



HRSA Region V CoIN

(Collaborative Improvement and Innovation Network)

to Reduce Infant Mortality

Millie J. Jones, PA, MPH
Angela Rohan, PhD
Georgia Cameron, RN, MBA

June 5, 2013



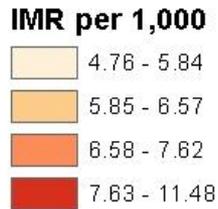
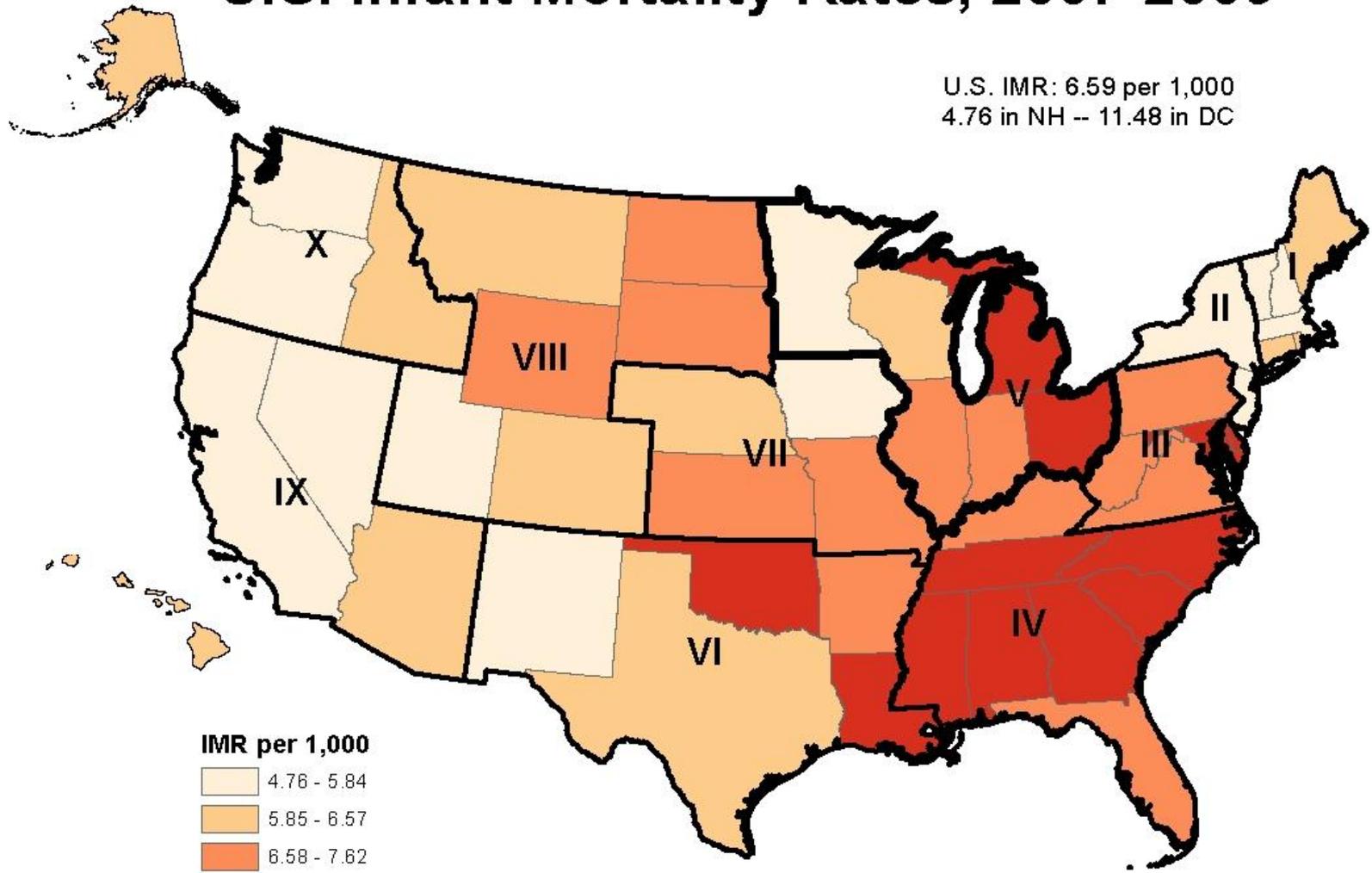
CoIN National Strategy/Partners to Reduce Infant Mortality





