



Ohio Commission on Infant Mortality

April 15, 2019



Agenda

- Why infant mortality
- Who we are
- What we do
- How we do it
- Our recommendations for the State
- Questions and Conversation





Why infant mortality?

Why prioritize this issue?

- Ohio loses 1,000 infant lives each year.
- High infant mortality rates reveal deeper issues – particularly for women's health.
- This is the earliest place where racial disparity shows up.
- Preterm birth impacts education and workforce outcomes even when it doesn't lead to death.
- It is a leading driver of Medicaid costs.



Who we are

A group of aligned organizations



A group of
committed
individuals



A group of experts eager to help solve this issue statewide

- The CDC has identified Cradle Cincinnati as a national best practice.
- Since launching, we've seen a 14% decline in infant deaths. This is twice the pace of state improvement and the fastest improvement for an urban county.
- We are tremendously involved in nearly all statewide efforts.
- We do not have all the answers but are your partners in this fight. Use us.



What we do

Our Strategic Plan

In 2018, 450 Hamilton County residents came together to develop a plan of action for collaborative change.

.....

GOAL 1: Reduce the number of babies born before the end of the second trimester by 33% by 2023, bringing us to the national average.

- Replicate one neighborhood's success at eliminating extreme preterm birth.
- Address implicit bias, starting in prenatal care settings.
- Mitigate stress during pregnancy through social support.
- Increase the % of pregnancies that are expected and have healthy timing.
- Decrease the % of women smoking during the second and third trimester of their pregnancies.

GOAL 2: Eliminate sleep-related infant deaths in Hamilton County by 2023.

- Increase awareness of the American Academy of Pediatrics safe sleep recommendations
- Address barriers to safe sleep practices

GOAL 3: Promote what we know about reducing birth defects and lead the way on new scientific discovery to better understand congenital anomalies.

To see the full report or learn more about our work visit cradlecincinnati.org



Our Strategic Plan

In 2018, 450 Hamilton County residents came together to develop a plan of action for collaborative change.

.....

GOAL 1: Reduce the number of babies born before the end of the second trimester by 33% by 2023, bringing us to the national average.

- Replicate one neighborhood's success at eliminating extreme preterm birth.
- Address implicit bias, starting in prenatal care settings.
- Mitigate stress during pregnancy through social support.
- Increase the % of pregnancies that are expected and have healthy timing.
- Decrease the % of women smoking during the second and third trimester of their pregnancies.

GOAL 2: Eliminate sleep-related infant deaths in Hamilton County by 2023.

