



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:
 - Comparisons across important subpopulations
 - Historical trends in key outcomes
 - Areas of data collection unique to OPAS

Presentation Overview

- OPAS Overview
- Methodology
- Key Findings
 - Pre-pregnancy
 - Prenatal
 - Postpartum
- Current Statewide Initiatives and Future Directions
- Dashboard Demonstration

Ohio Pregnancy Assessment Survey (OPAS)

- Statewide, ongoing, targeted population-based survey
 - 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
 - 2017 OPAS data collection complete
 - 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 Complements other Ohio Data

- OPAS Limitations

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

- OPAS Strengths

- Representative of resident women who gave birth in Ohio
- Utilizes demographic data from the birth certificate

Project Partners



Department of
Medicaid



THE OHIO STATE
UNIVERSITY

COLLEGE OF PUBLIC HEALTH

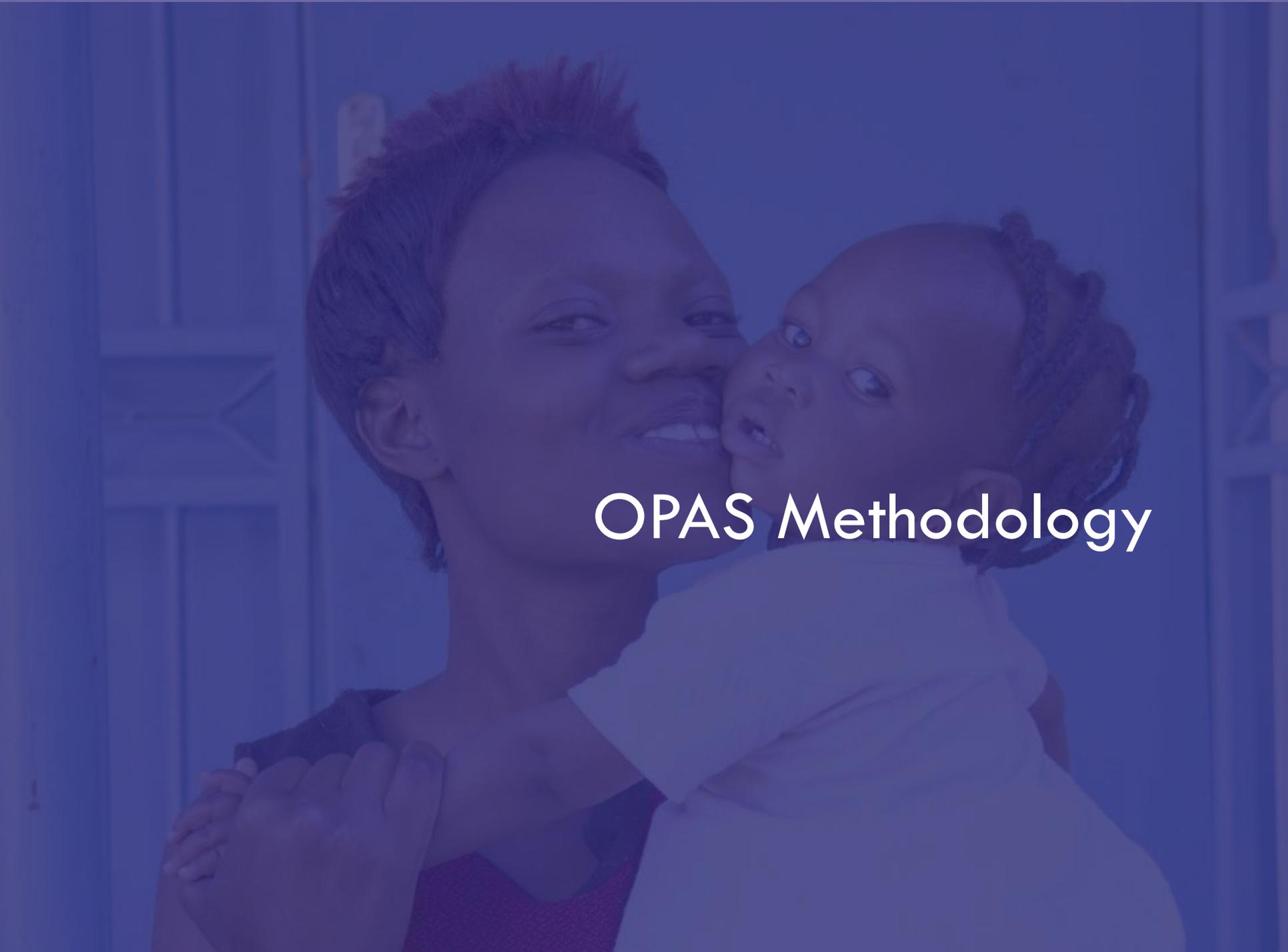


OHIO COLLEGES OF MEDICINE
GOVERNMENT
RESOURCE CENTER



THE OHIO STATE
UNIVERSITY

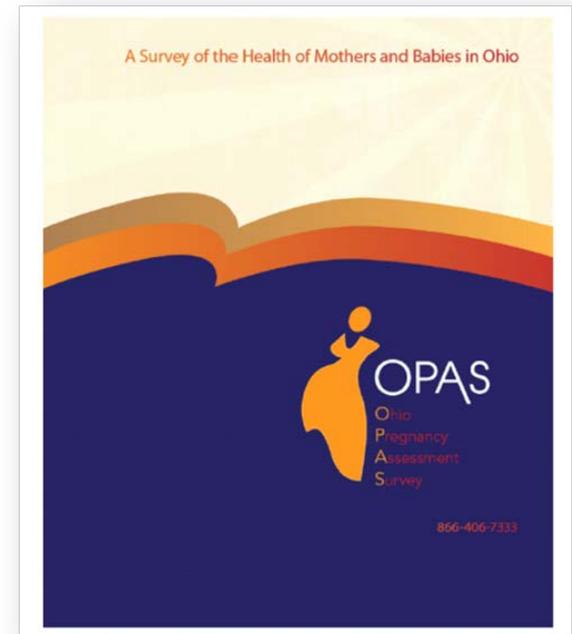
WEXNER MEDICAL CENTER

A photograph of a woman with short, dark hair holding a young child. The woman is smiling and looking towards the child. The child is looking off to the side. The entire image is overlaid with a semi-transparent blue filter. The text 'OPAS Methodology' is centered in white, bold, sans-serif font.

OPAS Methodology

2016 Questionnaire

- 106 Questions
 - PRAMS Phase 8 Core Questions
 - Select PRAMS Phase 8 Standard Questions
 - Zika Module



OPAS Sampling

- Stratified sample by birthweight and Ohio Equity Institute (OEI) counties (Cuyahoga, Franklin, Hamilton, other OEI, and rest of Ohio)
 - The OEI is an initiative to improve birth outcomes and reduce racial disparities in infant mortality
- Oversample
 - Low-weight births
 - OEI counties
- Sampling weights calculated to allow for statewide and select OEI county estimates

OPAS Survey Design

- Three modes:
 - Paper survey delivered by mail
 - Computer-assisted web interview
 - Computer-assisted telephone interview

OPAS Survey Design

- Overall sample size: 3,386 respondents
 - Mail: 2,612
 - Telephone: 255
 - Web: 519
- Response rate: 31.4%
 - Survey response rates declining nationally
 - Lower incentives than in previous PRAMS surveys

A photograph of a pregnant woman's midsection, wearing a grey and white horizontally striped long-sleeved shirt. Her hands are resting on her belly. The image is overlaid with a semi-transparent blue filter. The text '2016 OPAS Key Findings' is centered over the lower part of the image.

2016 OPAS Key Findings

Demographic Characteristics

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

Data Source: 2016 OPAS

*Number of respondents will not always sum to sample total due to missing responses
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Demographic Characteristics (cont'd)

	Mother's Characteristics	
	Weighted Proportion (95% CI)	Number of respondents*
Education		
High School or Less	32.3 (29.5 - 35.1)	778
Some College	33.4 (30.7 - 36.3)	883
4-Year Degree or More	34.3 (31.9 - 36.8)	1,711
Married	54.5 (51.6 - 57.4)	2,445

Data Source: 2016 OPAS

*Number of respondents will not always sum to sample total due to missing responses
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Demographic Characteristics (cont'd)

	Mother's Characteristics	
	Weighted Proportion (95% CI)	Number of respondents*
Prenatal Care Health Insurance		
Medicaid	41.4 (38.5 - 44.4)	949
Private/Employer	48.2 (45.3 - 51.0)	2,071
Other	7.1 (5.7 - 8.9)	193
Uninsured	3.3 (2.5 - 4.4)	88
Income		
<=\$32,000	44.6 (41.6 - 47.5)	1,044
\$32,001-\$57,000	16.7 (14.5 - 19.1)	455
\$57,001+	38.7 (36.1 - 41.4)	1,751

Data Source: 2016 OPAS

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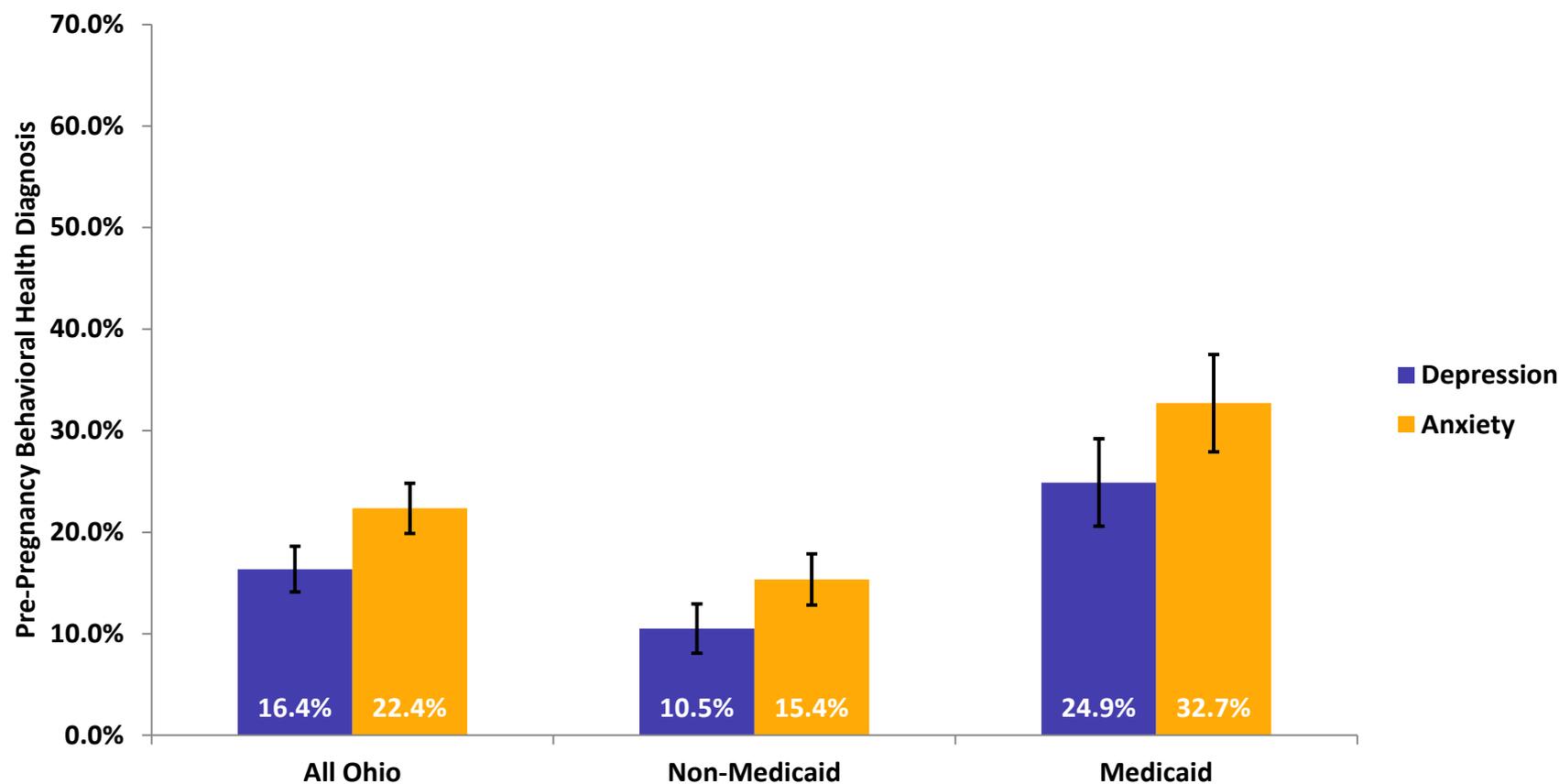


Pre-Pregnancy
Measures

Pre-Pregnancy Measures

- Behavioral health
- Chronic conditions
- OB/GYN visits
- Discussion with provider about improving health before pregnancy

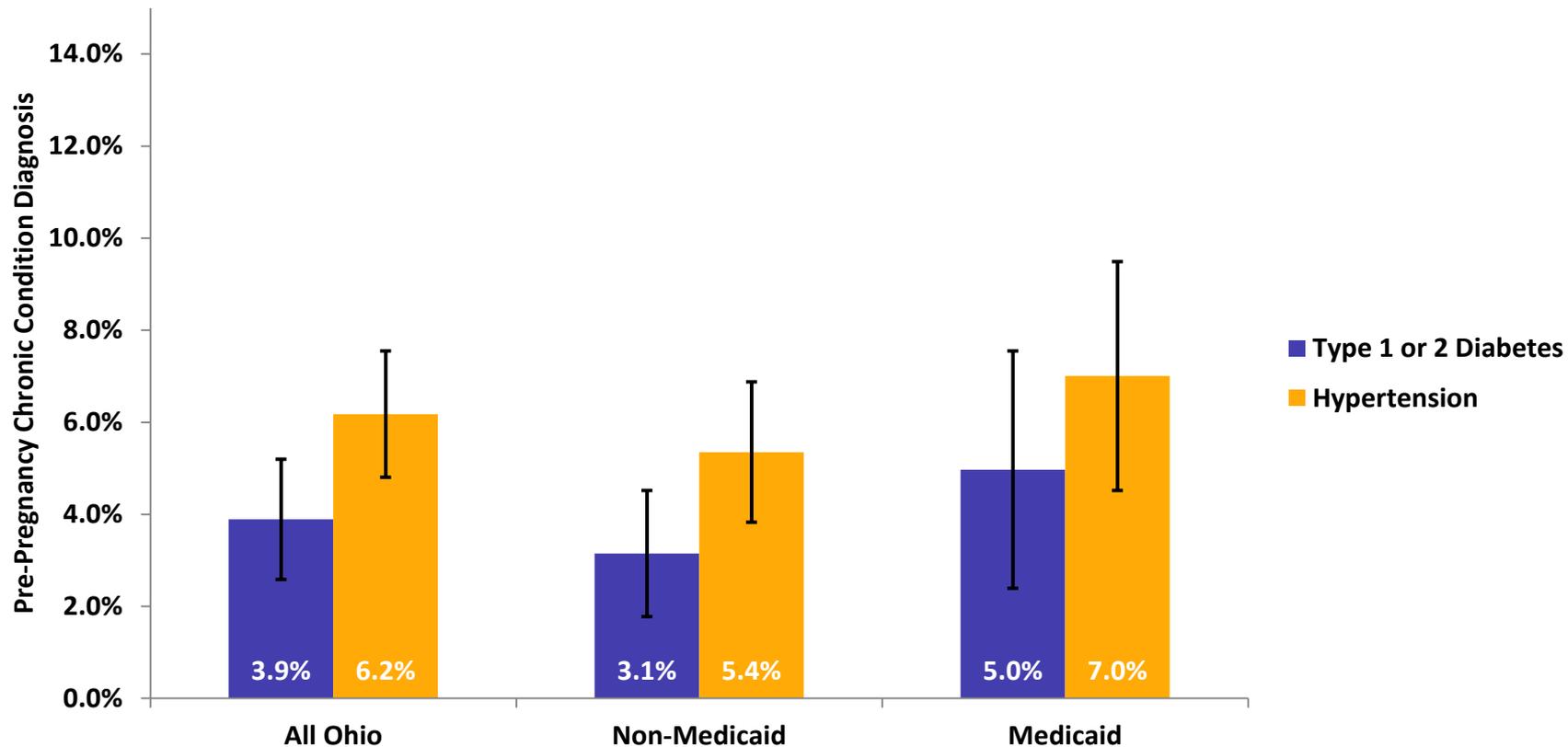
Medicaid women were more likely to have pre-pregnancy depression and anxiety



Data Source: 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

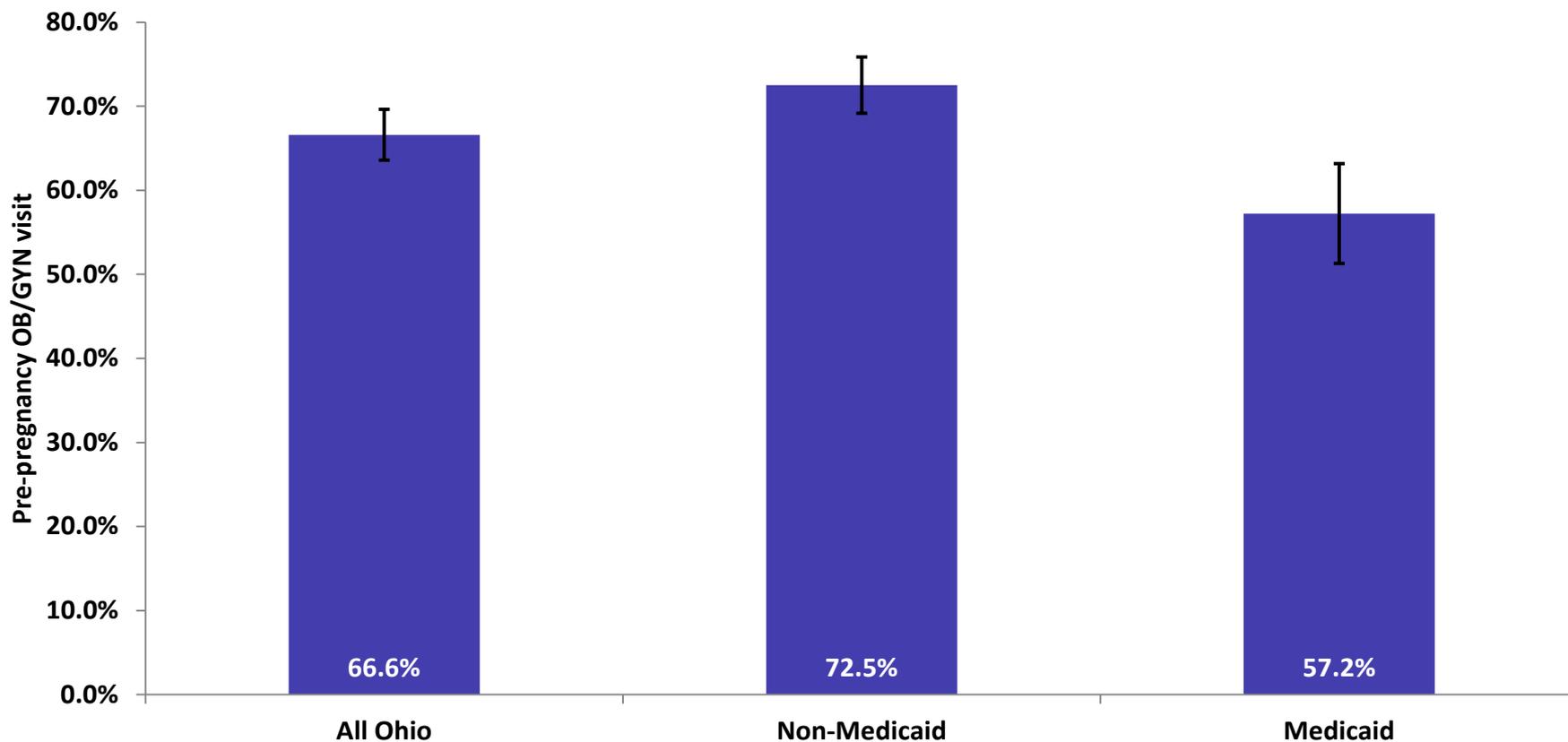
No difference by Medicaid status in pre-pregnancy diabetes or hypertension



