HCGC Monthly Meeting
Series:
Infant Mortality Efforts

September 12, 2019
During the Webinar:

• Please “mute” your phone and/or computer to reduce background noise.

• If you have a question please use the chat feature in Zoom or hold it until the Community Discussion at the end of the webinar.
Our Vision

Optimal health for all people in Greater Columbus

Our Mission

is to improve the value of health care for all people in Greater Columbus by catalyzing collaboration among public and private partners: Providers, behavioral health, hospital systems, social service agencies, public and private payers, employers, government, public health and patients/consumers.

VALUE = (QUALITY + CONSUMER EXPERIENCE) ÷ COST

Healthcare Collaborative of Greater Columbus
HCGC Supporters

Columbus Medical Association

pcori
CardinalHealth
Osteopathic Heritage Foundations

THE CITY OF COLUMBUS FOUNDATION

COLUMBUS PUBLIC HEALTH

UnitedHealthcare
Central Ohio Primary Care Foundation

OhioHealth

aetna
Abbott

100% of our Board of Directors & Staff Individual & Corporate Donations

Healthcare Collaborative of Greater Columbus
HCGC is also focused on work to improve health disparities and engage employers as key healthcare stakeholders.

**Health Disparities:** HCGC's mission is designed to serve "all people." However, we are acutely aware that total population measures can hide wide-ranging disparities among different portions of our community. HCGC is committed to seeking opportunities to close health disparity gaps.

**Employers as Key Healthcare Stakeholders:** HCGC's focus on healthcare value requires consideration of the cost component of healthcare. Employers play a special role in funding our current healthcare system. HCGC has experienced that the wide variety in the Central Ohio's self-insured and fully-insured employer market makes singular employer strategies impractical. HCGC seeks opportunities to address cost issues whenever possible.
Our Work Toward Better Value

One of over 30 Regional Health Improvement Collaboratives (RHICs) across the country

HCGC is a non-profit organization with multi-stakeholder governance, fully supported by grants, sponsorships and project work.
Today’s Agenda

• Dr. Mysheika Roberts, Columbus Public Health
• Erika Clark Jones, CelebrateOne
• Central Ohio Pathways HUB
• Community Questions and Feedback
Columbus Public Health
Protecting Health, Improving Lives

Mysheika W. Roberts, MD, MPH
Health Commissioner
Why Infant Mortality Matters

- Infant mortality is an indicator of the overall health and well being of a community.
- Many community factors contribute:
  - Biological
  - Social
  - Cultural
  - Economical
  - Environmental
Infant Mortality – The Problem
Franklin County

• 150 babies die before their first birthday
  - 8 kindergarten classes
• 7.6 per 1,000 live births
  - Higher than Ohio rate (6.9)
• Black babies die at nearly 3 times the rate of white babies
  - Black – 12.3
  - White – 5.1
Infant Mortality Rate (IMR) by Race, Franklin County
Infant Mortality in Columbus

- Concentrated in 8 neighborhoods
- Same neighborhoods with:
  - High crime
  - Low performing schools
  - Lack of infrastructure
  - No access to healthy foods
Infant Mortality – CelebrateOne

- CelebrateOne priority areas have higher rates.
- CelebrateOne infant mortality rate:
  - 10.6 per 1,000 live births
- Black population has more than 2X the rate of the white population.
  - Black (14.0)
  - White (6.7)
Infant Mortality Rate (IMR) by Race, CelebrateOne ZIPs

Infant Deaths per 1,000 Live Births

<table>
<thead>
<tr>
<th>Year</th>
<th>Non-Hispanic White</th>
<th>Non-Hispanic Black</th>
<th>Overall</th>
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<tbody>
<tr>
<td>2011</td>
<td>9.2</td>
<td>19.5</td>
<td>12.8</td>
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<td>9.8</td>
<td>18.7</td>
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<td>9.9</td>
<td>18.2</td>
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<td>9.4</td>
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<td>12.2</td>
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<tr>
<td>2017</td>
<td>9.3</td>
<td>18.0</td>
<td>12.2</td>
</tr>
<tr>
<td>2018*</td>
<td>8.9</td>
<td>17.5</td>
<td>12.2</td>
</tr>
</tbody>
</table>
Why Babies Die in Franklin County