U.S. Infant Mortality Rates, 2007-2009

U.S. IMR: 6.59 per 1,000
4.76 in NH – 11.48 in DC

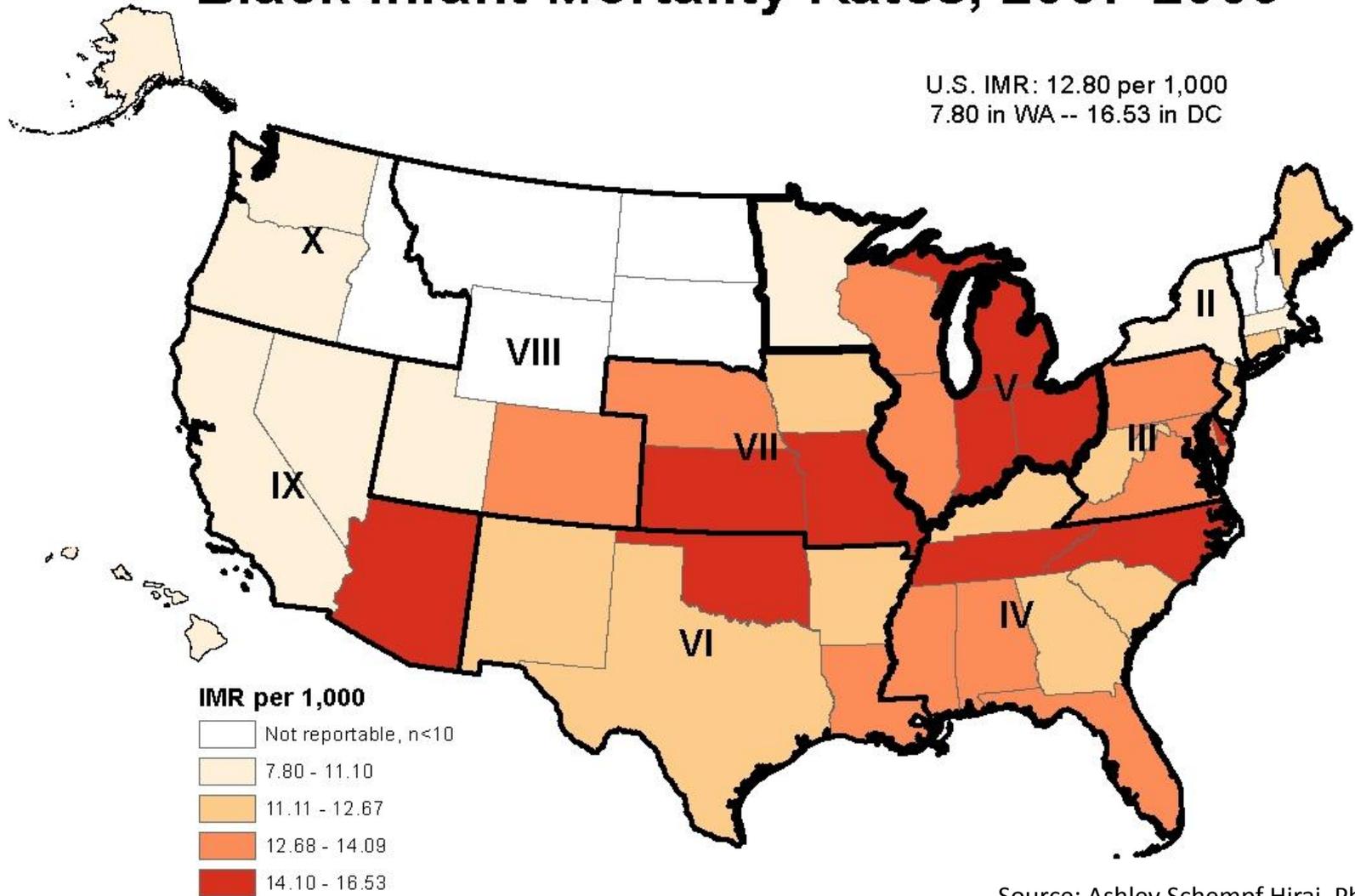


Source: Ashley Schempf Hirai, PhD, as presented March 2013.