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

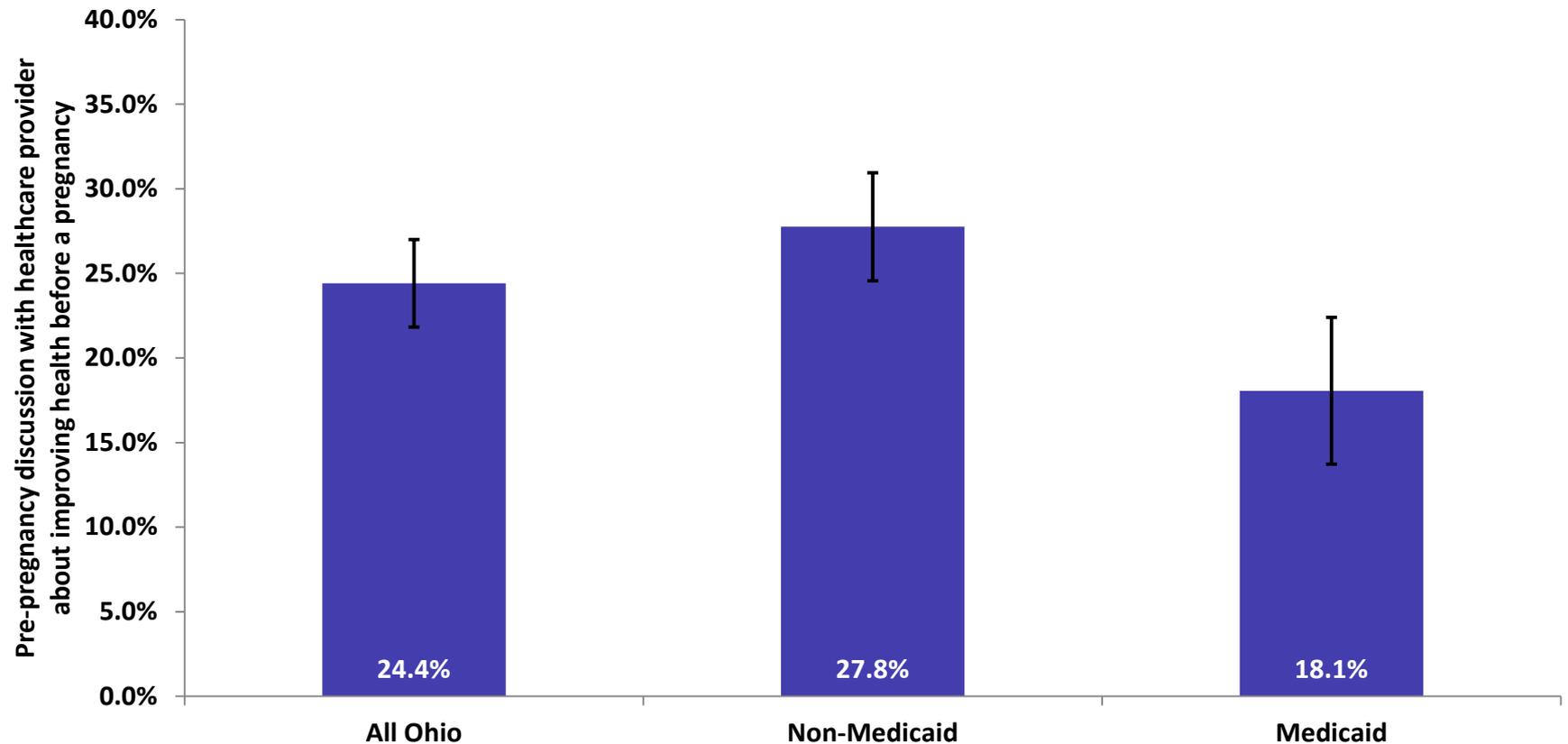


Data Source: 2016 OPAS

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

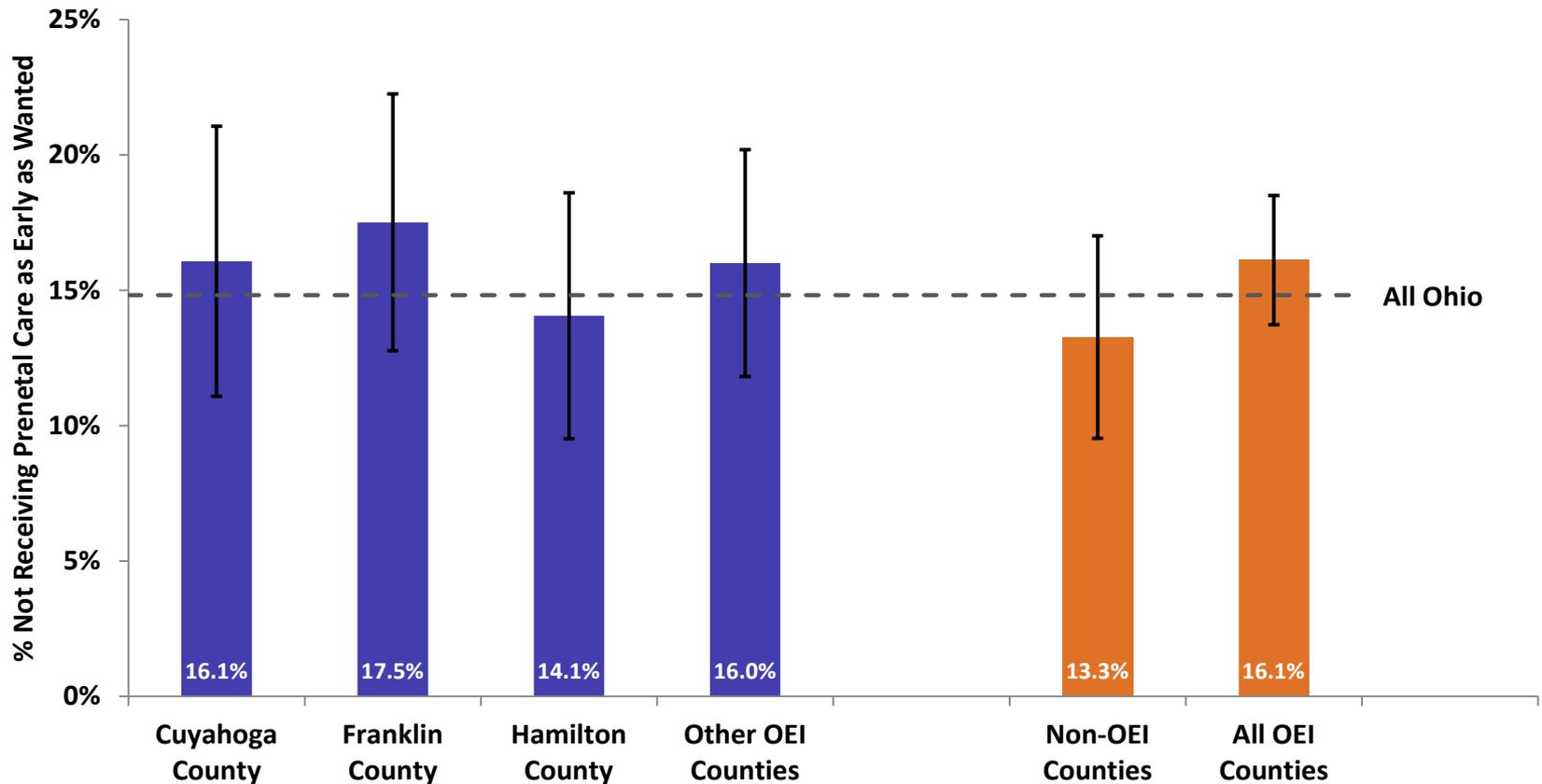


Prenatal Measures

Prenatal Measures

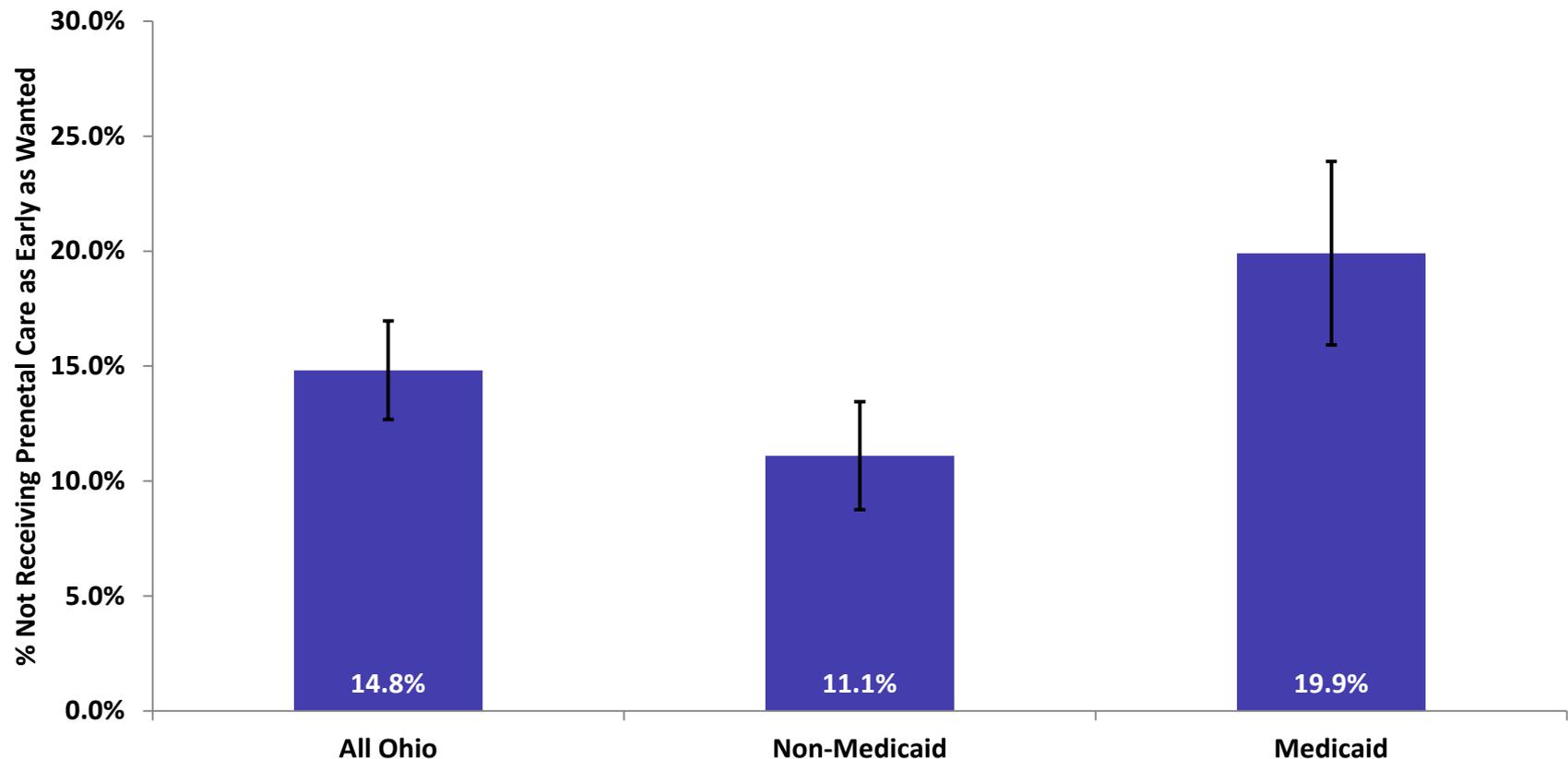
- Prenatal care as early as wanted
- Prenatal care topic discussions with providers
- Tobacco, electronic cigarette and alcohol use
- Home visitor during pregnancy

No difference by geography in women not receiving prenatal care as early as desired



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

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

No difference by Medicaid status in prenatal care discussions with providers

	Among women who received prenatal care, % of women asked by a health care provider about...		
	All Ohio % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Taking prescription medication	97.2 (96.3, 98.0)	97.1 (96.0, 98.1)	97.5 (96.3, 98.7)
Smoking cigarettes	96.5 (95.6, 97.4)	96.0 (94.8, 97.1)	97.5 (96.3, 98.8)
Drinking alcohol	96.0 (95.0, 97.0)	95.9 (94.7, 98.2)	96.5 (94.9, 98.2)

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

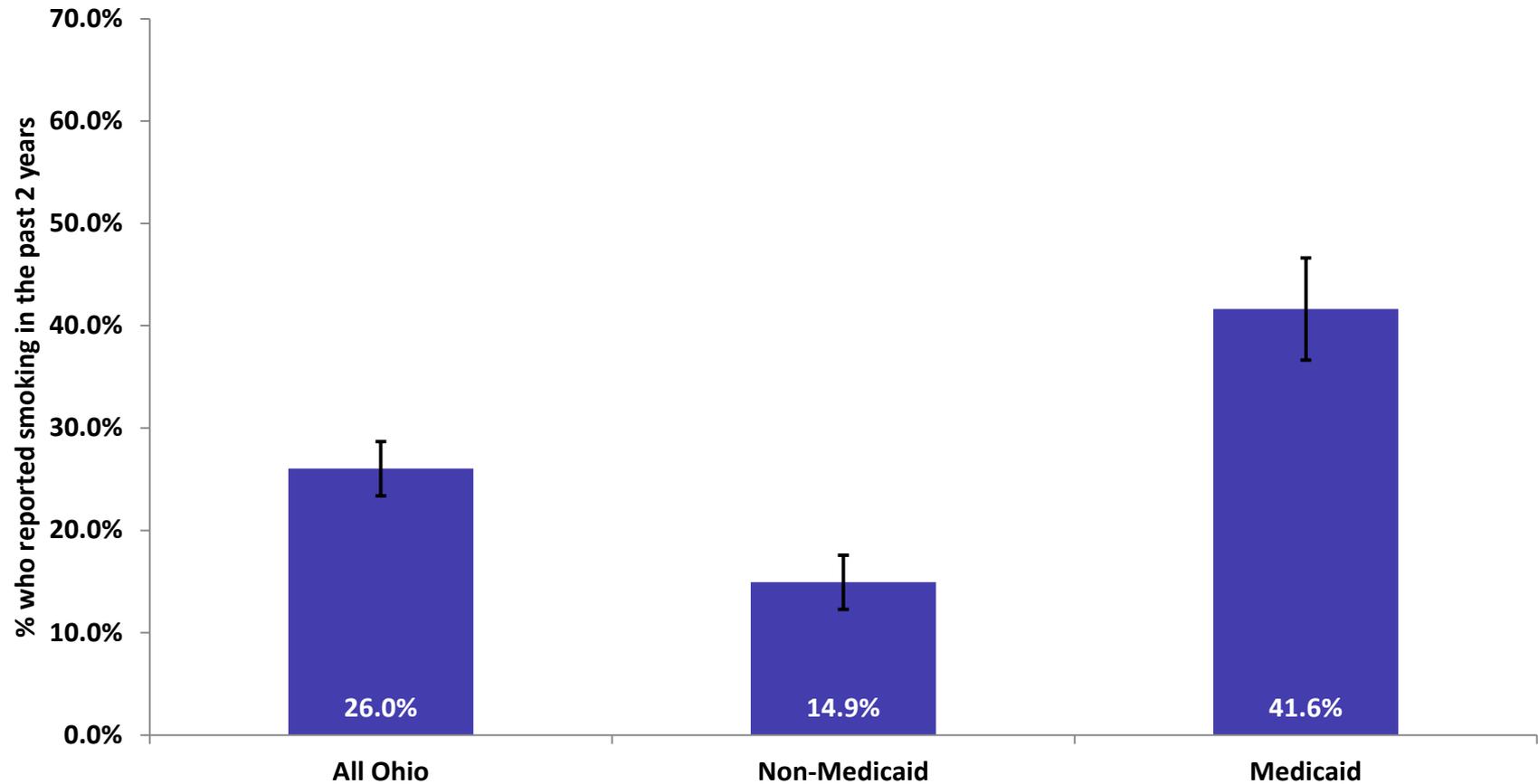
	Among women who received prenatal care, % of women asked by a health care provider about...		
	All Ohio % (95% CI)	Non-Medicaid % (95% CI)	Medicaid % (95% CI)
Feeling depressed*	78.0 (75.7, 80.3)	70.6 (67.4, 73.7)	88.3 (85.4, 91.3)
Drug use*	84.1 (82.2, 86.1)	78.9 (76.2, 81.6)	91.5 (88.8, 94.2)
Postpartum birth control plans*	79.2 (77.0, 81.5)	73.7 (70.8, 76.6)	86.9 (83.4, 90.3)
Intention to breastfeed*	92.4 (91.0, 93.9)	91.0 (89.2, 92.8)	94.7 (92.5, 97.0)

