September is Infant Mortality Awareness month in South Carolina
Agenda

10.00am – Welcome and introductions
10.10am – Update activities in between meetings
   Board update
   Membership alignment commitments
10.15am – Meeting goals and expectations
10.20am – Data Brief - Maternal and child health outcomes in South Carolina
10.35am – Vision casting and gap analysis by senior leaders involved in the Birth Outcomes Initiative
10.55am – Brainstorming and next steps to accelerate improvement in Infant Mortality and Low Birth Weight. (Discussion facilitated by Dr. Christine Turley with all council members)
11.35am – Communications Committee update
11.40am – Accelerating health disparity reduction in South Carolina
11.45am – Healthy Checkup
12.00pm – Adjourn. Meeting evaluation.
Board update

• Role of the Board:
  – Articulate and promote SCHCC’s shared vision and priorities
  – Coordinate planning, operations and decisions needed to carry on SCHCC business
  – Identify resources necessary to carry out the vision, mission and priorities of the SCHCC
  – Facilitate SCHCC members’ contributions to SCHCC priorities
  – Form and supervise committees and interest groups
  – Direct Staff and consultants through the Executive Committee
  – Document individual and collective progress toward priorities and collective impact
  – Make progress reports at regular meetings of SCHCC membership
  – Approve new members of the Board, elected by and from the SCHCC Membership and ensure the Board’s continuity.
  – Grow the membership of SCHCC

• Support for the communications plan
  – Teresa Arnold (AARP) is chairing the group with support from several SCHCC member staff

• Support for the creation of an interest group for health equity
  – Sabra Slaughter (MUSC) will chair the group with support of Mary Piepenbring (Duke Endowment).
## Membership alignment commitments (28)

<table>
<thead>
<tr>
<th>Commitment</th>
<th>#</th>
<th>Share</th>
<th>Coord.</th>
<th>Idea to start</th>
<th>Will join others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the health of moms and babies from pre-conception to the first year of life.</td>
<td>20</td>
<td>15</td>
<td>15</td>
<td>7</td>
<td>3</td>
</tr>
<tr>
<td>Improve the health of children and foster the conditions to enable future healthy decisions</td>
<td>20</td>
<td>15</td>
<td>12</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Prevent chronic disease through the promotion of better nutrition and physical activity</td>
<td>24</td>
<td>19</td>
<td>21</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>Improve the access to high quality primary care that allow patients to have better quality of life</td>
<td>20</td>
<td>14</td>
<td>15</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Improve the access to holistic and appropriate services that allow people to achieve and maintain behavioral health wellness</td>
<td>22</td>
<td>14</td>
<td>13</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>
Some examples of what members are doing

- **Spartanburg:** *(only 2 deaths per 1000 live births in 2012!)*
  - Teen pregnancy prevention
  - Doula program *(Birth Matters)*
- **SC Office of Rural Health**
  - Low Country Healthy Start *(No infant deaths in the last years!!)*
- **DAODAS:**
  - SBIRT and priority detox service for pregnant women
- **DHEC:**
  - Family planning access for low income women
  - WIC during pregnancy and in the first years of life of babies
- **PASOS programs:**
  - Peer to peer prenatal and reproductive health education for Latino families
- **SC Business Coalition on Health**
  - The upcoming Hospital Quality Guide distributed to 55,000+ employees in the state will be focused on maternal and child health.
- **SC Children Hospital Collaborative:**
  - Neonatal consortiums
  - Advocacy for children health issues
- **United Way Association of SC and Total Comfort Solutions**
  - Early Childhood programs and/or advocacy
- **Several partners:**
  - Safe Sleep coalition
  - Baby-Friendly Designation *(AnMed, Georgetown, Roper, MUSC, GHS)*
  - Nurse Family Partnership *(Best evidence. TDE, DHEC, etc)*
  - Telemedicine ObGyn Proviso *(DHHS and partners)*
  - Birth Outcomes Initiative *(100+ partners, Human Milk Bank, Centering Pregnancy, Long Acting Contraception, SBIRT, Baby-Friendly, Care coordination, supporting vaginal birth, etc)*
Meeting goals

• What is happening around maternal and child health in SC?
• Gap-analysis
• Vision casting
• Brainstorming
• Next steps
Improve the health of moms and babies from pre-conception to the first year of life

• By 2020, reduce the **Infant Mortality Rate** from 7.5 per 1000 live births to **6.9**.

