

First Comes Data, Then Comes Action:



Chattanooga's PPOR Experience

Chattanooga-Hamilton County Health Department, Tennessee

Kasey Poole Decosimo, MPH
Christina Featherstone, BS
Sarah Stuart Chewning, MPH
Heather Burton, MPA
Jeannette McDonald, MPH

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Presentation Outline

- Background
- Stages of Perinatal Periods of Risk (PPOR) Process
- Taking Data to Action
- Lessons Learned

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Background: Chattanooga/Hamilton County

- Population: 330,000
 - White: 76%
 - African American: 20%
 - Asian: 2%
 - Latino Ethnicity: 5%*

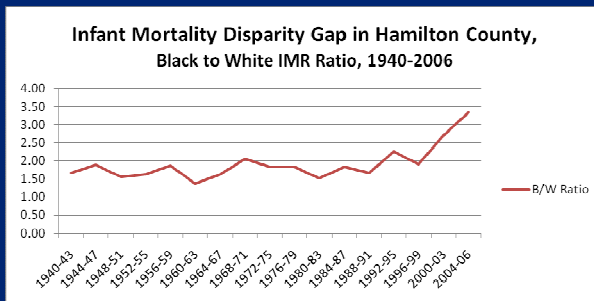
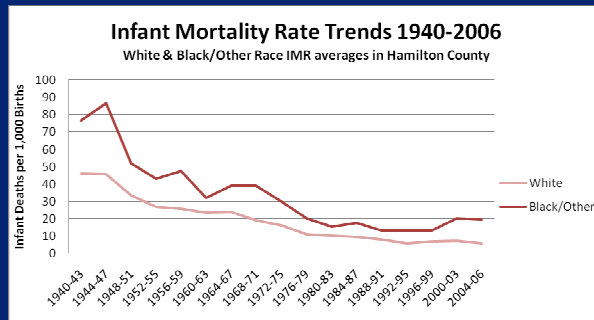
- Births: ~4,000/year
 - LBW: 12%
 - Premature: 15%
 - Infant Deaths: ~40-50/year
 - 2007 rate: 9.7 per 1,000



Source: US Census Bureau, American Community Survey. *Estimates from local Latino advocacy organization

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Local Trends in Infant Mortality



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Background: Infant Mortality Prevention Initiative

- Statewide initiative led by the Governor's Office
- Initiated in 2006
 - \$17 million invested
- Core Leadership Groups (CLG) in Memphis, Chattanooga, & Nashville
 - Education & Target Services
- Infant Mortality Prevention Program Manager



Funeral in Memphis, Shelley Mays, Tennesseean.com

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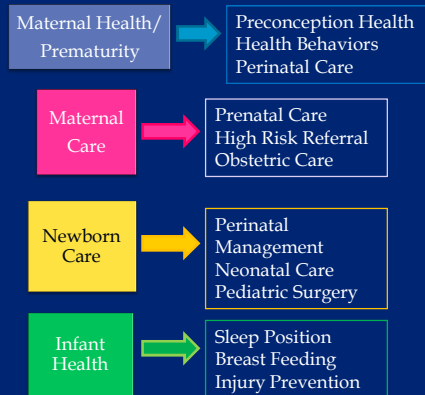
Perinatal Periods of Risk (PPOR)

- Requested by CLG & March of Dimes in Nov. 2007
- Serves as bridge for recommendations to action until FIMR
- Six comprehensive steps to PPOR:
 1. Assure Analytic & Community Readiness
 2. Conduct Analytic Phases of PPOR
 3. Develop Strategic Actions for Targeted Prevention
 4. Strengthen Existing &/or Launch New Prevention Initiatives
 5. Monitor & Evaluate Approach
 6. Sustain Stakeholder Investment & Political Will

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Perinatal Periods of Risk (PPOR)

- PPOR analysis provides **newer insight** into fetal and infant deaths:
 - Includes **fetal deaths** (an important perinatal health indicator)
 - It's about **ACTION**:
 - Divides overall-fetal infant mortality rate into **4 periods of risk** aimed at prevention
 - Compares fetal-infant mortality rates, uses **reference group** with "best" birth outcomes to identify **opportunity gaps**.



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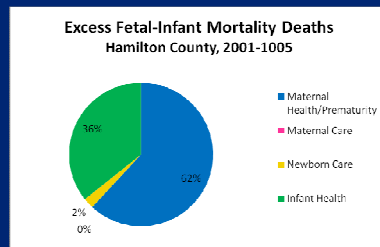
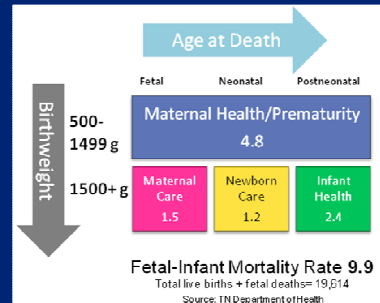
1: Assure Analytic & Community Readiness

- Engage Core Leadership Group & MoD
- CityMatCH is a resource
- Activate PPOR Data Team:
 - Infant Mortality Prevention Coordinator
 - Epidemiologist
 - Health Planner
 - Independent Data Researcher/Policy Analyst
 - March of Dimes representative
- Ensure time & resources for data analysis:
 - Waiting on data from State: lots of advocates/ 5 months
 - Data collection & organization: 2.5 staff persons/ 55 hours
 - Analysis: 1 FT staff/180 hours
 - Report Writing: 1 FT staff/ 60 hours