- Preterm birth
- Low birth weight
- Birth defects
- Maternal complications of pregnancy & delivery
- Sleep-related
  - SIDS
  - Accidental Suffocation
Why Babies Die in Franklin County

- Preterm birth
  - 11% born too soon
  - 13% born too soon in CelebrateOne neighborhoods

- Low birth weight
  - 9% born too small
  - 12% born too small in CelebrateOne neighborhoods
Percent of Births Preterm (<37 weeks) by Race, Franklin County
Percent of Births Preterm (<37 weeks) by Race, CelebrateOne ZIPs
Percent of Births Low Birth Weight (<2,500 grams) by Race, Franklin County

![Graph showing the percent of births low birth weight by race from 2011 to 2018. The graph includes lines for Overall, Non-Hispanic White, and Non-Hispanic Black populations.](image-url)
Percent of Births Low Birth Weight (<2,500 grams) by Race, CelebrateOne ZIPs

- Overall
- Non-Hispanic White
- Non-Hispanic Black

Graph showing the percentage of births with low birth weight over the years from 2011 to 2018 for different racial groups.
Why Babies Die in Franklin County

- Sleep related
  - 27 deaths in 2018
  - 81% were in Black community
  - 78% were to families in CelebrateOne neighborhoods

*Most of these deaths are preventable!*
Social Determinants of Health

- Circumstances and conditions in which people are born, grow up, live, learn, work, play, worship, and age that affect a wide range of health and quality of life outcomes.
- Shaped by the distribution of money, power and resources.
Racism
Contributes to Infant Mortality

- Structures opportunity and assigns value based on social interpretation of how we look.
- Unfairly advantages some individuals and communities while disadvantaging others.
- Eating habits, smoking, drinking or poor prenatal care do not fully explain racial gap in infant mortality.
- Years of dealing with discrimination may lead to chronic stress which causes biological changes in the body.
Women in Ohio
Who Appear Black/African American

• Are more likely to report feeling they are treated worse:
  – at work (20.3%)
  – in health care (7.8%)

• Compared to women who appear white
  -- at work (4.3%)
  -- in health care (1.8%)

• 10% of Black/African American women think about their race constantly (compared to 1.1% of white women)

• 17% report feeling emotionally upset (compared to 3.1%)

• 10% report experiencing physical systems as a result of how they are treated based on their race. (Compared to 1.4%)
Stress Impacts Health Outcomes

- Racism influences how the social determinants of health affect some groups of people more than others.
- Stress from racism and the social determinants of health takes a toll on women’s bodies.
  - Affects overall health and wellness
  - Impacts birth outcomes
  - Helps determine if a baby will live to celebrate his/her first birthday and thrive every year beyond.
Columbus Public Health’s Work to Address Infant Mortality

Evidence Based Home Visiting

- Meets people where they are.
- Provides extra support outside of health care settings.
- Proven to result in better birth outcomes.
- Served 1,500 women and families last year.
Columbus Public Health’s Work to Address Infant Mortality

Baby and Me Tobacco Free

- Smoking during pregnancy is leading risk factor for babies born too small.
- Second-hand smoke exposure after birth increases risk for sleep-related death.
  - 144 pregnant women & 19 partners enrolled in smoking cessation services in 2018.
  - 99% remained smoke free at 1st postpartum visit.
Columbus Public Health’s Work to Address Infant Mortality

**Safe Sleep**

- **Cribs for Kids**
  - Free Pack n’ Plays for families without a safe sleep surface
  - 30+ Community Partners

- **Safe Sleep Ambassadors**
  - Training parents, grandparents, siblings and child care providers on the ABCs of Safe Sleep
ABCs of Safe Sleep

A
Alone
Babies should always sleep alone and in an empty crib. Two out of three babies who died while sleeping were not sleeping alone and were on an adult bed, couch or chair. Share the room, not the bed. This helps to breastfeeding and bond with your baby.

