

EVERY BABY COUNTS!

ALAMEDA COUNTY BIRTH DATA QUALITY MEETING



Maternal, Paternal, Child and Adolescent Health (MPCAH)
Community Assessment Planning and Evaluation Unit (CAPE)
Vital Registration
Alameda County Public Health Department
Health Care Services Agency



September 21, 2017

Welcome! and Introductions

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Why Are We Here Today?

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- ❑ Participate in the ACPHD **Every Baby Counts!** Birth Certificate Data Quality Improvement Initiative
- ❑ Discuss current level of AC birth certificate data quality (issues and improvements)
- ❑ Discuss public health importance and ACPHD uses of birth certificate data
- ❑ Obtain feedback on educational materials
- ❑ Share challenges and successful strategies for obtaining high quality birth certificate data
- ❑ **Goal:** To be the leader in birth certificate data quality in CA.



Meeting Agenda

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- | | |
|-------------------|--|
| 12:30 pm- 1:00 pm | Lunch |
| 1:00 pm- 1:45 pm | Alameda County Birth Certificate Data Presentation: Data Quality, Importance and Use |
| 1:45 pm- 2:15 pm | Review Fact Sheet for Expectant Moms- “Your Baby Needs a Birth Certificate” |
| 2:15 pm- 2:30 pm | Break |
| 2:30 pm -2:50 pm | St. Rose Hospital Tips for Obtaining High Quality Birth Certificate Data |
| 2:50 pm- 3:30 pm | Peer Discussion of Challenges and Successful Strategies |



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Update: AC Birth Certificate Data Quality



Birth Certificate Data Quality

□ Topics Covered

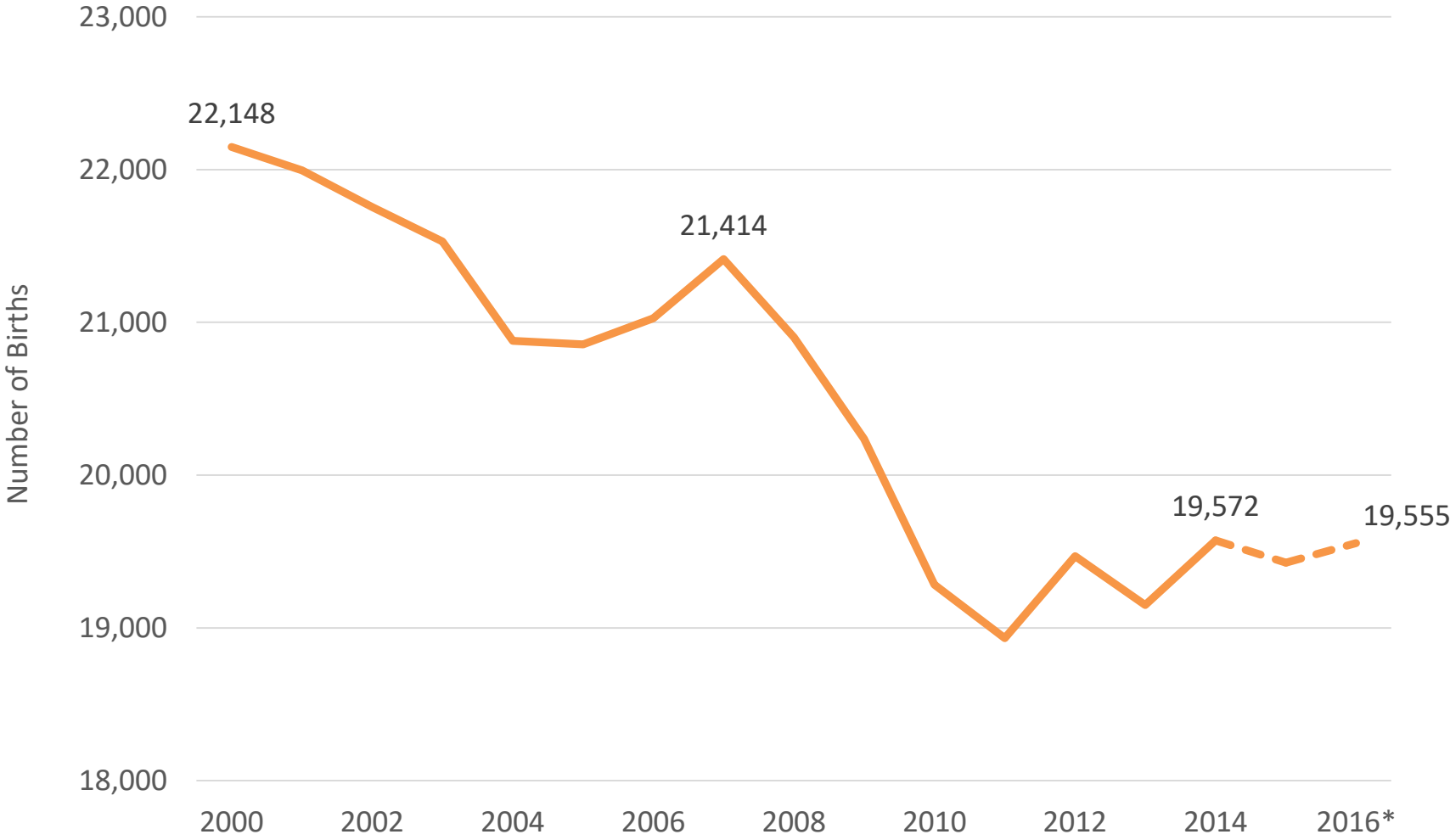
- Birth Trends by Hospital and Race/Ethnicity
- Increased “Declined to State” (DTS) Mother’s Race/Ethnicity
- Underreported Medi-Cal Births
- Improvements in Reporting Gestational Age and Prenatal Care Visits

□ Analyses

- Annual and Quarterly Trends
- Race/Ethnic Subgroup Comparisons
- Alameda County (AC) Birthing Hospital Comparisons (lowest and highest %)

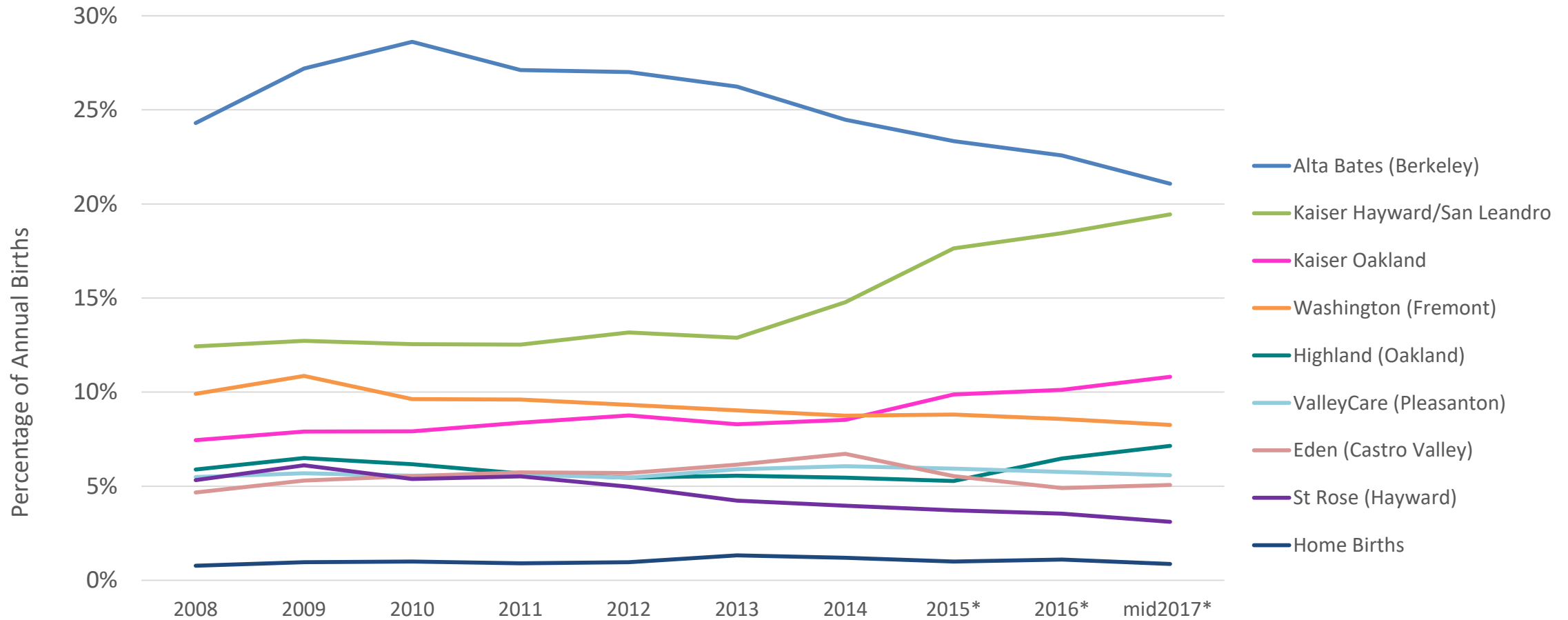


Birth Trend in Alameda County, 2000-2016



Percentage of Alameda County Births by Hospital, 2008-mid 2017

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Source: CAPE with data from Alameda County Vital Statistics files Birth Files 2008- June 30, 2017.

* 2015-2017 Birth data is from AVSS and is considered preliminary estimates



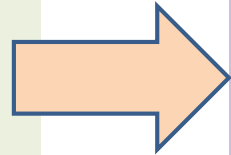
Determining Baby's Race/Ethnicity

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- ❑ The Birth Certificate allows mothers to select up to 3 race groups and Latino/Hispanic ethnicity
- ❑ Mother's race/ethnicity determines baby's race/ethnicity.
- ❑ Race/Ethnicity is mutually exclusive (one category per mother & baby).

