

A strategy for reducing maternal mortality rates

Addressing gaps in care through a public-private partnership, analytics and consulting

The United States has one of the worst maternal mortality rates in its history, with 32.9 maternal deaths per 100,000 live births in 2021.¹ In Washington, D.C., the rate is almost twice the national average.² And yet, the Centers for Disease Control and Prevention reports that around 84% of pregnancy-related deaths in the U.S. are preventable.¹

Mylynn Tufte, population health leader at Optum, and James Lukenbill, analytics strategic project manager at Optum, share insights to questions about how a public-private partnership is leveraging analytics and consulting to address gaps in care and help birthing people in Washington, D.C.

A staggering increase in maternal mortality

Let's start with you, Mylynn, what's going on with maternal mortality rates in the United States?

MT: Maternal mortality rates have gotten worse over the past several years. There are many contributing factors –such as lack of access to care, maternal health deserts that exist across the nation, increased morbidity, and the illness burden among birthing individuals.

What role does race play?

MT: When we look at health disparities for people of color, the maternal mortality rates are higher for non-Hispanic Black patients, Native American and tribal members. Those populations are overly burdened when it comes to maternal mortality. It's disappointing that our country, one of the richest in the world, has such abysmal rates.



1,205 people died of maternal causes in the U.S. in 2021 – a 40% increase from 2020.¹



The maternal mortality rate for non-Hispanic Black patients was 69.9 per 100,000 live births in 2021 – 2.6 times the death rate for non-Hispanic white patients, with 26.6 deaths per 100,000 live births.¹

The maternal mortality rate is significantly higher among American Indian/Alaska Native, Black and Hawaiian/Pacific Islander women than other racial and ethnic groups.³

A public-private partnership increases access to housing and perinatal services

Can you share more about the situation around maternal mortality in Washington, D.C.?

MT: In Washington, D.C., the maternal mortality rate is 2 times higher than the national rate, and race is a key factor – especially for Black women residing in Wards 7 and 8.²



Black birthing people constitute roughly half of all births in Washington, D.C., and account for 90% of all pregnancy-related deaths.⁴

White birthing people comprise about 30% of births but experienced no pregnancy-related deaths from 2014-2018.⁴

70% of pregnancy-associated deaths occur to birthing people residing in Wards 7 and 8.⁴

Approximately 1,270 pregnant people in Washington, D.C., on average, seek housing services annually.⁵

Mylynn, in 2021 you were part of a collaboration to address maternal mortality in Washington, D.C. Tell us about that.

MT: It was called the Community Equity Collaboration (CEC) and it included 2 groups that helped us understand what has been done in the community, where the gaps are, and determine where to focus our time and effort.

1. One was an internal Optum group. The team guided us on the level of services and infrastructure that we needed as an enterprise when it comes to maternal health.
2. The second was a stakeholder group of managed care organizations (MCOs), community-based organizations like the March of Dimes, federally qualified health centers, maternal health advocates and other philanthropic entities that were working in this area. The District of Columbia Department of Human Services (DC Human Services) and District of Columbia Department of Health (DC Health) were also stakeholders.

We also leveraged a report completed for DC Health's Calling all Sectors Initiative (CASI). We took those assessment findings and, with the guidance of our stakeholder group and the community, focused on the intersection of maternal health and homelessness. Next, we designed an innovative program to address the needs of the community. We were able to do this with our key partner, Community of Hope, which is a federally qualified health center. We also had input and support from DC Human Services.

What were you hoping to accomplish with the program?

MT: It was challenging for DC Human Services to identify individuals who were pregnant. They told us they wanted to get further upstream by identifying people who were in their second trimester rather than their third, and they wanted to find housing for birthing individuals who had a newborn baby. The goal was to identify individuals earlier so they could get services and housing as well as wraparound services like access to prenatal care.

Can you describe the program in more detail?

MT: In partnership with Community of Hope, we designed a program that's since been named "Housing Our Newborns, Empowering You" – or the HONEY program. It includes professionals who provide care coordination and navigation, and they are located within the Virginia Williams Resource Center, which is an intake center for those experiencing homelessness.

Because these perinatal care coordinators and navigators are physically located within the Virginia Williams Resource Center, they have timely access to individuals who are identified as being both pregnant and in need of housing. Getting them set up within the intake center, being part of the team with DC Human Services, and having access to electronic medical records is something that has taken time to set up. But this process helps empower the collaboration between the HONEY program and DC Human Services. We're so proud of this program because it is going to make such a difference.