B
Back
Babies should always sleep on their backs because they are less likely to choke than babies who sleep on their stomachs. Babies who sleep on their backs are also able to breath easier.

C
Crib
An empty crib, with a firm mattress and fitted sheet is safest. Bumper pads, pillows, blankets or stuffed animals should not be in the crib as they may cause babies to suffocate or strangle themselves.
Death and Data Reviews to determine underlying causes and to guide community’s efforts:

– Child Fatality Review
– Sudden Unexpected Infant Death Review
– Fetal-Infant Mortality Review
– Infant Mortality Reports
CelebrateOne

• Reduce infant mortality by 40%
• Cut the racial disparity gap in half
• Collaborative community effort
Helping All Babies Live & Thrive

- Reducing infant mortality is a community responsibility.
- No one organization can do it alone.
- We all have a role to play!
Social Media

Facebook.com/ColumbusPublicHealth
Twitter.com/ColumbusHealth
Instagram.com/columbuspublichealth
Facebook.com/DrMysheikaRoberts
Twitter.com/DrMRoberts

Follow us!
Sources

- Sources:
- Social Determinants of Health: 2013-2017 American Community Survey 5-Year Estimates, Tables S1501 (Education), S2201 (Food), S2301 (Employment), S2701 (Insurance).
- All analyses by Columbus Public Health Office of Epidemiology.
Thank you!
Local Initiatives – Columbus O.

Healthcare Collaborative of Greater Columbus
Sept 12 2019
Erika Clark Jones, Executive Director
IMR Trends by Race and Area

Franklin County & CelebrateOne Priority Area
Infant Mortality Rate by Race/Ethnicity, 2000-2018*

Projection for 2020 Goals:
- FCAII = 6.0
- FCNHB = 8.1
- FCNHW = 5.4

CelebrateOne Began

CelebrateOne ZIPs: 43203, 43204, 43205, 43206, 43211, 43219, 43222, 43223, 43224, 43227, 43229, 43232

*2018 data are preliminary

Source: Ohio Department of Health Vital Statistics Data, analyzed by Columbus Public Health
Every baby deserves to celebrate his or her first birthday, regardless of race, address or family income.

CelebrateOne is a place based, collective impact initiative to reduce infant mortality and improve health equity so more babies reach this important milestone.
The Challenge: three infants die each week in Columbus. This personal tragedy for families is also a disturbing statistic for Columbus that signals a significant gap in our safety net affecting the overall health, vitality and quality of life in our community.

CelebrateOne Goals

- **40%**
  - Reduction in Infant Mortality Rate by 12 / 2020

- **50%**
  - Decrease in Racial Disparity Between African American and White Babies by 12 / 2020

Franklin County Annual Infant Mortality Reduction Goals

<table>
<thead>
<tr>
<th>Year</th>
<th>Goal 1</th>
<th>Goal 2</th>
<th>Goal 3</th>
<th>Goal 4</th>
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<tr>
<td>2018</td>
<td>7.2</td>
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<td>2019</td>
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<tr>
<td>2020</td>
<td>6.4</td>
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<tr>
<td>2021</td>
<td>6</td>
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Greater Columbus Infant Mortality Task Force
Plan Overview

**RECOMMENDATIONS**

#1: Improve social and economic conditions that drive disparities across our community and in highest risk neighborhoods
#2: Improve Women’s Health Before Pregnancy
#3: Improve Reproductive Health Planning
#4: Improve Prenatal Care Systems And Supports
#5: Ensure highest quality of perinatal care
#6: Reduce Maternal and Household Smoking
#7: Promote Infant Safe Sleep
#8: Create accountability structure to support strategy implementation and goal attainment

