps	Target Groups	Lead role	Time Line				Anticipated Outputs
1. Development of resource materials	1. Women between 18-44						

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Goal III: Prevent low birth-weight and birth defects		
<i>Strategy A: Promote preconception health behaviors among women of child-bearing age</i>		
Sub-strategy A.2: Improve chronic disease self-management among women of childbearing age		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s): MICH 16.5 Increase the proportion of women delivering a live birth who had a healthy weight prior to pregnancy		UDS; CHC State Grant Report
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders: Arkansas Chronic Illness Collaborative CHC' Diabetes Advisory Council: G. Diabetes Mgmt.		

Goal III.A.2: Improve chronic disease self-management among women of child bearing age					
Action Steps	Target Groups	Lead role	Time Line		Anticipated Outputs

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Goal III: Prevent low birth-weight and birth defects		
<i>Strategy A: Promote preconception health behaviors among women of childbearing age.</i>		
Sub-strategy A.3: Decrease alcohol consumption among women of childbearing age (March of Dimes)		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>MICH-11.1 Increase abstinence from alcohol among pregnant women</p> <p>MICH-11.2 Increase abstinence from binge drinking among pregnant women</p> <p>MICH-16.4 Increase the proportion of women delivering a life birth who did not drink alcohol prior to pregnancy</p> <p>MICH-25 Reduce the occurrence of Fetal Alcohol Syndrome (FAS)</p> <p>By 2020, decrease the estimated number of babies born with Fetal Alcohol Syndrome from 500* to 200*</p>		<ol style="list-style-type: none"> 1. NSDUH; SAMHSA 2. NSDUH; SAMHSA 3. PRAMS; CDC; NCCDPHP; California's Maternal and Infant Health Assessment; Maternal Child and Adolescent Health Department; CA State Health Department 4. Arkansas Health Department
<p>Intermediate (3-5 years) outcome objective(s):</p> <ol style="list-style-type: none"> 1. By 2017, increase the number of women ages 12-44 who report awareness of how alcohol use can cause birth defects by 40% 2. By 2017, reduce the percentage of females ages 12-44 who report having a drink in the last 30 days by 3% 3. By 2017, increase the number of medical providers who provide annual alcohol screenings for women from zero in 2012 to 50. 4. Increase the number of alcohol retail outlets who post FASD warning signage at the point of retail sale of alcohol from 0% in 2012 to 85% in 2017. 5. Reduce underage drinking among females ages < 18 and 18-21 by 3.5 to 5 % 	<ol style="list-style-type: none"> 1. FASD Awareness among women of childbearing age 2. Drinking rates among target groups (women of childbearing age, underage, women, college age women) 3. Number of medical providers reporting use of screening tools 4. Number of alcohol retail outlets posting warning signage for FASD 	<ol style="list-style-type: none"> 1. ADH Survey on FASD Awareness 2. APNA data CORE data; ADH BRFFS data 3. AR Foundation for Medical Care self-report survey 4. Alcohol Beverage Control Report 5. APNA and CORE data

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<p>Short-term (1-2 years) outcome objective(s):</p> <ol style="list-style-type: none"> 1. By 2014, develop/implement community awareness program(s) to provide education about the dangers of drinking during pregnancy 2. By 2014, increase the number of medical providers who provide FASD awareness materials to women 0 in 2012 to 100 in 2014 3. By 2014, increase the number of medical providers who receive training about prevention and treatment of FASD from 40 in 2012 to 100 in 2014 4. By 2014, increase the number of state laws that require FASD education at the point of retail sale of alcohol from 0 in 2012 to 1 in 2014 5. By 2014, increase the number of alcohol and drug treatment programs who provide FASD education that include evidence-based activities to female clients from 0 in 2012 to 5 in 2014 6. Education at Point of Medical Service for women between the ages of 18-44 7. Education at Point of Sale of Alcohol for all consumers 8. Educate women involved in drug and alcohol treatment programs and/or other health/human service programs about FASD and the danger of drinking while pregnant 	<ol style="list-style-type: none"> 1. Number of FASD awareness activities and educational programs delivered to women 2. Number of medical providers who utilize flyers, posters, and information 3. Number of medical providers who receive FAS training 4. Bill passed mandating warning signs at point of retail sale of alcohol 5. Data from drug and alcohol treatment programs reporting educational efforts Medical providers who screen women for alcohol use 6. Flyers, poster and information distributed. 7. Bill passed mandating warning signs at point of sale of alcohol. 8. Data from drug and alcohol treatment programs reporting educational efforts 	<ol style="list-style-type: none"> 1. ADH database 2. Arkansas foundations for Medical Care Survey 3. Midwest Regional FAS Training Centers 4. Arkansas State Legislature 5. Division of Behavioral and Mental Health Reports
<p>Anticipated Policy Outcome(s):</p> <p>FASD point for sale warning signage legislation, ADH tracking of FASD awareness and prevalence, ADGH data base for FASD education activities</p>		