• By 2020, reduce the **racial disparity** in low birth weight rate from **93%** to **78%** higher for African American babies than for Caucasian babies.

• By 2020, reduce the insurance disparity in low birth weight rate from **50%** to **38%** higher for **Medicaid** births than for **Private pay** births.
Infant Mortality and Low Birth Weight in South Carolina
Overview

- Infant Mortality in SC
  - Trend, Causes, Geography

- Low Birth Weight in SC
  - Trend, Causes, Geography

- So What?
SCHCC MCH Goals

- Reduce infant mortality (deaths per 1,000 live births)
  - Baseline: 7.5 (2010-2012)
  - Target: 6.9 (2020)
Key Definitions

- Infant mortality: death in the first 364 days of life.
  - Neonatal mortality: death in the first 27 days
  - Postneonatal mortality: death from 28-364 days

- Low birthweight: weighing less than 2,500 grams (5lbs., 8oz.) at birth.
  - Very low birthweight: weighing less than 1,500 grams (3lbs., 5oz.) at birth.

- Sudden Infant Death Syndrome (SIDS): death in the first year due to no apparent cause.
CRACK

BOOM

WHOA! WE SHOULD GET INSIDE!

IT'S OKAY! LIGHTNING ONLY KILLS ABOUT 45 AMERICANS A YEAR, SO THE CHANCES OF DYING ARE ONLY ONE IN 7,000,000. LET'S GO ON!

THE ANNUAL DEATH RATE AMONG PEOPLE WHO KNOW THAT STATISTIC IS ONE IN SIX.
Infant Mortality in SC, 2000-2012

Rate per 1,000 Live Births

8.7 8.9 9.3 9.3 9.5 8.4 8.5 8.0 7.1 7.4 7.4 7.6
Infant Mortality in SC by Race/Ethnicity, 2000-2012

Rate per 1,000 Live Births

NH White  NH Black  Hispanic

The Big Picture – IM in 2012

- Large racial disparity – national issue
- Neonatal mortality: 4.7 deaths per 1,000 births
- Postneonatal mortality: 2.9 deaths per 1,000 births
- Highest rates in the Pee Dee and Midlands
<table>
<thead>
<tr>
<th>Cause of Infant Death Ranked by 2012 Data (ICD-10 Codes)</th>
<th>2011</th>
<th>2012</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Infant Deaths</td>
<td>423</td>
<td>435</td>
<td>2.8%</td>
</tr>
<tr>
<td>Congenital malformations, deformations, etc. (Q00-Q99)</td>
<td>76</td>
<td>72</td>
<td>-5.3%</td>
</tr>
<tr>
<td>Disorders related to short gestation and low birthweight, NEC (P07)</td>
<td>63</td>
<td>65</td>
<td>3.2%</td>
</tr>
<tr>
<td>Accidents (V01-X59, Y85-Y86)</td>
<td>30</td>
<td>41</td>
<td>36.7%</td>
</tr>
<tr>
<td>Sudden infant death syndrome (R95)</td>
<td>45</td>
<td>33</td>
<td>-26.7%</td>
</tr>
<tr>
<td>Fetus and newborn affected by maternal complications of pregnancy (P01)</td>
<td>29</td>
<td>22</td>
<td>-24.1%</td>
</tr>
<tr>
<td>Newborn affected by complication of placenta, etc. (P02)</td>
<td>20</td>
<td>21</td>
<td>5.0%</td>
</tr>
<tr>
<td>Respiratory distress of newborn (P22)</td>
<td>14</td>
<td>18</td>
<td>28.6%</td>
</tr>
<tr>
<td>Diseases of circulatory system (I00-I99)</td>
<td>17</td>
<td>12</td>
<td>-29.4%</td>
</tr>
<tr>
<td>Bacterial sepsis of newborn (P36)</td>
<td>10</td>
<td>12</td>
<td>20.0%</td>
</tr>
<tr>
<td>Intrauterine hypoxia and birth asphyxia (P20-P21)</td>
<td>7</td>
<td>10</td>
<td>42.9%</td>
</tr>
<tr>
<td>All other causes</td>
<td>110</td>
<td>129</td>
<td>17.3%</td>
</tr>
</tbody>
</table>
### 5. Breakdown of Infant Deaths due to Accidents