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

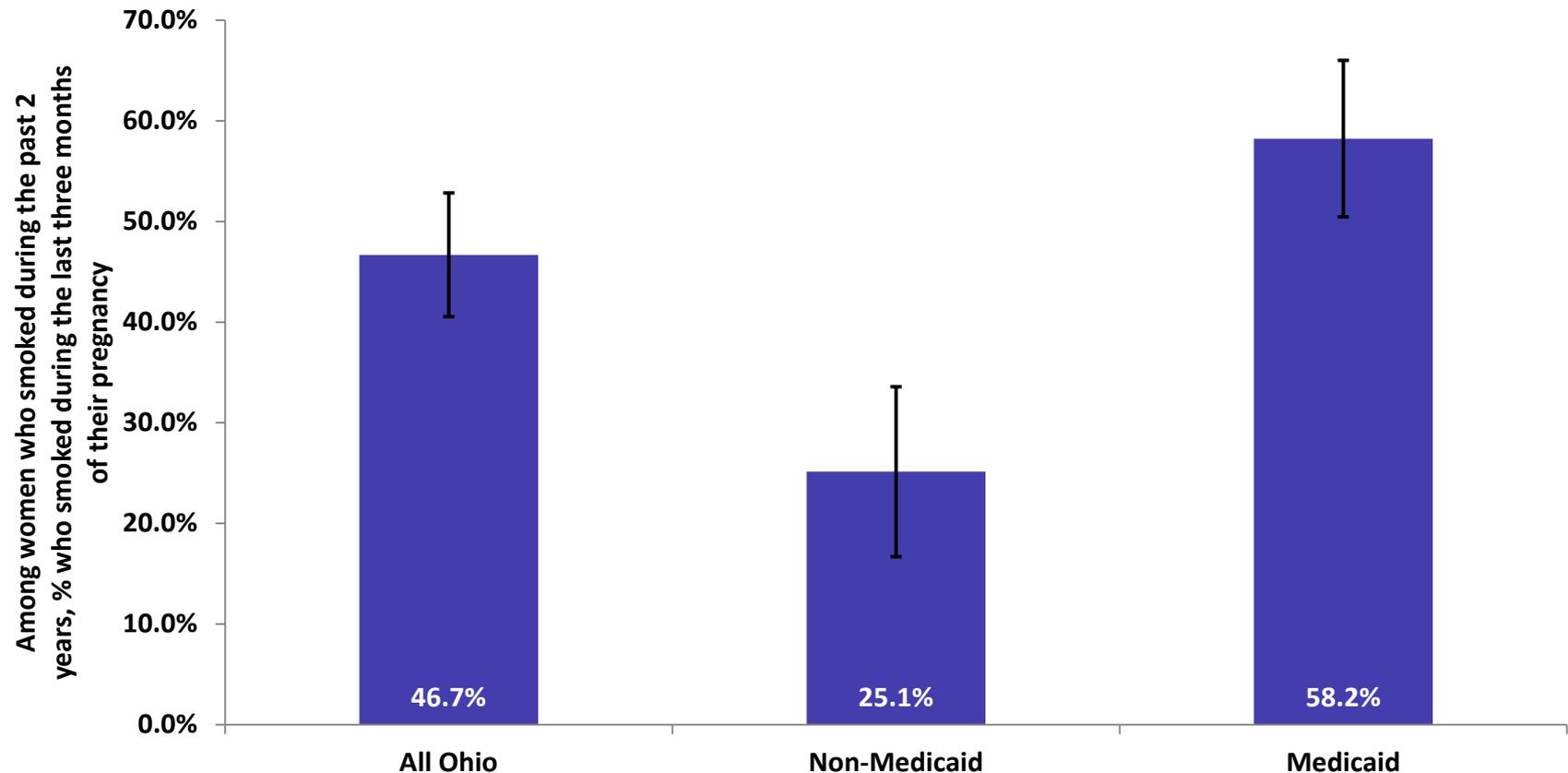
Medicaid women were more likely to smoke during the past 2 years



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

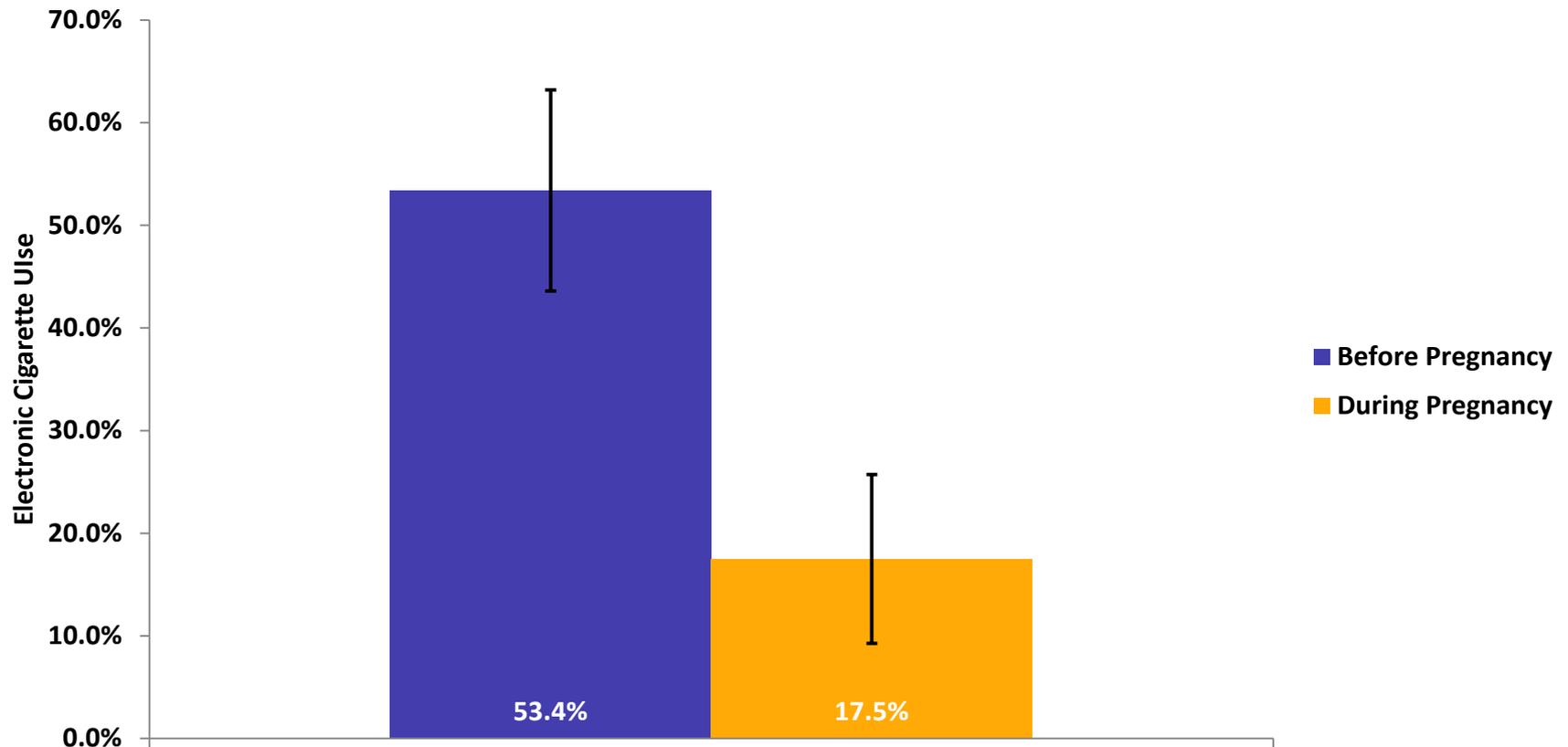


Data Source: 2016 OPAS

Subpopulation: Women who smoked in the past 2 years

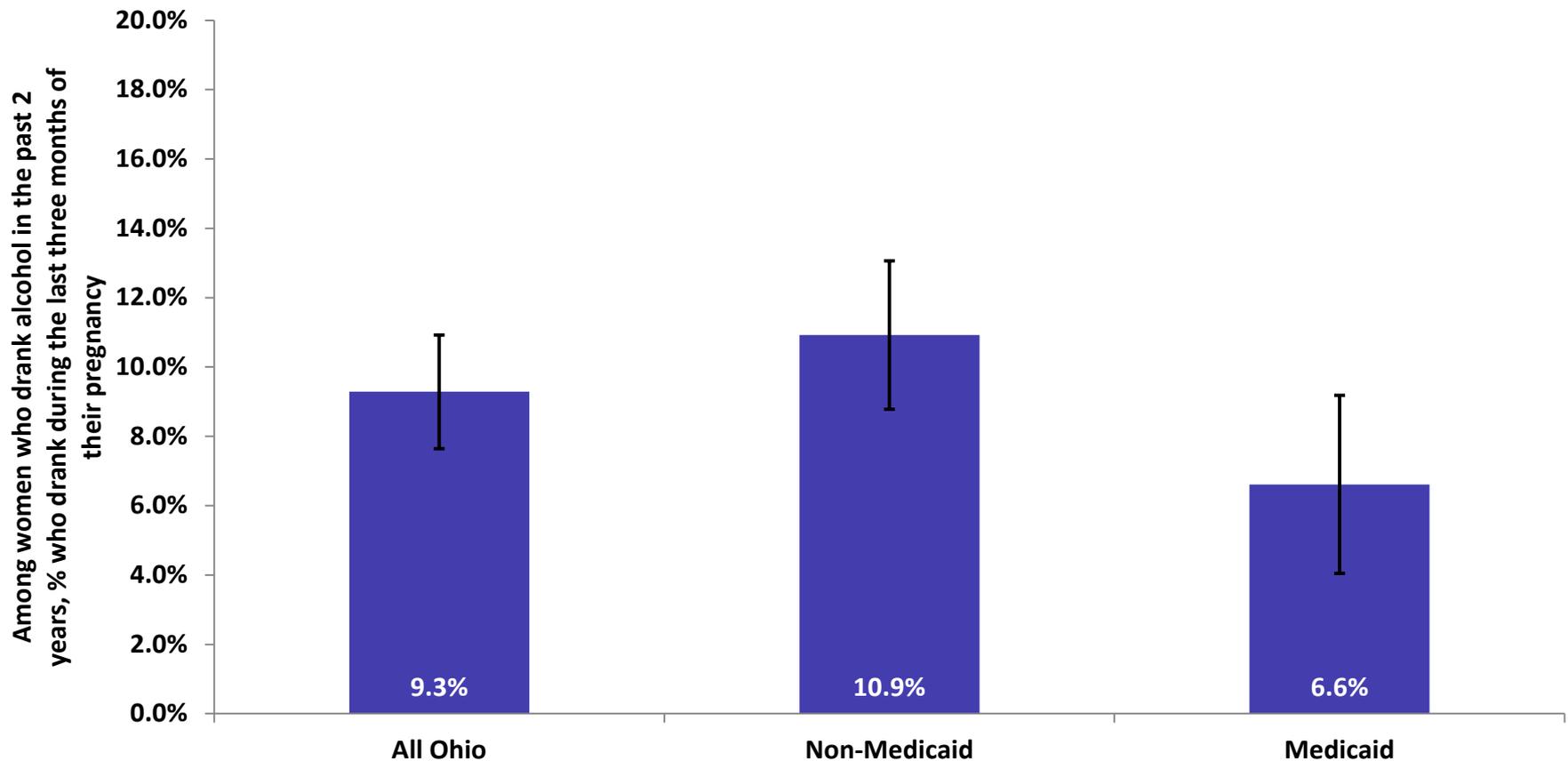
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

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

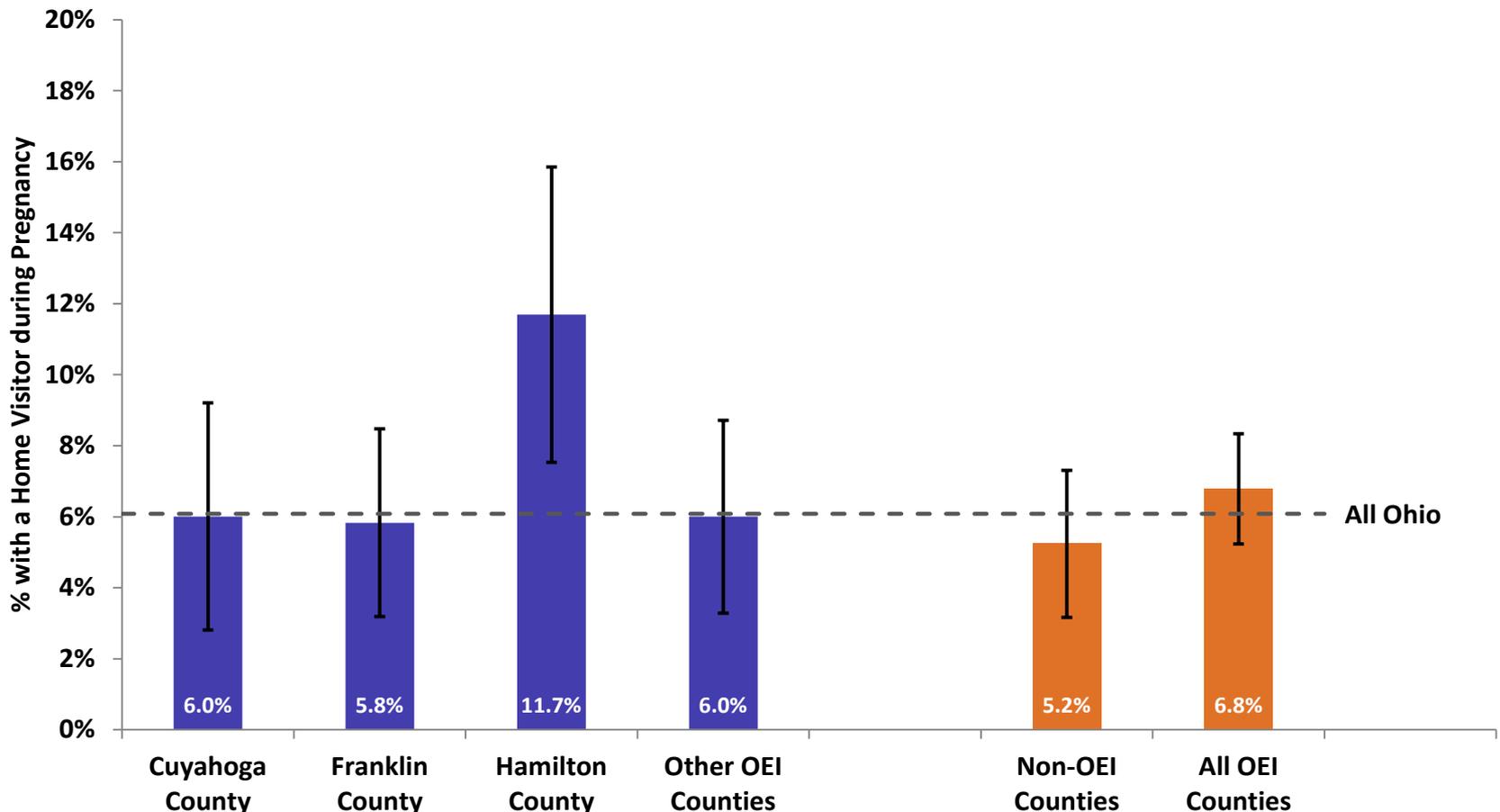


Data Source: 2016 OPAS

Subpopulation: Women who drank alcohol in the past 2 years

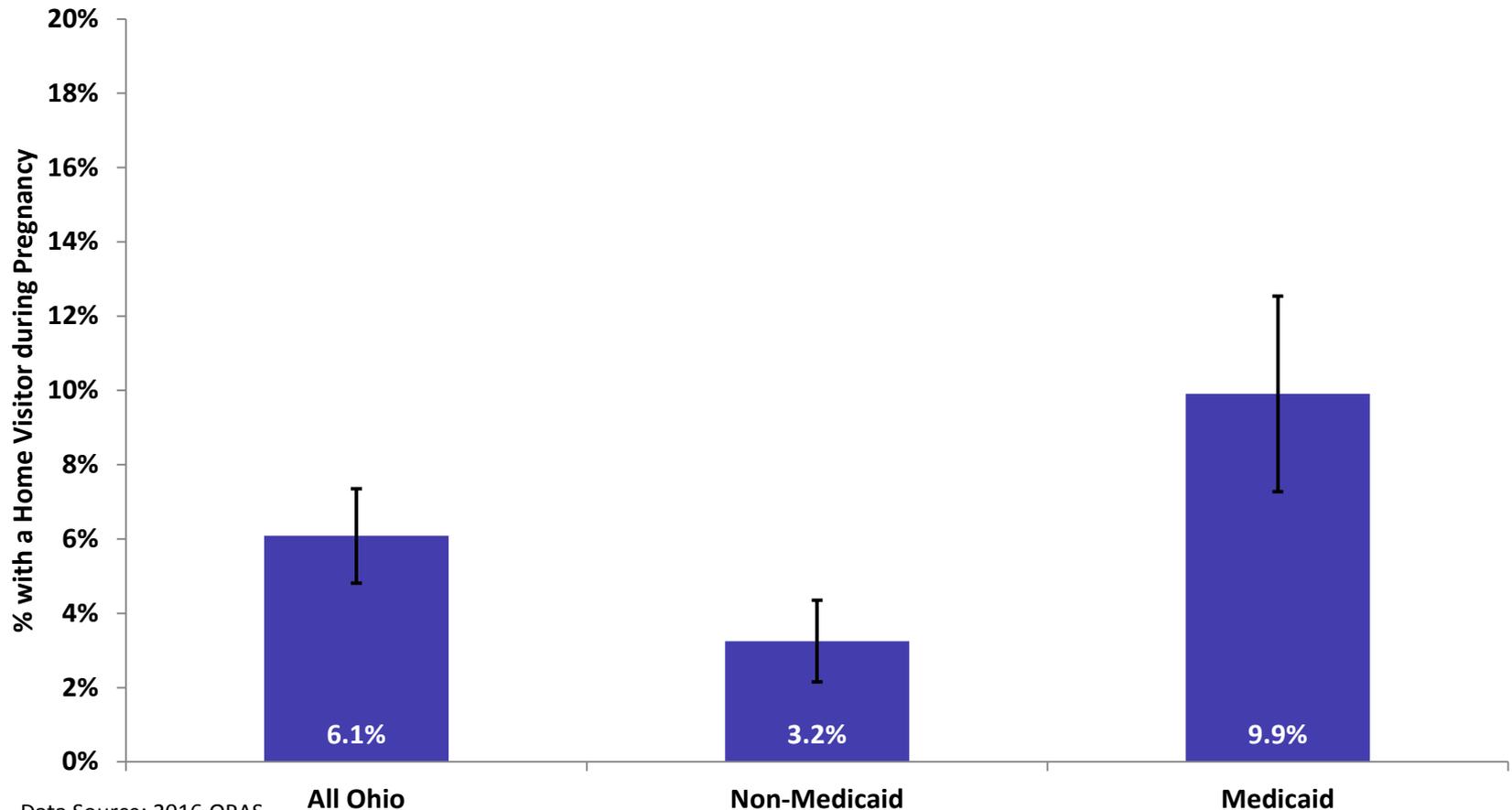
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

