

Infant Mortality Data to Drive Improvement

Joint Medicaid Oversight Committee July 13, 2023

Infant Mortality



"Infant Mortality is often an indicator of overall health and well-being of a community"

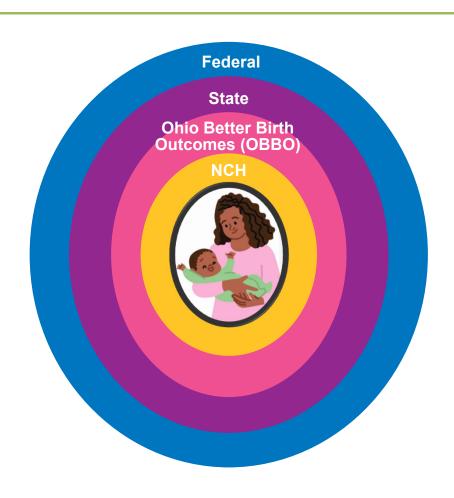
- CDC

- Ohio ranks 40th in country for Infant Mortality rate
- Franklin County Ranks 8th worst in Ohio
- Racial disparity ratio of >3 in all Ohio metro counties



Background





OBBO Mission

Reduce the infant mortality rate by improving the delivery of health services for low-income women and their families using quality improvement science to guide our work.

Geographies of Focus





Data Use Overview

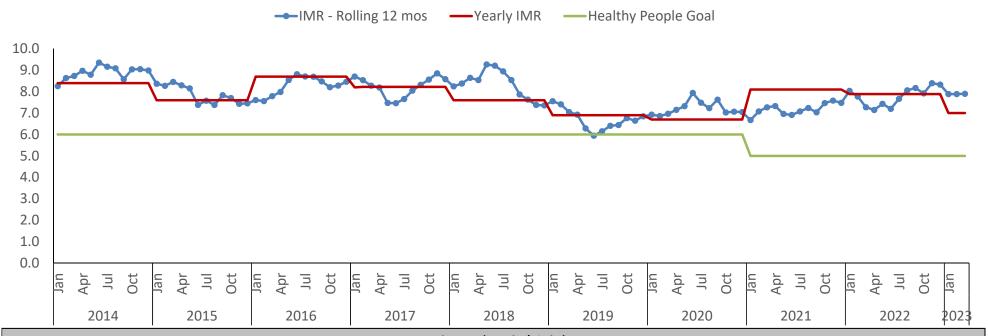


- Monitor trends in infant mortality rate, key indicator outcomes (i.e. early prematurity) and disparities
- Evaluate effectiveness of priority initiatives to inform QI processes
- Enable QI analyses of infant deaths through OBBO peer review committee to inform interventions

Monitor Trends: Franklin County Infant Mortality Rate

Rolling 12 Months Average January 2014 – March 2023





Yearly Rate (Deaths/Births):

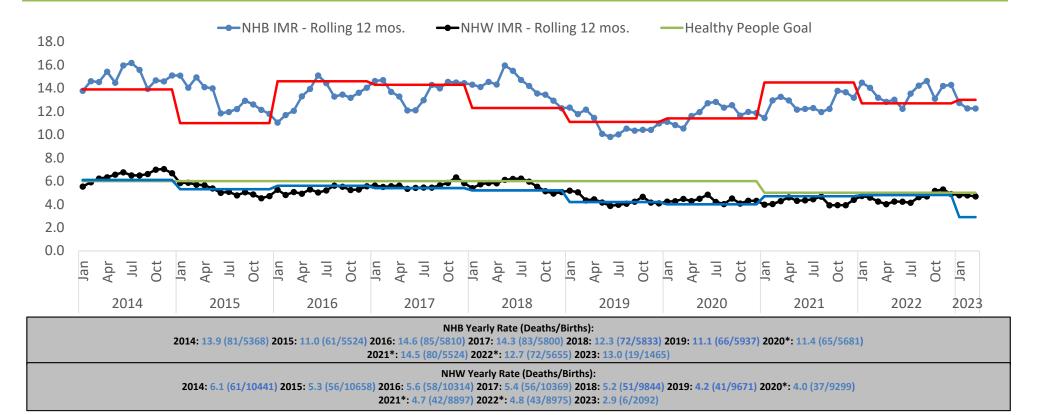
2014: 8.4 (158/18880) 2015: 7.6 (145/19064) 2016: 8.7 (165/18955) 2017: 8.2 (155/18800) 2018: 7.6 (138/18266) 2019: 6.9 (127/18331)

2020: 6.7 (117/17534) 2021*: 8.0 (140/17418) 2022*: 7.9 (138/17496) 2023*: 7.0 (30/4297)

