

**INFANT MORTALITY
COLLABORATIVE IMPROVEMENT &
INNOVATION NETWORK (COIIN)**



Massachusetts Perinatal Quality Collaborative



WHAT IS A COIIN?

A Collaborative Innovation Network is a team of self-motivated people with a collective vision, enabled by the Web to collaborate in achieving a common goal by sharing ideas, information and work.




COIIN TO REDUCE INFANT MORTALITY

- A new MCHB-HRSA partnership to accelerate improvements in infant mortality .
- Part of a portfolio of Public/Private and MCHB efforts
- Designed to help States:
 - Innovate and improve their approaches to reducing infant mortality and improving birth outcomes through communication across state lines and
 - Use the science of quality improvement and collaborative learning to improve birth outcomes.

INFANT MORTALITY COIN: HISTORY AND VISION

- Started in the Southern States with January 2012 Summit in New Orleans, LA for Regions IV and V and state-level work by ASTHO and March of Dimes.
- Designed to address stated needs:
 - Support Collaborative learning, innovation and quality improvement to reduce infant mortality and improve birth outcomes
 - Apply evidence-based strategies to reduce infant mortality
 - Stimulate action across states, among many partners.

COMMON STRATEGIES FOR REGIONS IV AND V

- Promote smoking cessation
 - Expand interconception care in Medicaid
 - Reduce elective deliveries
 - Enhance perinatal regionalization
 - Promote safe sleep
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REGION I

Includes: Massachusetts, New Hampshire, Vermont, Rhode Island, Connecticut and Maine

Infant mortality rates for Region I for 2008-2010 were:

CT 5.60

MA 4.64

ME 5.52

NH 4.24

RI 6.29

VT 4.99

COMPARISON

Rate: Total US Infant Mortality for 2008-2010 = 6.39

Healthy People 2020 Goal = 6/1000 live births



INFANT MORTALITY RATES IN MA 2012

Massachusetts rate in 2012 was 4.3/1000 , well below HP 2020 goal.

Incremental progress:

- 4.8 in 2009
- 4.4 in 2010
- 4.2 in 2011
- 4.3 in 2012

WHY DOES MASSACHUSETTS NEED TO PARTICIPATE IN COIIN?

Disparity in Infant Mortality Rate

- White IMR in 2012 = 3.5
- Black IMR in 2012 = 8.2

Higher than white IMR of 5.3 in 1994

There is variation in IMR by Community with higher rates in:

Central Boston

Springfield

Southcoast

Lawrence/Lowell

Worcester



CONCLUSIONS

There is

Disparity by Race, Geography, Access to Care and
Resources

and there are

Pockets of Poor Perinatal Outcome (PPPO)



CONTRIBUTORS TO IMR

MA Preterm Birth Rate was 8.6% in 2012

- White 8.2%
- Black 10.1%
- Hispanic 9.2%
- Aisian 8.0%

MA has the highest rate of ART use in US with higher rates of multiple births



MA INFANT MORTALITY PROFILE

Mortality Ranking by Cause

Preterm Related	1
Congenital Anomalies	2
Other Perinatal Conditions	3
SUID	4
Injury	5
Infection	6

Note: Preterm-related mortality was the leading cause of death in every state.

SUCCESS STORIES



“Infant mortality can be seen as a barometer of a community’s commitment to the provision of excellent secondary education, a trusted and high quality healthcare system, adequate food and good nutrition, safe and stable housing, a healthy psychosocial and physical environment and sufficient income to prevent impoverishment.”

“In Worcester, trends in infant mortality are driven by socioeconomic and ethnic disparities that negatively affect the mother’s health and well-being, and lead them to lose their babies who are born too soon due to prematurity.”

from Executive Summary



REPORTS FROM THE LITERATURE

“Worcester’s high infant mortality rate is not a medical issue, but rather a reflection of socioeconomic stress and living conditions in our community. In reflecting for over a decade on effective ways to improve conditions, we believe promoting educational attainment is the key. As a community interested in healthier babies, we need to continue working to improve high school graduation rates and access to a college education.”

from “Infant Mortality Realities”, As I See It by B. Dale
Magee and Sara Shields, Worcester Telegram and
Gazette, 12/20/13.

COMPARISON DATA

Massachusetts Infant Mortality 2008	5.0%	2010	4.4%	
Worcester Infant Mortality	2008	10.9%	2010	5.7%

Significant improvements were made to reduce the rate in Worcester, which this report details,

You are to be congratulated and engaged as an example of local action.

INFANT MORTALITY RATES IN BOSTON

“Black infant death rates down, but gap persists”, Oliver Ortega, Boston Globe, August 29, 2014

Infant mortality rates for black infants in Boston fell from 13.6 to 6.5 from 2000-2012.

