Every Baby Counts on You!

Rebecca Dineen
Gena O’Keefe
Monday, October 24
Background

Baltimore

- Population 622,000
- 63% African American; 5% Latino
- 25% of families with children live in poverty
- ~9,000 deliveries/year, ~5,500 Medicaid

Baltimore City Community Statistical Areas and Census Tracts (2010 Boundaries)
Baltimore in 2009

- 127 babies died
- 102 mothers had stillbirths
- Black babies died 5 times the rate of white babies

Now we have 10 empty second grade classrooms this year >
Why Are Babies Dying?

Born too soon and too small
Why Are Babies Dying?

Not sleeping alone, on their backs, in a crib
Three Big Things

1. Health of the mother and father **before** getting pregnant

2. Medical and social support **while** pregnant

3. Education and services **after** the baby is born
<table>
<thead>
<tr>
<th>Stage</th>
<th>Pre-Pregnancy</th>
<th>Pregnancy</th>
<th>Post-Pregnancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care</td>
<td>Preconception</td>
<td>Prenatal &amp; Obstetric</td>
<td>Postpartum &amp; Neonatal</td>
</tr>
<tr>
<td>Shorter term Modifiable Determinants of Adverse Outcomes</td>
<td></td>
<td>Smoking</td>
<td></td>
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<td></td>
<td></td>
<td>Substance abuse</td>
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<td></td>
<td></td>
<td>Poor nutrition/obesity</td>
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<td></td>
<td></td>
<td>Psychosocial stress</td>
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<tr>
<td></td>
<td></td>
<td>Domestic violence</td>
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<tr>
<td></td>
<td></td>
<td>Infection/ Sexually Transmitted Infections</td>
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<td></td>
<td></td>
<td>Underlying Chronic Illness</td>
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<tr>
<td></td>
<td></td>
<td>Lack of Health Insurance Coverage</td>
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<tr>
<td>Underlying Determinants of Poor Reproductive Health</td>
<td></td>
<td>Poverty</td>
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<td></td>
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<td>Environmental exposures</td>
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<td></td>
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<td>Poor housing</td>
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<td></td>
<td></td>
<td>Racism</td>
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<td></td>
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<td>Genetic factors</td>
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<td></td>
<td></td>
<td>Literacy/Education</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Trauma</td>
<td></td>
</tr>
<tr>
<td>Interventions Specific to Stages</td>
<td>Planned pregnancies:</td>
<td>High quality prenatal care</td>
<td>Breastfeeding</td>
</tr>
<tr>
<td></td>
<td>- Wanted, timed, spaced</td>
<td>Access to high-risk obstetrics</td>
<td>Safe sleep</td>
</tr>
<tr>
<td></td>
<td>- Good nutrition</td>
<td>Home visiting for high-risk pregnancies</td>
<td>Adequate nutrition</td>
</tr>
<tr>
<td></td>
<td>- Quality primary care</td>
<td></td>
<td>Immunizations</td>
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<td></td>
<td>- STD treatment</td>
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</tr>
</tbody>
</table>
BHB High Impact Areas

- Obstetric care
- Home visiting
- Safe sleep education
- Family planning
- Nutrition support
- Breastfeeding promotion
- Primary health care in a medical home
- Smoking cessation
- Drug and alcohol treatment
- Domestic violence
- Mental health care
Baltimore City Vision

All of Baltimore’s babies are born at a healthy weight, full term, and ready to thrive in healthy families.
BHB Intended Results

Reductions in rates for top 3 causes of infant mortality:

- Pre-term births
- Low birth weight infants
- Sleep-related deaths

Improved life course outcomes:

- Learning to advocate for self and family in health care setting
- Increasing self-efficacy to sustain behavior change in the home
- Improving family literacy as a way to increase income, quality of life
- Improving resiliency through exposure to health and social services infused with trauma-informed care and principles
Elements of BHB Initiative

- Racial equity
- Community informed and driven
- Trauma-informed
- Strategic framework
- Population change
- Multi-sectorial partnership based on agreed principles
- Continuous needs assessment and data transparency
- Branding and strategic communication
- Evidence-based approaches
- Diversified funding oriented to one strategy
- Design for sustainability
BHB Conceptual Model

