2016 Ohio Pregnancy Assessment Survey

WiFi Network: ODOT-Guest  Password: Odot32018!
Send Questions to opas@osumc.edu
Presentation Objectives

• Describe the Ohio Pregnancy Assessment Survey (OPAS) methodology

• Present key findings from the 2016 OPAS with an emphasis on:
  o Comparisons across important subpopulations
  o Historical trends in key outcomes
  o Areas of data collection unique to OPAS
Presentation Overview

• OPAS Overview
• Methodology
• Key Findings
  o Pre-pregnancy
  o Prenatal
  o Postpartum
• Current Statewide Initiatives and Future Directions
• Dashboard Demonstration
Ohio Pregnancy Assessment Survey (OPAS)

• Statewide, ongoing, targeted population-based survey
  o Utilizes a modified version of the Centers for Disease Control and Prevention (CDC) Pregnancy Risk Assessment Monitoring System (PRAMS) methodology to collect information and attitudes from residential women who recently gave birth in Ohio

• OPAS combines the CDC’s Phase 8 core questions with Ohio Department of Health and Ohio Department of Medicaid requested items

• Available in English and Spanish

• 2016 OPAS data collection occurred between August 2016 and May 2017
  o 2017 OPAS data collection complete
  o 2018 OPAS data collection in process

• Larger sample and more timely data compared to PRAMS
OPAS Data Collection Goals

- Identify groups of women and infants at high-risk for health problems
- Monitor changes in health status
- Measure determinants of health for the Maternal and Infant Health (MIH) initiatives
- Provide information for state health equity efforts
- Measure progress towards goals in improving the health of mothers and infants
- Measure progress in Ohio’s MIH initiatives
- Investigate emerging issues in the field of reproductive health

opas@osumc.edu
OPAS Complements other Ohio Data

• OPAS Limitations
  o Sample survey (n=3,386) compared to claims data
  o Self-reported data (not diagnoses or based on claims)

• OPAS Strengths
  o Representative of resident women who gave birth in Ohio
  o Utilizes demographic data from the birth certificate
2016 Questionnaire

• 106 Questions
  o PRAMS Phase 8 Core Questions
  o Select PRAMS Phase 8 Standard Questions
  o Zika Module
OPAS Sampling

• Stratified sample by birthweight and Ohio Equity Institute (OEI) counties (Cuyahoga, Franklin, Hamilton, other OEI, and rest of Ohio)
  o The OEI is an initiative to improve birth outcomes and reduce racial disparities in infant mortality

• Oversample
  o Low-weight births
  o OEI counties

• Sampling weights calculated to allow for statewide and select OEI county estimates
OPAS Survey Design

• Three modes:
  o Paper survey delivered by mail
  o Computer-assisted web interview
  o Computer-assisted telephone interview
OPAS Survey Design

• Overall sample size: 3,386 respondents
  o Mail: 2,612
  o Telephone: 255
  o Web: 519

• Response rate: 31.4%
  o Survey response rates declining nationally
  o Lower incentives than in previous PRAMS surveys
# Demographic Characteristics

<table>
<thead>
<tr>
<th>Mother’s Characteristics</th>
<th>Weighted Proportion (95% CI)</th>
<th>Number of Respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;18 years</td>
<td>1.5 (0.9 - 2.6)</td>
<td>29</td>
</tr>
<tr>
<td>18-24 years</td>
<td>27.0 (24.2 - 30.0)</td>
<td>505</td>
</tr>
<tr>
<td>25-34 years</td>
<td>58.0 (55.1 - 60.9)</td>
<td>2,190</td>
</tr>
<tr>
<td>35+ years</td>
<td>13.5 (11.9 - 15.2)</td>
<td>662</td>
</tr>
<tr>
<td>Race</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>71.5 (69.0 - 74.0)</td>
<td>2,519</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>16.3 (14.3 - 18.6)</td>
<td>429</td>
</tr>
<tr>
<td>Hispanic</td>
<td>5.5 (4.3 - 6.9)</td>
<td>174</td>
</tr>
<tr>
<td>Other Non-Hispanic</td>
<td>6.7 (5.5 - 8.1)</td>
<td>259</td>
</tr>
</tbody>
</table>

Data Source: 2016 OPAS

*Number of respondents will not always sum to sample total due to missing responses

opas@osumc.edu
### Demographic Characteristics (cont’d)