Black Infant Mortality Rates, 2007-2009

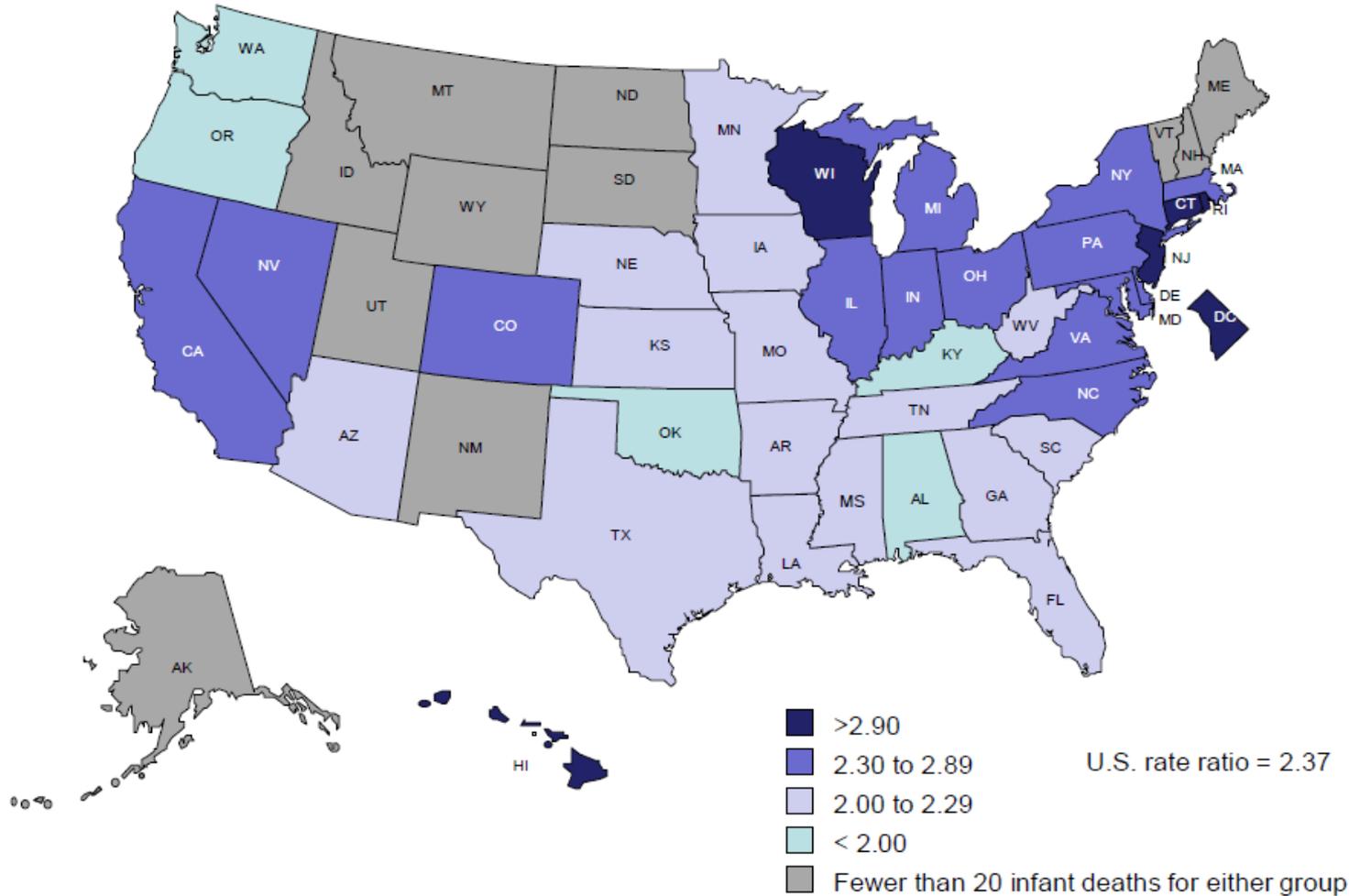
U.S. IMR: 12.80 per 1,000
7.80 in WA -- 16.53 in DC



