

North Dakota's Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) Initiative

On average, 6.15 out of every 1,000 babies born in the U.S. die before their first birthday (2010 statistics). This compares with an average of 5.0 for all other industrialized nations. Minority populations are disproportionately affected.

In 2013, U.S. Department of Health and Human Services (HHS) Secretary, Kathleen Sebelius, announced the nation's first national strategy to reduce infant mortality. The Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) is a key component of this strategy to reduce infant mortality, improve birth outcomes and achieve measurable improvements. This initiative engages federal, state, and local leaders; public and private agencies; professionals and communities to employ quality improvement, innovation and collaborative learning to tackle this critical issue.

CoIIN is a state driven initiative, however, states within a Public Health Region are encouraged to collaborate and share best practice strategies. North Dakota is part of Region VIII, which also includes the states of Colorado, Montana, South Dakota, Utah and Wyoming.

*Key data points:

- North Dakota's overall infant mortality rate (IMR) – 6.32 per 1,000 live births
 - IMR for the white population – 4.9 per 1,000 live births
 - IMR for the American Indian (AI) population – 16.3 per 1,000 live births
- North Dakota IMR by cause (all infant deaths – proportionate rates)
 - 25 percent for preterm related
 - 25 percent for congenital anomalies
 - 18 percent for Sudden Unexplained Infant Deaths (SUID) [includes Sudden Infant Death Syndrome (SIDS)]
- Infants born to AI mothers in North Dakota are at a much higher risk of experiencing poor birth outcomes than infants born to white mothers. Compared to infants born to white mothers, infants born to AI mothers are:
 - 1.4 times more likely to be born preterm (less than 37 weeks gestation)
 - 8.3 times more likely to be born to a mother who had inadequate prenatal care
 - 2.7 times more likely to be born to a mother who smoked during pregnancy
 - 7.6 times more likely to succumb to SIDS
- North Dakota adult cigarette smoking:
 - 21.9 percent of adults smoke
 - 49 percent of the AI population smoke

Priority areas – Based on the above data, three priority areas have been identified that *focus on tribal outreach, engagement and intervention*:

- Multi-system approach ensuring families engage in safe sleep practices, reduce commercial tobacco use and second hand smoke exposure, and increase rates of prenatal care, along with other risk factor-reducing efforts.
- Improve family capacity to protect and promote their own health
- Address impacts of social determinants of health

One priority area has been identified as a collaborative initiative with South Dakota focusing on all population groups:

- Increase access to and quality of prenatal care and maternal care
 - Decrease rates of early elective deliveries

North Dakota's CoIIN 2017 Goal:
North Dakota Babies are the Healthiest in the Nation!

North Dakota Infant Mortality CoIIN Partners:

- Great Plains Tribal Chairman's Health Board
- March of Dimes North Dakota Chapter
- North Dakota Center for Tobacco Prevention and Control Policy
- North Dakota Department of Health
 - Maternal and Child Health Programs
 - Tobacco Prevention and Control Program
- North Dakota Department of Human Services
 - Medical Services Division
- North Dakota Indian Affairs Commission
- North Dakota Public Health Association
- North Dakota State Association of City and County Health Officials
- North Dakota State University
 - American Indian Public Health Resource Center
 - Master of Public Health Program
- Prevent Child Abuse North Dakota

Additional support and participation is essential to reduce infant mortality in North Dakota.

Can we add your organization's name to our list of partners?

For further information, please contact:

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*Data obtained from the Health Resources and Services Administration, Maternal and Child Health Bureau; North Dakota State University, Master of Public Health Program; and the North Dakota Department of Health, Tobacco Prevention and Control Program, Behavioral Risk Factor Surveillance System.