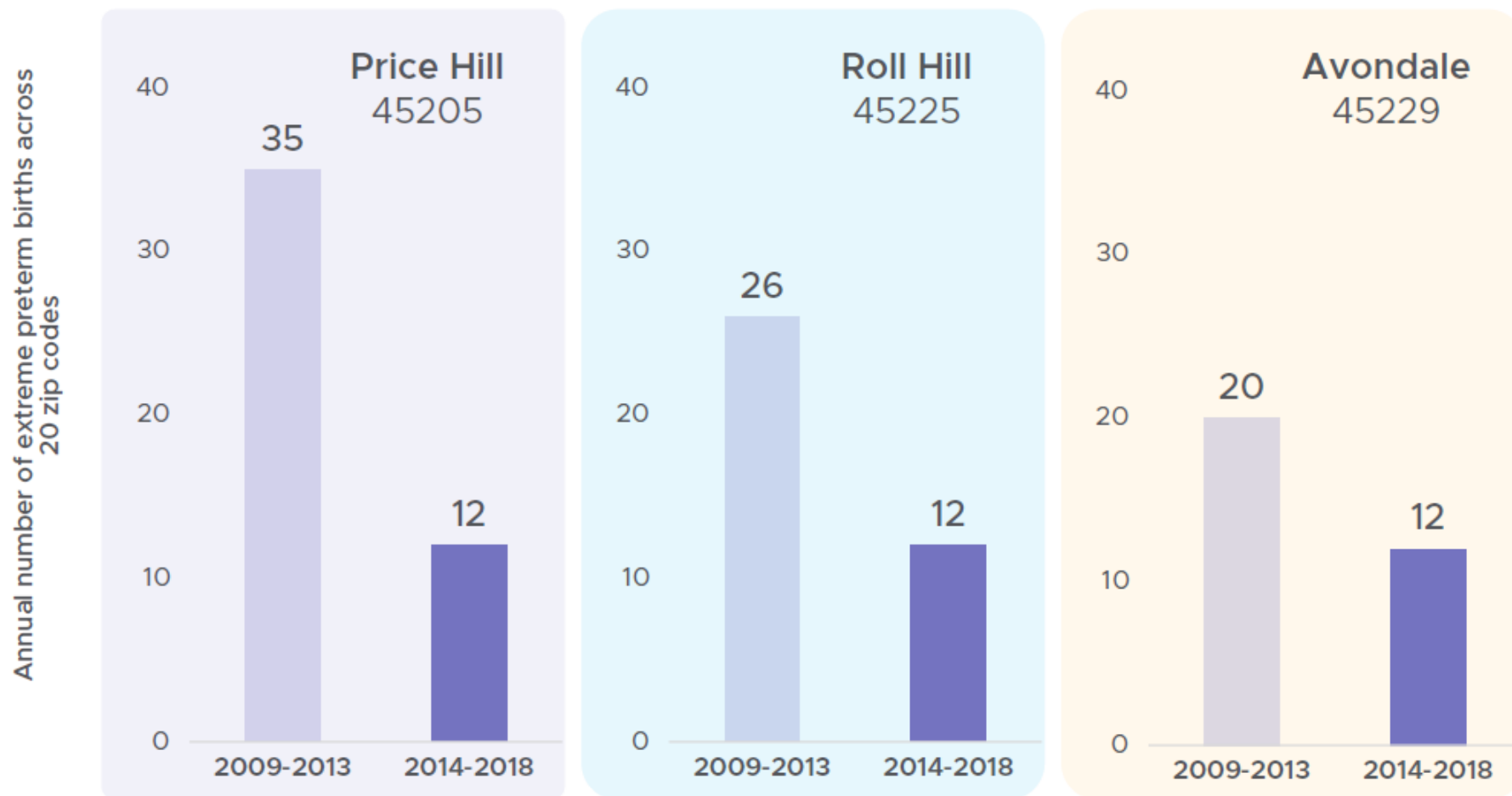
- Increase awareness of the American Academy of Pediatrics safe sleep recommendations
- Address barriers to safe sleep practices

GOAL 3: Promote what we know about reducing birth defects and lead the way on new scientific discovery to better understand congenital anomalies.