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Stakeholders:

ACOG
 Arkansas Children's Hospital
 Arkansas Department of Education
 Arkansas Department of Health
 Arkansas Legislature
 Arkansas Prevention Network
 Department of Human Services
 March of Dimes
 University of Arkansas Medical Sciences

Goal III.A.3: Decrease Alcohol Consumption

Action Steps	Target Groups	Lead role	Time Line	Anticipated Outputs
1. Develop and implement FASD Prevalence Tracking System for Arkansas	1. Medical providers, hospitals, and treatment centers	1. ADH		1. FASD Survey Instrument & annual data reports of FASD prevalence in Arkansas
2. Develop, distribute, and analyze an FASD Awareness Survey instrument and reports	2. Women of childbearing age and general public	2. UAMS Dept. of Family Medicine; March of Dimes ADH		2. Data on FASD Awareness among target groups and annual, report
3. Develop and implement a print/social media campaign to increase awareness of FASD among professionals, general population, and target groups.	3. Medical professionals, general population, and women of child bearing age	3. Arkansas Foundations for Medical Care; ADH		3. TV and Radio PSAs, Billboards, Print media, Facebook, Twitter delivered to target groups with 50% awareness measure reported
4. Educate medical providers about FASD screening tool (T-ACE) and provide incentives for use	4. Medical providers and treatment professionals	4. AFMC, UAMS, MRFASTAC		

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<p>5. Collaborate with advocacy groups to develop and promote legislative action for FASD warning signage at point of retail sale.</p> <p>6. Educate retail alcohol vendors about FASD warning signage</p> <p>7. Develop a standardized curriculum for substance treatment providers to deliver to women patients</p>	<p>5. Legislators and public policy stakeholders</p> <p>6. Retail Alcohol Vendors</p> <p>7. Women in treatment</p>	<p>5. March of Dimes; APNet</p> <p>6. Alcohol Beverage control and Hospitality Association</p> <p>7. Division of Behavioral Health</p>			<p>4. Trainings developed and offered to 100% of medical providers</p> <p>5. State law that requires point of retail alcohol sale FASD warning signage</p> <p>6. Increase compliance with FASD warning signage law</p> <p>7. Implementation of standard FASD curriculum</p>
<p>Development of resource materials</p> <p>1. Passage of bill requiring posting of warning signs at point of sale of alcohol</p> <p>2. Educational materials posted at medical clinics, emergency rooms, shelters, etc.</p> <p>3. Appropriate articles placed in newsletters, journals, etc. of medical professional groups (e.g. OB/GYNS, Family Practitioners, etc.)</p> <p>4. Identify a state champion for FASD</p>	<p>1. Women between 18-44</p> <p>2. Women in drug and alcohol treatment programs</p>				

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Goal III: Prevent low birth-weight and birth defects		
<i>Strategy A: Promote preconception health behaviors among women of child-bearing age</i>		
Sub-strategy A.4: Improve nutrition		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>MICH-14 Increase the proportion of women of childbearing potential with intake of at least 400 µg of folic acid from fortified foods of dietary supplements.</p> <p>MICH-16.2 Increase the proportion of women delivering a live birth who took multivitamins /folic acid prior to pregnancy</p> <p>NWS-13 Reduce household food insecurity and in doing so reduce hunger</p> <p>NWS-22 Reduce iron deficiency among pregnant females</p>		<p>1. PRAMS; CDC; NCCDPHP; MIHA; California Maternal Child and Adolescent Health Department; California State Health Department</p> <p>2. WIC data</p>
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
<p>Stakeholders: American College of Obstetricians and Gynecologist- Arkansas Chapter Arkansas Hunger Alliance Arkansas Department of Health –Supplemental Nutrition Program for Women, Infants, and Children (WIC)</p>		