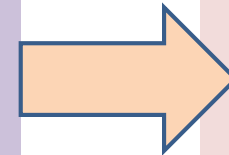
Race Categories

- ❑ African American NH
- ❑ American Indian NH
- ❑ Asian NH
- ❑ Pacific Islander NH
- ❑ White NH
- ❑ Multirace NH- More than 1 of the above



Hispanic/Latino Ethnicity-Any Race

- ❑ Mexican
- ❑ Chicano
- ❑ Puerto Rican
- ❑ Cuban
- ❑ Central/South American



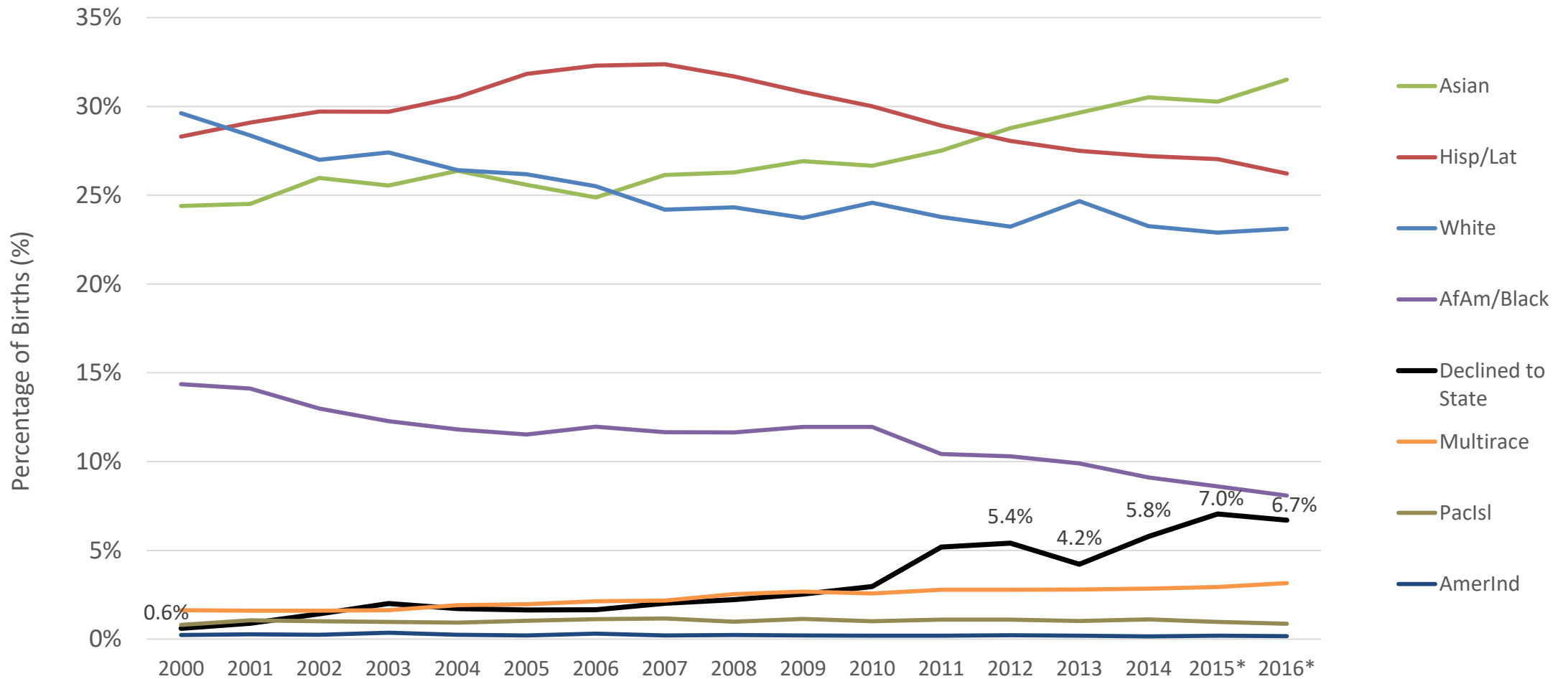
Declined to State (DTS) Race/Ethnicity

- ❑ Mother's Race/Ethnicity not included on baby's birth certificate
- ❑ "Refused to State" or "Unknown"



Percentage of Alameda County Births by Mother's Race/Ethnicity, 2000-2016

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Source: CAPE with data from Alameda County Vital Statistics files Birth Files 2008- 2016.

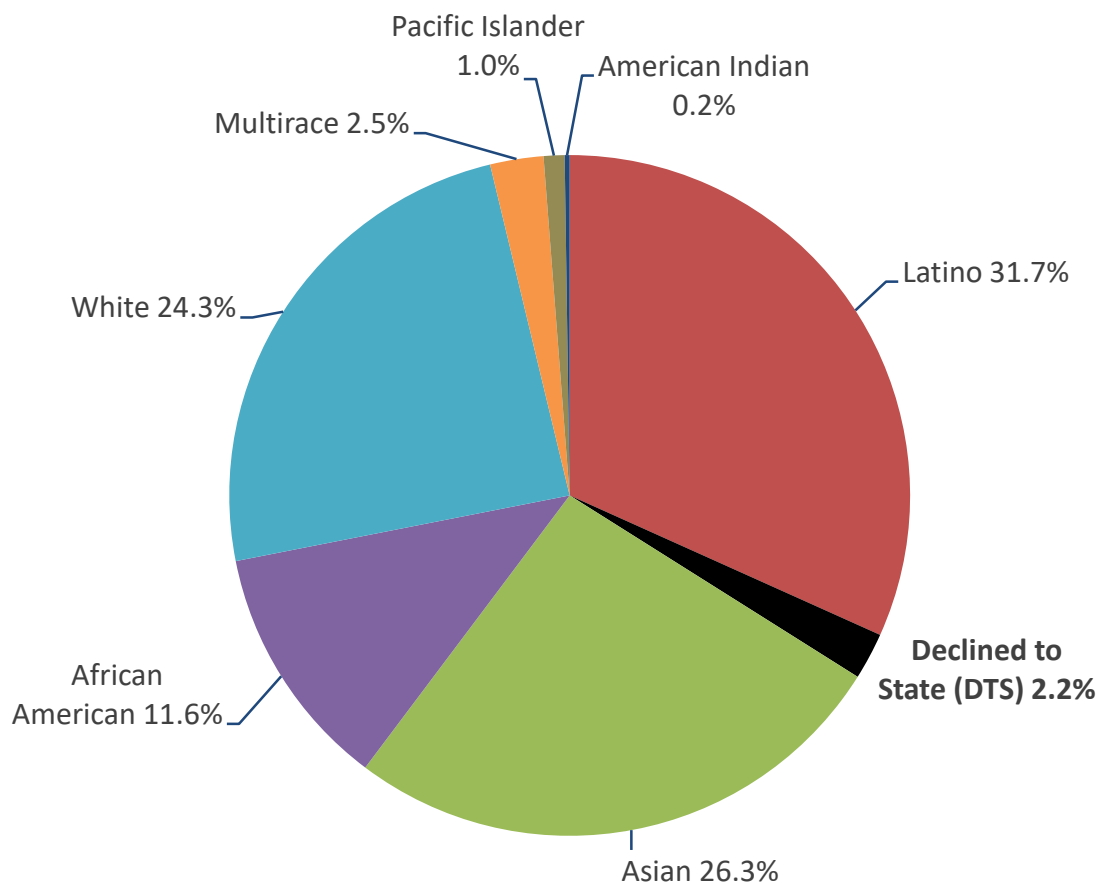
* 2015-2017 Birth data is from AVSS and is considered preliminary estimates



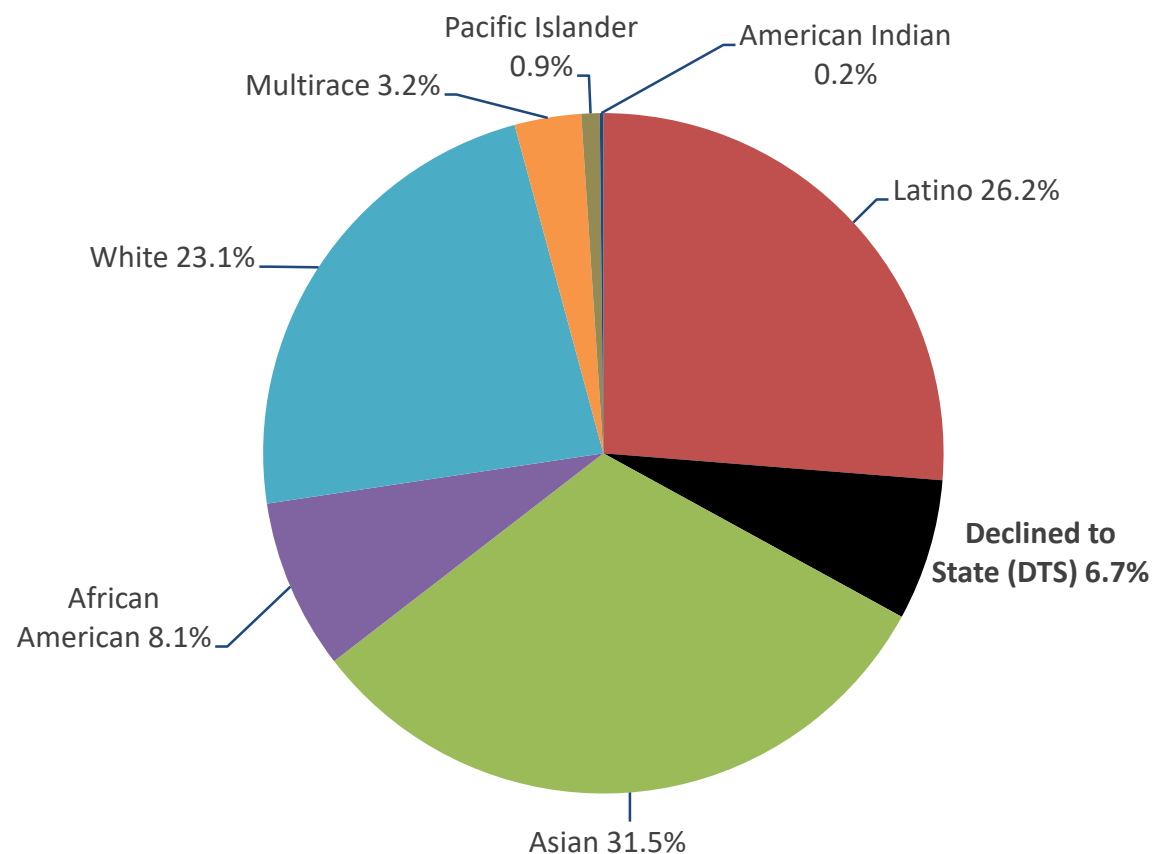
Percentage of Births by Mother's Race/Ethnicity 2008 v 2016

