

“When data throws a curve ball; how to avoid striking out”



AURORA
Healthier Beginnings

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Healthier Beginnings for African American/Black Communities
An Aurora Healthy Baby Initiative



The Problem

- The PPOR Phase II analysis of the African American population in Aurora, CO revealed that women under 20 and over 35 were at higher risk for LBW and VLBW babies.
- In addition, women categorized as “other race” approached statistical significance in being more likely to have a very low birth weight infant compared to white, non – Hispanics.

Learning Objectives:

- To identify the maternal characteristics (variables) associated with very low birth weight (VLBW) infants in a target population
- To discuss the difficulty of creating a health intervention and messaging to address two distinct age populations and ethnicities
- To create action steps to implement an evidenced based intervention regarding preconception – interconception health with high risk populations

PPOR PHASE I RESULTS

Excess Black Fetal-Infant Mortality Rate in Aurora, 1999-07

		Age at death		
		fetal (24+ weeks)	neonatal (<28 days of life)	postneonatal (28 days-1 year)
B i r t h w e i g h t	500-1499 grams (VLBW)	4.6		
	>=1500 grams	0.9	<i>insufficient numbers</i>	1.8

PPOR PHASE II ANALYSIS

Maternal Characteristic	Odds Ratio*	95% Confidence Interval	P-value
No prenatal care	4.04	(2.66-6.15)	<.0001
Inadequate weight gain	3.97	(3.19-4.93)	<.0001

Women who did not receive prenatal care were 4 times more likely to have a VLBW infant compared to women who did receive prenatal care, regardless of race/ethnicity. Women who did not gain enough weight were 4 times more likely to have a VLBW infant compared to women who did gain enough weight, regardless of race/ethnicity.

*Statistically significant results are in bold (<0.05 alpha level)
Source: Health Statistics Section, Colorado Department of Public Health and Environment

PPOR PHASE II ANALYSIS

Race/Ethnicity	Odds Ratio**	95% Confidence Interval	P-value
White, Non-Hispanic*	1.00		
Black, Non-Hispanic	1.50	(1.19-1.89)	0.0006
Hispanic	0.71	(0.57-0.90)	0.0037
Other race***	1.36	(0.97-1.89)	0.0717

Women who were **Black, non-Hispanic** were 1.5 times more likely to have a VLBW infant compared to **White, non-Hispanic** women. **Hispanic** women had a reduced risk compared to **White, non-Hispanic** women. **Other race** was approaching statistical significance in being more likely to have a VLBW infant.

*White, non-Hispanic is the reference population

**Statistically significant results are in bold (<0.05 alpha level)

***Other race includes Asian, American Indian/Alaska Native, Pacific Islander, Native Hawaiian

Source: Health Statistics Section, Colorado Department of Public Health and Environment

PPOR PHASE II ANALYSIS

Race & Age*	Odds Ratio**	95% Confidence Interval	P-value
Black, less than 20	2.70	(1.79-4.09)	<.0001
Black, 20-35 years	1.23	(0.93-1.64)	0.1416
Black, over 35	2.45	(1.40-4.27)	0.0016

Black, non-Hispanic women less than 20 years of age and **Black, non-Hispanic** women over age 35 had an increased risk for having a very low birth weight infant. **Black, non-Hispanic** women age 20-35 years of age did not have an increased risk for having a very low birth weight infant.

*Reference population is White, non-Hispanic, 20-35 years of age

**Statistically significant results are in bold (<0.05 alpha level)

Source: Health Statistics Section, Colorado Department of Public Health and Environment

One of these young ladies weighed less than 5lbs at birth.



Focus Group Findings & Potential Focus Areas

- Support
 - Doctor, Mom, School, Friends, *Church, Dad, Women in Family*
- Decision Making
 - Life Plan, Abstinence, Safe Sex, *Good Environment*
- Wellness
 - Marijuana, Good Health, Folic Acid, *Annual Visit*
- Outreach
 - Facebook, Spa Event, School, *Church*

Current action steps...

- Reported results to collaborative, key stakeholders, experts in the field
- Identified the potential Public Health Interventions
- Revisited our strategic plan and invited national advisor for consultation
- Initiated steps to develop a social media campaign and community development plan
- Plan to invite participants from the two distinct age groups to participate with our collaborative

Where do we go from here?

- Conduct Community Based Participatory Research (focus groups) with newly identified ethnic populations
- Educate our partners and health care providers about our work and how we can collaborate to impact their goals and outcomes.

Complex results: How to avoid striking out!

- Focus on one or two objectives
- Focus on one specific population
- Refine our message about our work with partners and stakeholders
- Engage experts in education and dialogue
- Listen and proceed slowly
- Develop a new strategic plan and timeline
- Carefully consider what is realistic and doable

**“What price can we place on the
loss of our future?”**

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The Future



Questions?

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