Women in Hamilton County were more likely to have home visitor during pregnancy



Data Source: 2016 OPAS

Medicaid women were more likely to have a home visitor during pregnancy



Data Source: 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

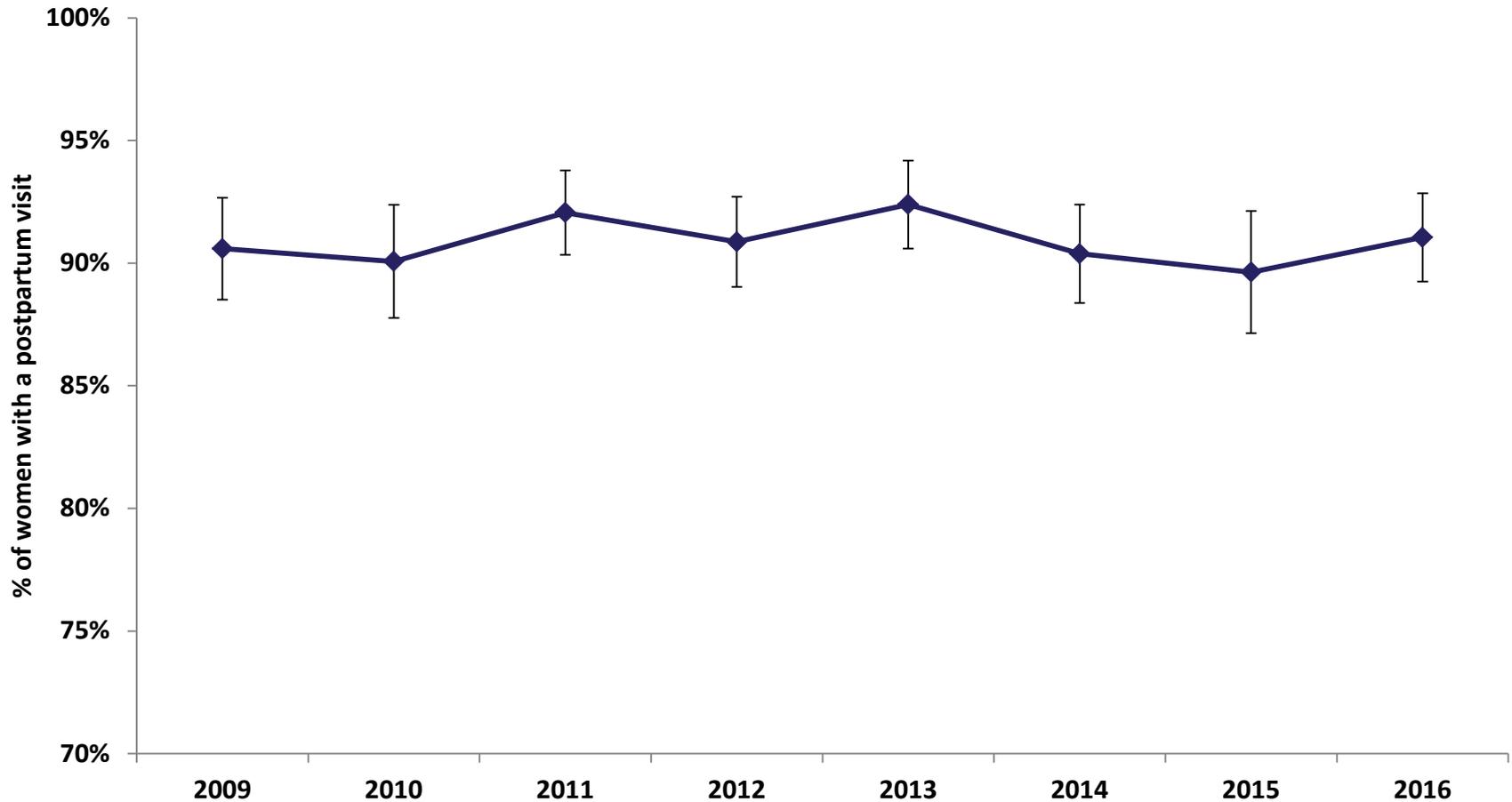


Postpartum
Measures

Postpartum Measures

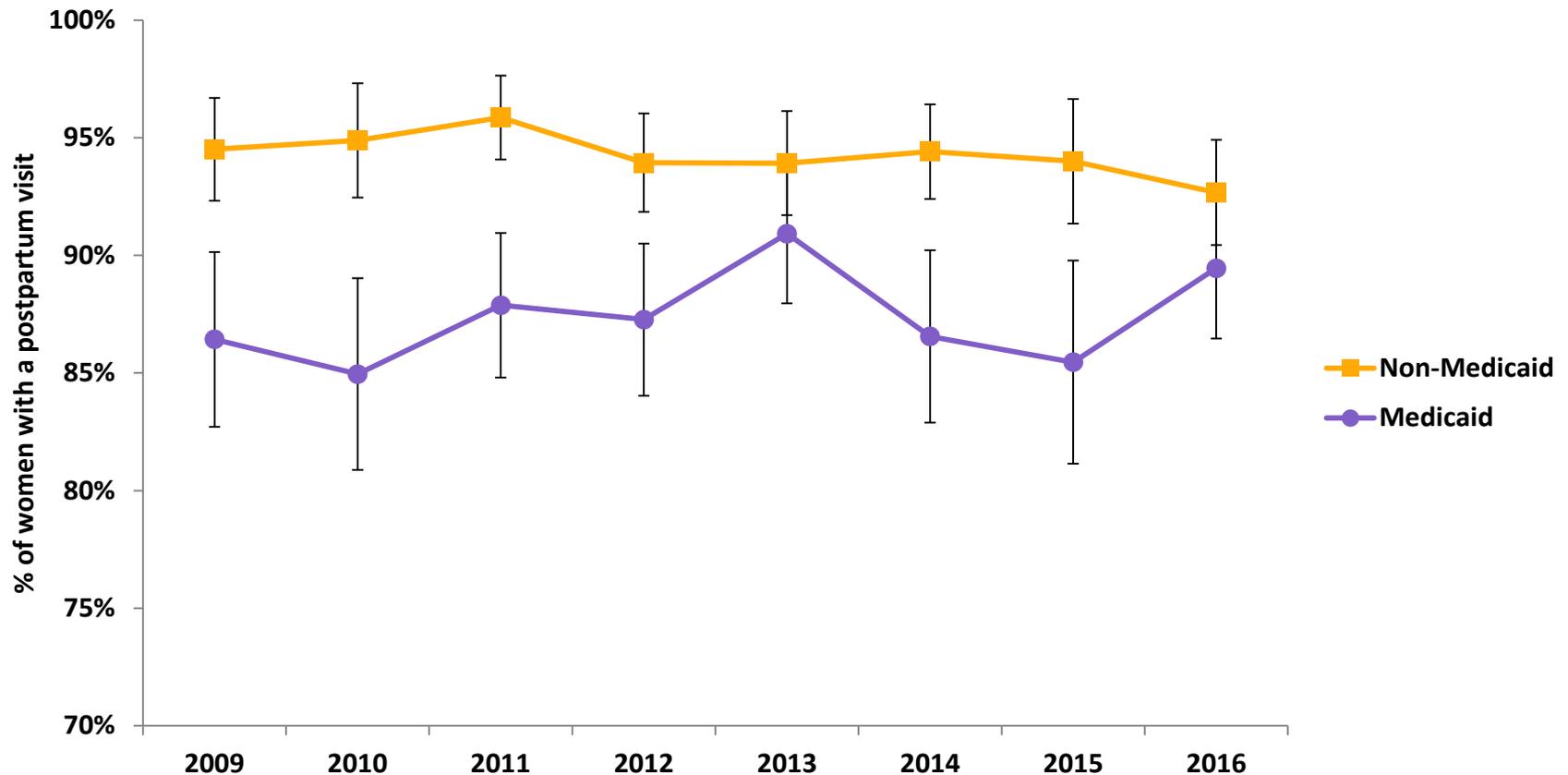
- Postpartum visit
- Postpartum birth control use
- Home visitor after delivery
- Ever breastfed
- Baby slept alone in a crib
- Baby placed on back to sleep
- Not returning to work
- Feeling depressed

Most women report having a postpartum visit



Data Source: 2009-2015 PRAMS and 2016 OPAS

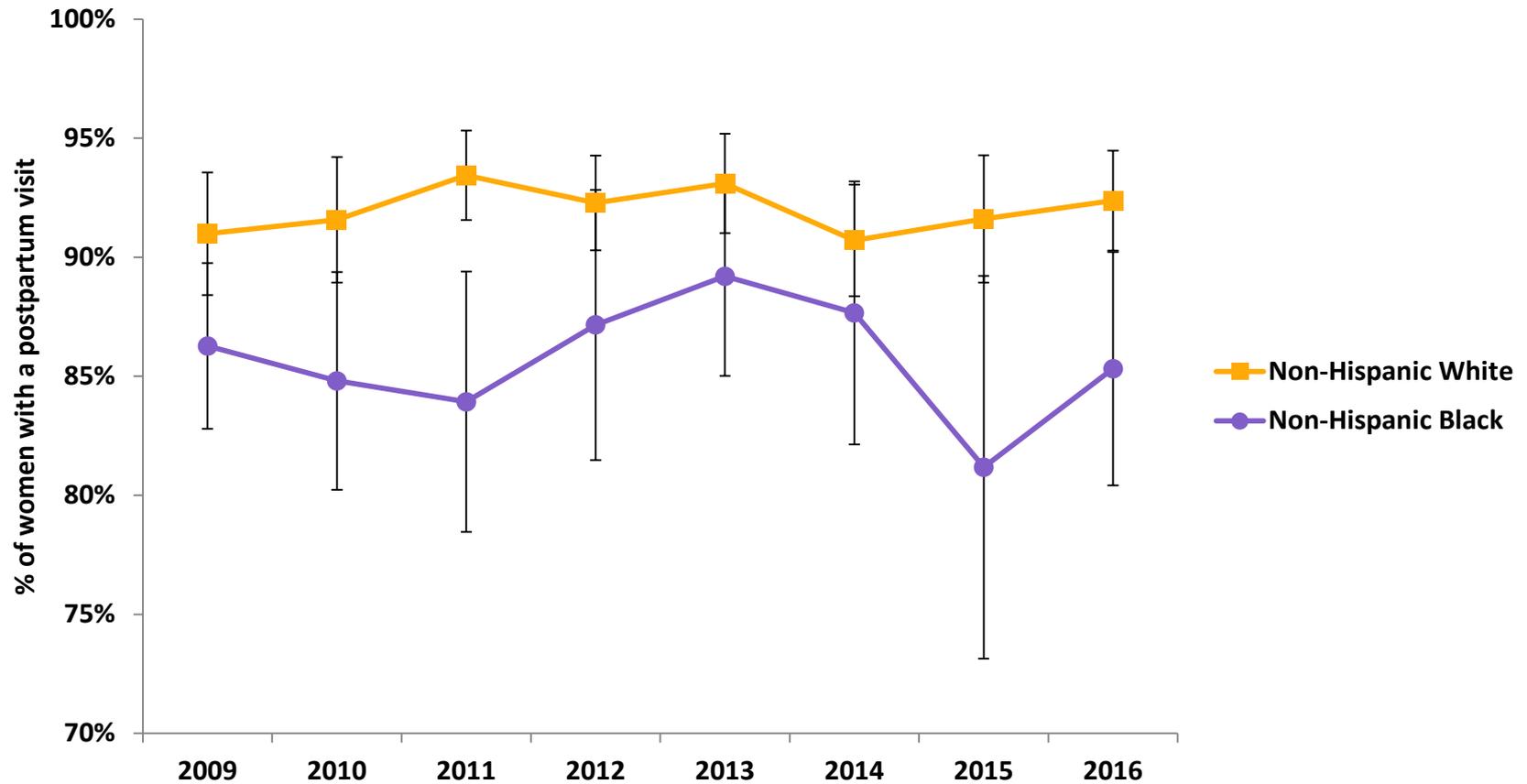
In most years, Medicaid women were less likely to have a postpartum visit



Data Source: 2009-2015 PRAMS and 2016 OPAS

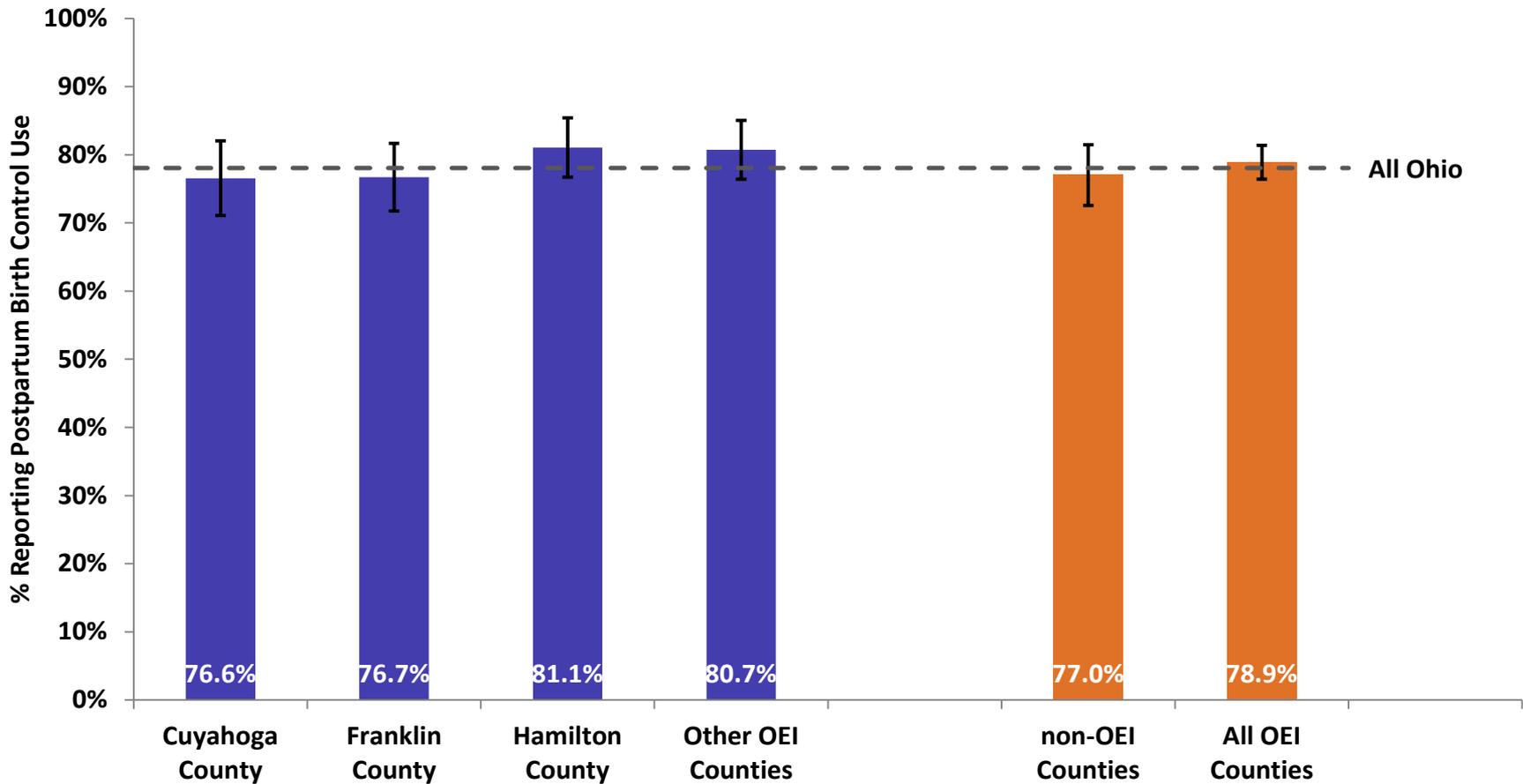
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

Some differences by race in postpartum visits



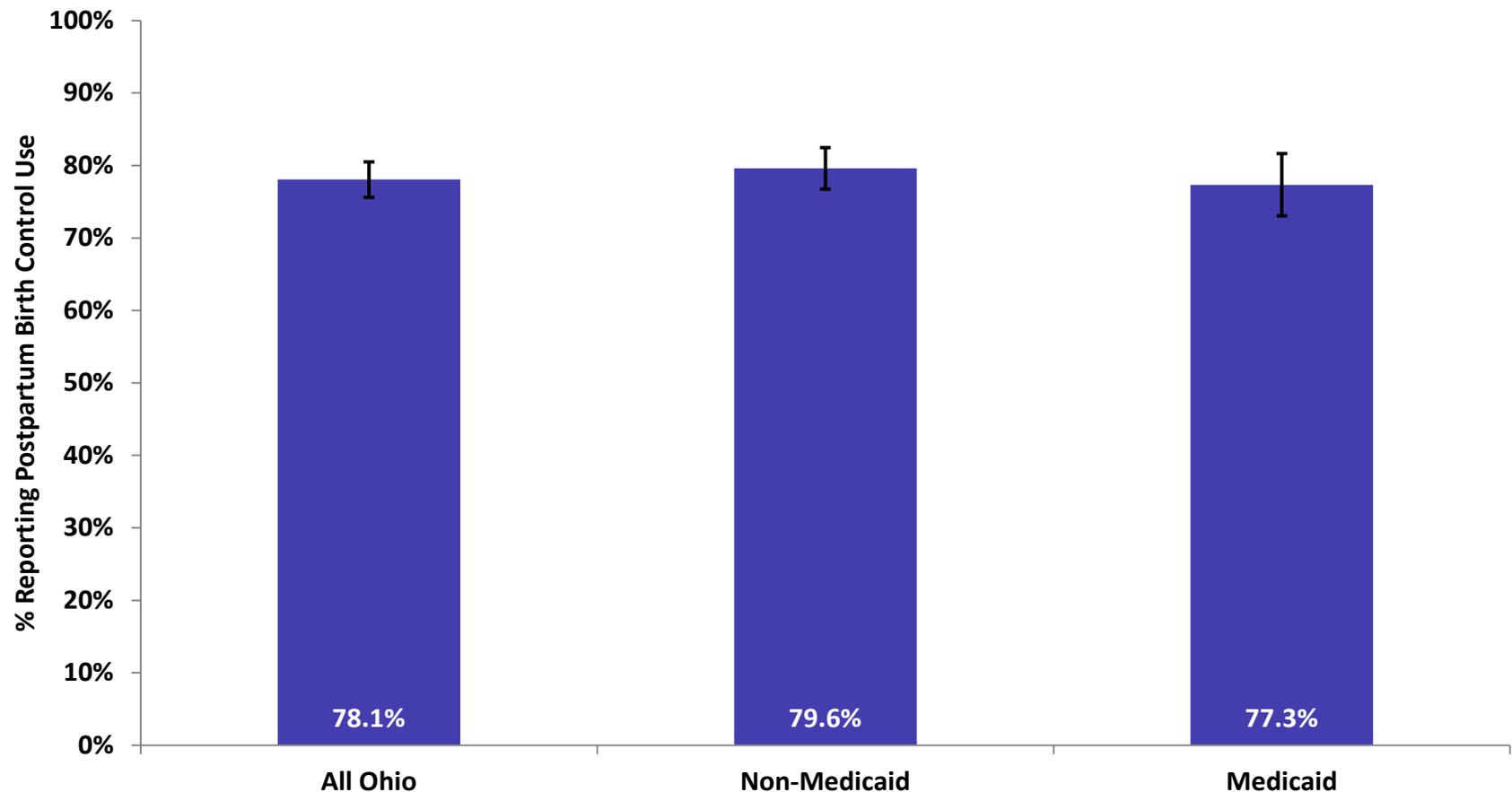
Data Source: 2009-2015 PRAMS and 2016 OPAS

