

Why?

We NEED better data

- What we don't know is killing us
 - We are program rich and systems poor.
 - We sometimes have the data to improve programs, we don't have the data to improve systems.
- Social service agencies use different measures and data systems keeping us from knowing where gaps are and what is working the best.
- Despite our common agenda, we don't have a way to measure standard implementation.
- An aversion to data can cause our community to work *tirelessly* on the wrong stuff.

7 steps for using data to build strategic solutions

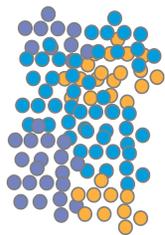
- Develop a focused common agenda
- Gather and regularly report on as much data as is available
- Create a culture around data
- Understand the complexity of the system
- Understand the size of the gaps
- Use continuous improvement methods to improve in partnership
- Unite around a true shared system of data



1) Develop a common agenda



Focus



Where we start...



Then...



Then.



2) Gather and report on as much existing data as possible.



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Annual Report



Why do we have such a high number of infant deaths in Cincinnati? Our report tracks the impact of more than 20 measures of pregnancy health and infant health.

Download Report

Monthly Report



We partner with Hamilton County Public Health to report monthly on our county's infant mortality rate.

Download Report



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3) Create a culture around data



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Provisional Data: Jan-April 2015

XXXX January –April births in 2015
 Compared to XXXX average in 2010-2014

Preterm XXX% (<37 weeks) XX% (<32) XX% (<23)
 baseline = 13.7% baseline = 2.9% baseline = 0.4%

⌚ XXX% had very short spacing (<12 months) XX% had short spacing (<18 months)
 Baseline = 19.5% Baseline = 34.3%

🚭 XXX% of moms reported smoking during 2nd and 3rd trimester of pregnancy.
 Baseline = 11.6%

🏠 0-X sleep-related deaths

*Source: ODH Vital Statistics, Fetal and Infant Mortality Review; baseline = 2009-2013

4) Understand the complexity of the system

Providers of Medicaid Prenatal Care

- Resident Clinics at TriHealth
- Center for Women's Health at UCMC
- Health Beginnings sites (6)
- Cincinnati Health Dept Clinics (5)
- Mercy Health Clinics
- Health Care Connection (3)
- Win Med (2)
- Crossroads Health Center
- Private doctors accepting Medicaid
- Christ Hospital Family Medicine
- Health Source of Ohio Anderson OB/Gyn



Providers of Social Support Services

- Beech Acres Parenting Center
- Children's Home
- YWCA – Eastern Ave
- LifePoint Solutions
- Every Child Succeeds
- Santa Maria Community Services
- Services to Adults and Youth
- YWCA - Downtown
- Health Care Access Now
- Healthy Moms and Babes
- Cincinnati Health Department
- TriHealth Outreach Ministries
- Community Action Agency
- First Step Home



5) Understand the size of the gaps



Prenatal care inadequacy

44% of moms on Medicaid are not receiving adequate prenatal care (compared to 13% of privately insured moms)

8% of moms in Hamilton County either don't access prenatal care at all or access it in the 3rd trimester. (2.5X worse than National Average)

*Maternal and Infant Health Assessment Chartbook Hamilton County, Ohio 2007-2009 using the Kotelnick Aderquacy Index
*2012 March of Dimes Peristats



Social service shortage

79% of moms on Medicaid are not being served by the social support services that we know can make a difference.

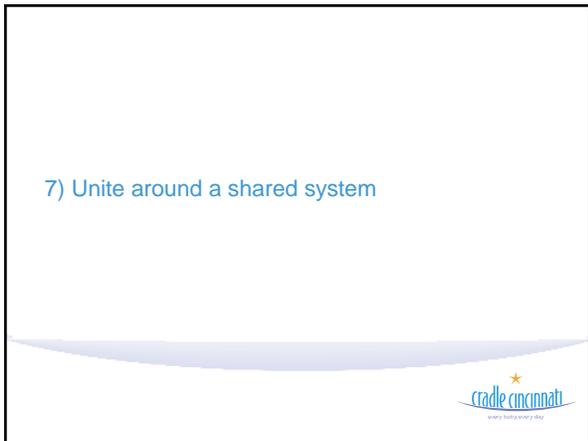
Cradle Cincinnati analysis of agency data: number of women reached prenatally in 2013 who were touched a minimum of two times by the agency.

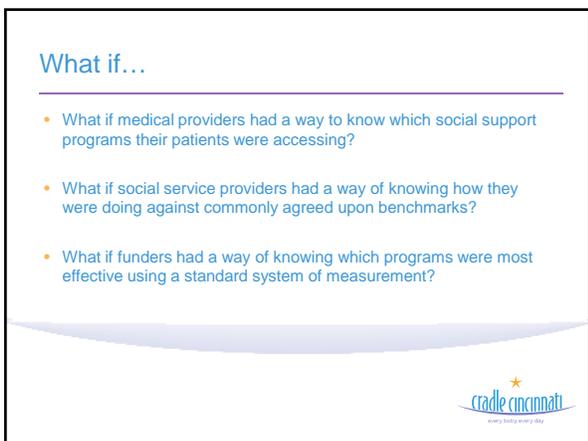


6) Use continuous improvement methods to improve in partnership.









Example: Strategies to End Homelessness

- 101 programs that serve the homeless in Cincinnati have united around a single system of data called VESTA.
- Allows for the best ever understanding of the size and needs of our homeless population.
- Allows for “no wrong door” where a homeless individual can enter the system in any way and every agency in the system will know their status.