**KEY DRIVERS**

Reduce Racial Disparities
Prevent Prematurity
Reduce Sleep-Related Infant Deaths

**OUTCOME**

By December 2020
- Decrease Franklin County infant mortality rate to **6 infant deaths per 1,000 live births**
- Reduce disparity gap between white and black infant mortality by **%50**
Governing Board – Coalitions Matter

Community-Public-Private Partners

(alphabetical)

- Michael Fiorile, Immediate Past Chair – Dispatch Media Group
- Honorable Mayor Andrew Ginther
- Stephanie Hightower – Columbus Urban League
- Rebecca Howard – Parent
- Erik Janas – Acting Secretary - Franklin County Commissioner's Office
- Cathy Lyttle, Chair – Worthington Industries
- Patty McLimon – Nationwide Children’s Hospital
- Karen Morrison - OhioHealth
- Dr. Mysheika Roberts – Vice Chair, Columbus Public Health
- Steve Schoeny, Treasurer – Columbus Development Department
- Dr. Charles E. Booth (ad mortem)
Many Partners, Shared Goals

- Central Ohio Hospital Council
- Columbus City Schools
- Columbus Department of Development
- Columbus Public Health
- Community Based Organizations
- Federally Qualified Health Centers
  - PrimaryOne Health, Heart of Ohio
- Franklin County Department of Job and Family Services
- Franklin County Families and Children First Council
- Moms2B
- Ohio Better Birth Outcomes Collaborative
- Ohio Department of Medicaid
  - Buckeye Health Plan, CareSource Healthcare of Ohio, Molina Healthcare of Ohio, Paramount Advantage, UnitedHealthcare Community Plan of Ohio
- Ohio Department of Health
- Physicians CareConnection / StepOne
Learning Collaboratives and Best Practices
## Focus 2018-2020

<table>
<thead>
<tr>
<th>Safe Sleep</th>
<th>Prenatal Care</th>
<th>Home Visiting</th>
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<tbody>
<tr>
<td>Education</td>
<td>Step One support</td>
<td>Evidence based</td>
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<tr>
<td>Crib Distribution</td>
<td>Early Access</td>
<td>Increase capacity</td>
</tr>
<tr>
<td>Parent Support</td>
<td>Quality experience</td>
<td>Increase</td>
</tr>
<tr>
<td>Behavior Change</td>
<td>OBBO Partnership</td>
<td>Enrollment</td>
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<tr>
<td>Targeted communications</td>
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### Factors to Consider:

- **Race** - Lived experience as a racial minority
- **Social determinants** of health (transportation, housing)
- **Trusted messengers** – CHWs, Faith, Peer support
- **Communication tools**
# Social Determinants of Health 2017

<table>
<thead>
<tr>
<th>Category</th>
<th>Franklin County</th>
<th>CelebrateOne</th>
<th>Change in CelebrateOne Areas Since 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults without HS Diploma or GED</td>
<td>9.4%</td>
<td>17.2%</td>
<td>▼ DECREASE (21.2% in 2012)</td>
</tr>
<tr>
<td>Food Insecurity</td>
<td>13.9%</td>
<td>27.0%</td>
<td>▲ INCREASE (25.8% in 2012)</td>
</tr>
<tr>
<td>Vacancy Rate</td>
<td>9.1%</td>
<td>14.4%</td>
<td>▼ DECREASE (18.1% in 2012)</td>
</tr>
<tr>
<td>Eviction Rate</td>
<td>7.5%</td>
<td>11.5%</td>
<td>N/A</td>
</tr>
<tr>
<td>Lack of Health Insurance</td>
<td>12.0%</td>
<td>18.4%</td>
<td>▼ DECREASE (19.6% in 2012)</td>
</tr>
<tr>
<td>Violent Crime Rate</td>
<td>4.1%</td>
<td>8.7%</td>
<td>▼ DECREASE (9.7 in 2012)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>5.7%</td>
<td>10.4%</td>
<td>▼ DECREASE (17.0% in 2012)</td>
</tr>
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</table>
Early Investment: Community Health Workers