<table>
<thead>
<tr>
<th>Education</th>
<th>Weighted Proportion (95% CI)</th>
<th>Number of respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School or Less</td>
<td>32.3 (29.5 - 35.1)</td>
<td>778</td>
</tr>
<tr>
<td>Some College</td>
<td>33.4 (30.7 - 36.3)</td>
<td>883</td>
</tr>
<tr>
<td>4-Year Degree or More</td>
<td>34.3 (31.9 - 36.8)</td>
<td>1,711</td>
</tr>
<tr>
<td>Married</td>
<td>54.5 (51.6 - 57.4)</td>
<td>2,445</td>
</tr>
</tbody>
</table>

*Number of respondents will not always sum to sample total due to missing responses

Data Source: 2016 OPAS

opas@osumc.edu
## Demographic Characteristics (cont’d)

<table>
<thead>
<tr>
<th>Prenatal Care Health Insurance</th>
<th>Mother’s Characteristics</th>
<th>Number of respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid</td>
<td>41.4 (38.5 - 44.4)</td>
<td>949</td>
</tr>
<tr>
<td>Private/Employer</td>
<td>48.2 (45.3 - 51.0)</td>
<td>2,071</td>
</tr>
<tr>
<td>Other</td>
<td>7.1 (5.7 - 8.9)</td>
<td>193</td>
</tr>
<tr>
<td>Uninsured</td>
<td>3.3 (2.5 - 4.4)</td>
<td>88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Income</th>
<th>Weighted Proportion (95% CI)</th>
<th>Number of respondents*</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;=$32,000</td>
<td>44.6 (41.6 - 47.5)</td>
<td>1,044</td>
</tr>
<tr>
<td>$32,001-$57,000</td>
<td>16.7 (14.5 - 19.1)</td>
<td>455</td>
</tr>
<tr>
<td>$57,001+</td>
<td>38.7 (36.1 - 41.4)</td>
<td>1,751</td>
</tr>
</tbody>
</table>

Data Source: 2016 OPAS

*Number of respondents will not always sum to sample total due to missing responses

opas@osumc.edu
Pre-Pregnancy Measures
Pre-Pregnancy Measures

- Behavioral health
- Chronic conditions
- OB/GYN visits
- Discussion with provider about improving health before pregnancy
Medicaid women were more likely to have pre-pregnancy depression and anxiety

Data Source: 2016 OPAS
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
No difference by Medicaid status in pre-pregnancy diabetes or hypertension

Data Source: 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
Medicaid women were less likely to have a pre-pregnancy OB/GYN visit

Data Source: 2016 OPAS
Subpopulation: Women with a healthcare visit in the 12 months prior to pregnancy
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
Medicaid women were less likely to discuss improving health before pregnancy with a provider.

Data Source: 2016 OPAS
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care.
Prenatal Measures
Prenatal Measures

• Prenatal care as early as wanted
• Prenatal care topic discussions with providers
• Tobacco, electronic cigarette and alcohol use
• Home visitor during pregnancy
No difference by geography in women not receiving prenatal care as early as desired

<table>
<thead>
<tr>
<th></th>
<th>% Not Receiving Prenatal Care as Early as Wanted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cuyahoga County</td>
<td>16.1%</td>
</tr>
<tr>
<td>Franklin County</td>
<td>17.5%</td>
</tr>
<tr>
<td>Hamilton County</td>
<td>14.1%</td>
</tr>
<tr>
<td>Other O EI Counties</td>
<td>16.0%</td>
</tr>
<tr>
<td>Non-OEI Counties</td>
<td>13.3%</td>
</tr>
<tr>
<td>All O EI Counties</td>
<td>16.1%</td>
</tr>
<tr>
<td>All Ohio</td>
<td>15%</td>
</tr>
</tbody>
</table>

Data Source: 2016 OPAS
Subpopulation: Women who received prenatal care

opas@osumc.edu
Medicaid women were more likely to not get prenatal care as early as desired.