To see the full report or learn more about our work visit cradlecincinnati.org



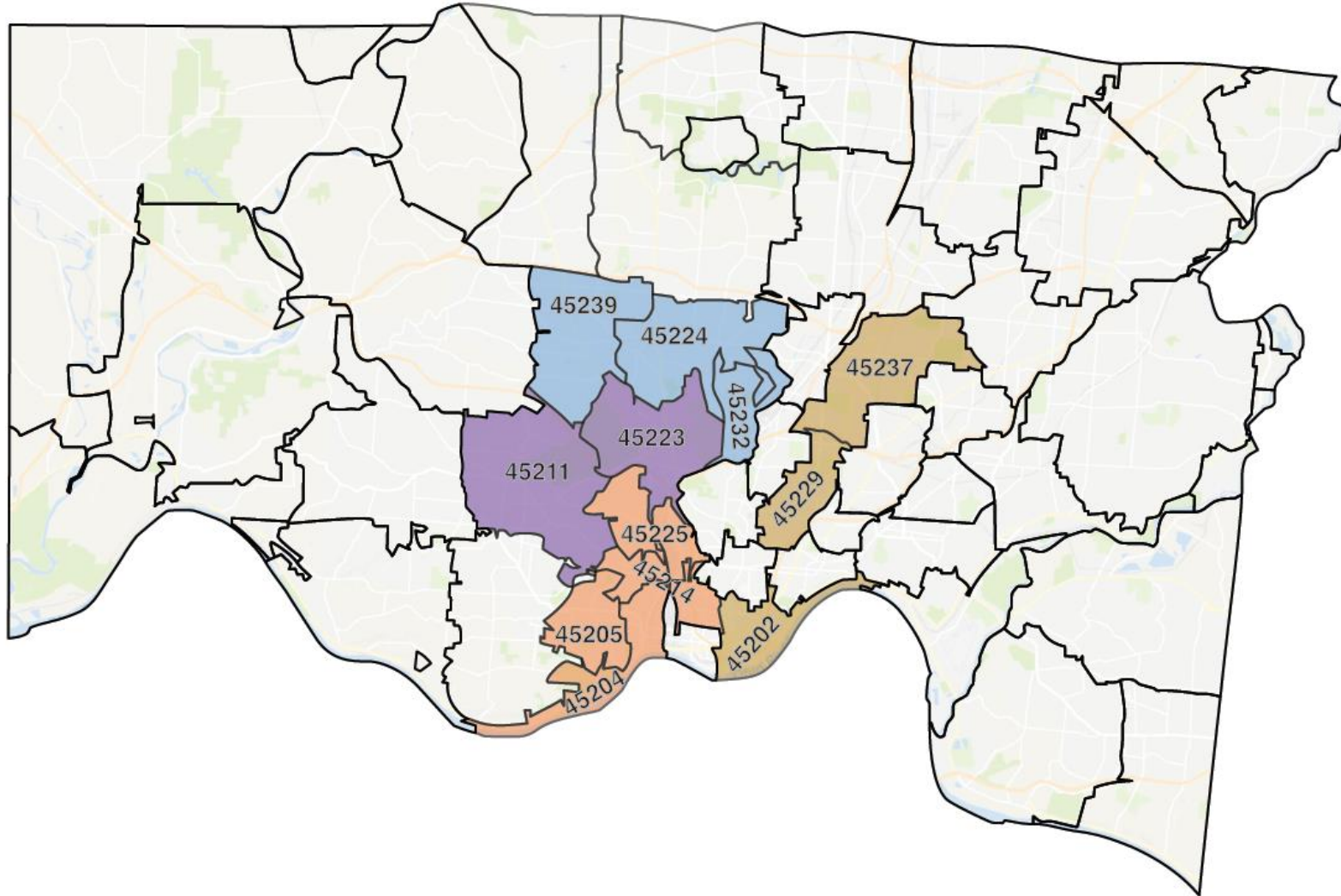
Replicate Place Based Success



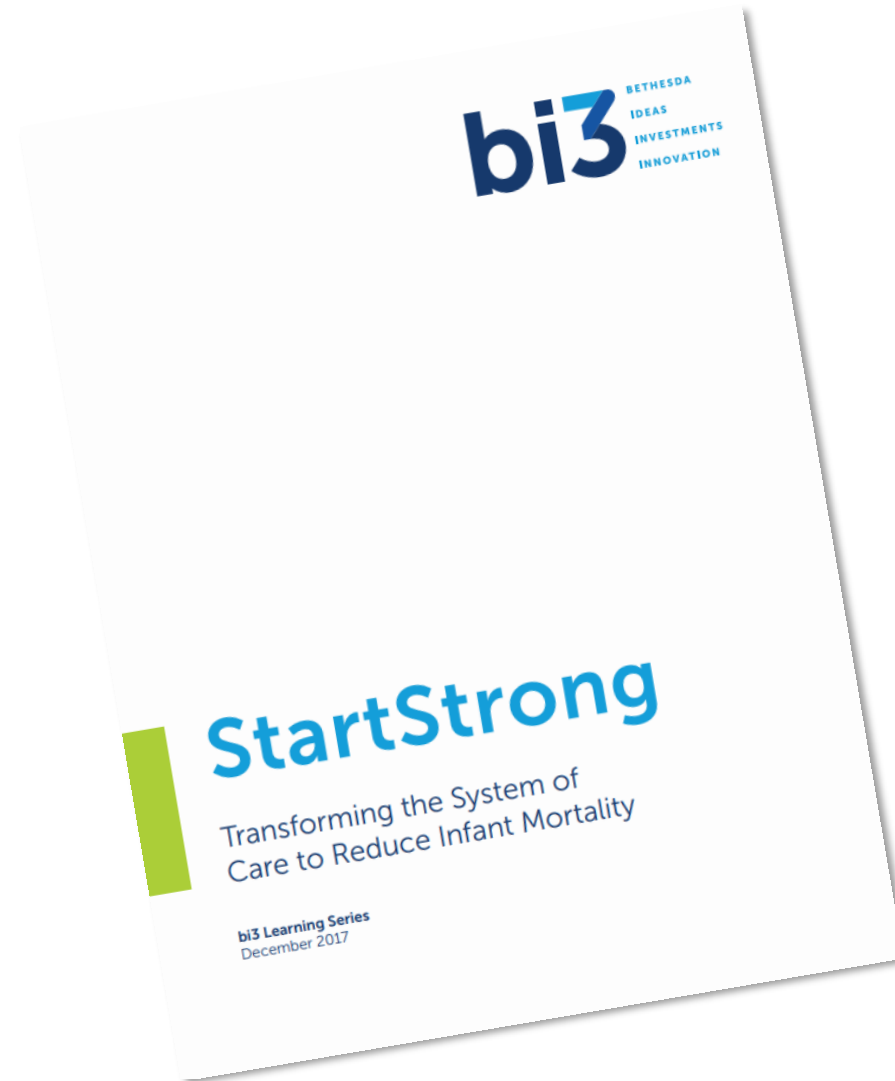
What made the difference in these neighborhoods?

- Design for (and with) specific, real people.
- Find and engage every pregnant woman in a defined geographic place.
- Build trust and empathy through sustained and authentic connection – Community Health Worker + Nurse Case Manager.
- Solve Mom's problems and say "yes" whenever possible.
- Reinforce the stakeholders with place based data about impact.

Up next: spread this work to 12 zip codes



White paper available at bi3.org



Address implicit bias, starting in prenatal care

- We engaged more than 450 Hamilton County residents in our strategic plan.
- Overwhelmingly they told us that racism is part of the problem.
- We must listen.

Our Crisis is a Black Crisis



The Truth About Common Misconceptions

- It's not genetics that lead to racial disparity in birth outcomes.
- It's not class differences that lead to racial disparity in birth outcomes.
- It's not Mom or Dad's fault.

Why address racism?

- Racism leads to stress which is known to be associated with preterm birth.
- Racism leads to less access to housing, jobs, and healthcare which can all contribute to poor outcomes.
- Racism can lead to social isolation which has been shown to contribute to poor outcomes.

Where we see hope