**Project Outputs**
- Policies and tools improved
- Service Provider Outreach
- Community Mobilization
- Mass media

**Short-term Outcomes**
- Improved Triage
- Increased identification of women at risk
- Increased Coordination
- Improved Referral
- Exposure to Standardized Messages
- Ideational factors

**Intermediate Outcomes**
- Increased Use of Quality High Impact Services

**Long-term Outcomes**
- Improved Behaviors

**Intermediate Outcomes**
- Improved Birth and Life Course Outcomes
### Types of Work for Each Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy</td>
<td>• Advocate for fair policies&lt;br&gt;• Standardize how things are done</td>
</tr>
<tr>
<td>Services</td>
<td>• Train doctors, nurses, social workers&lt;br&gt;• Improve screening and counseling</td>
</tr>
<tr>
<td>Community</td>
<td>• Outreach pregnant women and families&lt;br&gt;• Provide group programs</td>
</tr>
<tr>
<td>Individual</td>
<td>• Create education campaigns&lt;br&gt;• Provide one-on-one services</td>
</tr>
</tbody>
</table>
State of Maryland notifies Baltimore City Health Department of all fetal and infant deaths

**Case Review Team (CRT)**

**Anchor:** BCHD  
**Members:** Health professionals, public health specialists, community-based non-profits, community members  
**Purpose:** Collect data, review cases, identify trends, investigate policies, make recommendations

**Community Action Team (CAT)**

**Anchor:** Baltimore City Mayor’s Office  
**Members:** City agencies, hospitals, MCOs, community-based non-profits, public health specialists

**Purpose:** Steering Committee for BHB. Use recommendations to design action plans, programs, and policies

**Neighborhood Action Teams (NATs)**

**Anchor:** B’more for Healthy Babies Lead Communities  
**Members:** Providers, community-based non-profits, faith-based leaders, businesses, schools, community members

**Purpose:** Provide input on action plans, implement plans in neighborhoods, conduct outreach and education

BHB Core Implementation Team

- Preventing Substance-Exposed Pregnancies  
- Teen Pregnancy Prevention Initiative  
- Safe Sleep Coalition  
- B’more Fit for Healthy Babies  
- Home Visiting  
- Equity Institute
B’more for Healthy Babies Goals

More babies surviving to their first birthdays:

- Babies born full term and healthy weight
- Deaths from unsafe sleep

Help women and families:

- Advocate for themselves
- Feel empowered to take action
- Improve education and literacy
- Be healthy and strong, even when bad things happen

“ALONE WE CAN DO SO LITTLE; TOGETHER WE CAN DO SO MUCH.”
- Helen Keller
**Funding Sources**

**Figure 1. Baltimore Maternal & Infant Health Strategy Financing, FY 2016**

Total = $23,975,323

- **DHMH Public Health**: 48%
- **DHMH Medicaid**: 15%
- **MSDE**: 13%
- **City**: 10%
- **Other**: 8%
- **Foundations**: 6%

Note: DHMH funding is a combination of federal and state dollars. “Other” includes federal OAH grant, Governor’s Office of Children funding, and the Immunization Flu Clinic fee. This figure does not include $1,951,346 provided by DHMH Children’s Health Insurance Program because it is strictly for eligibility and enrollment activities and not for care coordination and referral.
Partnership Principles

• The partnership will be based on the following values:

  – Equity perspective in all aspects of work
  – Shared vision and objectives
  – Clear leadership in accordance with the strengths of each partner
  – Transparency of purpose
  – Mutual accountability
  – Trust
  – Direct and collective conflict resolution
  – Flexibility and willingness to compromise
  – Shared credit and recognition
  – Efficiency
  – Technical excellence
  – Result-oriented collaboration
  – Evidence-based decision-making
  – Community/youth informed
Policy and Systems

Maryland Legislation

- No shipping or selling crib bumpers to consumers in Maryland

Baltimore City System Changes

- Hospital policy: standard postpartum safe sleep education prior to discharge

- Crib policy

- Maryland Prenatal Risk Assessment (PRA)
Services

- 5,000+ Staff trained
- Hospitals, clinics
- WIC, BITP, home-visiting
- Non-traditional sites: Department of Social Services, Substance Abuse Treatment Centers, Mental Health clinics
Earned Community Trust: Community Champions

"Bad sleep habits are a learned behavior. So are good ones."