No difference by geography in postpartum birth control use



Data Source: 2016 OPAS

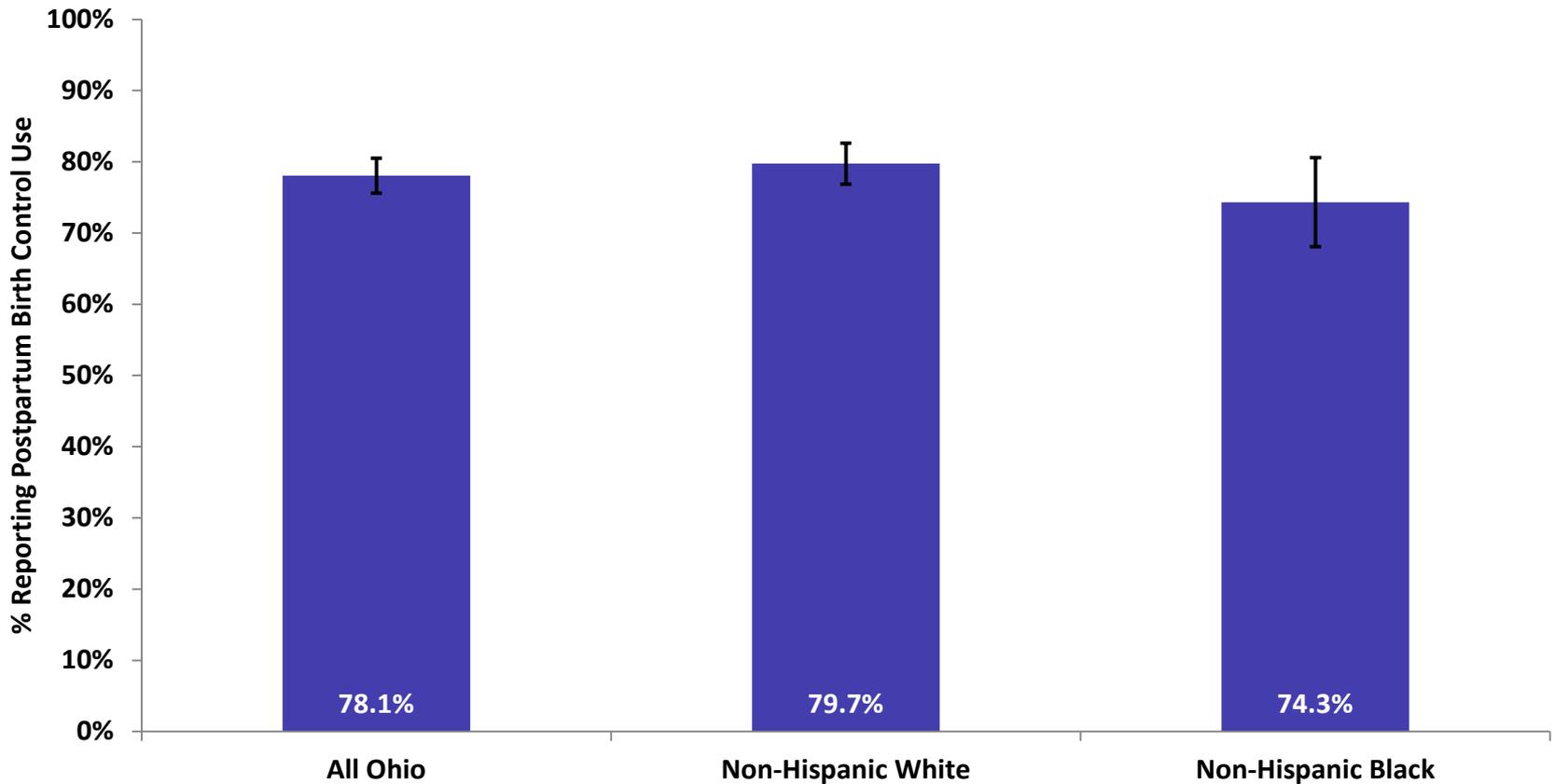
No difference by Medicaid status in postpartum birth control use



Data Source: 2016 OPAS

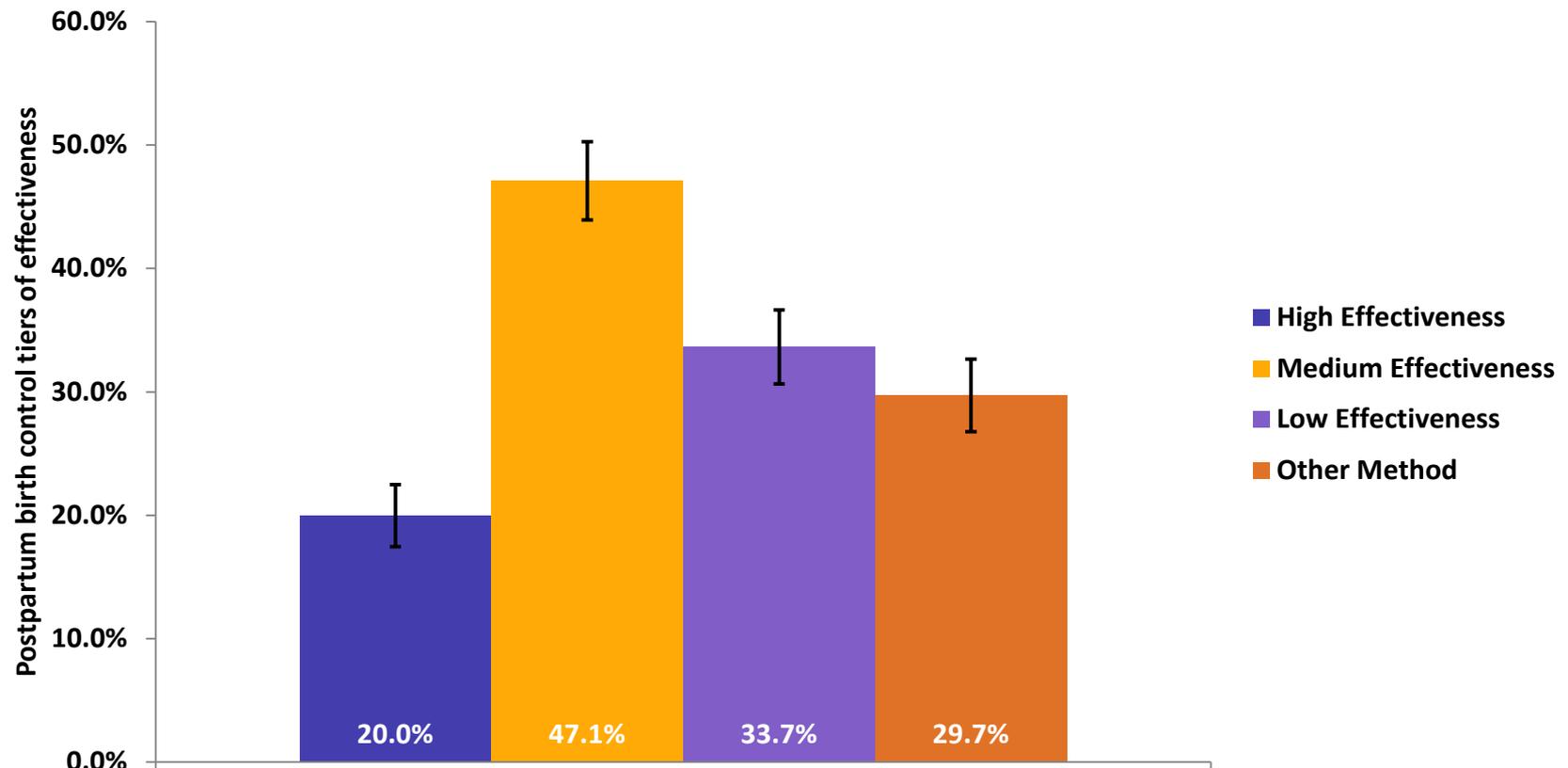
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

No difference by race in postpartum birth control use



Data Source: 2016 OPAS

Postpartum birth control tiers of effectiveness



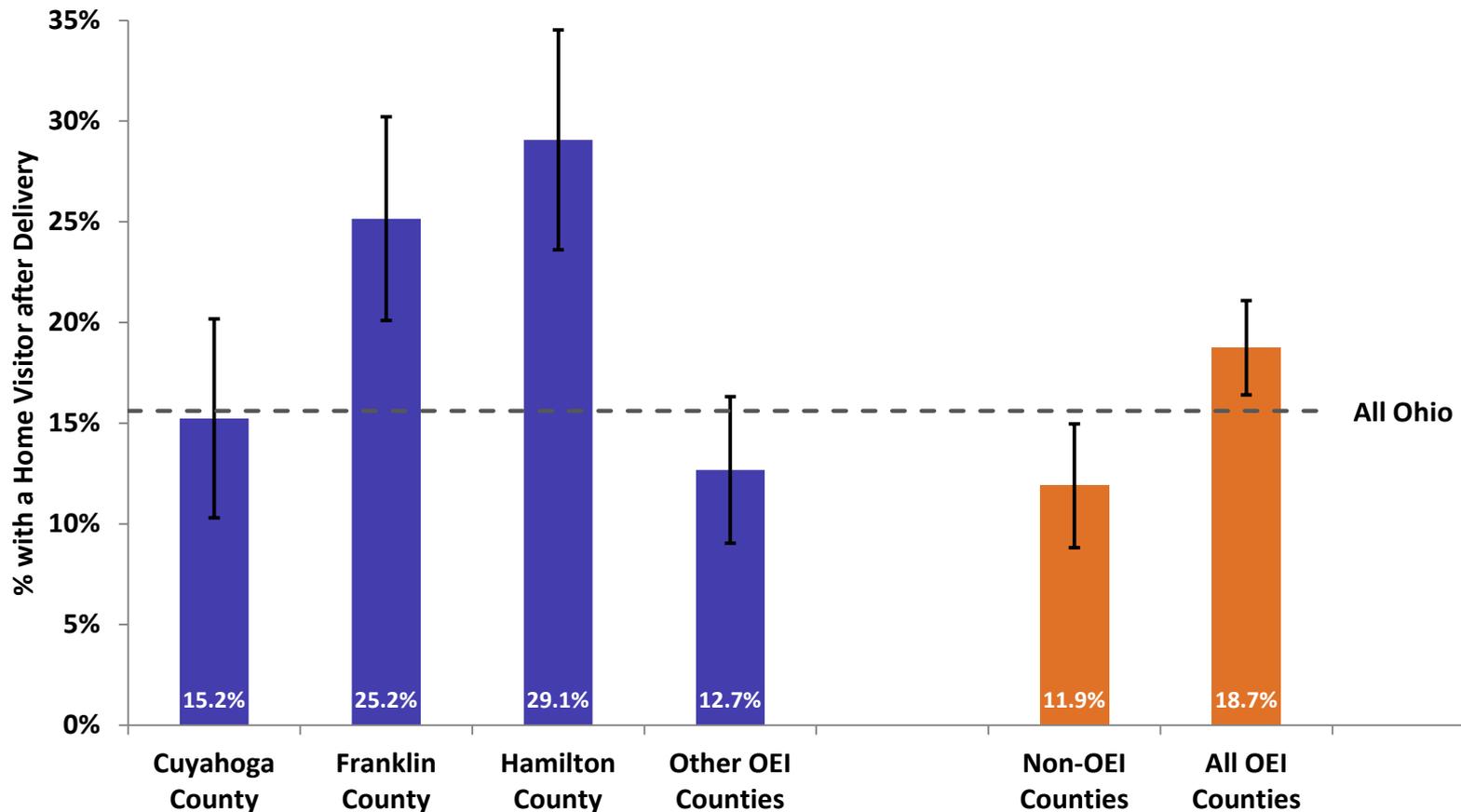
Data Source: 2016 OPAS

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;

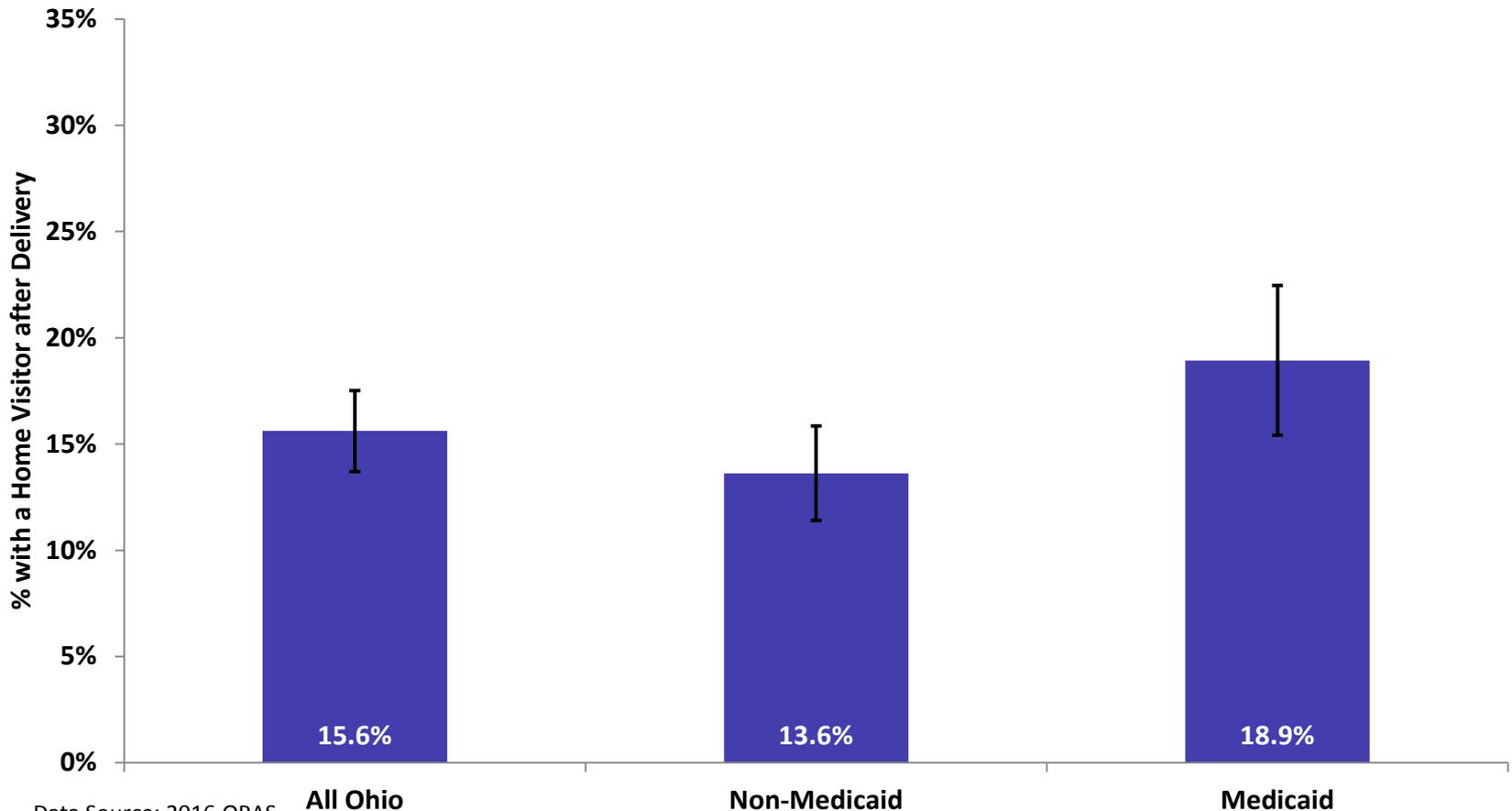
Low effectiveness: condoms, rhythm method; Other method: other (write-in option), withdrawal, or abstinence

Women in OEI counties were more likely to have a home visitor after delivery



Data Source: 2016 OPAS

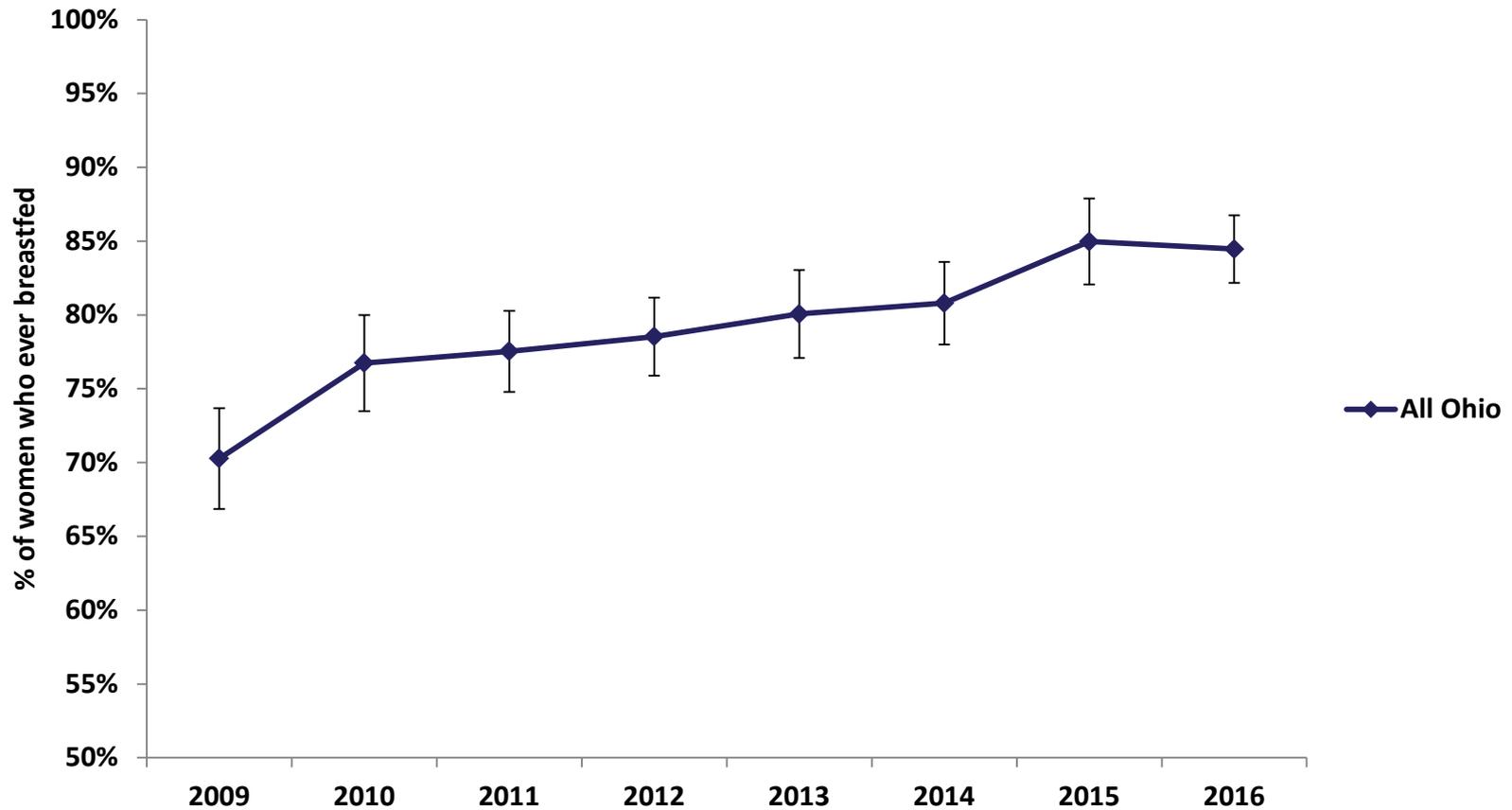
Medicaid women were more likely to report having a home visitor after delivery