How is the HONEY program funded?

MT: The United Health Foundation, established by UnitedHealth Group, funds a care-and-housing navigator for 2 years. Community of Hope applied for a Health Resources and Services Administration (HRSA) grant and was awarded \$2.1 million over 2 years. They also were awarded approximately \$3.75 million from Bezos Day One Fund. They've done an outstanding job demonstrating the need for this innovative program and landing support to sustain it.

What is the stakeholder group's current involvement in the HONEY program?

MT: We currently meet quarterly, and our focus is on establishing ongoing infrastructure and reporting as the program matures. On a daily basis, HONEY is led by Community of Hope and Optum provides consulting services. We'll continue to provide analytics support and help Community of Hope interpret the data they're capturing. They've hired a vice president of Community Impact and Evaluation because they understand the importance of metrics for both HRSA and the work we're doing. They've evolved their marketing and communications, and we weigh in on those initiatives as well.

How important was the partnership between organizations to this initiative?

MT: The partnership across public and private entities was critical. We had to really step back and express humility around how we would bring the power of Optum to help this community. We wanted to make sure we were addressing the needs that were most important to them without being duplicative in our work or pushing our own agenda. We had to really listen. And that is the beauty of this CEC model. It allows us to form that stakeholder group, build trust, really listen to the community, and then bring the data and analysis that we are known for to the solution.

Can this program be replicated in other states?

MT: This new program is gaining traction and will be successful within Washington, D.C. Most definitely, there are other communities within other states that could benefit from this model.

Analytics and consulting help states take strategic, tactical action

James, let's shift our focus a bit. What role did analytics and consulting play in directing the CEC?

JL: We brought together data analysis that identified the issues in qualitative terms. For example, in Wards 7 and 8 within Washington, D.C., the data showed an increased number of claims, increased need for housing, as well as transportation gaps. Within the analytics, we can drill down to person-level analysis to better target the location of the gaps and needs. And this is an important differentiator between Optum and other analytics services. Others can drill down to the ZIP code level or track level, but Optum can go deeper, down to individual, person-level detail.

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As states look to confront this issue, what is the importance of both analytics and consulting?

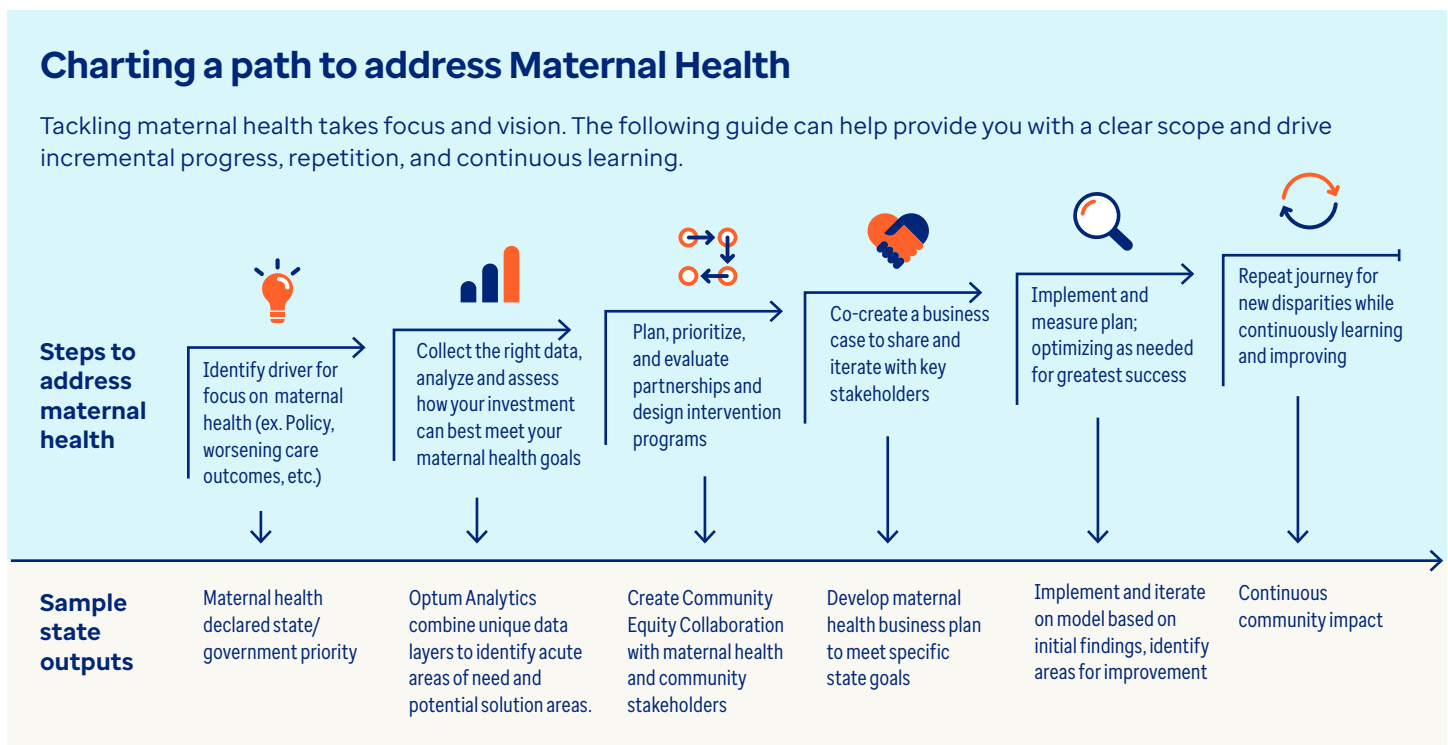
JL: Many Medicaid agencies and public health agencies are up to their eyeballs in compliance reporting, and they may not be staffed for additional initiatives. To get the value out of the analytics, you need wraparound consulting services so that the analytics is delivered in outcomes. For instance, if our analytics team determines there are disparities in terms of health equity within a certain ZIP code or racial group, our consulting team can help determine which MCOs need to be targeted and what is the best vector to find the best outcomes. So, consulting works hand in glove with analytics.