Antoine Dow
Father of three with his son
Used Traditional Marketing

- Radio, TV ads
- Bus shelters, billboards, subway kiosks
- Flyers, magnets, door hangers, fans
- Social media

27 babies died in Baltimore last year from not sleeping safely.

"We found him in the middle of our bed, dead."

I can still hear him crying sometimes.

"I want all mothers to know that putting your child to sleep safely can save his or her life. I really don’t want this to happen to any other family."


www.HealthyBabiesBaltimore.com
City Events!

BHB Turns 7 at the National Aquarium in the Inner Harbor!
Infant Mortality in Baltimore City

Infant Mortality
Baltimore City and Maryland
2000-2015

Rate per 1000 Live Births

Baltimore City- All
6.6 4.3 4.8 3.3 6.7 4.6 7.1 1.8 7.3 3.5 3.6 3.1 3.4 6.8 7.1 5.4
Baltimore City- White
13.5 14.8 12.4 17.5 15.2 14.3 14.8 15.5 14.3 18.5 14.7 14.5 12.6 12.5 12.8 9.7
Baltimore City- Black
7.4 8.0 7.6 8.1 8.5 7.3 7.9 8.0 8.0 7.2 6.7 6.7 6.3 6.6 6.5 6.7
Maryland
11.7 11.9 10.3 13.2 12.7 11.3 12.4 11.3 12.1 13.5 11.0 10.5 9.7 10.3 10.4 8.4
Sleep-Related Infant Deaths

Number of Sleep-Related Infant Deaths in Baltimore City, 2000–July 2016 (290 Cases)

Average of 18.3 Deaths per Year (2000-2015)

<table>
<thead>
<tr>
<th>Year</th>
<th>Death Count</th>
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<tbody>
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<td>2000</td>
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<tr>
<td>2015</td>
<td>13</td>
</tr>
<tr>
<td>2016</td>
<td>8</td>
</tr>
</tbody>
</table>

1 Pending Investigation
Preterm Births by Race
Baltimore City, 2000-2014

- **Overall:**
  - 2000: 15.7
  - 2001: 15
  - 2002: 14.4
  - 2003: 14.6
  - 2004: 14.4
  - 2005: 14.3
  - 2006: 13.8
  - 2007: 13.4
  - 2008: 13.2
  - 2009: 13.1
  - 2010: 12.2
  - 2011: 13
  - 2012: 12.2
  - 2013: 12.6

- **White:**
  - 2000: 11.4
  - 2001: 10.8
  - 2002: 9.7
  - 2003: 10.7
  - 2004: 11.5
  - 2005: 9.3
  - 2006: 10.2
  - 2007: 9.4
  - 2008: 9.5
  - 2009: 8.3
  - 2010: 9
  - 2011: 8.5
  - 2012: 9
  - 2013: 7.8
  - 2014: 9.9

- **Black:**
  - 2000: 17.5
  - 2001: 16.8
  - 2002: 16.3
  - 2003: 16.6
  - 2004: 15.8
  - 2005: 16.6
  - 2006: 16.3
  - 2007: 15.7
  - 2008: 15.5
  - 2009: 15.4
  - 2010: 14.1
  - 2011: 15.3
  - 2012: 14.6
  - 2013: 14.1
  - 2014: 13.9
Low Birthweight Births

Low Birth Weight Births by Race
Baltimore City, 2000-2015

<table>
<thead>
<tr>
<th>Year</th>
<th>Baltimore City- All</th>
<th>Baltimore City- White</th>
<th>Baltimore City- Black</th>
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</thead>
<tbody>
<tr>
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<td>13.8</td>
<td>8.4</td>
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<tr>
<td>2015</td>
<td>12.3</td>
<td>8.4</td>
<td>14.6</td>
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</table>
Teen Birth Rate by Maternal Race/Ethnicity
Baltimore City Residents
2000-2014