Data Source: 2016 OPAS
Subpopulation: Women who received prenatal care
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

opas@osumc.edu
No difference by Medicaid status in prenatal care discussions with providers

<table>
<thead>
<tr>
<th>Activity</th>
<th>All Ohio % (95% CI)</th>
<th>Non-Medicaid % (95% CI)</th>
<th>Medicaid % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Taking prescription medication</td>
<td>97.2 (96.3, 98.0)</td>
<td>97.1 (96.0, 98.1)</td>
<td>97.5 (96.3, 98.7)</td>
</tr>
<tr>
<td>Smoking cigarettes</td>
<td>96.5 (95.6, 97.4)</td>
<td>96.0 (94.8, 97.1)</td>
<td>97.5 (96.3, 98.8)</td>
</tr>
<tr>
<td>Drinking alcohol</td>
<td>96.0 (95.0, 97.0)</td>
<td>95.9 (94.7, 98.2)</td>
<td>96.5 (94.9, 98.2)</td>
</tr>
</tbody>
</table>

Data Source: 2016 OPAS
Subpopulation: Women who received prenatal care
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
Differences by Medicaid status in prenatal care discussions with providers

<table>
<thead>
<tr>
<th></th>
<th>All Ohio % (95% CI)</th>
<th>Non-Medicaid % (95% CI)</th>
<th>Medicaid % (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Feeling depressed</strong>*</td>
<td>78.0 (75.7, 80.3)</td>
<td>70.6 (67.4, 73.7)</td>
<td>88.3 (85.4, 91.3)</td>
</tr>
<tr>
<td><strong>Drug use</strong>*</td>
<td>84.1 (82.2, 86.1)</td>
<td>78.9 (76.2, 81.6)</td>
<td>91.5 (88.8, 94.2)</td>
</tr>
<tr>
<td><strong>Postpartum birth control plans</strong>*</td>
<td>79.2 (77.0, 81.5)</td>
<td>73.7 (70.8, 76.6)</td>
<td>86.9 (83.4, 90.3)</td>
</tr>
<tr>
<td><strong>Intention to breastfeed</strong>*</td>
<td>92.4 (91.0, 93.9)</td>
<td>91.0 (89.2, 92.8)</td>
<td>94.7 (92.5, 97.0)</td>
</tr>
</tbody>
</table>

Data Source: 2016 OPAS
Subpopulation: Women who received prenatal care; Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
* Significant difference, p<0.05
Medicaid women were more likely to smoke during the past 2 years.

Data Source: 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care.
Among women who smoked in the past 2 years, Medicaid women were more likely to smoke during the last three months of pregnancy.

Data Source: 2016 OPAS
Subpopulation: Women who smoked in the past 2 years
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
Among women who smoked electronic cigarettes during the past 2 years, half smoked electronic cigarettes in the 3 months prior to pregnancy.

Data Source: 2016 OPAS
Subpopulation: Women who smoked in the past 2 years
Among women who drank alcohol in the past 2 years, Medicaid women were less likely to drink during the last three months of pregnancy.

Data Source: 2016 OPAS
Subpopulation: Women who drank alcohol in the past 2 years
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

opas@osumc.edu
Women in Hamilton County were more likely to have a home visitor during pregnancy.
Medicaid women were more likely to have a home visitor during pregnancy.
Postpartum Measures

- Postpartum visit
- Postpartum birth control use
- Home visitor after delivery
- Ever breastfed
- Baby slept alone in a crib
- Baby placed on back to sleep
- Not returning to work
- Feeling depressed
Most women report having a postpartum visit

Data Source: 2009-2015 PRAMS and 2016 OPAS

opas@osumc.edu
In most years, Medicaid women were less likely to have a postpartum visit.

Data Source: 2009-2015 PRAMS and 2016 OPAS
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care.
Some differences by race in postpartum visits

Data Source: 2009-2015 PRAMS and 2016 OPAS

Data Source: 2009-2015 PRAMS and 2016 OPAS
No difference by geography in postpartum birth control use

Data Source: 2016 OPAS
No difference by Medicaid status in postpartum birth control use

Data Source: 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
No difference by race in postpartum birth control use

Data Source: 2016 OPAS

<table>
<thead>
<tr>
<th>Group</th>
<th>% Reporting Postpartum Birth Control Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Ohio</td>
<td>78.1%</td>
</tr>
<tr>
<td>Non-Hispanic White</td>
<td>79.7%</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>74.3%</td>
</tr>
</tbody>
</table>
Postpartum birth control tiers of effectiveness