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2008 Births=20,902



2016* Births: 19,555



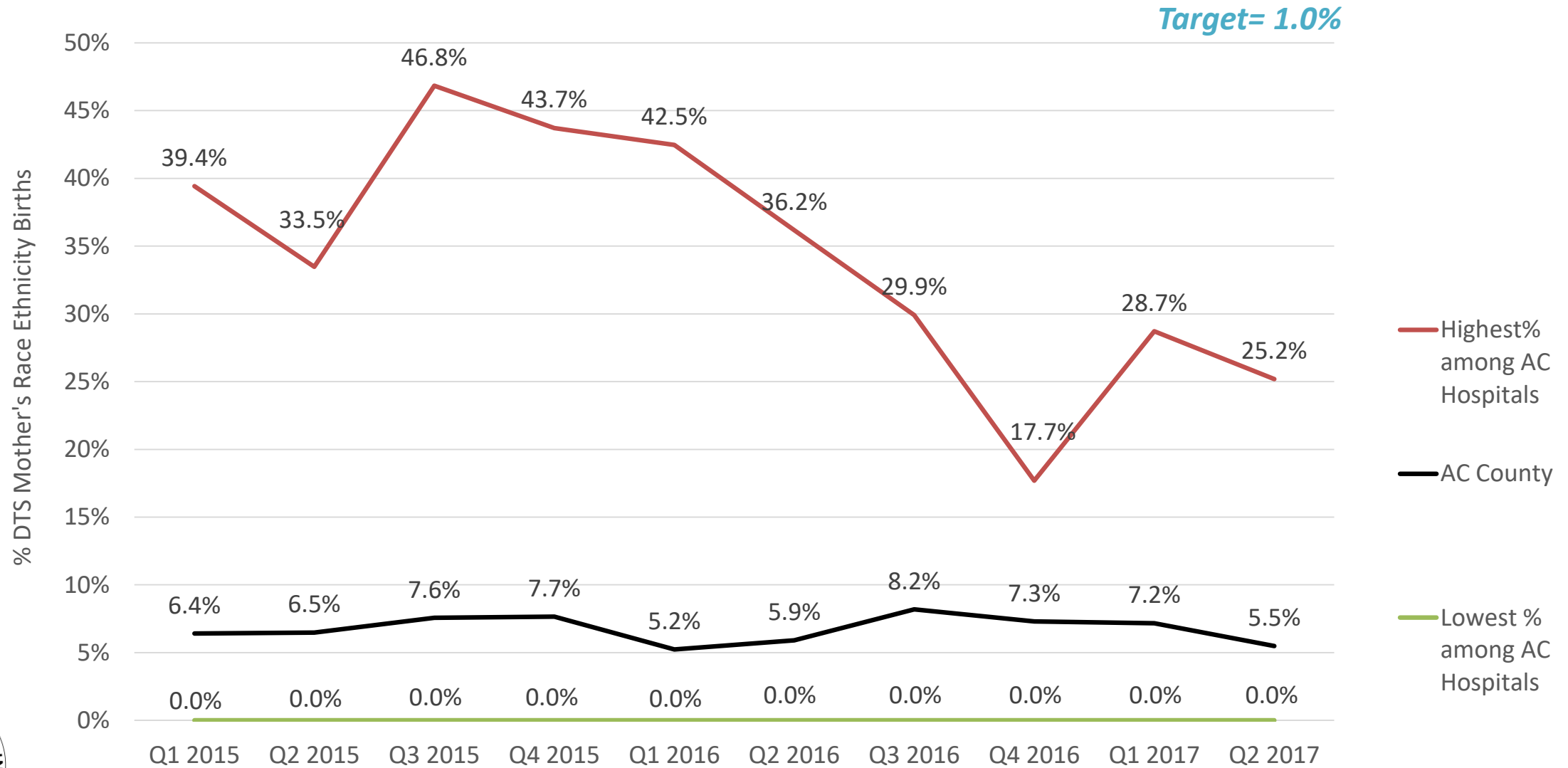
Source: CAPE, with data from Alameda County Vital Statistics files, 2008 & 2016.

*2016 Birth data is from AVSS and is considered preliminary estimates



Quarterly Percentage of “Declined To State” (DTS) Mother’s Race/Ethnicity Births, 2015-mid 2017

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Source: Alameda County Vital Statistics files Birth Files Jan 1, 2016- June 30, 2017.
* 2015-2017 Birth data is from AVSS and is considered preliminary estimates



Public Health Importance of Mother's Race/Ethnicity

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- ❑ Mother's race/ethnicity determines baby's race/ethnicity.
- ❑ It is critical to understanding the health of moms and babies in Alameda County.
- ❑ All MCH indicators are broken out by race/ethnicity.
- ❑ Alameda County has big disparities in birth outcomes by race/ethnicity.
- ❑ ACPHD uses mother's race/ethnicity to
 - ❑ Identify vulnerable populations
 - ❑ Develop culturally appropriate interventions
 - ❑ Target programs and services
 - ❑ Enroll mothers, babies and families
- ❑ **Goal:** We want every mother to include their race and/or ethnicity on their baby's birth certificate.



Underreporting of Alameda County Medi-Cal Births, 2008-mid 2017

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	2008	2009	2010	2011	2012	2013	2014	2015*	2016*	2017 (6 mo.)
AC County- Dept. of Health Care Services (DHCS)	35.8%	37.4%	38.3%	38.4%						
AC County- Birth Certificate Data	31.7%	31.4%	30.7%	29.9%	29.1%	26.4%	25.9%	24.0%	23.3%	22.4%
Highest % among AC Hospitals	99.0%	99.2%	99.3%	99.1%	94.3%	93.2%	94.8%	91.9%	94.0%	99.7%
Lowest % among AC Hospitals	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

- ❑ The number and percentage of Medi-Cal paid for births in Alameda County are underestimates due to underreporting on the birth certificates.
- ❑ In 2011, the Alameda County Birth Certificate Data reported almost 1,600 fewer (8.5%) Medi-Cal births than California Department of Health Care Services (DHCS).
- ❑ It is estimated that over one-third of all births to Alameda County residents were paid through Medi-Cal.
- ❑ The percentage of Medi-Cal births varies by AC Hospital.



Sources: Alameda County Vital Statistics files Birth Files 2008- June 30, 2017.
California DHCS Medi-Cal Birth Reports 2008-2011.

* 2015-2017 Birth data is from AVSS and is considered preliminary estimates

Improvement in Percentage of Gestational Age, 2015- mid 2017

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	2015	2016	Mid 2017	Difference (2016-2017)	Improvement
	% Inc/Unk	% Inc/Unk	% Inc/Unk	Percentage Points	%
Highest % among AC Hospitals	7.7%	9.1%	0.3%	8.8 percentage points	96.7%
Alameda County	1.4%	1.5%	0.7%	0.8 percentage points	57.1%
Lowest % among AC Hospitals	0.1%	0.1%	0.1%		

- ❑ Gestational Age is used to determine premature births. (Births that occur <37 weeks gestation age.)
- ❑ Incorrect (Inc) gestation ages include those reported at <118 or >355 days.
- ❑ Unknown (Unk) gestation ages are not included on birth certificates.



Improvement in Percentage of Prenatal Care Visits, 2015- mid 2017

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	2015	2016	Mid 2017	Difference (2016-2017)	Improvement
	% Unk	% Unk	% Unk	Percentage Points	%
Highest % among AC Hospitals	40.7%	16.7%	0.1%	40.5 percentage points	99.5%
Alameda County	2.5%	1.4%	0.3%	2.2 percentage points	88.0%
Lowest % among AC Hospitals	0.0%	0.0%	0.0%		

- ❑ Number of Prenatal Care Visits is used to determine adequacy of prenatal care.
- ❑ Adequate prenatal care includes women having 3 or more prenatal visits during their pregnancy.



Improvement in Percentage of Month Prenatal Visits Began, 2015- mid 2017

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	2015	2016	Mid 2017	Difference (2016-2017)	Improvement
	% Unk	% Unk	% Unk	Percentage Points	%
Highest % among AC Hospitals	15.8%	13.2%	0.3%	15.5 percentage points	98.1%
Alameda County	1.4%	1.2%	0.4%	1.0 percentage points	71.4%
Lowest % among AC Hospitals	0.0%	0.0%	0.0%		

- ❑ Month prenatal care began is used to determine first trimester entry into prenatal care.
- ❑ First Trimester Prenatal Care includes women who began prenatal care within the first three months of their pregnancy.
- ❑ Unknown (Unk) month prenatal care began occurs when month is not included on birth certificates.



Source: Alameda County Vital Statistics files Birth Files Jan 1, 2015- June 30, 2017.

* 2015-2017 Birth data is from AVSS and is considered preliminary estimates

Conclusions: Birth Certificate Data Quality

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- ❑ There has been a ↓ in AC births since 2000. (Ave. 19,500 births per year since 2012.)
- ❑ About **80%** of AC births occurred at AC Hospitals (Individual Hospital Range 3%-21%).
- ❑ There has been a ↑ in births to mothers who “Declined to State” (DTS) their race/ethnicity (three-fold increase since 2008). This leads to gaps in understanding health disparities and developing culturally appropriate services.
- ❑ Since 2012 DTS births comprised the **5th largest** race/ethnic subgroup in Alameda County and is almost the same % as African American births.