Source: Ashley Schempf Hirai, PhD, as presented March 2013.



Infant mortality rate ratio of non-Hispanic black to non-Hispanic white by state, 2005-2007



Source: National Vital Statistics System, NCHS, CDC



Region V CoIIN to Reduce Infant Mortality

- **Region V Timeline**
 - March 2013—Infant Mortality Summit
 - May—Follow-up conference call with SHOs
 - June 5—Today's meeting with stakeholders
 - TBD—Next Steps to integrate State Strategies with Regional CoIIN



Wisconsin & Region IV/VI Strategies

Promote smoking cessation

- Smoking during pregnancy reported by 13% of mothers in 2010; highest for American Indian mothers (35%).

Promote safe sleep

- In 2010, estimated 17% of infant deaths potentially sleep related.

Reduce elective deliveries

- 27% of singleton hospital births induced in 2009; higher for non-Hispanic white, high education, early prenatal care mothers.

Enhance perinatal regionalization

- Very low birth weight infants born at hospitals with Level III NICU: 89%; slightly higher (better) for African American, American Indian, and Hispanic births.

Expand interconception care (in Medicaid)

- More than 1/3 of new mothers report their pregnancy was unintended; stark disparities in women's health indicators also present in the state.



Disparities in Women's Health

Focus Areas	Indicators	WI Women Ages 18-44 (%)	White** (%)	Black** (%)	American Indian** (%)	Hispanic (%)	Other non-Hispanic (%)
Social/Economic Determinants	Physical abuse prior to pregnancy	5.8	4.2	14.2	†	9.3	5.9†
	Less than a high school education	7	5	15	n/a	26	n/a
Sexual Health and Pregnancy Planning	Sexually transmitted infections (rate/100,000 women age 18-44)	1624	542	6015	2302	1223	1164
Overweight/Obesity	Obese (BMI ≥30)	23	20	42	40	29	22
Mental Health	Mental health not good for 14+ days in last month	12	11	20	23	25	15

**Non-Hispanic

†"Other non-Hispanic" group includes American Indians for these indicators.