Data Source: 2016 OPAS

Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

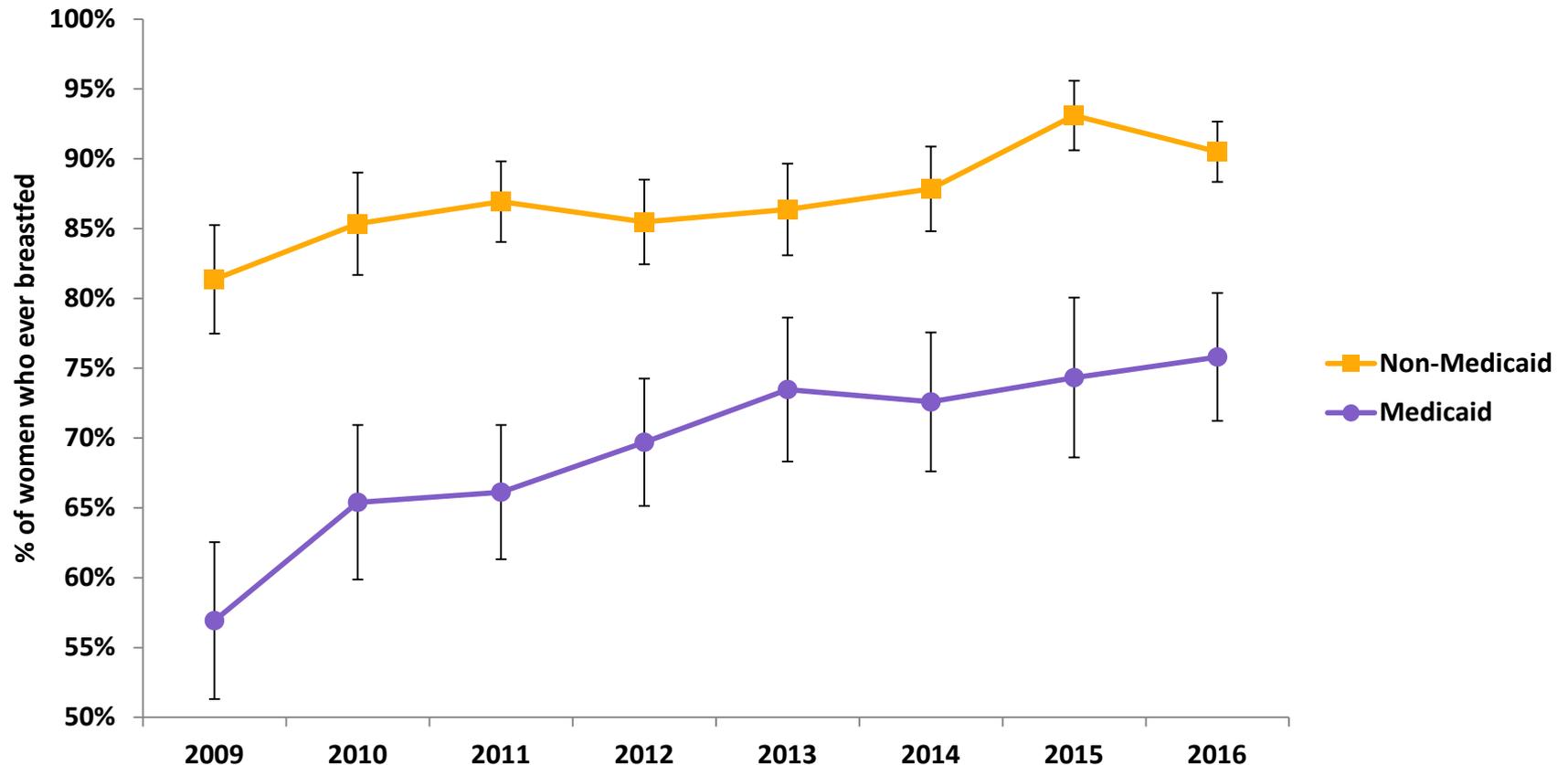
Increase in the percentage of women who ever breastfed



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

Medicaid women were less likely to ever breastfeed

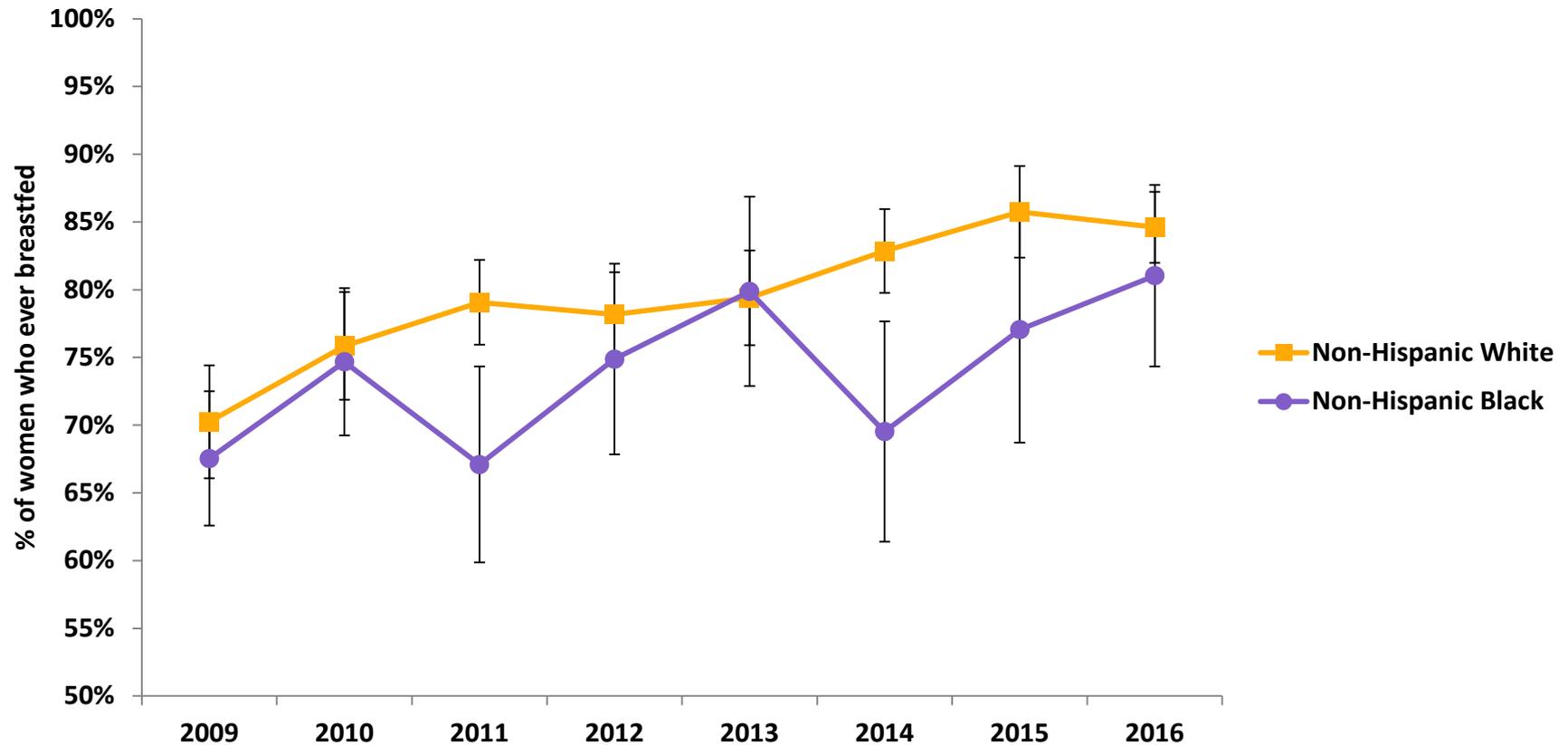


Data Source: 2009-2015 PRAMS and 2016 OPAS

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

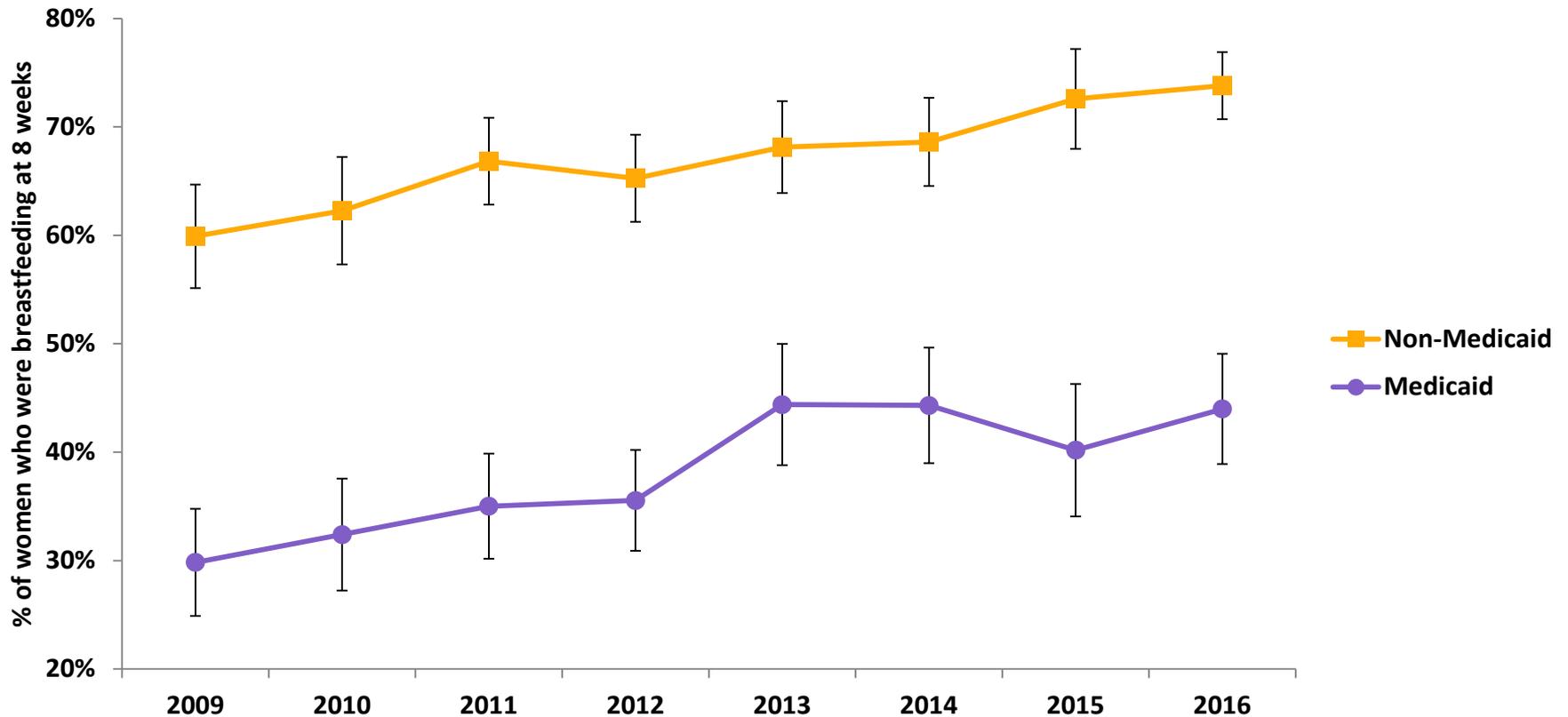
Little difference by race in the percentage of women who ever breastfed



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

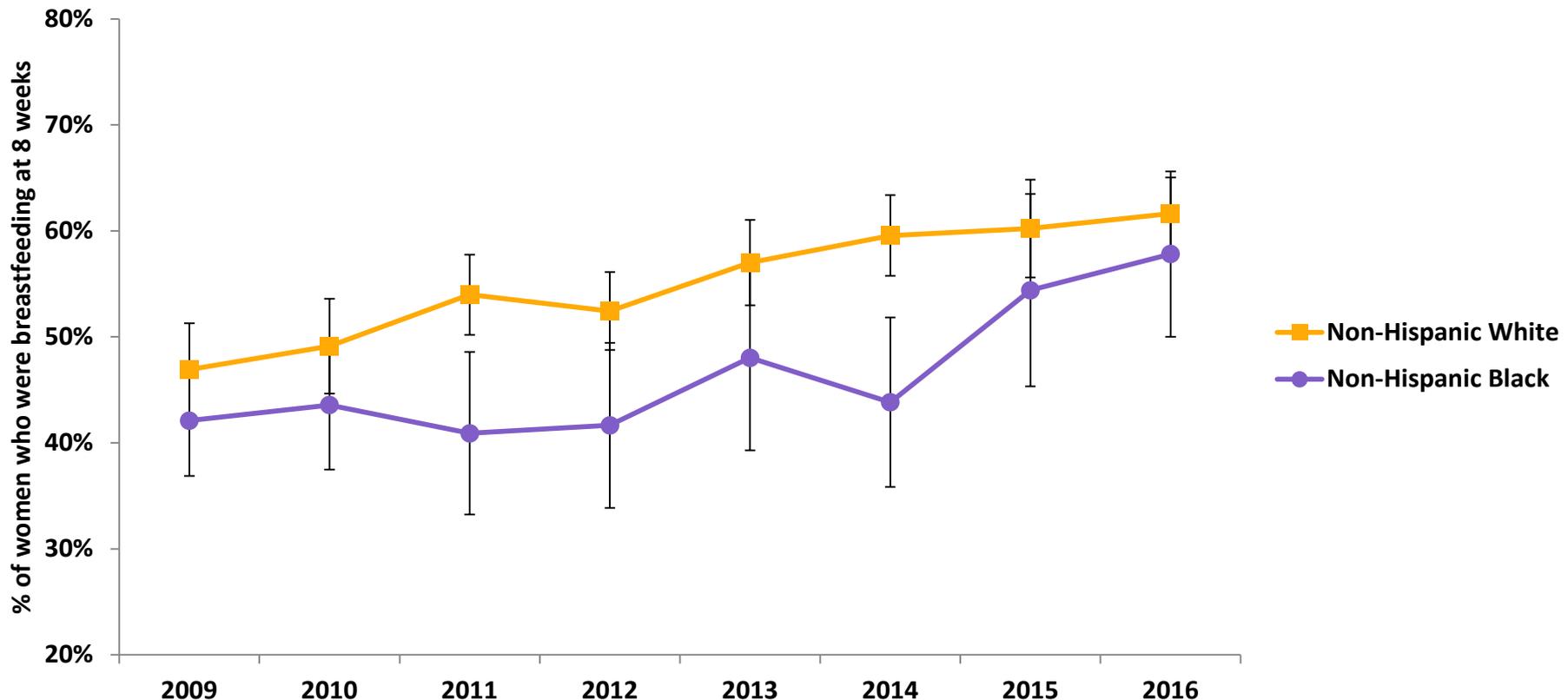
Medicaid women were less likely to be breastfeeding at 8 weeks



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

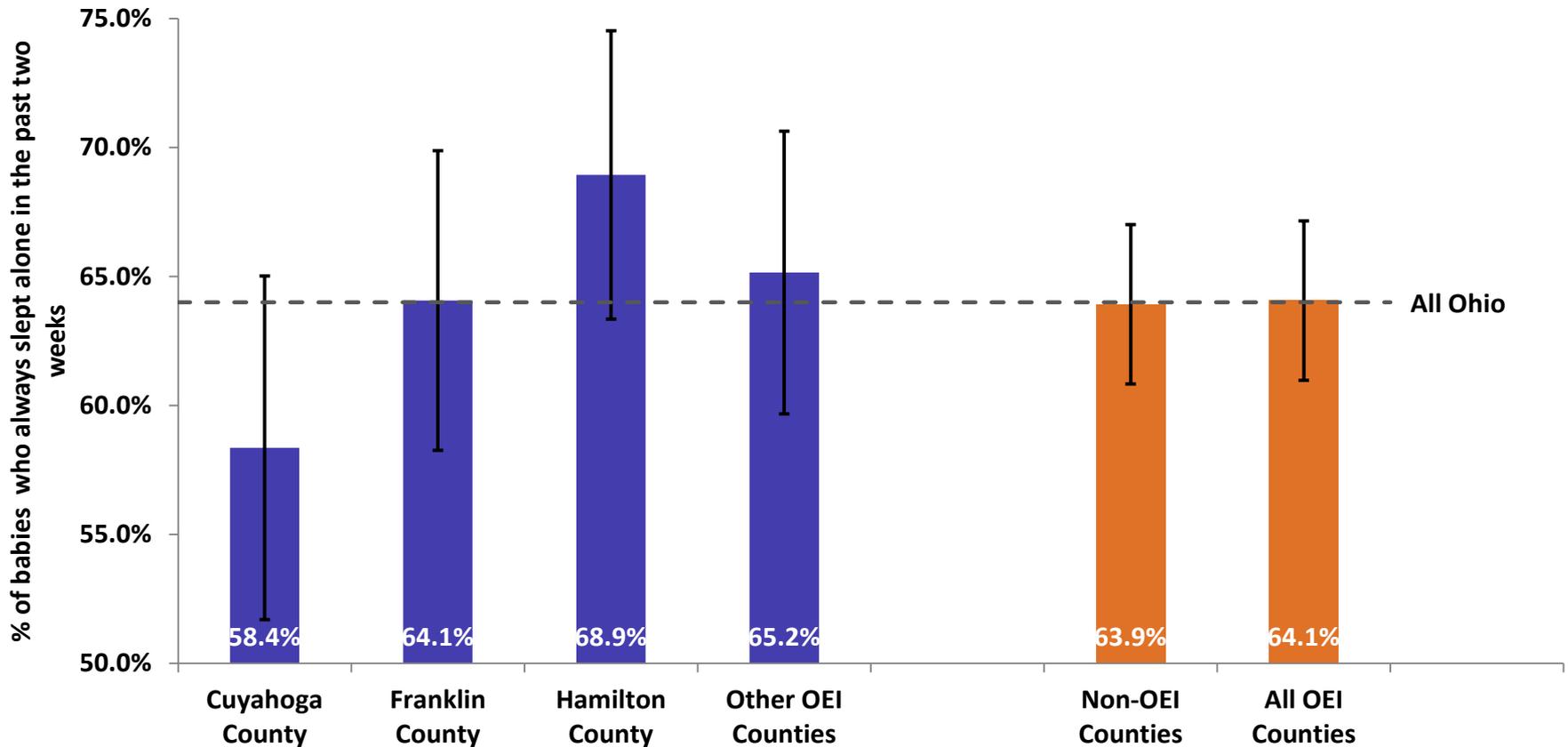


Data Source: 2009-2015 PRAMS and 2016 OPAS

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

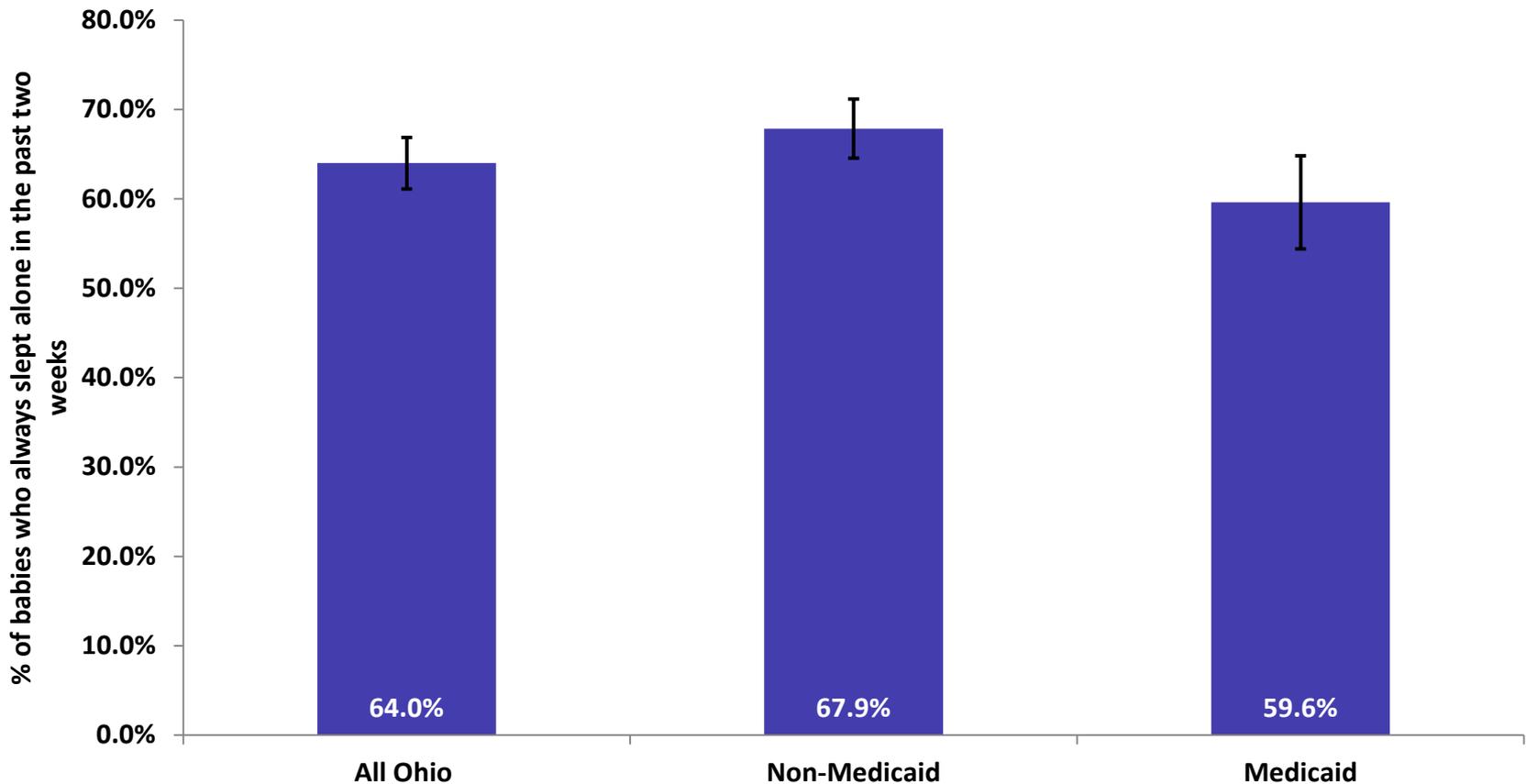
No difference by geography in the percentage of babies who slept alone in the past 2 weeks