Community Health Workers

Implicit Bias Training

Radical Empathy

Group Prenatal Care

Neighborhood Level Change

Policy Change





How we work

Our core principles- How we'll get there

- Together
- Equitably
- Co-creating solutions with families
- Improving systems
- Constantly Communicating
- Growing our knowledge



Centering Black Women



Advisory Board

- Comprised of Black Women recruited from across the city
- Informs Community Strategy and Designs Place-Based work

Queens Village

- Supportive Gathering for Black Women
- Opportunity to Relax, Re-power and take care of each other
- Spread is place-based and designed by Neighborhood champions



Events

- Educational Panels
- Healing Circles
- Mindfulness and Yoga
- Community Art Projects



Radical Empathy

Story Share- fosters empathy by breaking down barriers and shattering stereotypes.



★
cradle cincinnati

Creating Visibility for Black Women

- #becauseweloveher Social Media Campaign
- In Her Voice Concert





Policy Priorities for the State

Four Policy Priorities to Recue Infant Mortality

- Make the **Earned Income Tax Credit** refundable
- The Department of Medicaid should develop performance metrics and a data tracking system to monitor the effectiveness of the new brokerage model for **Non-emergency Medical Transport**.
- Medicaid should provide enhanced reimbursements for the **Group Prenatal Care** model
- Leverage **expanded Home Visitation**.