Monitor Trends: Franklin County Infant Mortality Rate

Rolling 12 Months Average Total & By Race January 2014 – March 2023

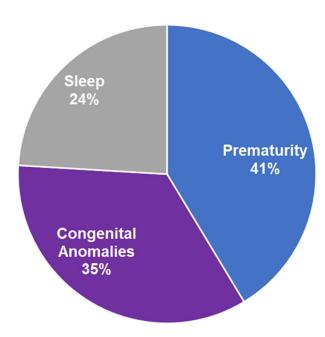




Monitor Trends: Leading Causes of Death

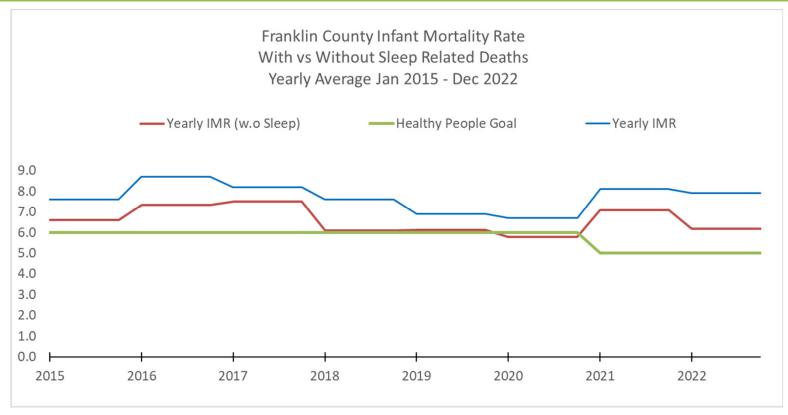


Franklin County 2020 - 2022 (n=266)



Monitor Trends: Impact of Sleep-Related Deaths





Evaluate Effectiveness: OBBO Scorecard



2030 Infant Mortality Goal		2019	2020	2021	2022	4-Yr Average 2020 - 2022	Q1 2023	Q2 2023	Q3 2023	Q4 2023	YTD
IMR - # Deaths among Franklin County infants < 1 Year old per 1000 live births ≤ 5	> 7	6.9	6.7	7.8	7.9	7.3	7.0	-	-	-	7.0
Non-Hispanic Black infant mortality rate per 1000 live ≤ 7.6 births	> 12	11.1	11.4	14.5	12.7	12.5	13.0	-	-	-	13.0
Non-Hispanic White infant mortality rate per 1000 live ≤ 5 births	> 16	4.2	4.0	4.7	4.8	4.4	2.9	-	-	-	2.9
# Sleep Deaths		15	17	16	30	20	8	-	-	-	8
Birth Outcomes											
% Preterm birth <32 weeks GA, Fr Co.		2.3%	1.7%	1.5%	1.9%	2.0%	1.9%	-	-	-	1.9%
% Preterm birth <32 wks for Non-Hispanic Black, Fr Co.		3.8%	2.3%	3.3%	2.6%	3.0%	2.5%	-	-	-	2.5%
# Births per 1000 women age 15-19		17.0	15.9	15.0	14.2	15.5	14.4	-	-	-	14.4
Prenatal Care											
% Births in Franklin County with no prenatal care		2.5%	1.8%	1.3%	1.9%	2.0%	1.8%	-	-	-	1.89
% Births with first trimester entry into prenatal care		73.5%	74.7%	75.5%	73.6%	74.0%	70.9%	-	-	-	70.9%
% Pregnant women in Franklin County who smoke during their 3rd trimester		6.2%	5.8%	5.3%	3.9%	5.0%	2.9%	-	-	-	2.9%
Perinatal Support											
# Eligible women served by evidenced-based Home Visiting in Franklin Cou	inty	2110	1848	1860	-	1939	-	-	-	-	-
Funded Programs											
# Women served through B&MTF with negative to bacco test during 1st postp visit	artum	43	105	60	44	63	11	0	0	0	11
# Women in Franklin County scheduled for prenatal care by StepOne		3783	3683	2825	2274	3141	307	0	0	0	307
# Women served by OBBO Medical Legal Partnership (closed cases)		288	220	410	362	320	107	0	0	0	107

2023 Priorities:

- Home Visiting
- Safe Sleep
- PRAF completion





Goals:

- Expand community capacity to 5,000 families/year
- Connect 50% of women seen in prenatal clinics





Enrolled at any point prenatally						
HV Status	>32 weeks	Very Preterm (<32 weeks)				
No Home Visiting	486	46 (8.65%)				
Home Visiting – enrolled prenatally	527	5 (.95%)				
Enrolled before 20 weeks						

HV Status	>32 weeks	Very Preterm (<32 weeks)
No Home Visiting	225	17 (7.02%)
Home Visiting – enrolled before 20 weeks	242	0

Federal Funding to Support Priority Work



HRSA – Franklin County

- Awarded Sept 2022
- \$2.5M
- Embed CHWs into prenatal care clinics
- Increase connection to perinatal supports (i.e. home visiting)

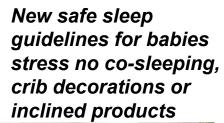
CDC – Appalachian Ohio

- Applied May 2023
- \$3.1M
- Establish OBBO in Appalachian Ohio and West Virginia
- Increase data access and coordinated strategies across health systems

Sleep-Related Deaths









Internal Safe Sleep Collaborative:

- Finalize and disseminate staff education
- Revise screening and counseling approach (AAP guidelines)

External Influence:

- Layered external campaign across delivery hospitals and direct-to-families
- Statewide WIC partnership for text video messaging (SMARTER study)