GOAL: Increase number of women of childbearing age connected to health and social supports

- Three year pilot (2016-2018)
- 93 community residents from 8 neighborhoods
- 22 community-based agencies
- CHW certification from Ohio State University College of Nursing
- Supported by United Health Foundation, Franklin County Jobs and Family Services
- Connects priority populations to trusted partners
Housing: Healthy Beginnings at Home

GOAL: Decrease number of days in emergency shelter for homeless pregnant women (50)

- Partnership between Landlords, Managed Care Plan and Medical personnel, Dept. of Development
- Person-centered assessment with connections to community based services
- Assessment and resolution of housing related barriers; Housing selection and move-in support
- Tenant orientation with pathway to tenant rights and financial capability
- Regular home visits (one in-person visit per week in month one and up to 18 months

- Coordination with CMHA and landlord to ensure successful tenancy
- Coordination with Community Health Workers, CareSource Care Managers, researchers and other providers
- Exit/transition planning services including support to secure income and employment for continued tenancy after rental subsidy ends
**Healthy Beginnings at Home**

**Data Dashboard**

### Housing
- 48 women housed
- 98% of housing group
- On average, it took days 67 to house families
- 91.6% of women were housed in CelebrateOne neighborhoods
- 23 families received a place-based voucher

### Rent
- Average market rent: $769/month
- Average family portion: $34/month

### Births
- 51 babies have born to 50 women
- 88.3% of babies were born at a healthy weight
- Healthy People 2020 goal: ≥92.2%
- 0% of babies were born very preterm. Healthy People 2020 goal is ≤1.7%
- 17.6% of babies were born preterm
- Healthy People 2020 goal is ≤8.1%

### Retention
- 100 women enrolled
- 49 in housing group 98% retention
- 46 in usual care group 92% retention
I missed eleven appointments in the past year because of transportation.
Smart Columbus
Non-Emergency Medical Transportation

**Goal:**
Increase prenatal trips to the doctor for women living in these CelebrateOne target zip codes, where Franklin County infant mortality rates are persistently high

**Background:**
• $1 million allocated by City Council for transportation project
• Partners CareSource and Molina Healthcare
• Kaizen Health will provide transportation
• 500 participants
• Participants must be screened at by StepOne or OSU
• Launch June 2019
• Project will run for 18 months

**Data Collection:**
• Study staff will administer a baseline questionnaire
• Follow-up questionnaires every 30 days to assess interim satisfaction with transportation services
• Final (exit) questionnaire at two months after delivery to more thoroughly assess satisfaction with transportation
• Pregnancy and Infant outcomes
Additional Partnerships for Progress

• PDSA with South Side Community
• Pilot with Charter Schools for Last Chance kids
• New Pilot with Columbus City Schools 2020-2022
• Leverages Partnership with Hospitals and Columbus Public Health
• Will use to inform state policy efforts
Mayor’s Priority

- **City of Columbus**, Franklin County, business and community leaders asked to align strategies and target supportive resources across sectors
  - Collectively identify gaps in services and investment
  - Identify opportunities for partnership and collaboration

- Published goal(s)/commitments related to infant mortality reduction in priority neighborhoods
Together
We can achieve transformative change

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614-645-0817
Central Ohio Pathways HUB Q3 Update
Update on Key Measures

- **355 clients**-”started to now”
- **2503** pathways initiated
- **23** CHWs and **15** Supervisors
- **10** Care Coordination Agencies
HUB Client Eligibility Type

- Adult, 129
- Maternal, 119
- Pregnant, 113
Clients by Insurance Type

- In-Kind, 156
- Molina, 40
- CareSource, 128
- United Healthcare, 24
- Buckeye, 12
- Paramount, 1
In-Kind Client Breakdown