Data Source: 2016 OPAS
Subpopulation: Women who reported using a birth control method to prevent pregnancy
High effectiveness: implants, intrauterine devices, sterilization; Medium effectiveness: injectable methods, patch, pills, vaginal ring;
Low effectiveness: condoms, rhythm method; Other method: other (write-in option), withdrawal, or abstinence
Women in OEI counties were more likely to have a home visitor after delivery

Data Source: 2016 OPAS

opas@osumc.edu
Medicaid women were more likely to report having a home visitor after delivery.
Increase in the percentage of women who ever breastfed

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was alive and living with them or whose baby was still in the hospital when surveyed

opas@osumc.edu
Medicaid women were less likely to ever breastfeed

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was alive and living with them or whose baby was still in the hospital when surveyed
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
Little difference by race in the percentage of women who ever breastfed

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was alive and living with them or whose baby was still in the hospital when surveyed

opas@osumc.edu
Medicaid women were less likely to be breastfeeding at 8 weeks

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was alive and living with them or whose baby was still in the hospital when surveyed
Little difference by race in the percentage of women who were breastfeeding at 8 weeks

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was alive and living with them or whose baby was still in the hospital when surveyed
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

opas@osumc.edu
No difference by geography in the percentage of babies who slept alone in the past 2 weeks

Data Source: 2016 OPAS
Subpopulation: Women whose baby was living with them (not still in the hospital)
Medicaid women were less likely to report that their baby slept alone in the past 2 weeks.

Data Source: 2016 OPAS
Subpopulation: Women whose baby was living with them (not still in the hospital)
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

- All Ohio: 64.0%
- Non-Medicaid: 67.9%
- Medicaid: 59.6%

opas@osumc.edu
Increase in the percentage of babies placed only on their back to sleep

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was living with them (not still in the hospital)
Little difference by Medicaid status in the percentage of babies placed only on their back to sleep

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was living with them (not still in the hospital)
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was living with them (not still in the hospital)
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care
Some difference by race in the percentage of babies placed only on their back to sleep.

Data Source: 2009-2015 PRAMS and 2016 OPAS
Subpopulation: Women whose baby was living with them (not still in the hospital)
Increase in the percentage of women not planning to return to work after pregnancy

Data Source: 2012-2015 PRAMS and 2016 OPAS
PRAMS Subpopulation: Women who worked at a job for pay during pregnancy and did not quit/get laid off
OPAS Subpopulation: Women who worked at a job for pay during pregnancy

opas@osumc.edu
Medicaid women were more likely to report that they will not return to work

Data Source: 2012-2015 PRAMS and 2016 OPAS
PRAMS Subpopulation: Women who worked at a job for pay during pregnancy and did not quit/get laid off
OPAS Subpopulation: Women who worked at a job for pay during pregnancy
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

opas@osumc.edu
Little difference by race in the percentage of women not returning to work
No difference in the women who reported feeling depressed after delivery

% of women reporting feeling down or depressed always/often since their new baby was born

Data Source: 2012-2015 PRAMS and 2016 OPAS

opas@osumc.edu
Medicaid women were more likely to report feeling depressed after delivery.

Data Source: 2012-2015 PRAMS and 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care.
No difference by race in the women who reported feeling depressed after delivery.

Data Source: 2012-2015 PRAMS and 2016 OPAS

opas@osumc.edu
Current Statewide Initiatives and Future Directions
ODH Initiatives

• Home visiting
• Smoking Cessation
• Safe Sleep Campaign
• Breastfeeding Promotion
• Infant Mortality Data Analytics Project
ODM Initiatives

• Quality Improvement Projects
  o Progesterone
  o Smoke Free Perinatal
• Assessment of Barriers to Interventions to Prevent Prematurity
• MCP-funded community-based projects
• PRAF 2.0 for early pregnancy notification, maintenance of Medicaid eligibility, removal of barriers, and linkage to services for ALL pregnant women insured by Medicaid
• Enhanced maternal care guidance
• Actionable data to focus efforts and to facilitate early identification of high risk women
OPAS Dashboard

• User-driven, real-time analytics
  o No programming required
  o No survey statistics knowledge required

• Allows:
  o filtering by geography
  o stratified (comparative) results

• Figures and tables can be copied/pasted
OPAS Dashboard

• Please use the dashboard!
• Please provide feedback!
  o Your feedback helps drive new features and refinements
Questions?

Contact Us:
opas@osumc.edu