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

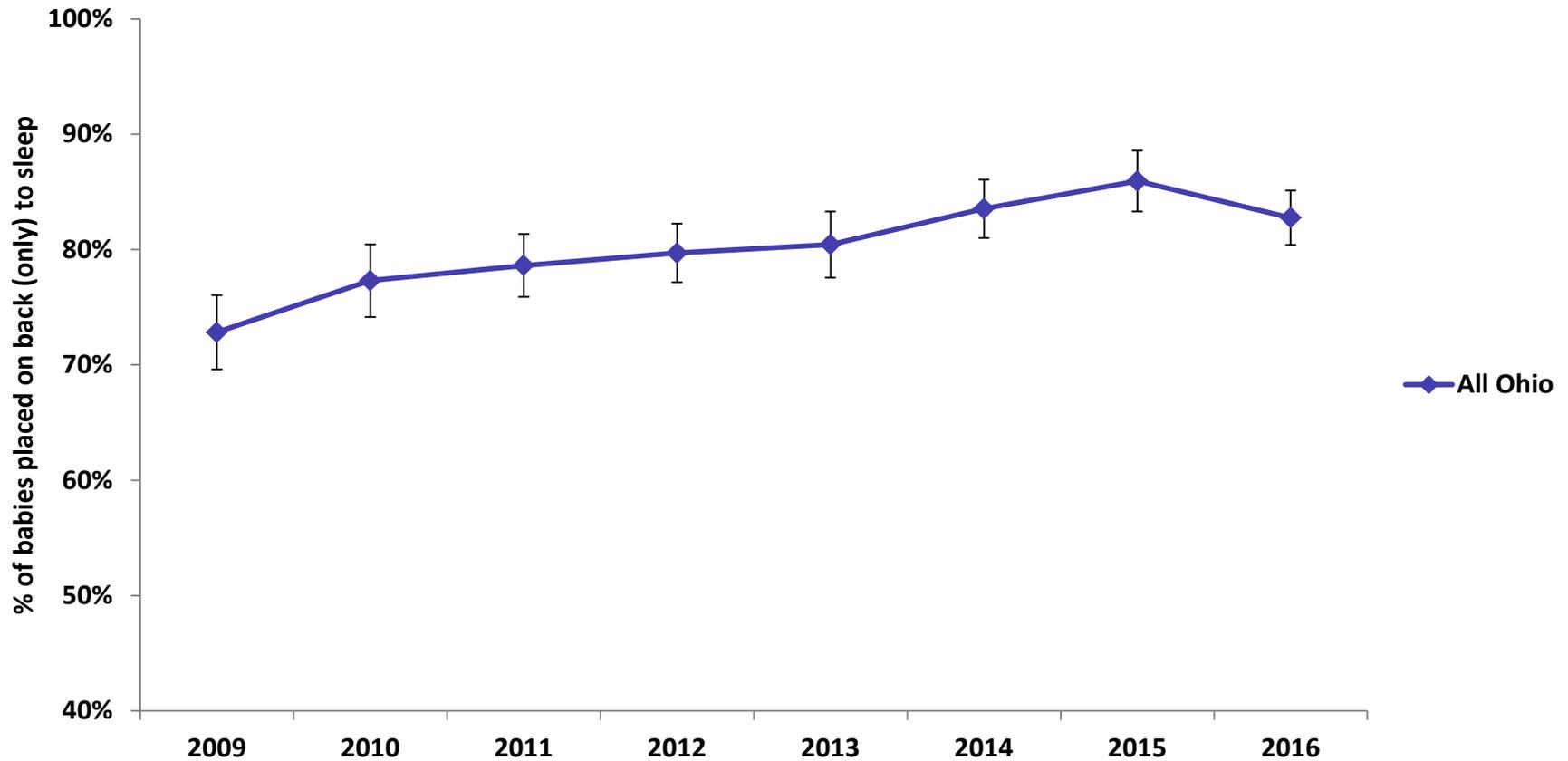


Data Source: 2016 OPAS

Subpopulation: Women whose baby was living with them (not still in the hospital)

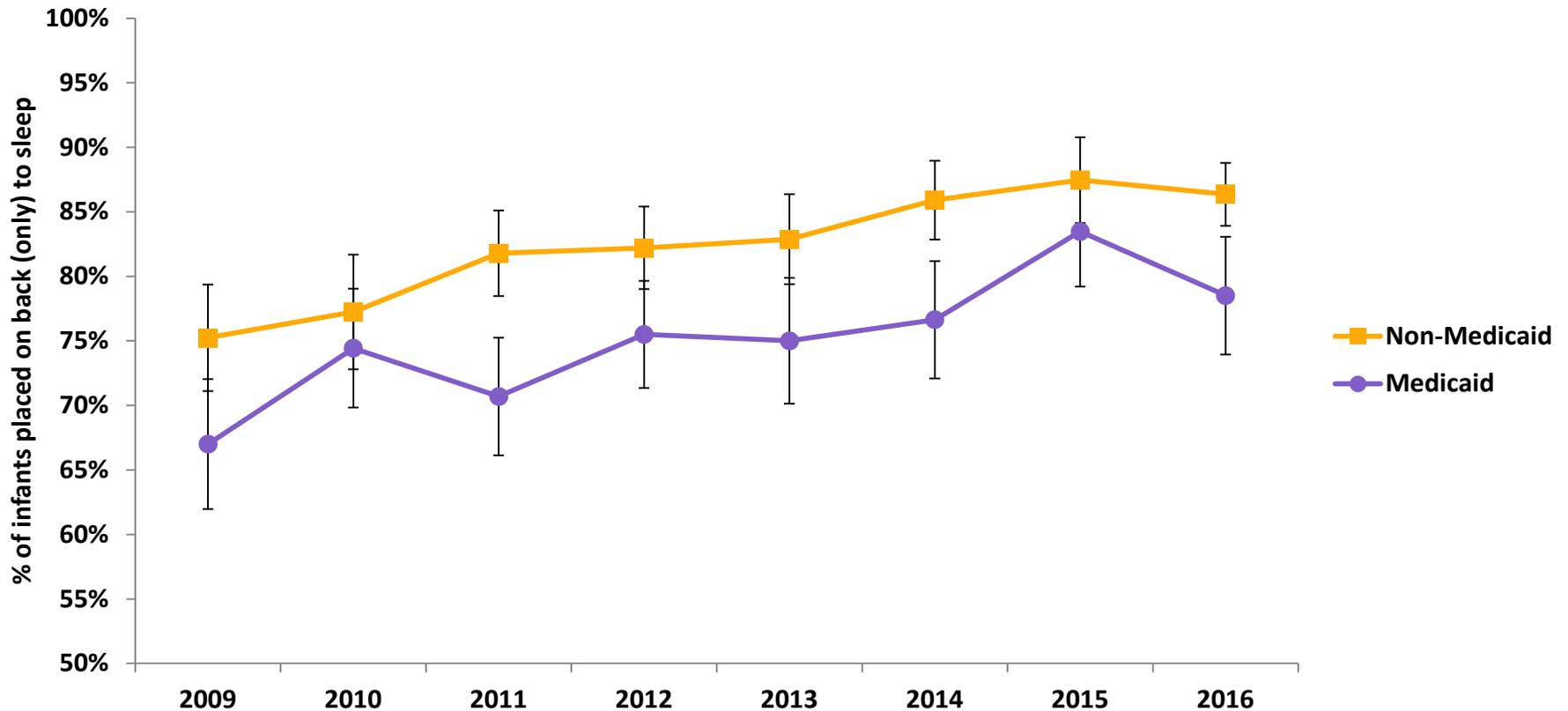
Non-Medicaid includes women with private insurance, other insurance, or no insurance for their prenatal care

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

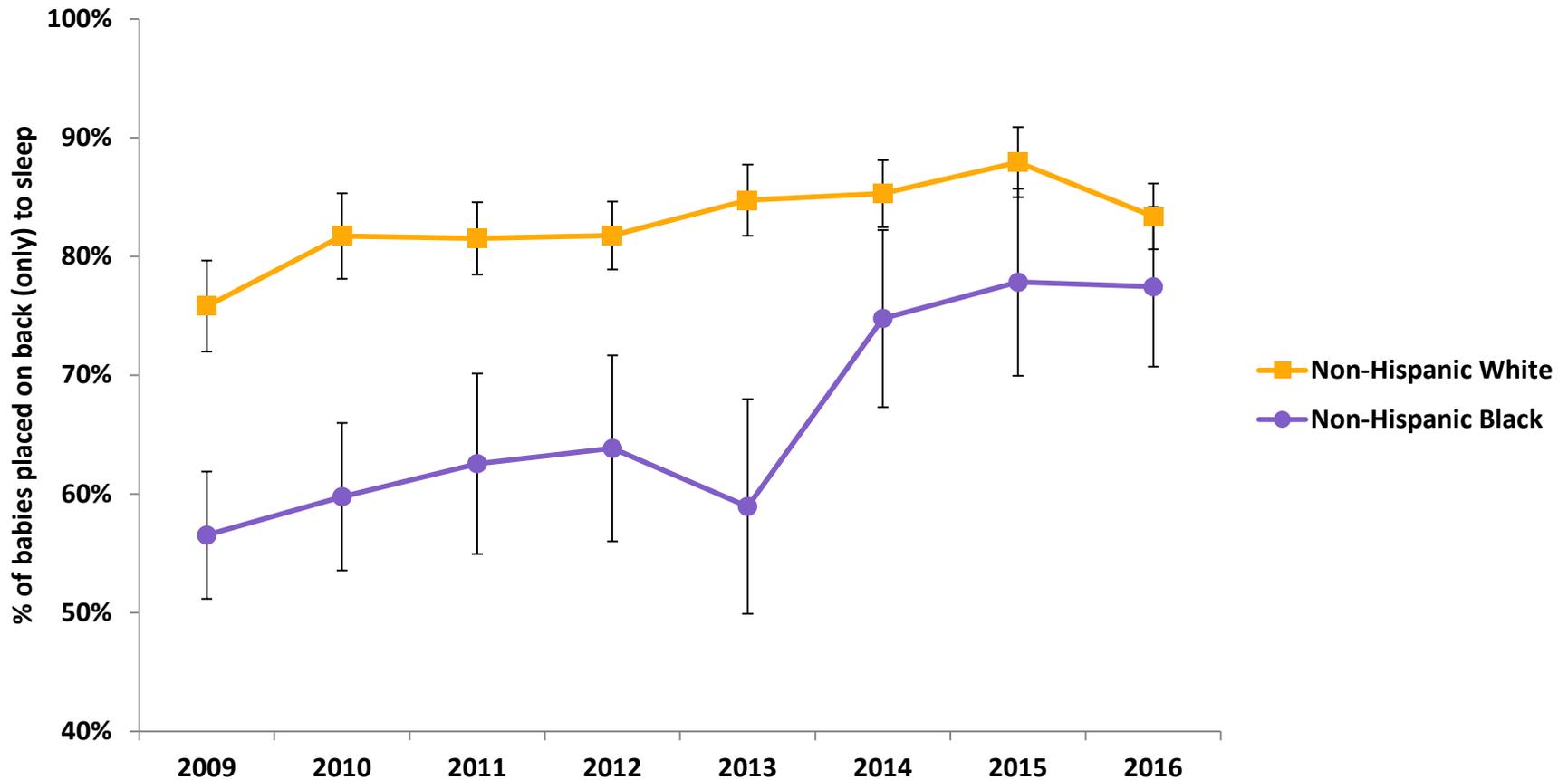


Data Source: 2009-2015 PRAMS and 2016 OPAS

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

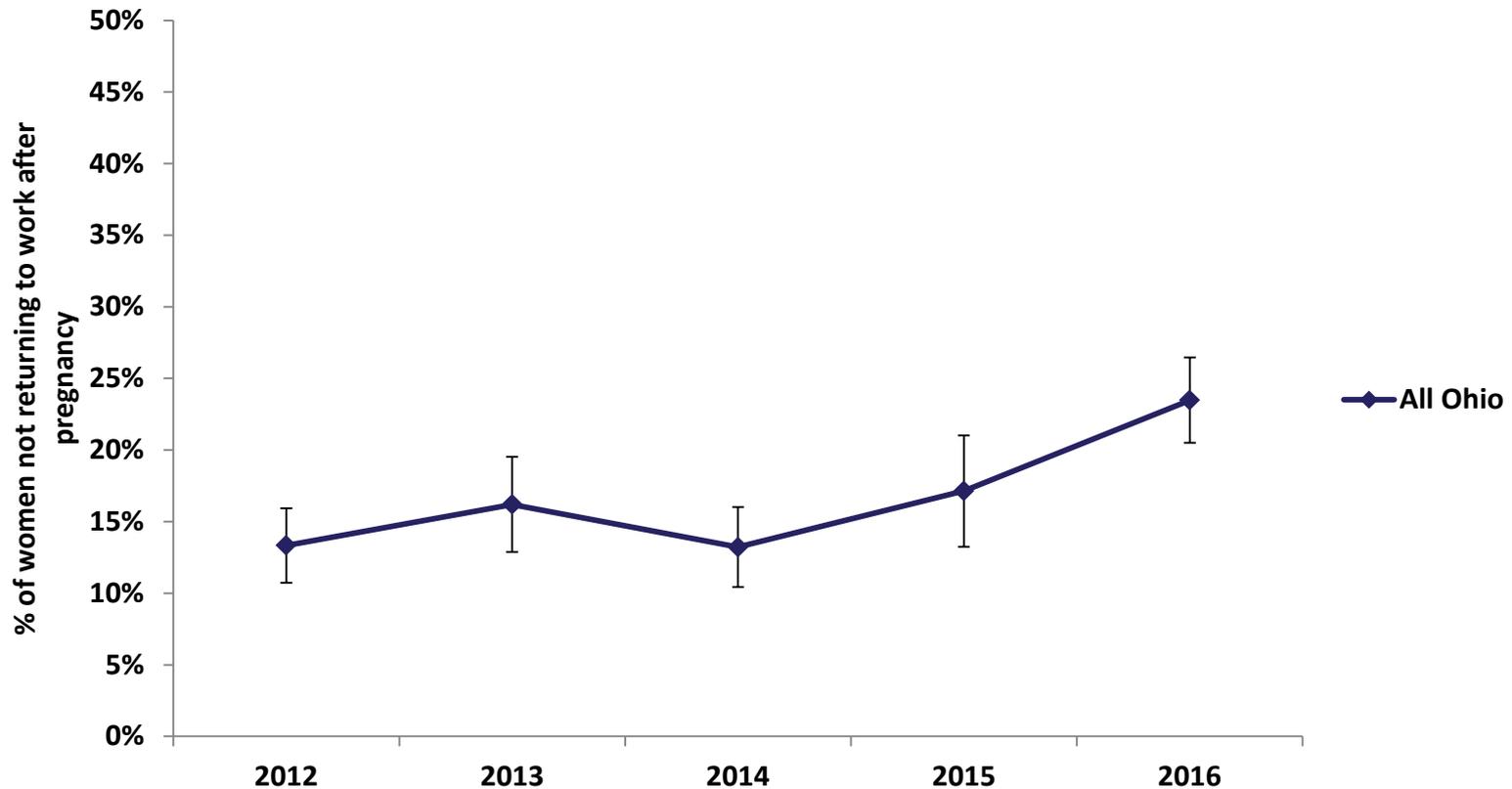
Some difference by race in the percentage of babies placed only on their back to sleep