- Total # of In-Kind Clients: 177
- Average Age of In-Kind Clients: 47.3 years old
- Number of In-Kind Clients with Employment: 72

### In-Kind Clients by Race

<table>
<thead>
<tr>
<th>Race (Self-Identified)</th>
<th># of Clients</th>
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<tbody>
<tr>
<td>Black or African American</td>
<td>91</td>
</tr>
<tr>
<td>White</td>
<td>34</td>
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<tr>
<td>Other</td>
<td>27</td>
</tr>
<tr>
<td>Other Asian</td>
<td>4</td>
</tr>
<tr>
<td>Mixed Race</td>
<td>4</td>
</tr>
<tr>
<td>Chinese</td>
<td>3</td>
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### In-Kind Clients by Plan Name

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<thead>
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<th>Plan Name</th>
<th># of Clients</th>
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<tr>
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<tr>
<td>Molina</td>
<td>35</td>
</tr>
<tr>
<td>Paramount</td>
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</tr>
<tr>
<td>CareSource</td>
<td>5</td>
</tr>
<tr>
<td>Buckeye</td>
<td>4</td>
</tr>
<tr>
<td>United Healthcare</td>
<td>4</td>
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<tr>
<td>Anthem</td>
<td>6</td>
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<tr>
<td>Medical Mutual</td>
<td>5</td>
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</table>

### In-Kind Clients by Education Level

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<thead>
<tr>
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<th># of Clients</th>
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<td>Completed high school</td>
<td>56</td>
</tr>
<tr>
<td>Less than high school education</td>
<td>42</td>
</tr>
<tr>
<td>Some college</td>
<td>29</td>
</tr>
<tr>
<td>Some high school</td>
<td>19</td>
</tr>
<tr>
<td>Completed 2 year degree</td>
<td>10</td>
</tr>
<tr>
<td>Completed GED</td>
<td>6</td>
</tr>
</tbody>
</table>
Care Coordination Agencies

- The Breathing Association
- CelebrateOne
- Franklin Co. Public Health
- Physicians CareConnection
- PrimaryOne Health
- Wellness First
- Columbus Urban League
- Heart of Ohio Family Health Centers
- Urban Strategies
- OhioHealth
Overall Pregnancy Data Points

115 initial pregnancy checklists:
- 74 women *NOT* in their first pregnancy
- 44 women had a PHQ-9 performed
- 14 women use tobacco
- 51 have had a family crisis in the last year
- 1 pregnant woman completed a housing pathway; waiting on several more
- 15 incarcerated women; 5 within the last 4 months
- Zip codes with 5+ pregnant women: 43232, 43229, 43224, 43211, 43228, 43209, 43204, 43213, 43206
Overall Pregnancy Data Points

- **Average # of Pathways Initiated:** 8.5 per client
- **Demographics:**
  - 17% NHW White
  - 70% NHB
  - 10% Hispanic
  - 3% Other (Asian, Arab, Guamanian)
Social Services for Pregnant Women

- Clothing Assistance-46 initiated; 21 completed (46% CR)
- 6 of 12 have received parenting education referrals (50% CR)
- 47 of 63 clients have completed pathway to receive WIC assistance (75% CR)
- Baby Basics-152 initiated; 92 completed (60% CR)
  - Crib-10 of 17 completed (59% CR)
  - Diapers-20 of 24 completed (83% CR)
Successful Birth Data Points

• 24 Closed Pregnancy Pathways since March
  • 20/25 HBW babies, including a set of twins

• 3/5 LBW babies came to the HUB 1 month or less before delivering

Since March 2019, 17 out of 18 babies born to moms enrolled in the Central Ohio Pathways HUB were born at a healthy birth weight.

#CentralOhioHUB
Questions and Community Feedback
Thank you!

Please fill out our soon to be emailed evaluation sheet—your feedback is very important to us!

Slides/webinar recording will also be emailed and posted at www.hcgc.org