

Healthy People 2020: Who's Leading the Leading Health Indicators?



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“Who’s Leading the Leading Health Indicators?”

- Third installment of the monthly series, “Who’s Leading the Leading Health Indicators?”
- Highlight organizations using evidence-based approaches to address one of the Healthy People 2020 Leading Health Indicator (LHI) topics.



Webinar Agenda

- Don Wright, MD, MPH
HHS Deputy Assistant Secretary for Health
- Howard K. Koh, MD, MPH
HHS Assistant Secretary for Health
- Sharon L. Ricks, MA
HHS Deputy Regional Health Administrator, Region IV
- Ruth Ann Shepherd, MD, FAAP, CPHQ
Director, Division of Adult and Child Health
Improvement, Kentucky Department for Public Health



What is Healthy People?

- A comprehensive set of national 10-year health objectives
- A framework for public health priorities and actions
- Roadmap for prevention

HEALTHY PEOPLE
The Surgeon General's Report On
Health Promotion And Disease Prevention





What are the Leading Health Indicators (LHIs)?

Leading Health Indicators are:

- Critical health issues that, if addressed appropriately, will dramatically reduce the leading causes of preventable deaths and illnesses.
- Linked to specific Healthy People objectives.
- Intended to motivate action to improve the health of the entire population.



LHI Topics

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant, and Child Health
- Mental Health
- Nutrition, Physical Activity, and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco



Impact & Context: Maternal, Infant, and Child Health

- Major causes of infant death in 2009
 - 12.2% of infants born preterm
 - 8.2% of infants born with low birth weight
- Determining the health of the next generation



Determinants: Maternal, Infant, and Child Health

- Numerous determinants can affect maternal, infant, and child health outcomes.
- A range of biological, social, environmental, and physical factors:
 - Individual behaviors
 - Access to services
 - Race and ethnicity
 - Socioeconomic status
 - General health status