Goal III.A.4: Improve Nutrition				
Action Steps	Target Groups	Lead role	Time Line	Anticipated Outputs

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Goal III: Prevent low birth-weight and birth defects		
<i>Strategy B: Use evidence-based research models to identify preventive measures and risk factors for adverse pregnancy outcomes</i>		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s): MICH-1.7 Reduce the rate of infant deaths related to birth defects (congenital heart defects) MICH-28.1 Reduce the occurrence of spina bifida MIGH-28.2 Reduce the occurrence of anencephaly		
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		

Goal III.B: Use evidence based research models to identify preventive measures and risk factors for adverse pregnancy outcomes				
Action Steps	Target Groups	Lead role	Time Line	Anticipated Outputs

Goal IV: Prevent post-neonatal mortality		
<i>Strategy A: Improve health management and parenting skills of parents</i>		
Sub-strategy A.1: Expand home visiting and other parent education programs (Arkansas Children's Hospital)		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources

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<p>Healthy People 2020 or other long-term (10 years) objectives(s):</p> <ol style="list-style-type: none"> 1. Coordinated Home Visiting programming will be evidenced through operation of the Arkansas Home Visiting Network. 2. Coordinated state policy will support evidence based home visiting programs in a manner similar to the state's current commitment to early childhood education. 3. Parenting education programs (other than home visiting programs) will be consistently available in each region of Arkansas and to all the state through distance learning systems. 	<ol style="list-style-type: none"> 1. A single point of contact for obtaining home visiting services will be available in all counties in Arkansas 2. Establishment of coordinated activities among key state agencies supporting home visiting...including at a minimum the DHS Division of Childcare and Early Childhood; AR Dept. of Health; Department of Education; modeled after the Coordinated School Health effort. 3. Stable funding for the Arkansas Parenting Education Network, with strong ties to the Arkansas Home Visiting Network, to help maintain comprehensive parent education offerings available across the state... 	<ol style="list-style-type: none"> 1. AHVN collected data 2. Departmental MOUs and other documents 3. Survey of programs to report number of courses, participants and other relevant data
<p>Intermediate (3-5 years) outcome objective(s):</p> <ol style="list-style-type: none"> 1. Evidence based home visiting programs will be available in each county of Arkansas 2. Home visiting programs will be available in each region of Arkansas and to all the state through distance learning systems 3. Parenting programs will be available in each region of Arkansas and to all the state through distance learning systems 4. Coordinated home visiting programming will be evidenced through operation of the Arkansas Home Visiting Network. 5. Coordinated state policy will support evidence-based home visiting programs in a 	<ol style="list-style-type: none"> 1. Annual home visiting survey results 2. Establishment of Following Baby Back Home as an evidence-based home visiting program. 3. Formation of the Arkansas Parenting Education Network; comprehensive parent education offerings available across the state. 4. Maturation of the Arkansas Home Visiting Network to the point of regular meetings to advance the field in the state; Network initiatives such as MIECHV grant. 5. Establishment of coordinated activities among key state agencies supporting home visiting... 	<ol style="list-style-type: none"> 1. Arkansas Visiting Survey conducted by the Arkansas Home Visiting Network 2. Program descriptions and reports 3. Course announcements and survey of programs to report number of courses, participants and other relevant data. 4. AHVN minutes