Conclusions: Birth Certificate Data Quality

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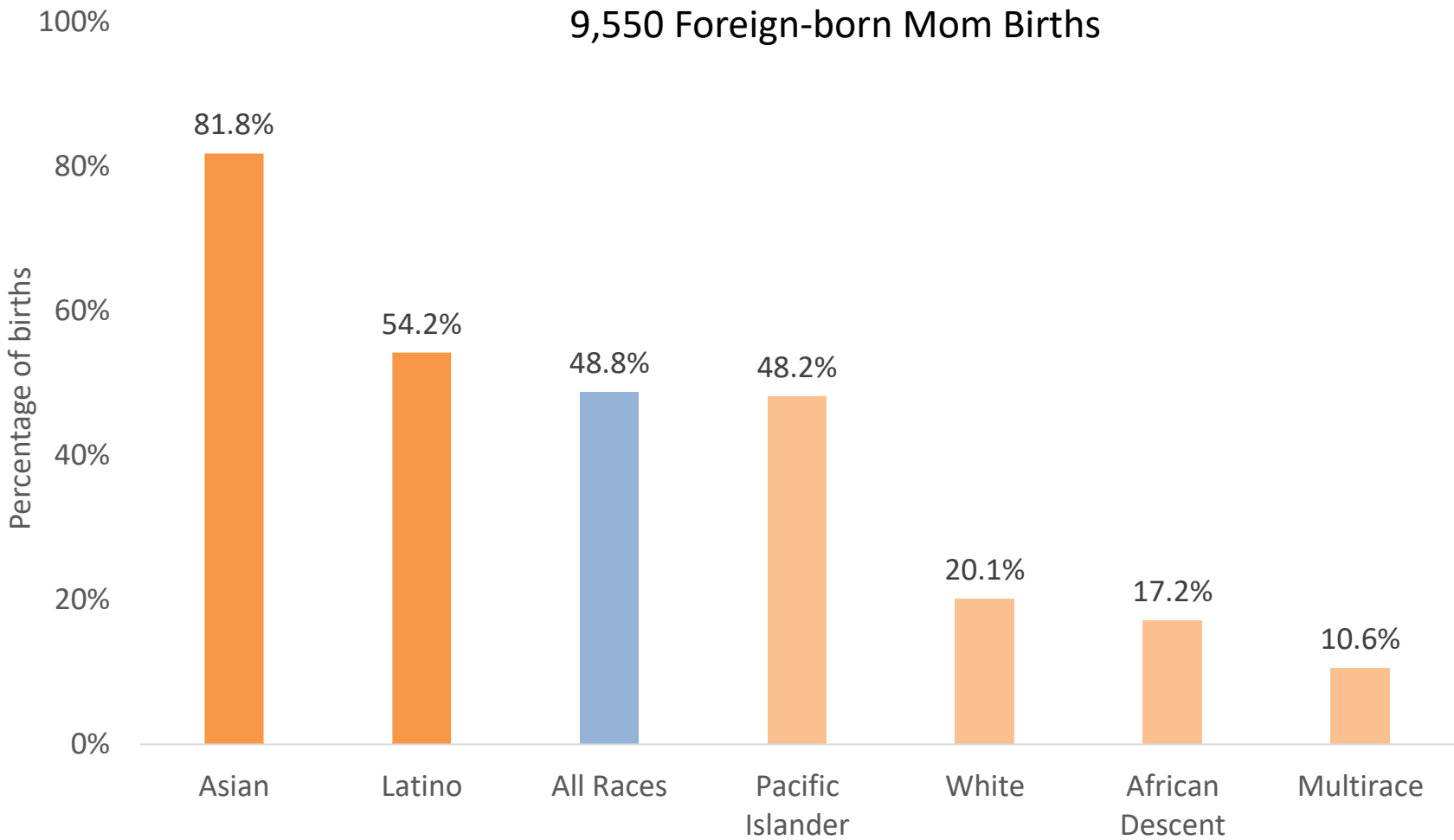
- ❑ The % of DTS mother's race/ethnicity births varied by hospital with a low of **0.0%** and a high of **44.9%** between 2008- mid 2017.
- ❑ AC has seen **improvements** in reporting mother's race/ethnicity in **2017**, but issues persist.
- ❑ **Medi-Cal births are substantially underreported** on birth certificates. This leads to funding shortfalls and eligibility problems for Public Health and Education programs.
- ❑ AC Hospitals have greatly **improved their reporting** on gestational age, number of prenatal visits and month prenatal care began in 2017.



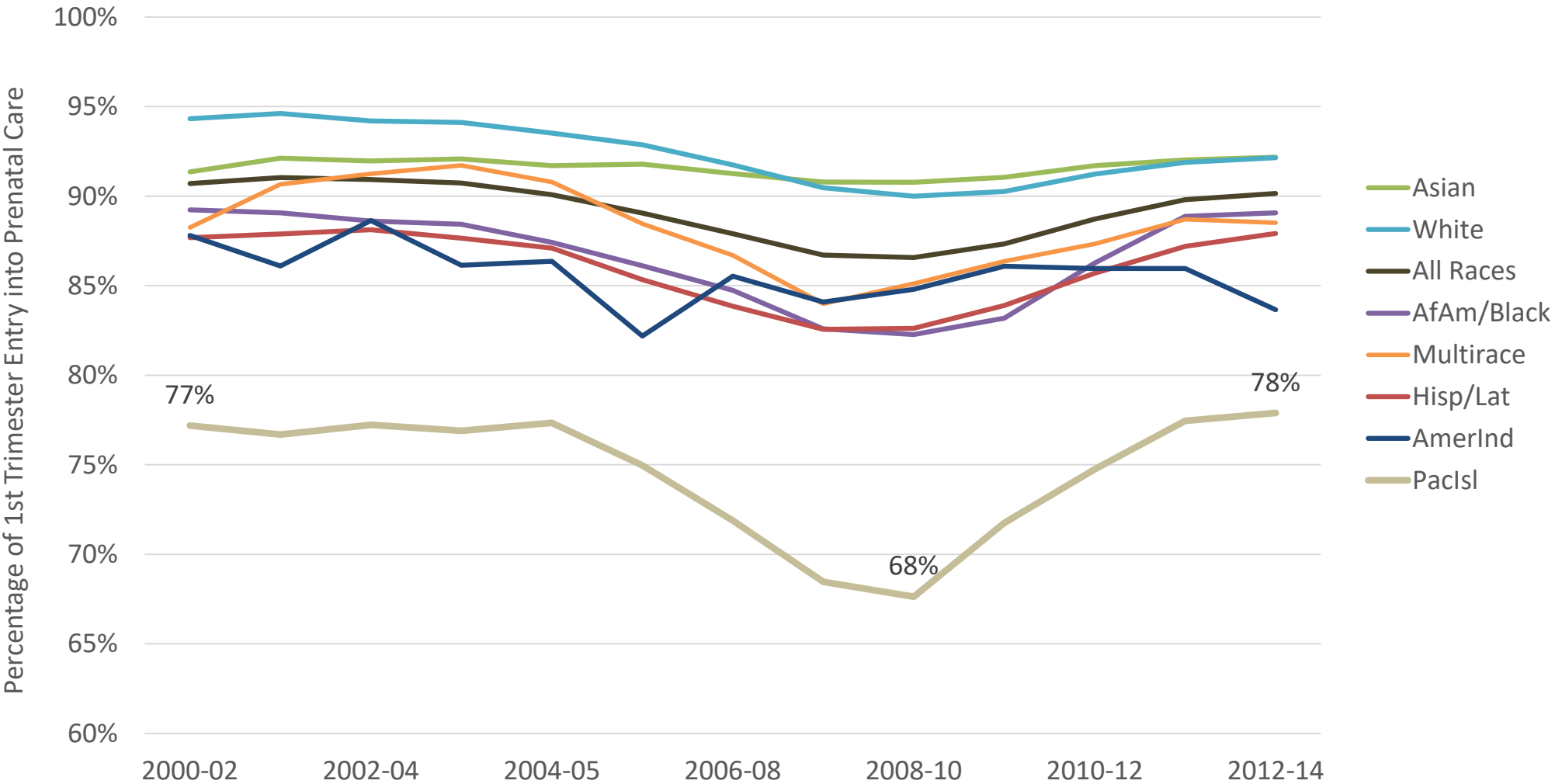
Key Maternal and Infant Birth Indicators