How can Optum help states take action to address maternal health?

JL: States are on a journey with maternal health, and each state has different capabilities when it comes to technology, analytics and human resources. At Optum, we understand analytics and the need to pull from multiple agencies, such as the Department of Health, Department of Human Services and Department of Education. Then, you need to coalesce that information and make it actionable.

Optum® Rapid Insights as a Service™ is an out-of-the-box analytics solution that is fully hosted as a Software as a Service (SaaS) by Optum. It is designed to be deployed very quickly – within a month of receiving the state’s data. The analytics are accompanied by strategic consulting services that drive value from the analytics so states can achieve clearly defined outcomes and better health care for their populations.

For example, if community-based organizations find gaps in the state’s ability to address health equity or maternal care, this is a fantastic solution for quickly closing those gaps and getting results. It’s not simply pie charts and bar graphs that other vendors deliver. It is a complete solution that provides vital consulting services so your busy team gets the staff they need to address gaps in care from both a strategic and tactical perspective.



Optum wants to partner with you on this journey

We have the analytics and programmatic experience to put together a strong program that will move the needle on maternal health in your state. Let’s connect and get started.

Can this approach be applied to other health initiatives?

JL: For now, we're using this analytics solution to address maternal health. However, once it is implemented, the model can be applied to other critical priorities states are facing, such as diabetes or behavioral health challenges. Rapid Insights as a Service is timely because it allows us to overlay analytics across an existing system so the state can jump right in and take action without a long implementation.

Maternal health and racial health inequities are top public health priorities. Analytics and consulting can play a critical role in identifying and closing gaps in care.

To learn how Optum can help your state effectively address the maternal health crisis, contact us at optum.com/stategov

1. Advisory Board. Charted: The 'stunning' increase in maternal mortality rates during the pandemic. March 21, 2023.
2. Johnston J, Erickson N, Hufford M, Taylor I. Maternal health outcomes in D.C.: Why are Black women dying from pregnancy-related complications in Wards 7 and 8? American University. April 26, 2020.
3. America's Health Rankings® 2023 Health of Women and Children Report. The United Health Foundation. 2023.
4. Maternal Mortality Review Committee for the District of Columbia 2019-2020 Annual Report. Office of the Chief Medical Examiner. December 2021.
5. District of Columbia Department of Health. 2023. DC Calling All Sectors Initiative – A Collaborative Model for Practice Change: DC CASI Evaluation Report.



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