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<p>manner similar to the state's current commitment to early childhood education.</p>	<p>including at a minimum the DHS Division of Childhood Education, the Arkansas Department of Health and the Arkansas Department of Education; modeled after coordinated Scholl health effort.</p>	<p>5. Departmental MOUs and other documents</p>
<p>Short-term (1-2 years) outcome objective(s):</p> <ol style="list-style-type: none"> 1. Funding of the MIECHV grant for Arkansas 2. Use of the Arkansas Home Visiting Network [AHVN] to begin expansion of evidence based programs for program expansion in Arkansas 3. Private funding for MIECHV expansion should Federal funds not be available 4. Development of Arkansas Home Visiting Training Institute programming with MIECHV grant support 5. Continuation of the Arkansas Home Visiting Network Conference annually 6. Offer an annual conference on parenting education and home visitation (sponsored by the Arkansas Home Visiting Network and Training Institute). 7. Develop training modules that parent educators can use with parents to educate them about issues related to preventing infant mortality (e.g. improving health literacy). 	<ol style="list-style-type: none"> 1. Grant awarded to ADH and sub-contracted to AHVN [ACH as managing partner] to implement. 2. Grant awarded to ADH and sub-contracted to AHVN [ACH as managing partner] to implement 3. Grant Submission for expansion of various evidence based home visiting programs models 4. Specific grant applications for parenting education expansion across Arkansas. <ol style="list-style-type: none"> 4.a. Development of more robust relationship among Parenting Education programs and the AHVN. 4. b. Use of the Parent Center and the Center for Effective Parenting to build the network of parenting and home visiting training programs. 5. Expansion of the offerings included at the Conference. 6. Modules and written information for parents developed by the Center for Effective Parenting and the HV Training Institute 7. Articles published and news stories published/aired. 	<ol style="list-style-type: none"> 1. MIECHV grant award and ADH contract with ACH. 2. MIECHV grant award and ADH contract with ACH. 3. Copies of various grant submissions and responses to such submissions. 4. Parent Education Course offerings and Home Visiting training course offerings. 4.a Grant submissions for these areas 5. Training programs offered by the Training Institute. 6. Conference agenda and evaluation data. 7. Documentation of the dissemination of these modules and written

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8. Deliver information about what parents can do to prevent infant mortality to the public through articles in the <i>Parenting in Arkansas</i> magazine and media interviews.	8.	information 8. Record of publication and media reports and data on readership/viewership
Anticipated Policy Outcome(s): 1. Completed collaboration agreements among key state agencies plus agreements with private sector programs. 2. Adoption of state policy toward the role, efficacy, and support for home visiting programs as an effective infant mortality prevention effort. 3. Adoption of collaboration positions among various evidence based home visiting programs to seek funding, program quality improvement, and public policy advances in support of home visiting.		
Stakeholders: <ul style="list-style-type: none"> o Arkansas Academy of Family Practice o Arkansas Academy of Pediatrics o Arkansas Children's Hospital o Arkansas Children's Trust Fund o Arkansas Department of Education o Arkansas Department of Health o Arkansas Department of Human Services, Division of Childcare and Early Childhood Education o Arkansas General Assembly o Arkansas Governor's Office o Arkansas Home Visiting Network o Centers for Youth and Families o Easter Seals of Arkansas o HIPPIY Arkansas o Jefferson Comprehensive Care Corporation o March of Dimes, Arkansas Chapter o Other home visiting programs in Arkansas o UAMS, Department of Pediatrics 		

Goal IV.A.1: Expand home visiting and other parent education programs				
Action Steps	Target Groups	Lead role	Time Line	Anticipated Outputs

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Goal IV: Prevent post-neonatal mortality		
<i>Strategy B: Prevent injuries</i> (Injury Prevention Center at Arkansas Children's Hospital)		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
IVP-9.1 Prevent an increase in poisoning deaths among all persons.	1. 10%	1. NVSS-M; CDC/NCHS
IVP- 9.3 Prevent an increase in poisoning deaths caused by unintentional or undetermined intent among all persons	2. 11.1 per 100,000 populations	2. NVSS-M/CDC/NCHS
IVP-11 Reduce unintentional injury deaths	3. Unintentional injury death rate	3. NEISS-AIP; CDC; NCIPC; USCPSC
IVP-12 Reduce nonfatal unintentional injuries by 10%	4. Nonfatal unintentional injury rate	4. NSUBS; DOT; NHTSA
IVP-16.1 Increase age-appropriate vehicle restraint system in children birth to 12 months by 10% (86% to 95%)	5. Vehicle restraint system use rate	5.
IVP-23 Prevent an increase in fall-related deaths	6.	6.
IVP-24.2 Reduce the unintentional suffocation deaths among infants 0 to 12 months	7.	7.
IVP-25 Reduce drowning deaths	8.	8.
IVP-37 Reduce child maltreatment deaths	9.	9. NCANDS; ACF; CDCWonder
IVP-38 Reduce nonfatal child maltreatment		
Intermediate (3-5 years) outcome objective(s):		
1. Increase the number of counties hosting regular (monthly/quarterly) Safety Baby Showers to 15.	1. Number of counties self-reporting that they host baby showers	1. IPC survey of candidate counties
2. Increase the number of birthing hospitals who have a child passenger safety program by 10%.	2. Number of birthing hospitals reporting having CPSE programs	2. IPC/SIPP survey data
3. 100% of counties will have one or more CPS technicians with a 1-year retention rate of 63%.	3. Database technicians with at least one listed in each AR county	3. SafeKids USA records