Improvements are the result of a new approach that started a few years ago encompassing more long-term and socially conscious efforts.

Barbara Ferrer, Executive Director,
Boston Public Health Commission

“Instead of just focusing on prenatal care, public health workers now work with women to help them lead healthy lifestyles before their first pregnancy, as well as between pregnancies. Nurses check up on children until the age of 5, following up to be sure they stay healthy.”



AN OPPORTUNITY FOR COLLABORATION

Infant Mortality Collaborative Improvement and Innovation Network (CoIIN)

established and supported by:

- Health Resources and Services Administration (HRSA)
Maternal Child Health Bureau (MCHB)
- National Institute for Children's Health Quality (NICHQ)
- Association of Maternal and Child Health Programs (AMCHP)
- Association of State and Territorial Health Officials (ASTHO)

CALL TO ACTION

“It is my pleasure to welcome you to the Infant Mortality Summits which will serve as the first phase of the national expansion of the Infant Mortality Collaborative Improvement and Innovation Network (CollIN) to your region.

As leaders and drivers of this work in your state, you are critical in our partnership to reduce infant mortality and disparities across the nation.”

- Michael Lu, MD, MPH

Associate Administrator, Maternal and Child Health, HRSA,
US Department of Health and Human Services

COINN PLANNING FOR MASSACHUSETTS

Combined efforts of :

Department of Public Health

Neonatal Quality Improvement Collaborative

Massachusetts Perinatal Quality Collaborative

Clinicians and Quality Improvement in Massachusetts

Hospitals and Maternal Child Care Programs



MA COINN BLUEPRINT FOR CHANGE

Consensus building methods within Massachusetts team and among state and regional COINN initiatives.

State and national priorities identified.

The MA group has endorsed these national priorities:



OVERALL OBJECTIVE

To reduce infant mortality in Massachusetts.



MASSACHUSETTS COIIN TEAM OBJECTIVES:

The MA Travel Team, who attended the ColIN Summit, is working with the Home Team to develop specific objectives that are measurable and achievable in the 24 month ColIN Initiative time frame.

The objectives will include the aims of NeoQIC/MPQC and the ColIN.

Some identified are safe sleep, ART practice, data integrity, substance abuse, prematurity prevention.



MA COINN TEAM ATTENDED COINN SUMMIT IN DC

COINN Summit attendees:

Hafsatou Diop

Karin Downs

Glenn Markenson

Peggy Doyle Settle


Sunah Hwang

Susan Manning

Bonnie Glass



COIIN BLUEPRINT FOR CHANGE

1. National and State Priorities identified
 2. Success stories reviewed
 3. Discussion, selection, consensus process
 4. MA Blueprint for Change nearly complete
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MA COIN PRIORITIES

Work nearly complete. Karin Downs is the leader.

National priorities selected:

- Safe infant sleep practices
- Reduce pre-term births
- Standardize data systems and data integration

Considering:

- Smoking cessation
- Interconception care
- Perinatal substance abuse

MA priorities selected:

- Address social determinants of health with focus on housing
- Analysis and planning for implementing each activity with identified outcome measurement.

Considering:

- Decrease occurrence of multiple births and adverse outcomes the results of ART
- Implement a statewide system to review infant deaths

GOAL FOR MASSACHUSETTS

To eliminate to racial/social disparities in perinatal outcomes.

Lauren Smith, MD, MPH

Senior Strategic Advisor, NICHQ



Please join us in this work.....

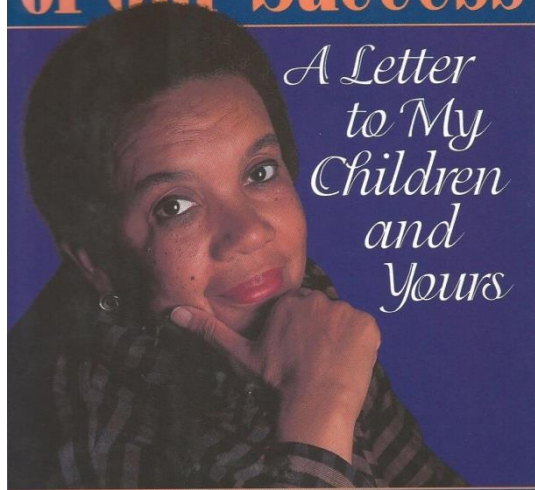


**The measure of success of any society is measured by
the health and well-being of its women and children.**

-Marian Wright Edelman



The Measure of Our Success



*A Letter
to My
Children
and
Yours*