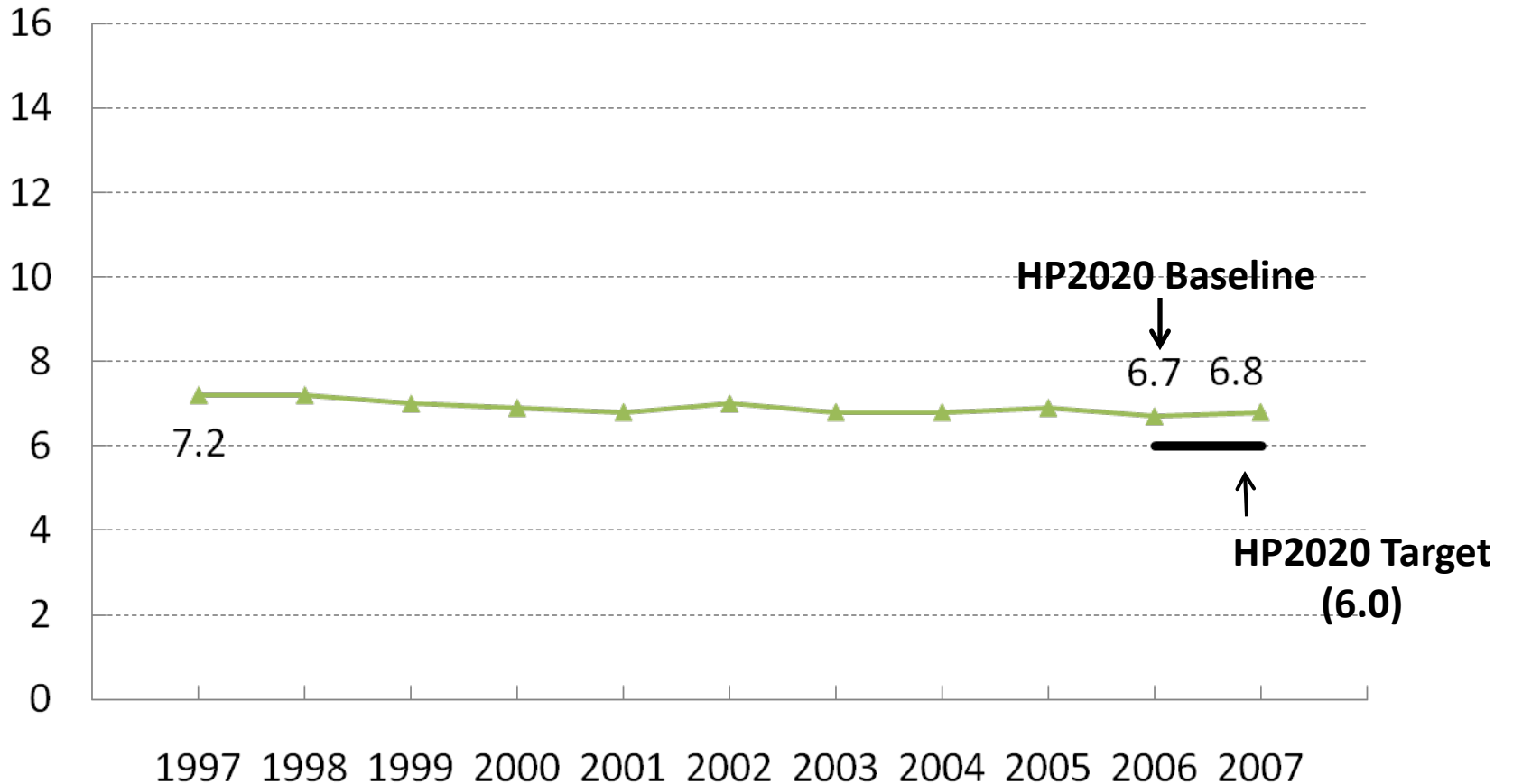


Leading Health Indicators: Maternal, Infant, and Child Health

- **Indicators for maternal, infant, and child health:**
 - Infant Deaths
 - Preterm Births
- **Healthy People at the community level:**
 - Action at the community level creates momentum for national change.