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Short-term (1-2 years) outcome objective(s):				
1. Increase the number of counties hosting Safety Baby Showers to 10.	1. Number of counties self-reporting that they host showers quarterly, at a minimum	1. IPC survey of candidate counties		
2. Assess current injury prevention topics covered for expectant and new mothers in birthing hospitals by July 2012.	2. Completed Assessments	2. IPC/SIPP survey data		
3. 80% of trauma hospitals, EMS service providers, and ADH HHI coalitions will document provision of community-based injury prevention activities.	3. Documented planning and implementation of activities	3. SIPP technical assistance documentation		
4. Increase number of child passenger safety technicians in the state by 15%.	4. Database of technicians showing 5% increase in total, number of technician location, and technician retention	4. SafeKids USA records and IPC		
5. Increase geographic distribution of CPST's from 72% of counties to 77% of counties with CPST's	5.	5.		
6. Increase retention rate of CPST's from 51% to 55%.	6.	6.		
7. 80% of birthing hospitals and birthing centers will document implementation of required shaken baby syndrome prevention education in accordance with Act 1128.	7. TBD	7. TBD		
8. Access current data related to medication safety with Arkansas Poison Control Center by December 2011.	8. Number of medication poison incidents	8. AR Poison Control Center		
Anticipated Policy Outcome(s): Changes to trauma rules and regulations with more details on expected injury prevention efforts				
Stakeholders:				
<ul style="list-style-type: none"> o Hospitals o EMS o Families o ADH o HHI o IPC o SIPP o Other county- based coalitions 				

Goal IV.B: Prevent injuries

Action Steps	Target Groups	Lead role	Time Line				Anticipated Outputs
1. Host Training of Trainer sessions for communities planning to host Safety	1. Interested organizations per previous interest sessions	1. IPC					1. List of counties prepared to offer Safety Baby Showers

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<p>Baby Showers</p> <ol style="list-style-type: none"> 2. Disseminate planning and replication guide for communities in planning stages of Safety Baby Showers 3. Design, Implement, and analyze findings of assessment of birthing hospitals' education for pregnant women and new mothers on topics related to infant safety 4. Provide training and technical assistance for trauma hospitals and EMS providers to plan, implement, and evaluate their injury prevention initiatives 5. Provide a minimum of 10 certification courses and 2 recertification courses for Child Passenger Safety Technicians. 6. Formalize and disseminate guidance on content and delivery of Shaken Baby Syndrome/ Abusive Head Trauma education to be provided to new mothers at birthing hospitals and centers 	<ol style="list-style-type: none"> 2. Birthing hospitals' patient education, OB, antepartum, NICU, and postpartum units 3. Trauma hospitals and EMS providers 4. Potential and current Child Passenger Safety Technicians 5. Birthing hospitals, postpartum units, and birthing centers 	<ol style="list-style-type: none"> 2. IPC/SIPP 3. SIPP 4. IPC?UAMC Child Passenger Safety Education Program and SIPP 5. ADH Family Health Branch 		<ol style="list-style-type: none"> 2. Planning & Replication Guide 3. Assessment data and summary 4. Training curricula, training and TA records 5. Training curricula and records 6. Written guidance to birthing hospitals; educational materials or templates
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Goal IV: Prevent post-neonatal mortality

Strategy C: Increase healthy sleep habits (Injury Prevention Center at Arkansas Children’s Hospital)

SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
<p>Healthy People 2020 or other long-term (10 year) objectives(s):</p> <p>IVP-24.2 Reduce unintentional suffocation deaths for infants 0-12 months by 10%.</p> <p>MICH-1.8 Reduce infant deaths from sudden infant death syndrome (SIDS) by 10%.</p> <p>MICH-1.9 Reduce infant deaths from sudden unexpected infant deaths (includes SIDS, Unknown Cause, Accidental Suffocation, and Strangulations in bed) by 10%.</p> <p>MICH-20 Increase the proportion of infants who are put to sleep on their backs by 10%</p>	<p>1. Number of unintentional suffocations deaths for infants 0-12 months</p> <p>2. Number of infant deaths from SIDS</p> <p>3. Number of infant deaths from SUIDS</p> <p>4. Number of women who report putting their babies to sleep on their backs</p>	<p>1. NVSS-M; CDC; NCHS</p> <p>2. NVSS-M; CDC; NCHS</p> <p>3. NVSS-M; CDC; NCHS</p> <p>4. NVSS-M; CDC; NCHS</p>
<p>Intermediate (3-5 years) outcome objective(s):</p> <p>1. Increase the number of counties hosting regularly (monthly/quarterly) Safety Baby Showers to 15.</p>	<p>2. Number of counties self-reporting they host Safety Baby Showers</p>	<p>1. IPC survey of candidate counties</p>
<p>Short-term (1-2 years) outcome objective(s):</p> <p>1. Increase the number of Safety Baby Showers being provided to 10 counties</p> <p>2. Assess current injury prevention topics for expectant and new mothers in birthing hospitals</p> <p>3. Assess content and reach of safe sleep instruction provided to child care workers and managers</p> <p>4. Assess existing “Back to Sleep” campaign materials, and revise as necessary to encompass more or all of AAP safe sleep recommendations.</p> <p>5. Promote “crib for Kids” evaluated program in hospitals associated with trauma center as part of their injury prevention activities.</p>	<p>1. Number of counties self-reporting they host Safety Baby Showers</p> <p>2. Completed assessments</p> <p>3. Completed assessments</p> <p>4. Campaign materials</p> <p>5. Number of hospitals incorporating program</p>	<p>1. IPC survey of candidate counties</p> <p>2. IPC/SIPP survey data</p> <p>3. IPC data</p> <p>4. AAP policy statement anticipated late 2011</p> <p>5. SIPP</p>
<p>Anticipated Policy Outcome(s):</p>		

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Updated child care licensing guidelines that better reflect recommendations of the American Academy of Pediatrics

Stakeholders:

ADH
 EMS
 Families
 HHI
 Hospitals
 IPC
 Other community based coalitions
 SIPP

Goal IV.C: Increase healthy sleep habits

Action Steps	Target Groups	Lead role	Time Line			Anticipated Outputs
1. Host Training of Trainer sessions for communities planning to host Safety Baby Showers	1. Interested organizations, per previous interested sessions.	1. IPC				1. List of counties prepared to offer Safety Baby Showers
2. Disseminate planning and replication guide for communities in planning stages of Safety Baby Showers	2.	2.				2. Planning & Replication Guide
3. Design, implement, and analyze findings of assessment of birthing hospitals' education for pregnant women and new mothers on topics related to infant safety.	3. Birthing hospitals' patient education, OB antepartum, NICU, and postpartum units	3. IPC/SIPP				3. Assessment data and summary
4. Design, implement, and analyze findings of assessment of childcare workers' and directors' training of infant safe sleep practices	4. Childcare workers and directors	4. IPC				4. Assessment data and summary
5. Convene a team to assess and modify Back to Sleep campaign materials	5. Professional and lay representatives	5. ???				5. Draft campaign materials, formative feedback

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Goal V: Increase access to quality and appropriate perinatal and postnatal care		
<i>Strategy A: Reduce rate of late pre-term deliveries</i>		
SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		

Goal V. A: Reduce rate of late pre-term deliveries					
Action Steps	Target Groups	Lead role	Time Line		Anticipated Outputs

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Goal V: Increase access to quality and appropriate perinatal and postnatal care

Strategy B: Improve quality of neonatal hospital care

SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		

Goal V.B: Improve quality of neonatal hospital care

Action Steps	Target Groups	Lead role	Time Line	Anticipated Outputs

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Goal V: Increase access to quality and appropriate perinatal and postnatal care

Strategy C: Assure required transitions to high quality primary care and subspecialty care

SMART Objectives (Specific, Measurable, Achievable, Relevant, Time-Framed)	Key Indicators	Data Sources
Healthy People 2020 or other long-term (10 year) objectives(s):		
Intermediate (3-5 years) outcome objective(s):		
Short-term (1-2 years) outcome objective(s):		
Anticipated Policy Outcome(s):		
Stakeholders:		

Goal V.C: Assure required transitions to high quality primary care and subspecialty care

Action Steps	Target Groups	Lead role	Time Line				Anticipated Outputs