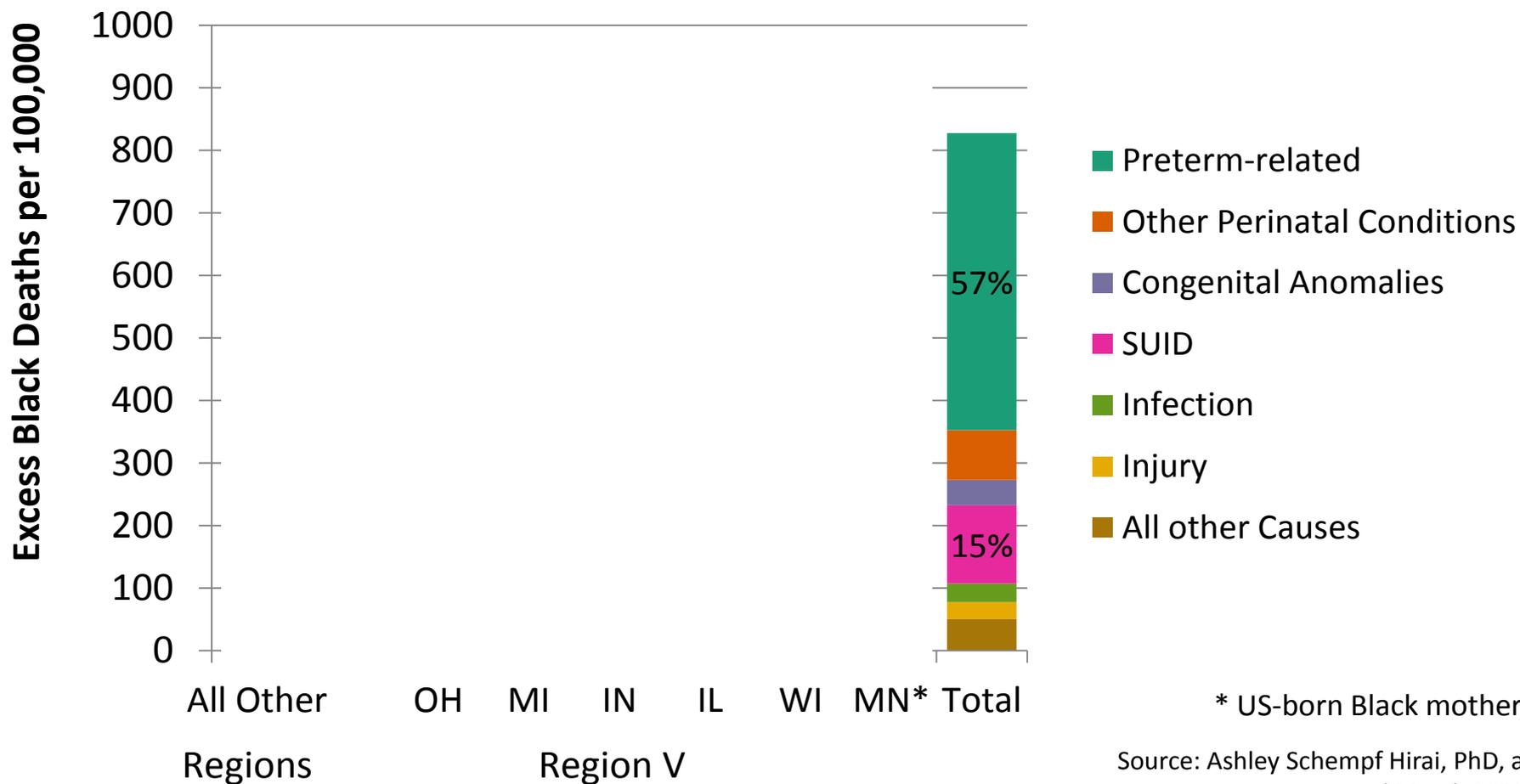
n/a: Reliable, comparable estimate not readily available.

Highlighted boxes indicate a risk value that is approximately two or more times the white rate (ratio of 1.75+).

Prepared for the Wisconsin Healthiest Women Initiative.