Infant Deaths

Rate per 1,000
live births



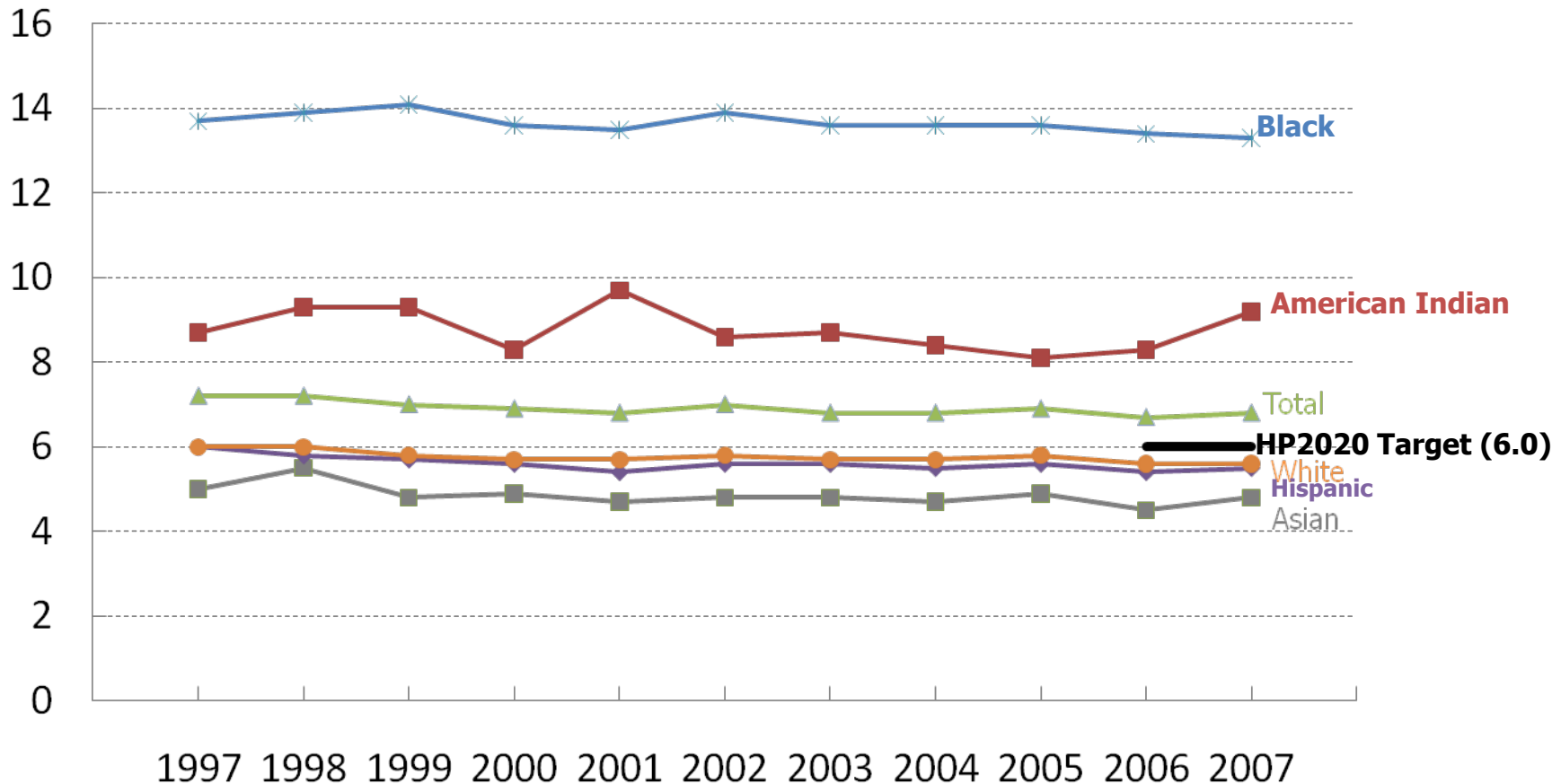
NOTE: Includes all deaths <1 year.

SOURCE: National Vital Statistics System-Mortality and Natality (NVSS-M, NVSS-N), NCHS, CDC.