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

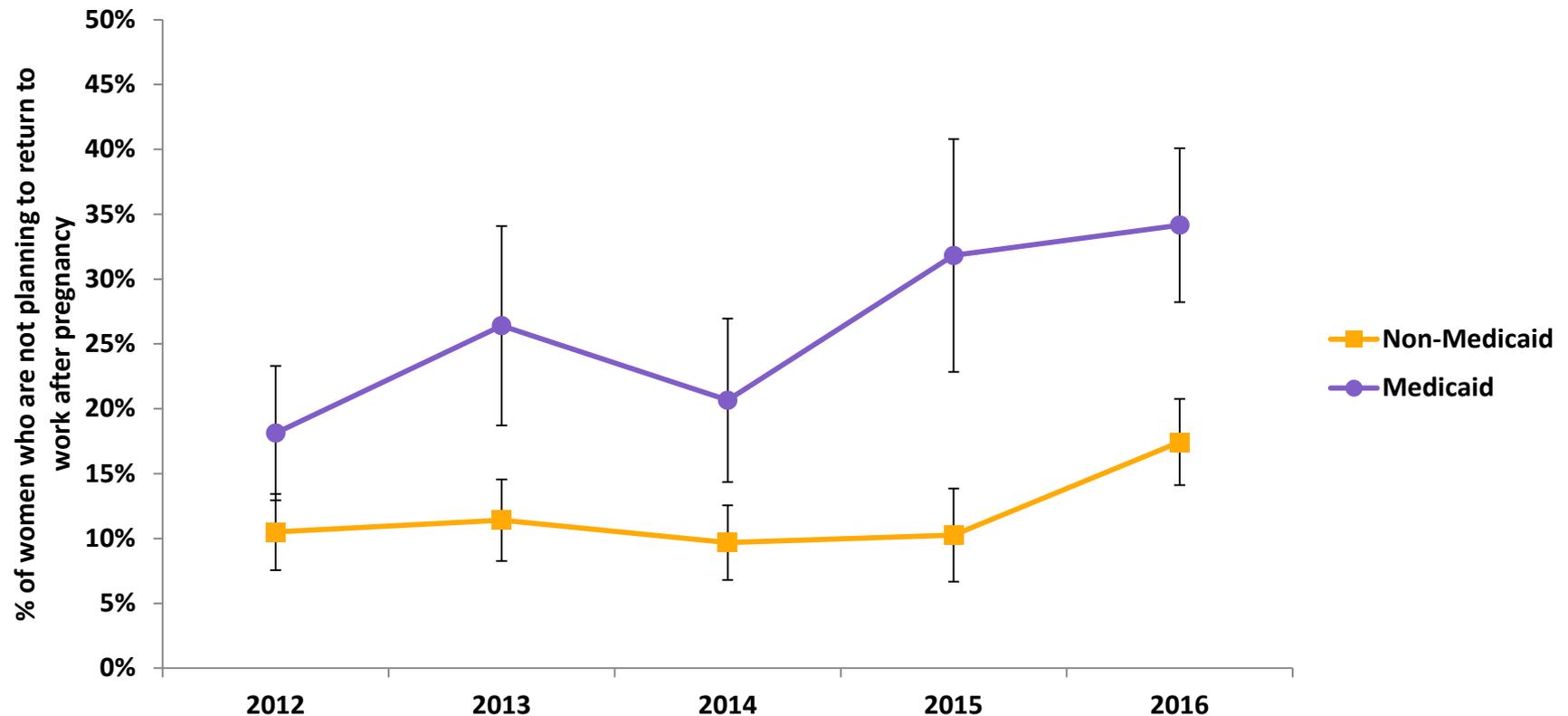


Data Source: 2012-2015 PRAMS and 2016 OPAS

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

Medicaid women were more likely to report that they will not return to work



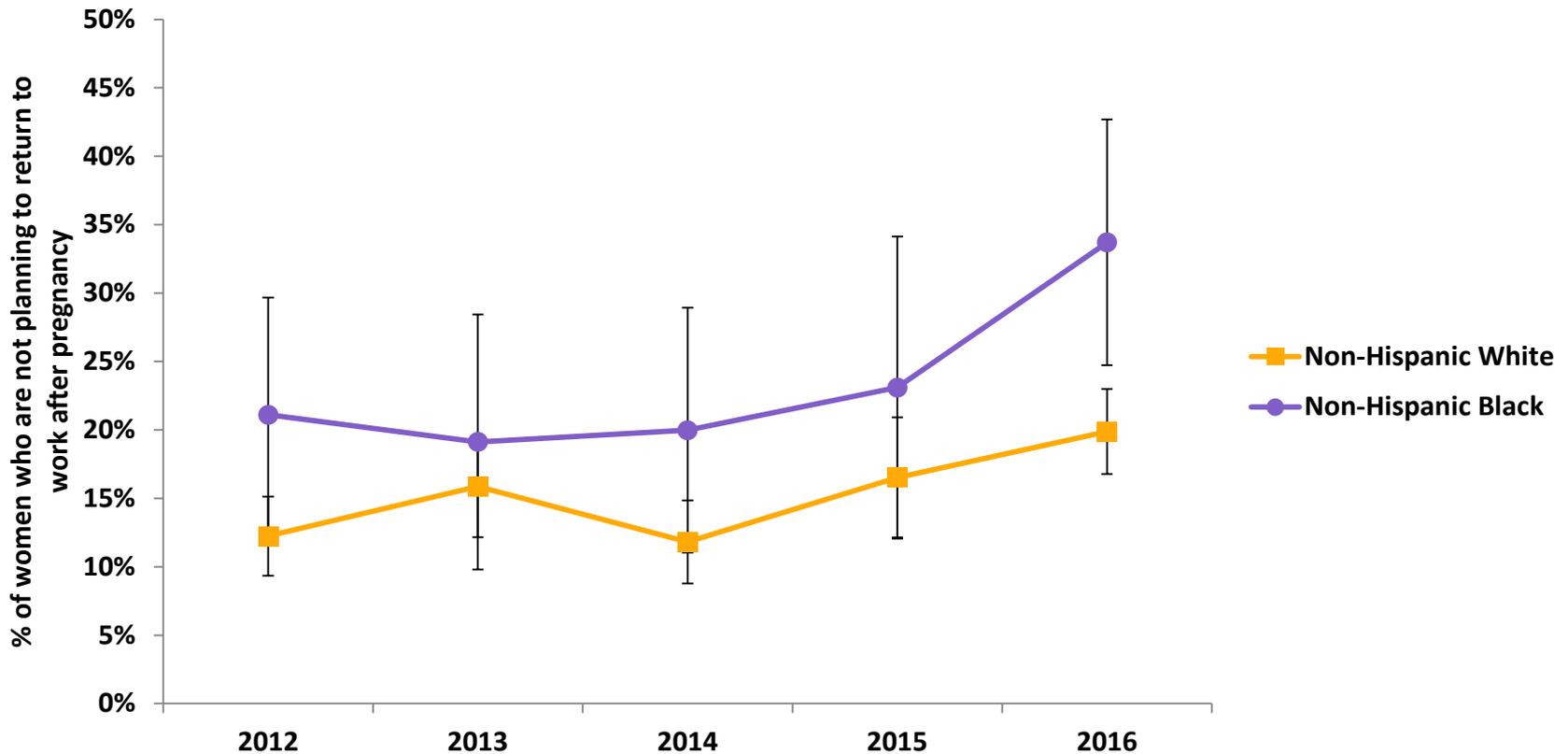
Data Source: 2012-2015 PRAMS and 2016 OPAS

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

Little difference by race in the percentage of women not returning to work

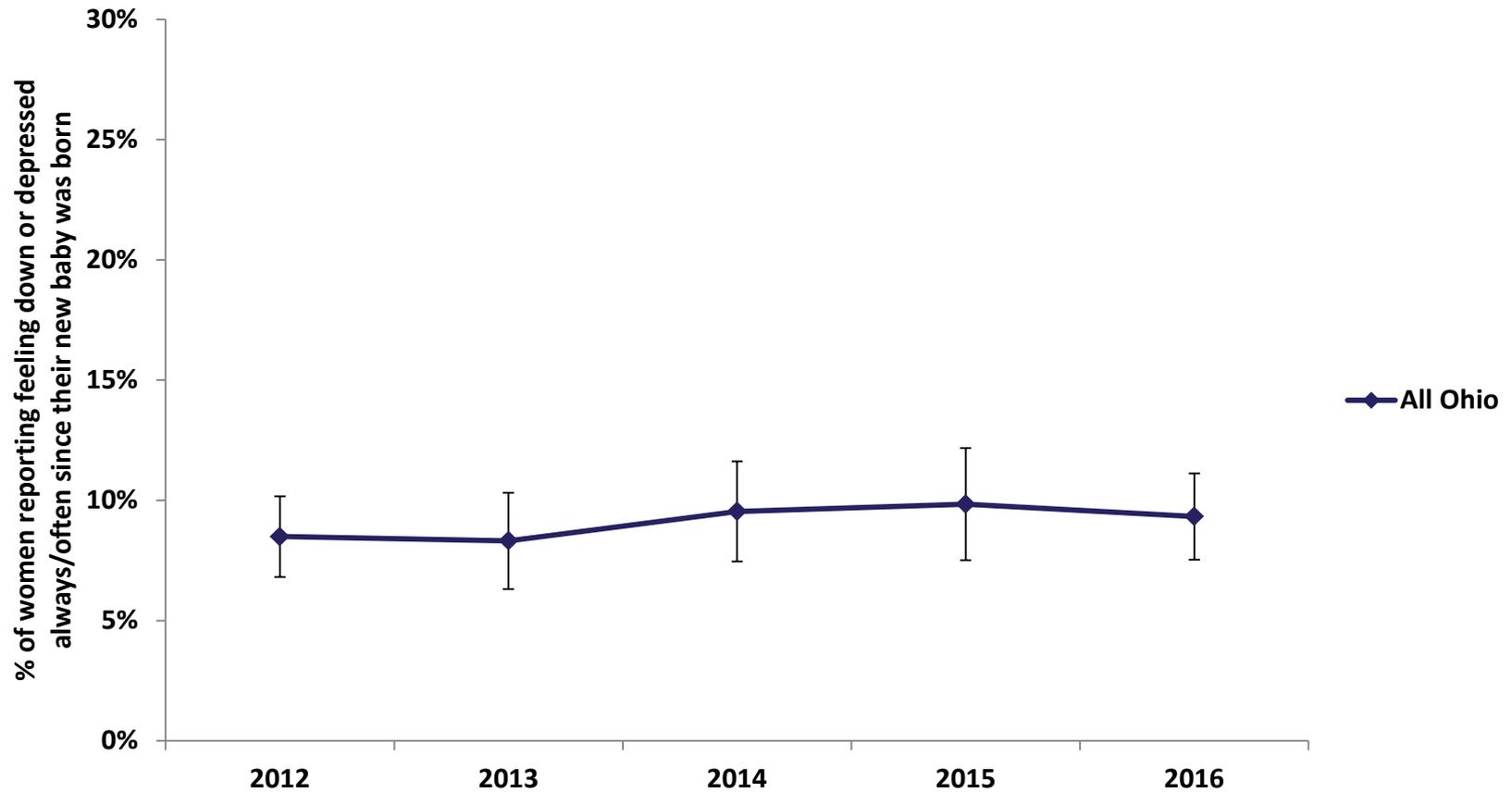


Data Source: 2012-2015 PRAMS and 2016 OPAS

PRAMS Subpopulation: Women who worked at a job for pay during pregnancy and did not quit/get laid off

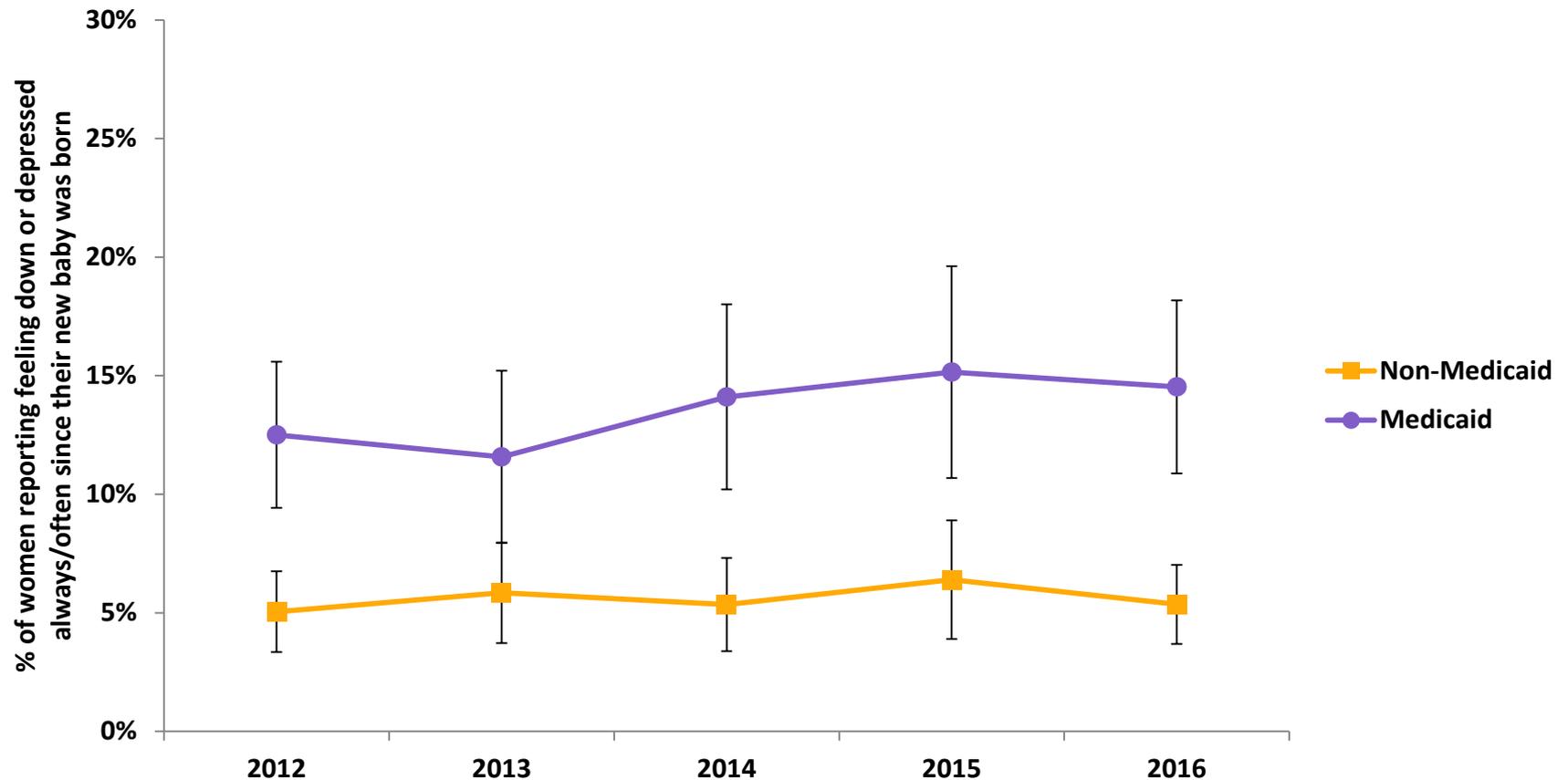
OPAS Subpopulation: Women who worked at a job for pay during pregnancy

No difference in the women who reported feeling depressed after delivery



Data Source: 2012-2015 PRAMS and 2016 OPAS

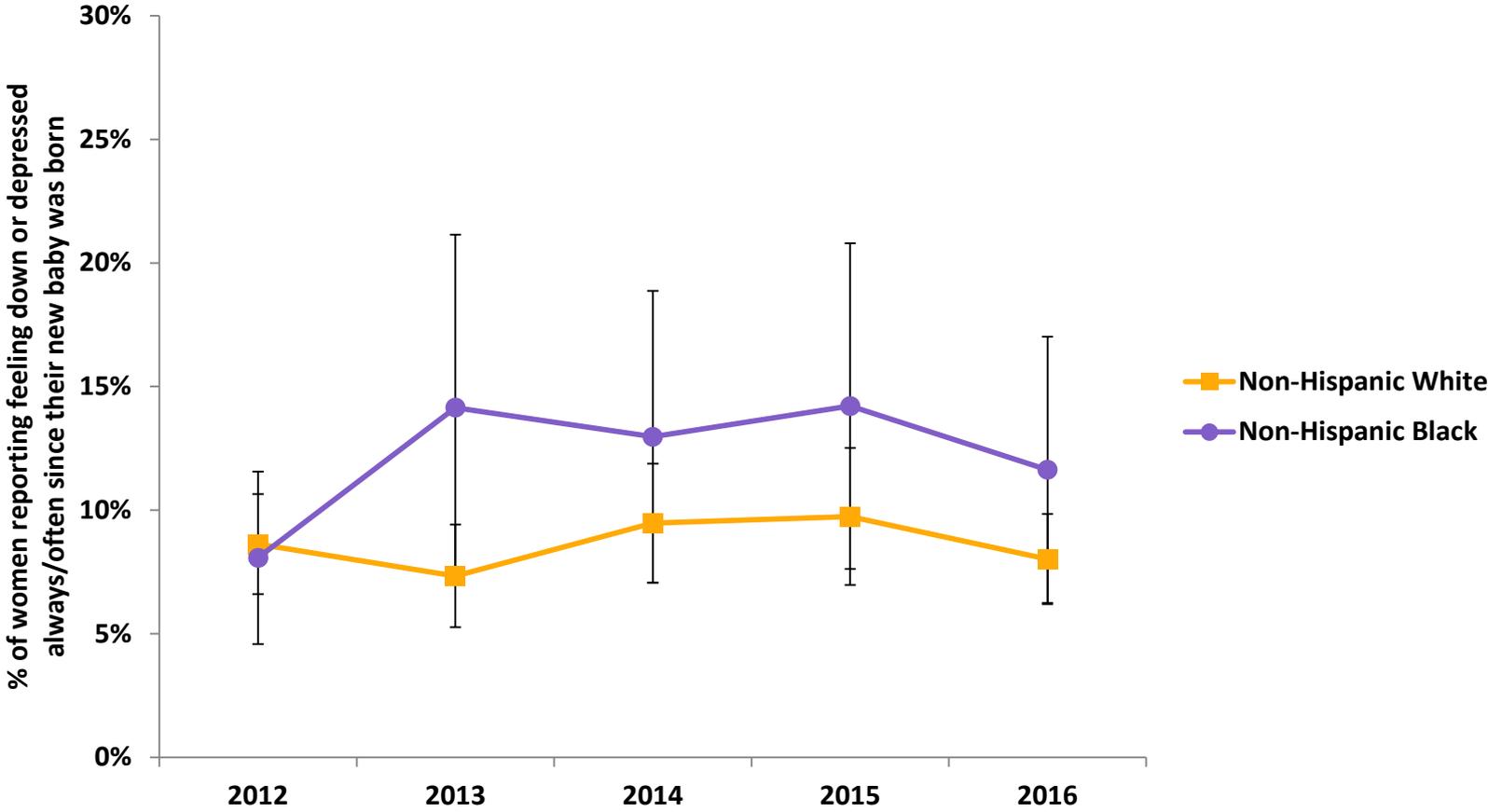
Medicaid women were more likely to report feeling depressed after delivery



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

A photograph of a woman with short, dark hair kissing a young girl on the cheek. The woman is smiling and looking towards the girl. The girl is also smiling and looking towards the camera. The image is overlaid with a semi-transparent blue filter. The text is centered over the image.

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
 - Progesterone
 - 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

A close-up photograph of a newborn baby being held by an adult. The baby is lying on its back, wearing a white hospital gown, and has its eyes closed. The adult's hands are visible, gently holding the baby's hands. The background is a soft, out-of-focus blue. The text "2016 OPAS Dashboard" is overlaid in white, centered on the image.

2016 OPAS
Dashboard

OPAS Dashboard

- User-driven, real-time analytics
 - No programming required
 - No survey statistics knowledge required
- Allows:
 - filtering by geography
 - stratified (comparative) results
- Figures and tables can be copied/pasted



2016 OPAS
Dashboard
Demonstration

OPAS Dashboard

- Please use the dashboard!
- Please provide feedback!
 - Your feedback helps drive new features and refinements

A photograph of a woman with short, dark hair kissing a baby on the cheek. The woman is smiling and looking towards the baby. The baby is looking off to the side. The image is overlaid with a semi-transparent blue filter. The text is centered over the image.

Questions?

Contact Us:

opas@osumc.edu