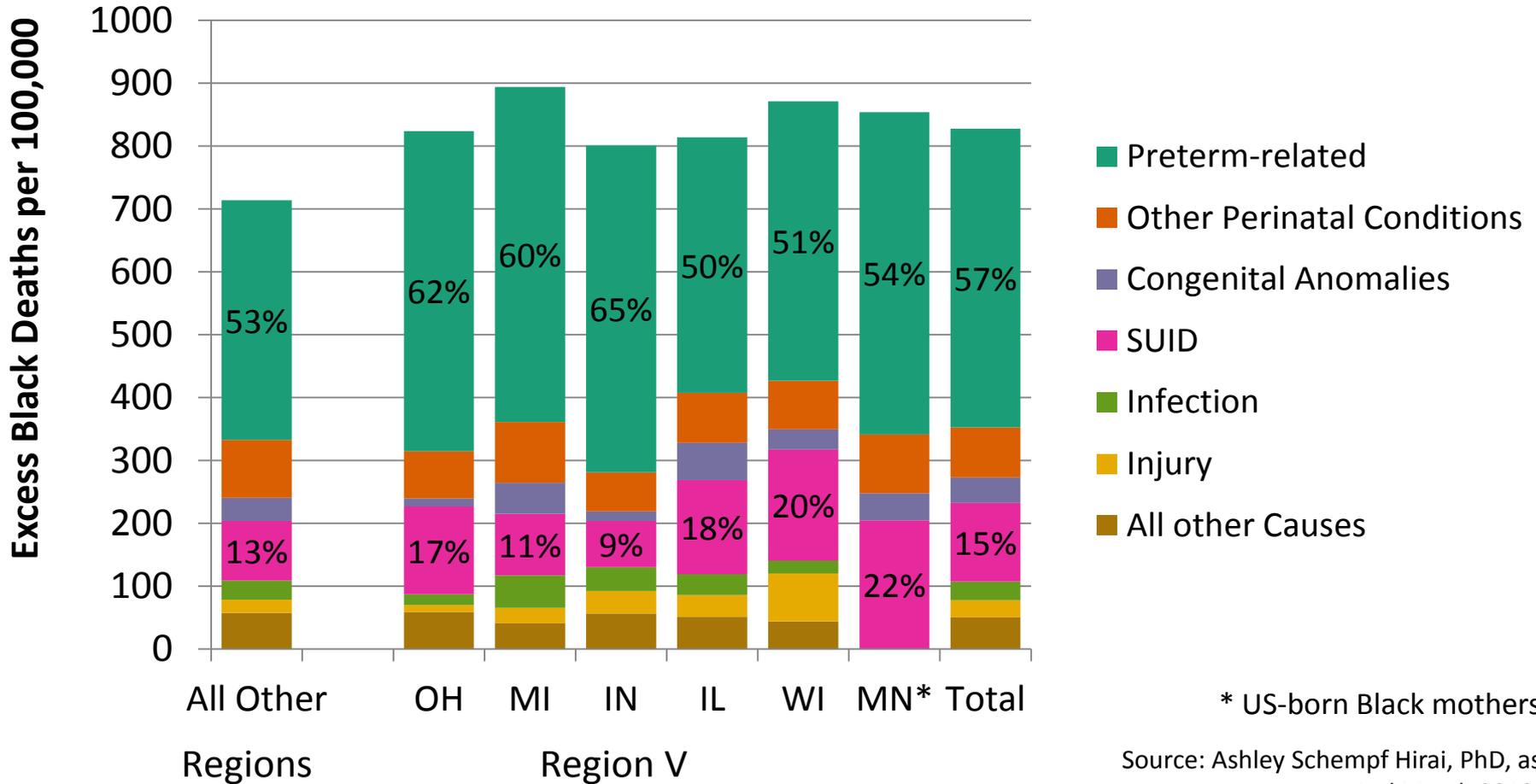
Proximate Causes of Disparity



Source: Ashley Schempf Hirai, PhD, as presented March 2013.