Obj. MICH-1.3

Infant Deaths by Race/Ethnicity

Rate per 1,000
live births

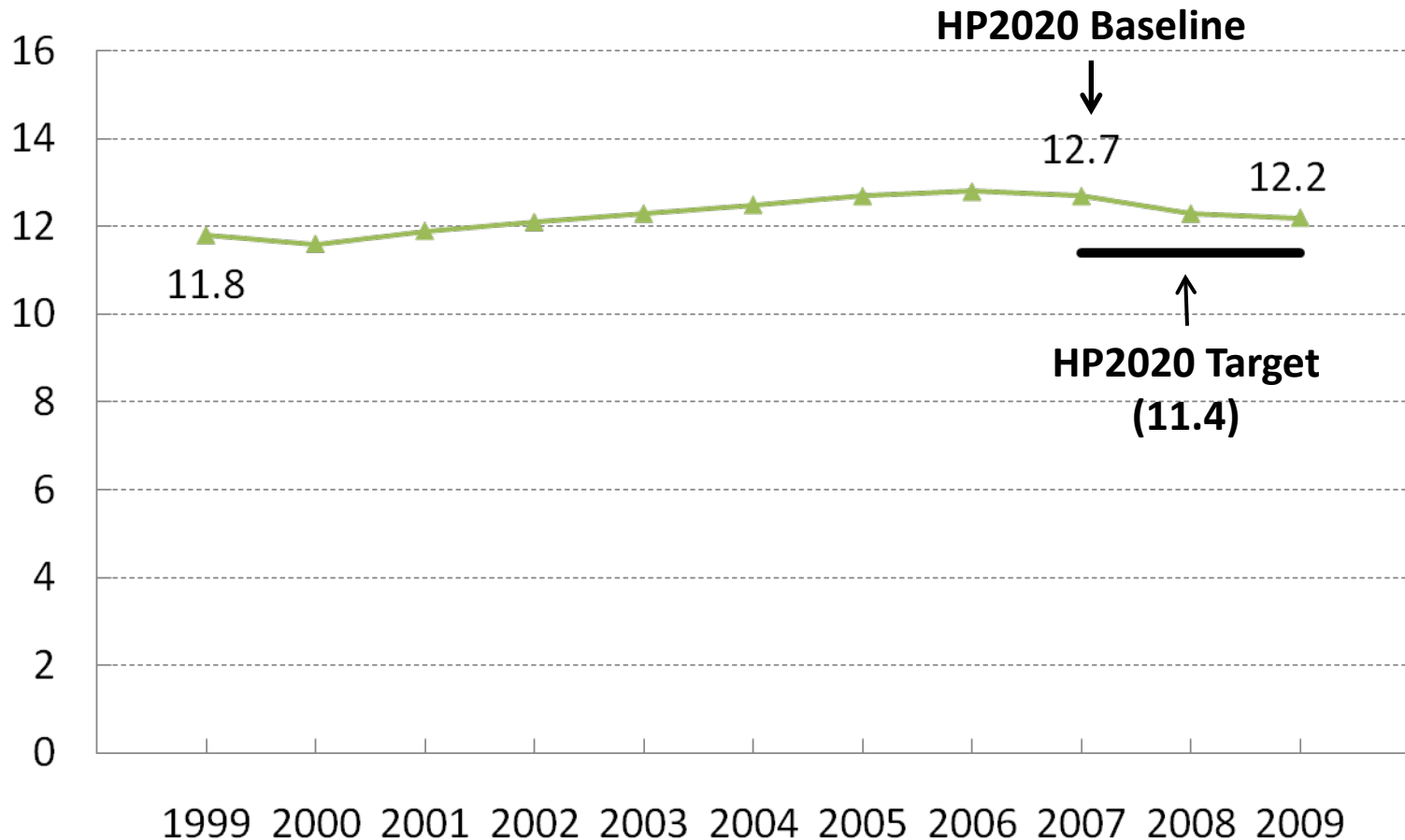


NOTE: Includes all deaths <1 year. American Indian includes Alaska Native. Asian includes Pacific Islander. The categories black and white exclude persons of Hispanic origin. Persons of Hispanic origin may be any race.
SOURCE: National Vital Statistics System-Mortality and Natality (NVSS-M, NVSS-N), NCHS, CDC.