<table>
<thead>
<tr>
<th>Year</th>
<th>All City Residents</th>
<th>White</th>
<th>African American</th>
<th>Hispanic/Latina</th>
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<td>36.7</td>
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<td>80.2</td>
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<td>2013</td>
<td>43.4</td>
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<td>65.4</td>
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<tr>
<td>2014</td>
<td>41</td>
<td>25.1</td>
<td>48</td>
<td>97.5</td>
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## BHB Indicators

### Reduction Over Time

<table>
<thead>
<tr>
<th>BHB Indicator</th>
<th>Reduction Since 2009</th>
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</thead>
<tbody>
<tr>
<td>Teen Birth Rate (2014)</td>
<td>36%</td>
</tr>
<tr>
<td>Infant Mortality Rate (2015)</td>
<td>38%</td>
</tr>
<tr>
<td>% Low Birth Weight (2015)</td>
<td>5%</td>
</tr>
<tr>
<td>% Preterm Birth (2014)</td>
<td>5%</td>
</tr>
</tbody>
</table>
Future BHB

Leading with Racial Equity
- Equity Workgroup
- Race Matters Toolkit
- The People’s Institute- Undoing Racism
- Perinatal Periods of Risk (PPOR)

Taking on Preconception Health
- 0-5 inclusive of abuse and neglect and school readiness
- 6 – 19 youth health and wellness

Building Efficiency
- Billing for services through new EHR
- Making PRA electronic
- Using Lean tools to improve systems

Smarter Partnering with MA, Managed Care, and the Private Payer
• Follow us:
  @BmoreforBabies

  www.facebook.com/bmoreforhealthybabies

• Visit our sites:
  http://www.healthybabiesbaltimore.com
  http://www.knowwhatuwant.org
Thank You!

Rebecca Dineen
rebecca.dineen@baltimorecity.gov
410 396 - 1834
Notice of Nondiscrimination and Availability of Language Assistance Services

CareFirst BlueCross BlueShield, CareFirst BlueChoice, Inc. and all of their corporate affiliates (CareFirst) comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. CareFirst does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

CareFirst:
- Provides free aid and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, please call 855-258-6518.

If you believe CareFirst has failed to provide these services, or discriminated in another way, on the basis of race, color, national origin, age, disability or sex, you can file a grievance with our CareFirst Civil Rights Coordinator.

Civil Rights Coordinator, Corporate Office of Civil Rights

Telephone Number  410-528-7820
Mailing Address   P.O. Box 8894
                  Baltimore, Maryland 21224
Fax Number        410-505-2011
Email Address     civilrightscoordinator@carefirst.com

You can file a grievance by mail, fax or email. If you need help filing a grievance, our CareFirst Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800-368-1019, 800-537-7697 (TDD)

Foreign Language Assistance

Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

Обратите внимание (Русский): Это уведомление содержит информацию о вашем страховом обеспечении. Оно может содержать ключевые даты и вам может потребоваться выполнить некоторые действия до определенного срока. У вас есть право получить эту информацию и помощь на избранном вами языке бесплатно. Участники должны позвонить по номеру на обороте своей карты идентификации. Все прочие абоненты могут звонить по 855-258-6518 и ожидать, пока в голосовом меню не будет предложено нажать цифру «0». При ответе агента укажите желаемый язык общения, и вас свяжут с переводчиком.

All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.

 germany

Čeština (Česky): V nich mohou být uvedeny důležité data, a často budete muset provést určité činnosti do určitého termínu. Můžete mít právo na požadovanou informaci a podporu v jazyce, který jsou vyhovující. Dodržujte, abyste se obrátili na číslo na zádech při poskytování služby na telefonu, a agent vás spojí s příslušným překladatelem, pokud máte jiný jazyk než češtiny.

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Attention (English): This notice contains information about your insurance coverage. It may contain key dates and you may need to take action by certain deadlines. You have the right to get this information and assistance in your language at no cost. Members should call the phone number on the back of their member identification card. All others may call 855-258-6518 and wait through the dialogue until prompted to push 0. When an agent answers, state the language you need and you will be connected to an interpreter.
注意：本聲明包含關於您的保險給付相關資訊。本聲明可能包含重要日期及您在特定期限之前需要採取的行動。您有權利免費獲得這些資訊，以及透過您的母語提供的協助服務。會員請撥打在身分識別卡背面的電話號碼。其他所有人士可撥打電話 855-258-6518，並等候直到接通。
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