Proximate Causes of Disparity

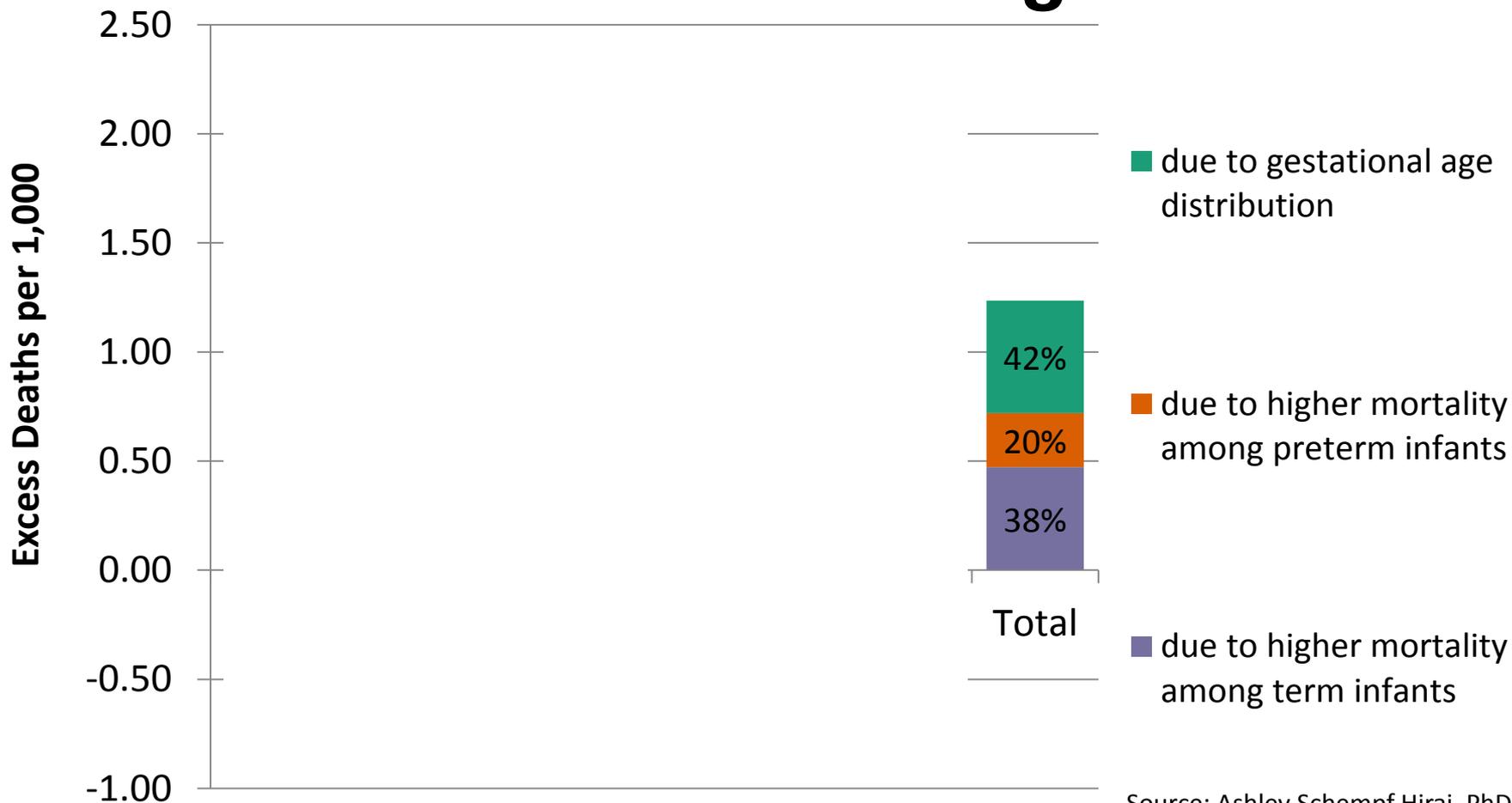


* US-born Black mothers

Source: Ashley Schempf Hirai, PhD, as presented March 2013.