Earned Income Tax Credit

- Earned income tax credit (EITC) is a benefit that lowers the tax burden of people with moderate to low income
- While the federal EITC is refundable, Ohio's is not
- If a tax credit exceeds the amount of tax owed, taxpayers will receive a refund if the tax credit is refundable – with a non-refundable tax credit, the excess amount is lost

EITC: What is the public health issue?

- Poverty is associated with poor health outcomes for women and children, such as preterm birth and low birth weight
- With the federal EITC, approximately 5.8 million people (including 3 million children) were lifted out of poverty in 2016

EITC: Refundability

- **Use of refundable EITC has been associated with improved infant and maternal health and reduced infant mortality**
- Incidence of low birth weight decreases and mean birth weight increases when state EITC income is increased
 - Data suggests that these improvements may be due to decreased maternal stress (as her financial burden is reduced), increased prenatal care, and decreased negative maternal behaviors (such as smoking)
- With non-refundable EITC, the benefits of EITC are limited
 - All but four (Ohio, Delaware, Main and Virginia) of the 25 states with state EITCs offer *refundable* EITC

Non-Emergency Medical Transportation

- From the Health Policy Institute's 2017 policy recommendation report
- The Department of Medicaid should develop performance metrics and a data tracking system to monitor the effectiveness of the new brokerage model. Metrics to monitor include:
 - Passenger information (type of visit, number of passengers, etc., while protecting patient privacy)
 - Ride information (on-time rates, no-show rates for drivers and passengers, wait times, etc.)
- Quality of service information (complaints, driver reviews, call volume and responsiveness, etc.)
- The Department can use this information to monitor performance of vendors, identify trends, increase transparency and accountability, and improve service, particularly in infant mortality hot spot areas
- Potential cost savings

Group Prenatal Care

- Group prenatal care is a model of prenatal care that takes place in a group setting, allowing patients to spend more time with their healthcare providers
- In group prenatal care, 8-12 pregnant women due within the same month attend their prenatal care sessions together
- At the beginning of each session, women take part in their own care by measuring and recording their own blood pressure, temperature and weight
- Then each woman meets with her healthcare provider for her individual health assessment
- Once health assessments are complete, everyone comes together for 90-120 minutes of group discussion on important health topics, including stress management, labor and nutrition

Group Prenatal Care - Cost Savings

- Enhanced provider reimbursement for group prenatal care may improve birth outcomes and help create newborn hospitalization cost savings for insurers
- With a total hospital cost of \$93,648,000 for preterm births in Hamilton County *alone* (and a Statewide societal cost estimated by the March of Dimes to be \$731 million), enhanced reimbursement for Group Prenatal Care will likely help lower overall Medicaid costs as birth outcomes are proven to be better under the group model
- Nationally, Medicaid inpatient costs associated with preterm births exceed \$6 billion per year – representing half of all costs associated with infant births

Group Prenatal Care - South Carolina

- Medicaid offers financial incentives for group prenatal care in South Carolina
- All Medicaid managed care organizations offer an additional \$30 per patient, per visit, up to \$150
- BlueChoice HealthPlan Medicaid and BlueCross® BlueShield® of South Carolina offer up to \$475 in incentives per patient
- Research shows promising outcomes

Home Visitation

- Early access matters – only 20% of services get to mom in 1st Trimester and 50% of services arrive too late to impact infant mortality.
- We are not reaching women at scale – in Hamilton County, only 20% of women on Medicaid receive a pregnancy support service.
- Let's build flexible models – Home visitors, community health workers, navigators, social workers all have a role to play and there is not a one-size-fits-all model.



Questions and Discussion

Ryan Adcock

Executive Director

513-803-1285

@CradleCincy

facebook.com/cradlecincinnati