Percentage Births to Foreign-born Mothers by Race/Ethnicity, 2014

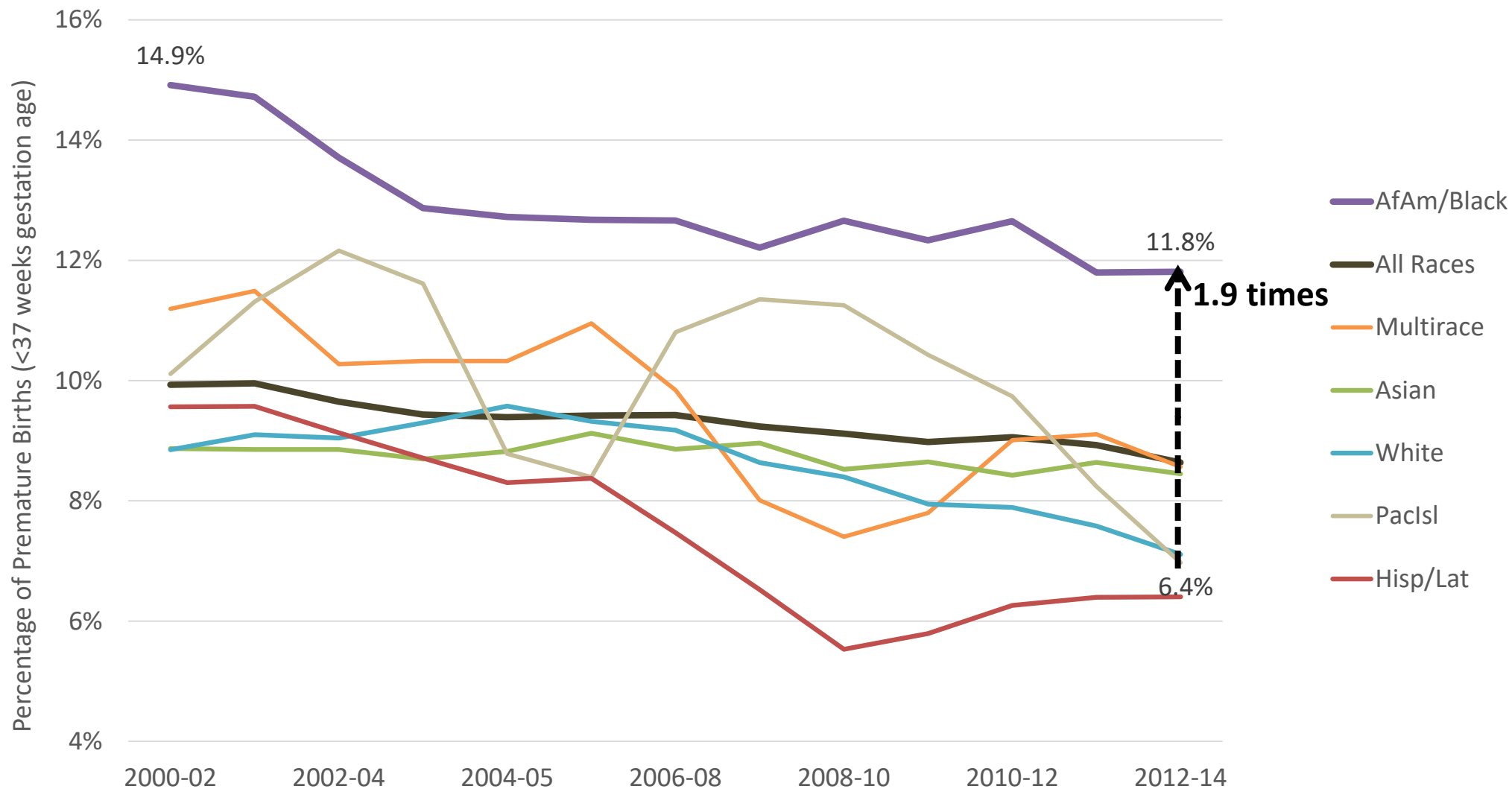


Percentage of First Trimester Prenatal Care Trend by Race/Ethnicity, 2000-2014



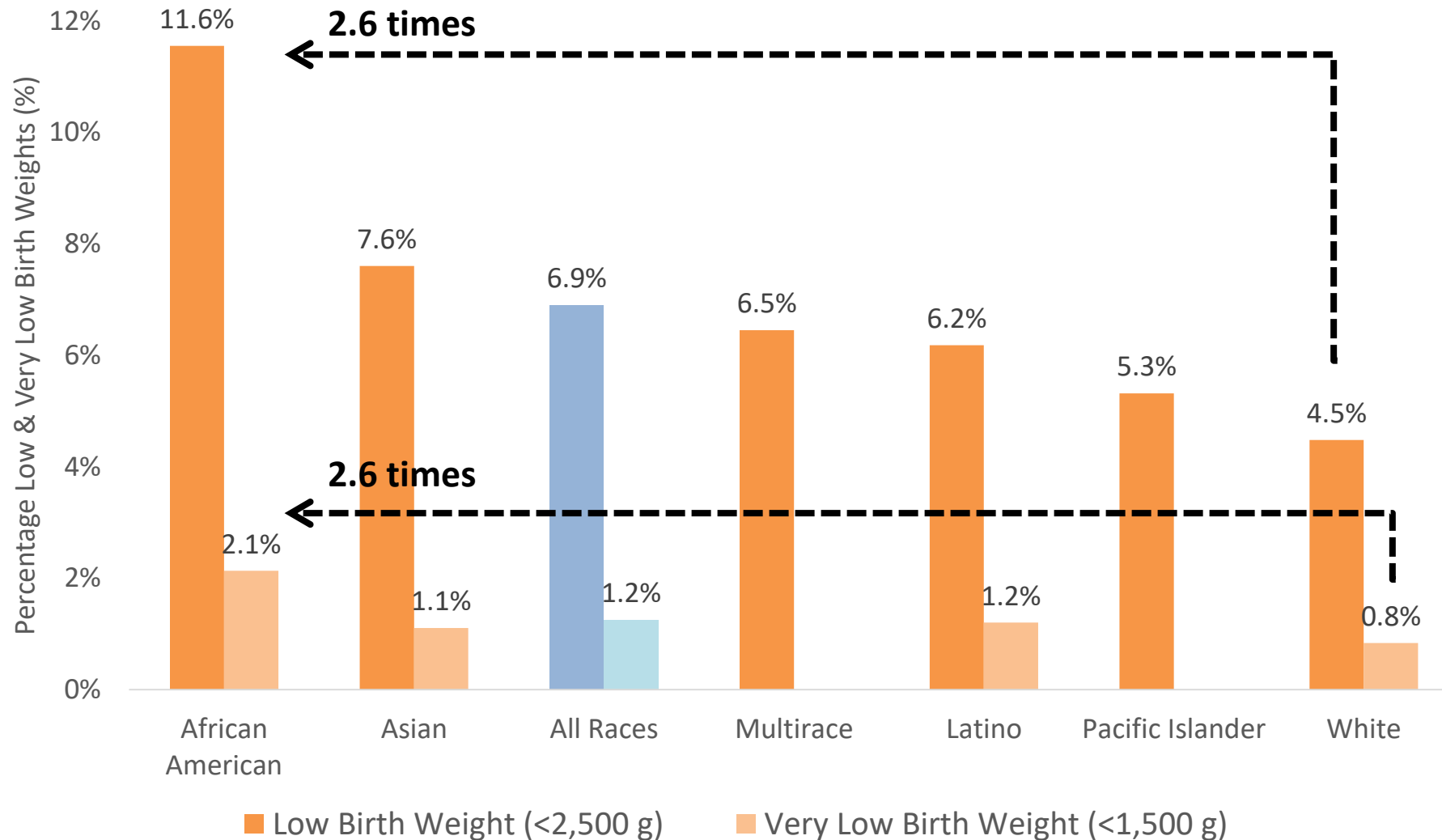
Percentage of Premature Births Trend by Race/Ethnicity, 2000-2014

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Percentage Low Birth Weight (LBW) and Very Low Birth Weight (VLBW) by Race/Ethnicity, 2014

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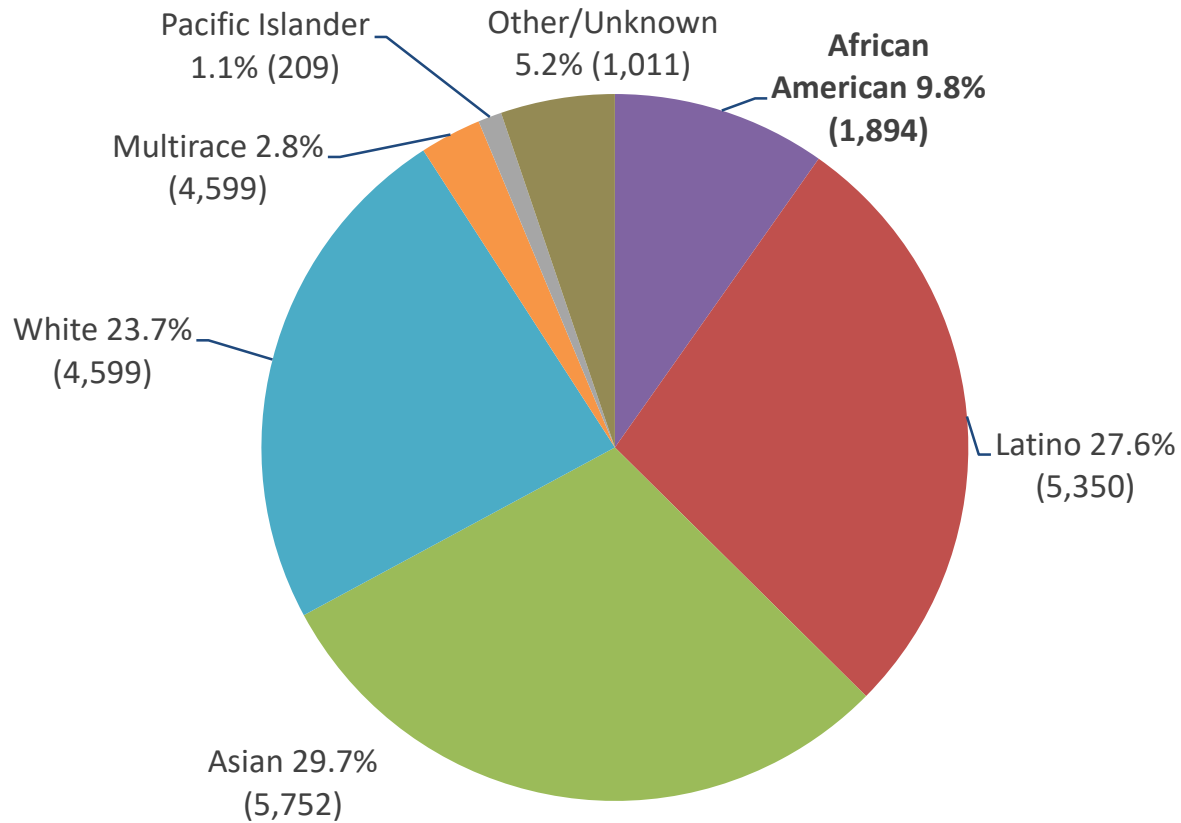


1,351 LBW Births, 244 VLBW Births
Source: CAPE, with data from Alameda County Vital Statistics files, 2014.