Excess Black Deaths* by Gestational Age



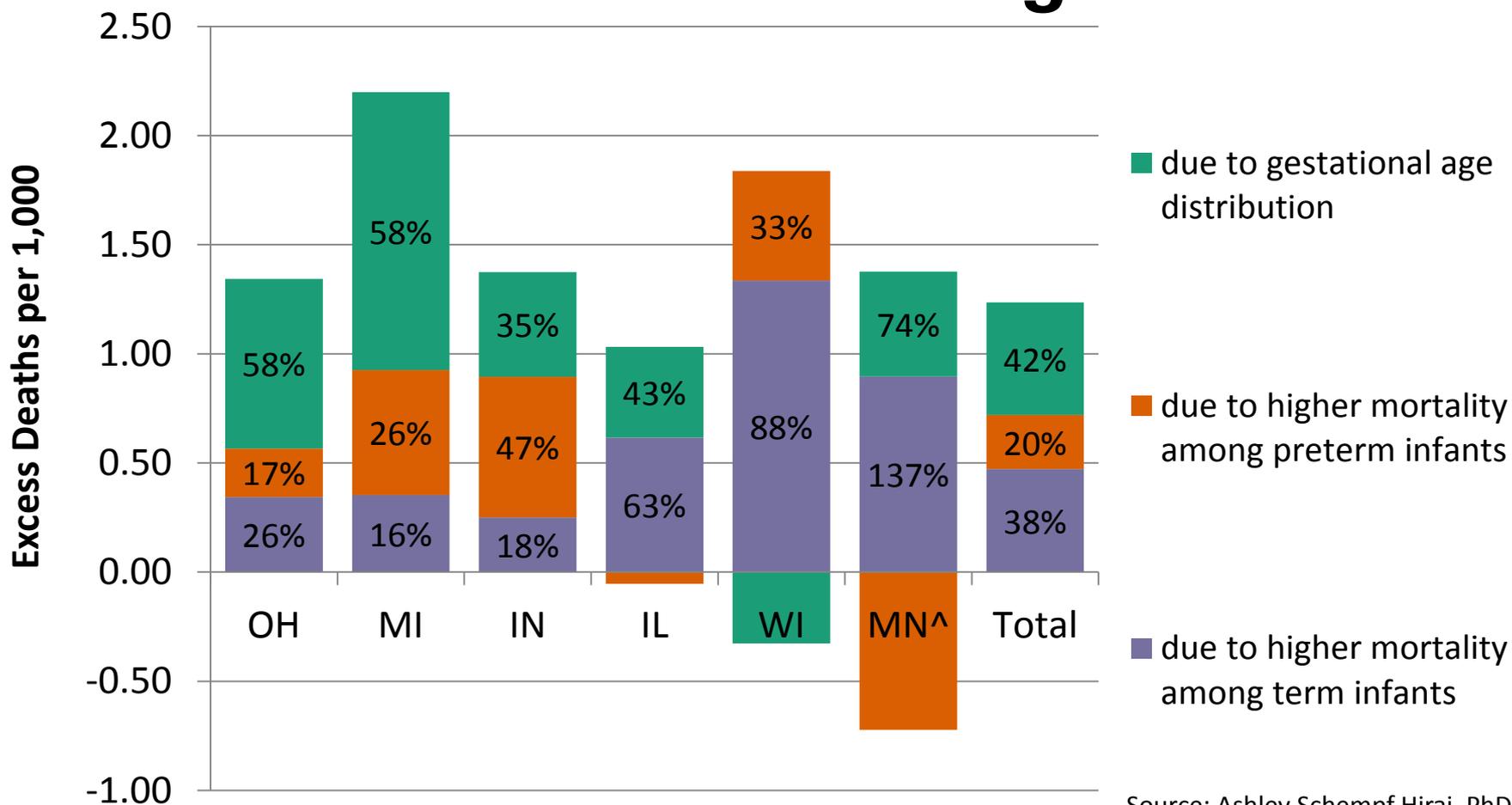
* Compared to All Other Regions

^ US-born Black mothers

Source: Ashley Schempf Hirai, PhD, as presented March 2013.



Excess Black Deaths* by Gestational Age



* Compared to All Other Regions

^ US-born Black mothers

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Chicago Region V Infant Mortality Summit

State Discussions

Wisconsin SWOT Analysis (selected)

STRENGTHS

- Strong partnerships
- Current plan already reflects attention to social determinants/life course
- Community engagement

WEAKNESSES

- Competition for limited dollars
- Lacking overall evaluation
- Racism & segregation



Chicago Region V Infant Mortality Summit

State Discussions

Wisconsin SWOT Analysis (selected)

OPPORTUNITIES

- Utilize the Lifecourse Initiative for Healthy Families (LIHF) to influence next steps (life course framework)
 - Lay the foundation of improving health outcomes/becomes the norm for future generations
- Healthcare/Medicaid
- Reintroduce the work being done to new stakeholders

THREATS

- Competing priorities
- Funding
- Turf issues



Draft Wisconsin Strategic Priorities

STRATEGIC PRIORITIES

1. Develop communication strategies around lifecourse, prematurity, infant mortality, and low birthweight.
2. Convene ongoing & emerging fatherhood initiatives.
3. Strengthen women's health across the lifespan.
4. Use data to improve prevention of SUIDs & prematurity.
5. Increase visibility, relevance and integration of maternal and child health in chronic disease efforts.