2: Conduct Analytic Phases of PPOR

Phase I: Mapping Fetal-Infant Mortality Rates

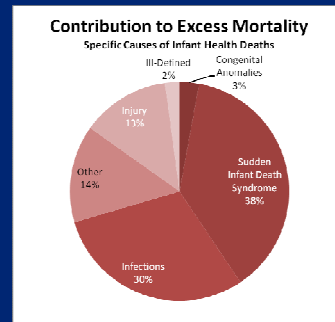
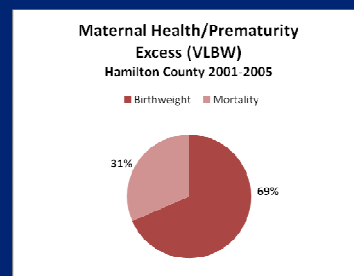
- 195 fetal and infant deaths (2001-05)
- Overall fetal-infant mortality rate: 9.9 per 1,000 births.
- Opportunity Gap:** Excess deaths compared to national group with “best” birth outcomes:
 - Maternal Health/Prematurity (62%)
 - Infant Health (36%)



2: Conduct Analytic Phases of PPOR

Phase II: Explain Excess Deaths

- Majority of excess Maternal Health/Prematurity deaths is caused by **high frequency of VLBW** births (Kitagawa analysis)
 - African American VLBW births is more than double than white peers.
- Majority of excess Infant Health deaths is caused by SIDS, followed by infections.



Stages 3 & 4: Data to Action

- Share data with community & engage new stakeholders:

- Regional Health Council
- Medical Community Summit
- Social Service Provider Summit
 - Focus groups conducted to ID gaps in services, barriers, & ways to improve collaboration



- CLG Initiatives:

- Service expansion OB/GYN care
- Centering Pregnancy
- Promotores de Salud
- Girls, INC: education, media, advocacy

- PPOR Action Committee
- Fetal Infant Mortality Review (FIMR)



Tennessean.com & Chattanooga-Times Free Press

PPOR Action Committee

- PPOR Action Committee

- Goal to create 18 month blueprint for action
- Make recommendations to CLG & community until FIMR is ready
- Members:
 - CLG Chair
 - Infant Mortality Prevention Coordinator
 - Social Service provider
 - Medical Director of Medicaid vendor
 - Independent data/policy analyst
 - Community representative
 - Regional Perinatal Coordinator
 - Epidemiologist
 - Health Planner

PPOR Action Committee

- Short-Term (6 months) recommendations
 - **Coordinate Social Services:**
 - Create *Healthy Babies* resource directory
 - Email group of attendees
 - Utilize social media (Facebook)
 - **Address Public Transportation Barriers:**
 - Create plan to educate Medicaid members of benefits
 - Invite transit system to the table
 - Advocate policy change

PPOR Action Committee

- Long -Term (18 month) recommendations
 - **Preconception Health Campaign**
 - Develop core messages
 - Tailor messages to target communities & medical providers
 - Develop media strategy
 - Kick-off event
 - Incorporate into Girls, Inc. PSA commercials
 - **Late Preterm Birth Campaign**
 - Prioritize messages & review ACOG regulations births before 39 wks
 - Educate medical community
 - Influence policy/institutional procedures
 - Create **Dialogue with Medical Community Leaders**
 - Create provider “wish list” to contact for campaigns
 - Establish CLG speakers bureau for outreach
 - Parish nurse network

5: Monitor & Evaluate Approach

- Most forgotten step in the process
- Internal Eval: New Directions Group
- PPOR Action evaluation plan:
 - Baseline survey social service coordination
 - Process evaluation
 - Accomplished goals
 - Marketing/campaign activities
 - Environment/policy change
 - Transportation
 - Births before 39 wks
 - Document barriers & lessons learned

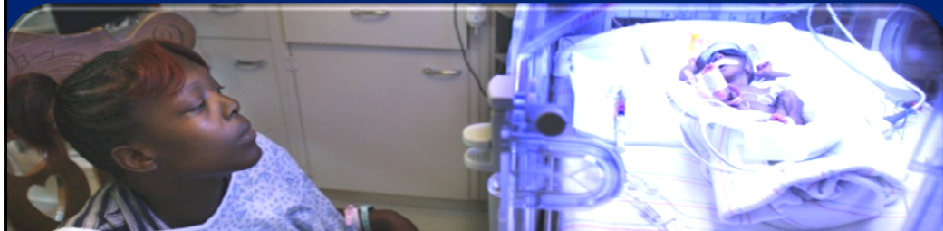
6: Sustain Stakeholder Investment & Political Will

- Investment:
 - Understanding network of infant mortality initiatives, missions, & responsibilities helped advert burn-out
 - Tangible timelines
 - Recruit new stakeholders
- Political Will:
 - Policy advocacy
 - Educating policymakers
 - Media



Girls, Inc

Process Timeline Summary



Lessons Learned

- **Stakeholders:** CLG provided stakeholders (including community members) vital to PPOR process
- **Steps:** Traceable steps needed in data analysis process to be followed in the future
- **Qualitative picture:** PPOR analysis is limited to existing vital records data; focus groups help finish the picture
- **Tangible, short-term plan:** 18 month action plan helped sustain stakeholder investment
- **Understanding roles:** important that PPOR Action Committee ONLY make recommendations & allow the CLG to follow through

Thank you!

Program Contact:

Christina Featherstone,
Infant Mortality Prevention Program
(423) 209-8060 or
ChristinaF@HamiltonTN.gov

Data Contact:

Kasey Decosimo
(423) 209-8093 or
KaseyP@HamiltonTN.gov

Link to PPOR report:

<http://health.hamiltontn.org/docs/CHS/PPOR%20Report%202008.pdf>



Getty Images, TIME