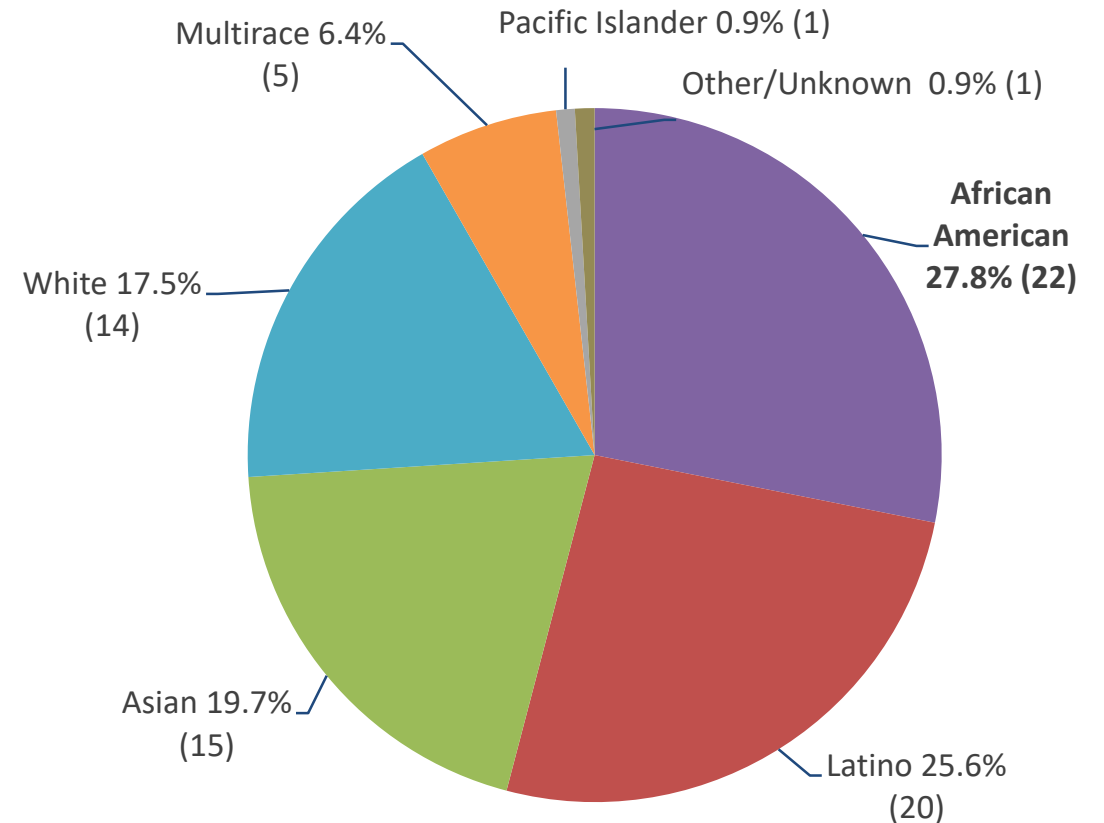
Percentage of Births v. Infant Deaths by Race/Ethnicity, 2012-2014

25

Births=19,397

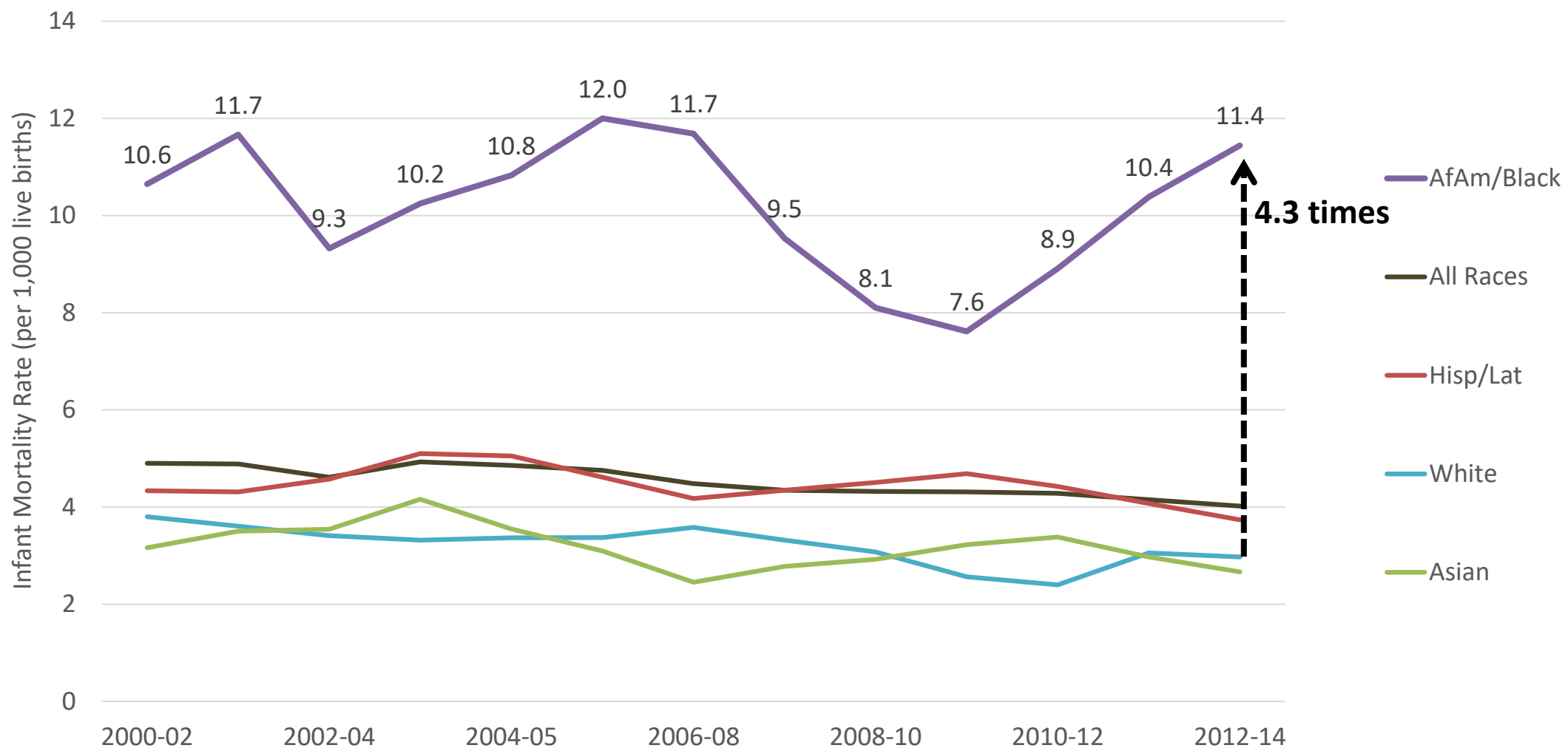


Infant Deaths= 78



Infant Mortality Rate Trend by Race/Ethnicity, 2000-2014

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Conclusions: Maternal and Infant Health

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- ❑ Overall, AC moms and infants are very healthy!
- ❑ Inequities by race/ethnic group persist, especially among Pacific Islander and African American moms.
- ❑ Mother's race/ethnicity is the key factor public health uses to understand the health of moms and babies in Alameda County.
- ❑ MPCAHA has targeted and culturally relevant programs to improve mother, infant, child, and family outcomes.
- ❑ **Goal:** We need every mother to include their race/ethnicity on their baby's birth certificate so their baby can be counted!



ACPHD Use of Birth Certificate Data



Family Health Services Division

Maternal, Paternal, Child and Adolescent Health (MPCAH) Unit

Home Visiting &
Family Support

**BUILDING
BLOCKS**
for Health Equity Unit

Adolescent
Health

Perinatal
Services &
Family Planning



Overview of MPCA Home Visiting Programs

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Serve:

Low-income and multi-stressed pregnant women, mothers, fathers, and families with young children in Alameda County.

Vision Statement:

Pregnant women, mothers, fathers and families with young children will live in healthy and thriving communities and will have access to comprehensive, responsive, community-driven health care.

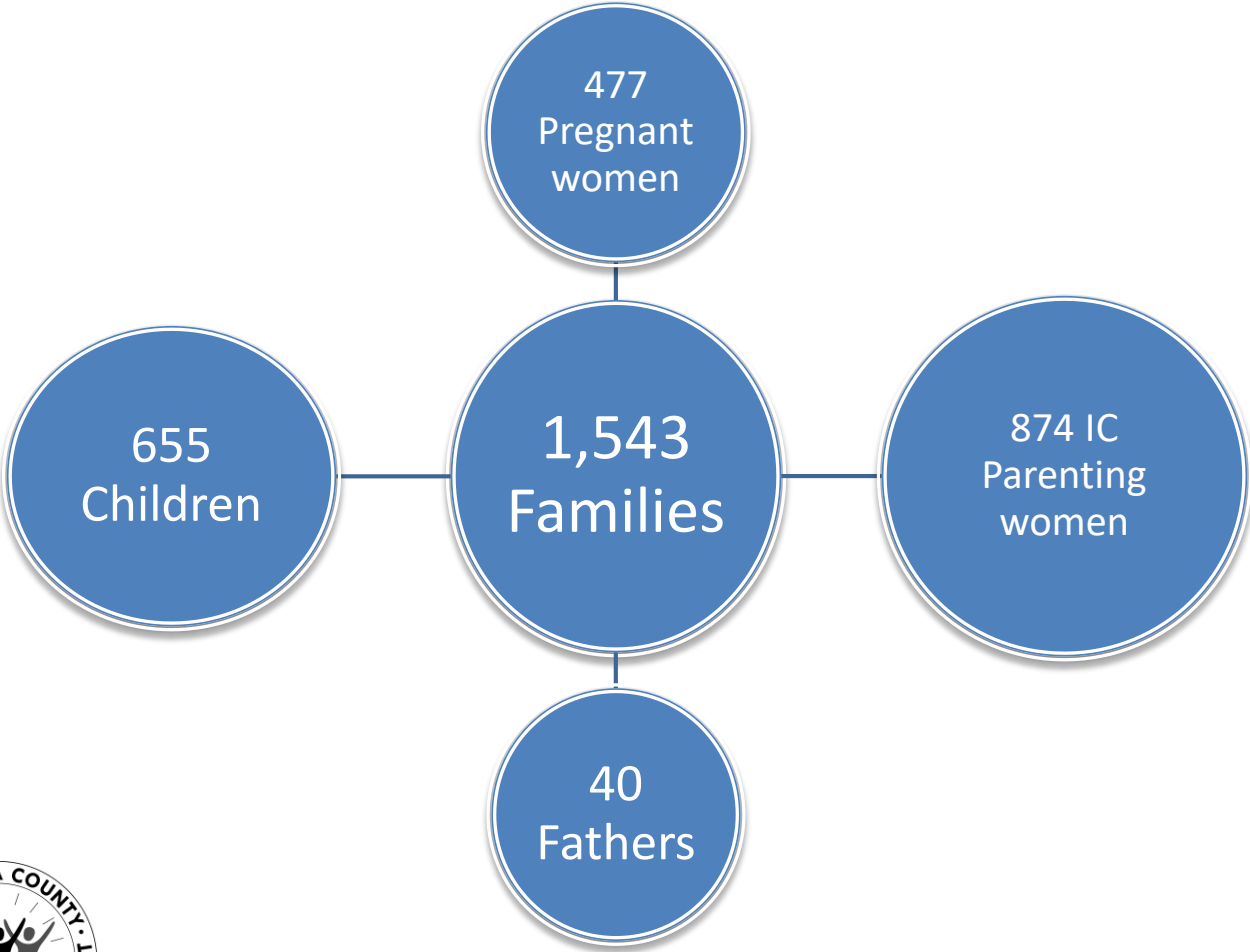


Programs:

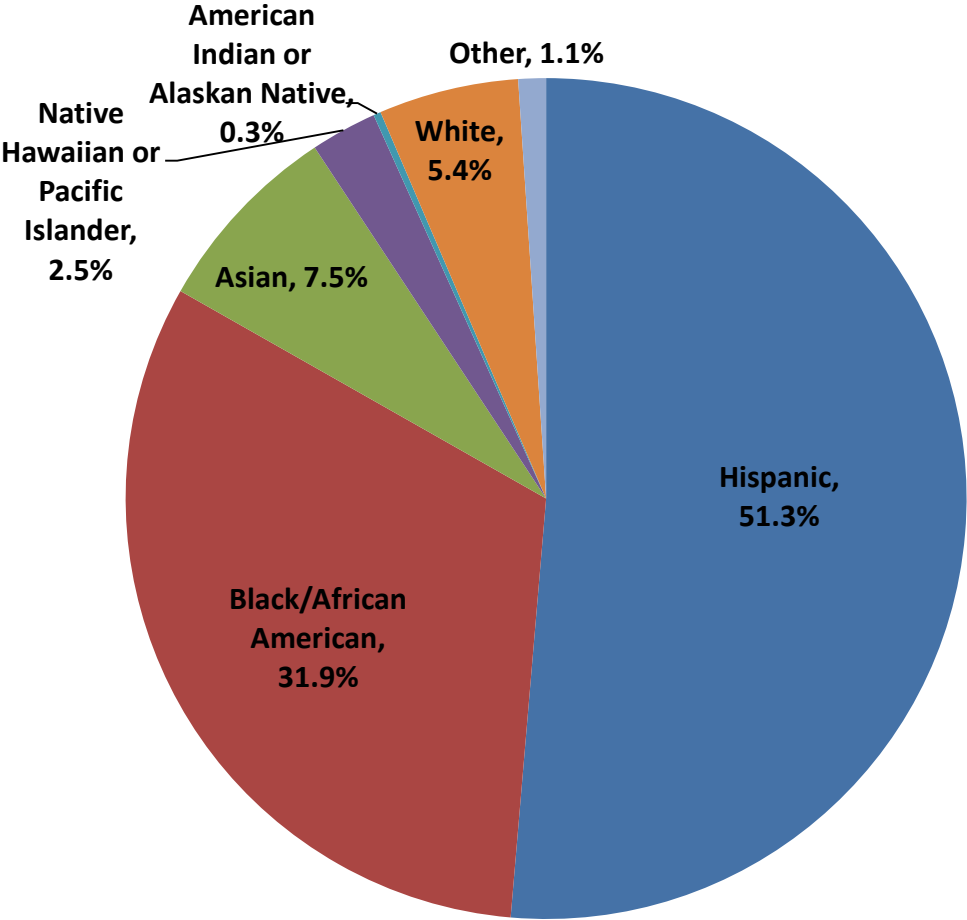
- Black Infant Health
- Brighter Beginnings
- DREAMS
- Fatherhood Initiative
- Family Health Promotion
- Healthy Families America
- Mental Health Wellness Team
- Native American Health Center
- Nurse Family Partnership
- Special Start at ACPHD
- Special Start at BCHO
- Tiburcio Vasquez Health Center
- Women's Health Promotion

Population Served

Clients Served



Race/Ethnicity



Services Provided Through Home Visiting

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- ❑ Comprehensive case management, needs assessment, family goal setting
- ❑ Screening and monitoring- perinatal depression, substance use, IPV, and child development
- ❑ Parent education and support using evidence-informed parenting curriculum. i.e. Partners for a Healthy Baby or Growing Great Kids
- ❑ Linkages, Referrals, and Follow-up
- ❑ Mental Health, i.e. brief treatment and pre treatment services



Home Visiting Indicators and Outcomes

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	Desired Outcome	Indicators
Child Level	Physical and social-emotional health	Child has medical home
		Child has medical, dental insurance
		Immunizations are up-to-date
		Well child visits up-to-date
	School readiness	Child receives early developmental screening
Parent-Child Level	Physical and social-emotional health	Mothers breastfeed for >6 months
		Early and Regular Prenatal Care
		Improved parenting skills, attitudes, behaviors
		Improved parent-child relationships
		Decreased child abuse and neglect
	School readiness	Increased parent support for child learning and development
Parent Level	Physical and social-emotional health	Parent has medical home
		Parent has medical, dental insurance
		Increased knowledge of child development
		Decrease in parental depression
		Decrease in ATOD (alcohol, tobacco and other drugs) use
		Increased social support
		Increased father/partner involvement
	Self-sufficiency	Increase parents' self-efficacy
		Increased access to community resources
Family Level	Physical and socio-emotional health	Home health and safety (e.g., safe sleep, car seat, guns, mold, pests, etc.) increases
		Reduced incidence of intimate partner violence
		Family resilience increases
	Self-sufficiency	Improved housing security
		Increased food security
		Increased economic self-sufficiency

Key Indicator Themes:

- Child Health
- Maternal Health
- Child development/School Readiness
- Child Maltreatment
- Economic Self-sufficiency

Impact

Birth
Certificate
Data



Why is Birth Certificate Data Important?

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1. Program Development and Implementation
2. Grant Applications
3. Monitoring and Evaluation



Example 1: Needs Assessments

- ❑ Use data to conduct needs assessment for **strategic program development, grant applications, and resource allocation**
- ❑ State and Federal money
- ❑ Focus on :
 - ❑ **Infant Mortality Rate**
 - ❑ **Fetal Death Rate**
 - ❑ **Low Birth Weight**
 - ❑ **% Medi-Cal Births**



Program Development Using Birth Certificate Data

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Example 2: Black Infant Health (BIH)

- ❑ Aims to improve health among African American mothers and babies to reduce Black-White disparities in infant mortality rates, preterm births, and low birth weights
- ❑ Client-centered case management to help women develop life skills, learn strategies for reducing stress, and build social support
- ❑ Alameda County BIH is a Tier 3 funded program. In order to qualify, a county needs to have between **6,001 and 7,497 African-American births** over a three year period
- ❑ BIH is located in 15 local health jurisdictions in CA where more than **three quarters of African-American live births** occur in the entire state



Example 3: Health Advancement for Pacific Islanders (HAPI)

- ❑ Population level data from birth certificates showed lower rates of access to early prenatal care and high preterm birth rates among Pacific Islander (PI) women
- ❑ Private foundation funds – March of Dimes
- ❑ Project focuses on:
 - ❑ **Outreach to pregnant Pacific Islander women**
 - ❑ **Assisting with access to prenatal care and accompanying them to visits**
 - ❑ **Group activities and support**
- ❑ Success will be measured by:
 - ❑ **Change in rates of early prenatal care and preterm birth among PI women**



Funding/Grant Applications Using Birth Certificate Data

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Example 4: Alameda County Healthy Start Initiative (ACHSI)

- Alameda County has been a Healthy Start site for over 25 years
- Addresses the needs of high-risk women and their families before, during, and after pregnancy
- Currently in the 2014-2019 grant cycle
- **Minimum Infant Mortality Rate** required to qualify for Healthy Start grant (\$2 million/year)
- Need **race/ethnicity data and geodata** to qualify for HS funds



Program Evaluation Using Birth Certificate Data

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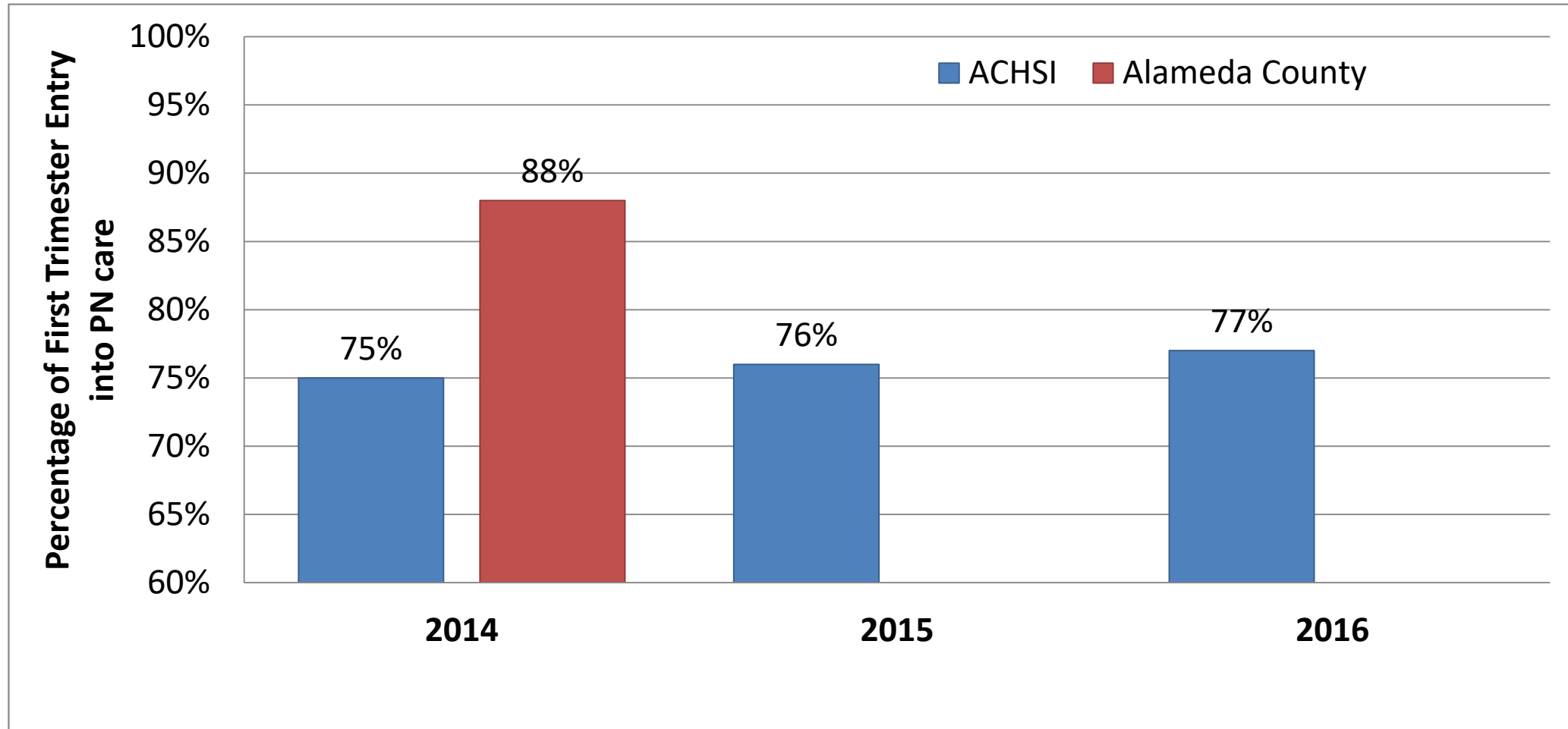
Birth certificate data used to:

- ❑ Identify program successes and challenges
- ❑ Compare population level data to participant level data



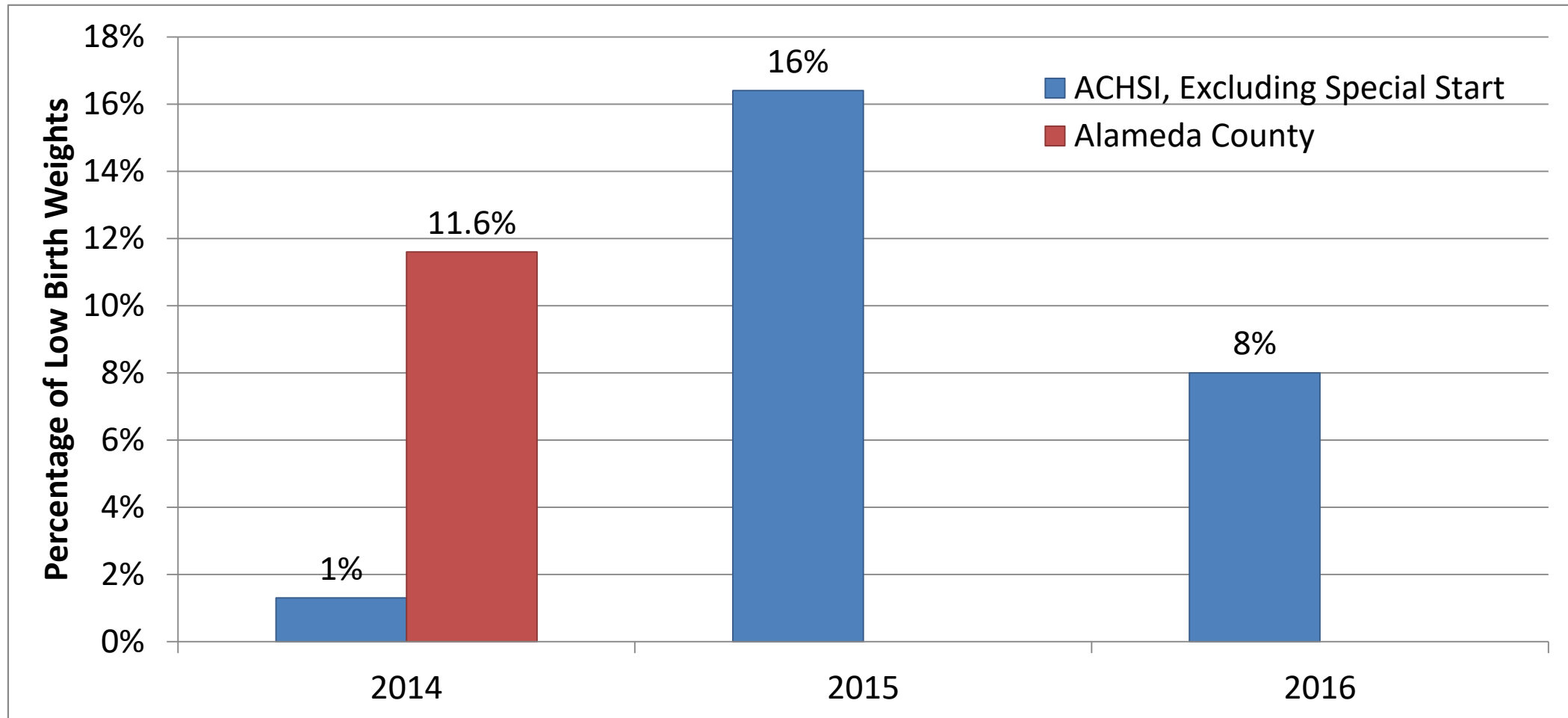
First Trimester Entry Into Prenatal Care Among African Americans

40



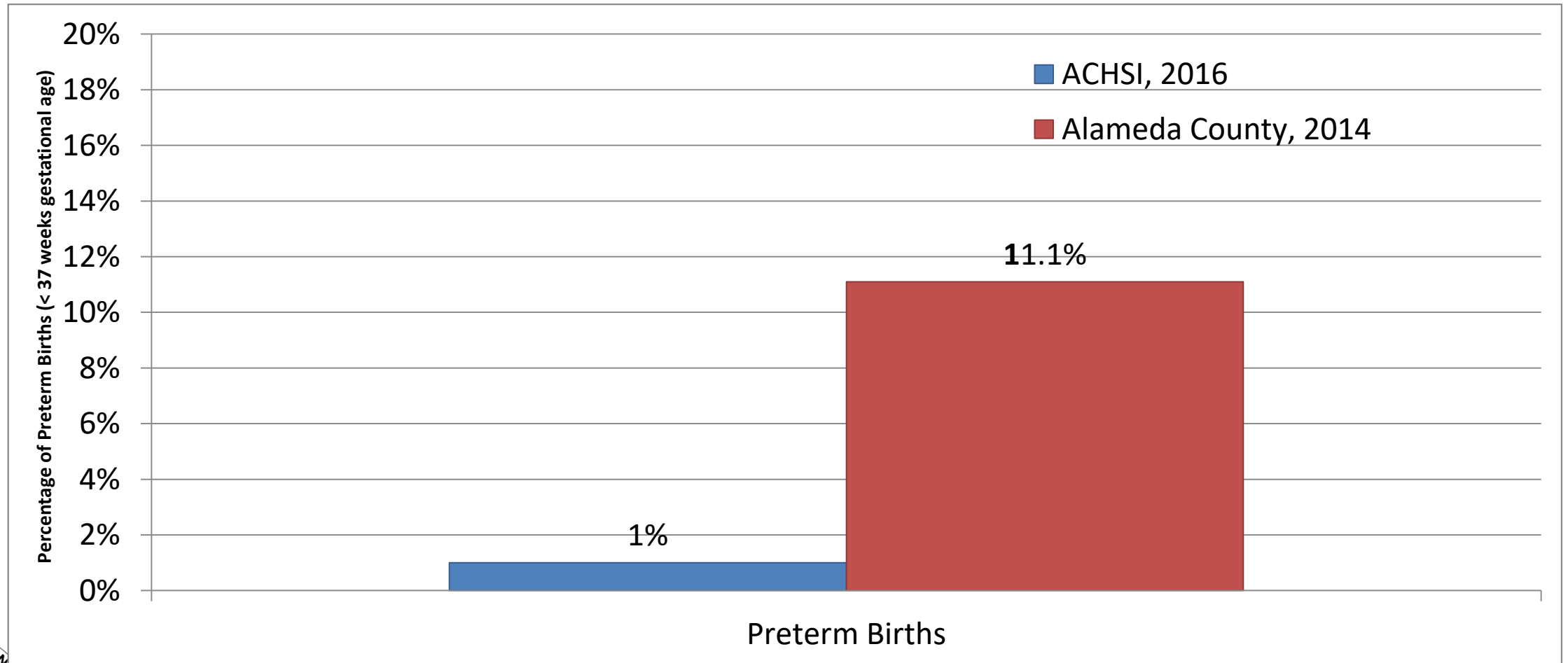
Low Birth Weight Among African Americans

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Preterm Birth Among African Americans

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Conclusions: ACPHD Use of Birth Certificate Data

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- ❑ Accurate birth certificate data is important to home visiting and other core MPCAHA Programs, particularly for program development, grant applications, and program evaluations
- ❑ MPCAHA relies on inequities by race/ethnic groups to develop cultural and racial competent programs and interventions
- ❑ Birth certificate data is used to study the efficacy of our home visiting programs (E.g. National Healthy Start Evaluation)



Next Steps

- ❑ ACPHD is committed to working with AC Hospitals on improving birth certificate data quality.
- ❑ We will continue to monitor birth certificate data quality indicators and produce bi-annual reports.
- ❑ We will develop and provide educational materials on the importance of birth certificates for pregnant mothers, birth clerks and other audiences as needed.
- ❑ We will share “smart and successful” strategies with our birthing centers.
- ❑ We are always available for questions and feedback.
- ❑ We want AC Hospitals to work with us so that we can be the leader in birth certificate data quality in California.
- ❑ **Keep up the great work so that Every Baby Counts in Alameda County!**



Questions

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<http://www.acphd.org/data-reports/reports-by-topic/maternal,-child,-and-adolescent-health.aspx>



Data in this report may be referenced and/or reproduced in reports, presentations and publications with the ACPHD logo and the recommended citation: *Alameda County Public Health Department, Alameda County Birth Certificate Data Quality, September 2017.*

Contact Information

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