**Table 5. Breakdown of Infant Deaths due to Accidents**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accidental suffocation and strangulation in bed (W75, W84)</td>
<td>22</td>
<td>34</td>
<td>37</td>
<td>22</td>
<td>25</td>
<td>21</td>
<td>39</td>
<td>200</td>
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<tr>
<td>Other accidental threats to breathing</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>16</td>
</tr>
<tr>
<td>Transportation</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>15</td>
</tr>
<tr>
<td>Drowning</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Poison</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
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<tr>
<td>Other accidents</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>15</td>
</tr>
</tbody>
</table>

- **SUIDs = SIDS + Accidental Suffocation + Unknown**

- **In 2012:** 33 SIDS + 39 Accidental Suffocation + 12 Unknown = 84
- **In 2011:** 45 SIDS + 21 Accidental Suffocation + 10 Unknown = 76
Figure 1: South Carolina Infant Mortality Frequency and Rate by County in 2009-2011
Three Year Infant Mortality Rate
South Carolina and Selected Counties
2009 - 2011

South Carolina Infant Mortality Rate
- 7.3 per 1,000 Live Births
- 10.4 per 1,000 Live Births

Data Source:
Division of Biostatistics, PHSIS, SC DHHEC
Map Source:
Division of Informatics PHSIS, SC DHHEC
(WAI) 12/7/2012
SCHCC MCH Goals

- Reduce the influence of socioeconomic factors on the low birth weight deliveries
  - Ratio of non-Hispanic African American LBW to non-Hispanic Caucasian LBW
    - Baseline: 1.93 (2010-2012)
    - Goal: 1.78 (2020)
  - Ratio of Medicaid LBW to Private Pay LBW
    - Baseline: 1.50 (2010-2012)
    - Goal: 1.38 (2020)
Percent of live births that were LBW, SC residents 2000-2013

- 2000: 9.7%
- 2001: 9.6%
- 2002: 10.0%
- 2003: 10.1%
- 2004: 10.2%
- 2005: 10.2%
- 2006: 10.1%
- 2007: 10.2%
- 2008: 9.9%
- 2009: 10.0%
- 2010: 9.9%
- 2011: 9.9%
- 2012: 9.5%
- 2013: 9.7%
Risk Factors for LBW

- Tied closely to preterm birth, but not 1:1
- Non-Hispanic Black/AA race
- Previous LBW birth
- Nicotine use
- Hypertension
Frequency of Births Resulting in Low Birth Weight
South Carolina, 2011 - 2013

Map: SCDHEC

*LBW: All births less than 2500 grams
Racial Disparity Ratio of Births Resulting in Low Birth Weight
South Carolina, 2011 - 2013

Disparity Ratio

- >10
- 5 - 10
- 3 - 5
- 2 - 3
- 1.25 - 2
- 0 - 1.25

Disparity ratio is defined as the percent of LBW births among black mothers divided by the percent of LBW births among white mothers.

*LBW: All births less than 2500 grams

Map: SCDHEC
Reduction Infant Mortality

**Priority Areas**
- Access to Systems of Care
  - Insurance
  - Referral
  - Perinatal regionalization
  - Communication
  - Prenatal and postpartum care
  - Care coordination

- Evidence Based Patient Practices
  - 17 Hydroxyprogesterone use
  - Reducing early, elective deliveries
  - Immunizations
  - CLABSI
  - Centering Pregnancy
  - Home Visitation

- Health Across the Lifespan
  - Smoking and drinking
  - Physical Activity
  - Diet and vitamins
  - Safe sleeping
  - Breastfeeding
  - Inter/Preconception Care
  - Family Planning
  - Mental Health
  - Medical Home

**Risk Factors**
- Birth Defects
- Low Birthweight and Prematurity
- Risky Behaviors and Injuries

**Outcome**
INFANT MORTALITY

**Health Equity**
Equal opportunity and provision of care across differing socio-economic characteristics, races, and cultures.

Attention to health equity is important across priorities, risk factors, and outcomes.
Gap-analysis and vision-casting
Discussion with BOI leaders

- Mona Carter - March of Dimes
- Lee Dutton - DAODAS
- Tony Keck - Medicaid
- Laura Long, MD - Blue Cross Blue Shield

- Facilitated by: Rick Foster, MD - SCHA
Updates

• Communications committee
  – Internal messaging about SCHCC Agenda to be developed by Spring 2015
  – Public messaging about SCHCC Agenda to be developed by Fall 2015

• Disparity reduction
  – Several disparity experts in SC providing feedback on building blocks
    • Data collection and analysis
    • Cultural Competence
    • Leadership engagement
    • Community Engagement
  – SCHCC to create an interest group chaired by Sabra Slaughter to provide feedback and discuss implementation