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Total Preterm Births

Percent

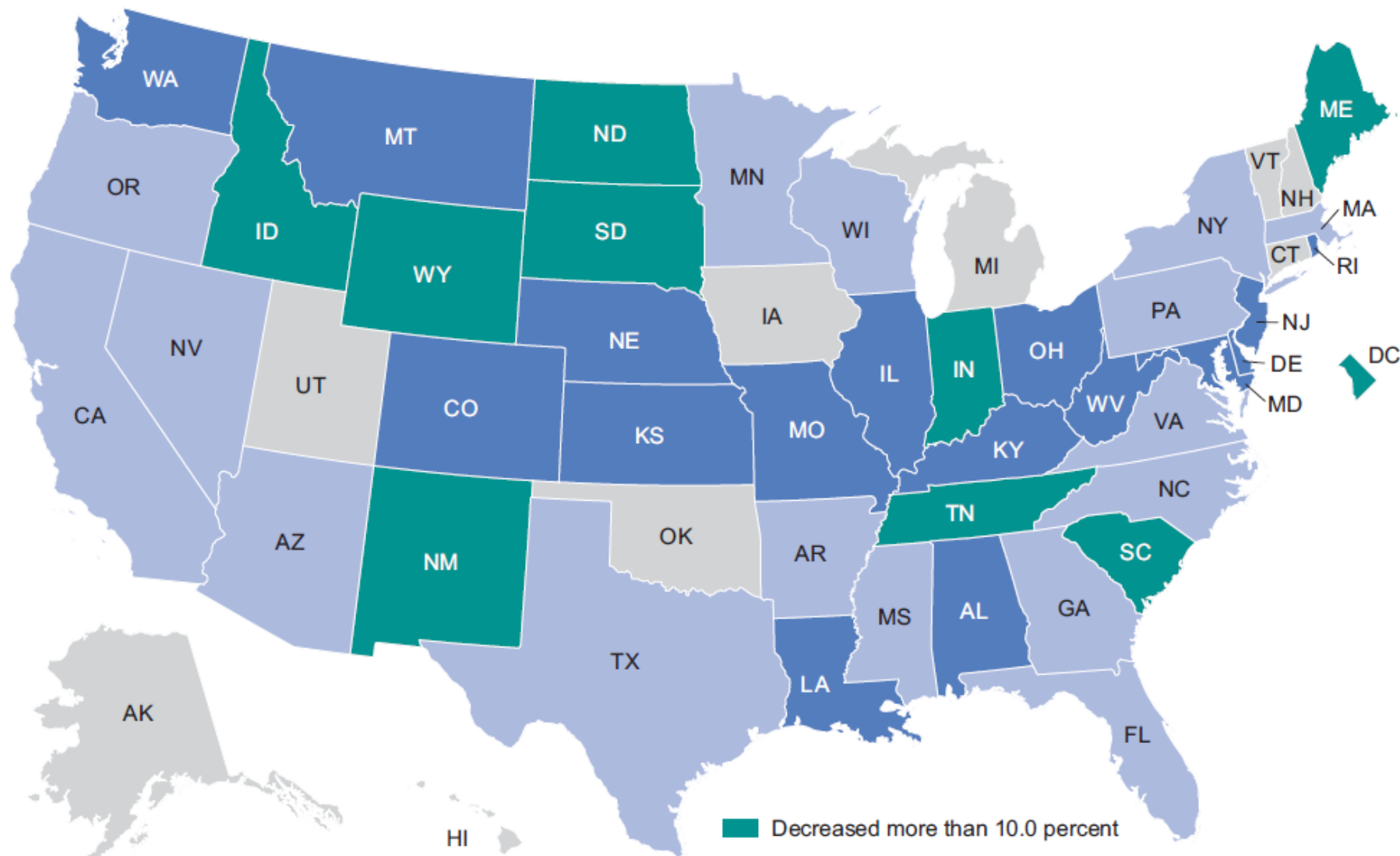


NOTE: Less than 37 completed weeks of gestation.

SOURCE: National Vital Statistics System-Nativity (NVSS-N), NCHS, CDC.

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Percent Change in Preterm Birth Rate by State, 2006-2009



NOTE: Preterm is less than 37 completed weeks of gestation.
SOURCE: CDC/NCHS, National Vital Statistics System.



Maternal, Infant, and Child Health: Federal Actions

- Centers for Medicare and Medicaid Innovation
 - Strong Start
- Health Reform Law
 - National Prevention Strategy
- Office of Minority Health
 - A Healthy Baby Begins With You
- Health Resources and Services Administration
 - Healthy Start

Community-Based Prematurity Prevention

The Kentucky Experience

Ruth Ann Shepherd, MD, FAAP
Director, Division of Maternal and Child Health
Kentucky Department for Public Health

Healthy Babies ARE WORTH THE WAIT[®]

— A Prematurity Prevention Partnership —

A PREMATURE
PREVENTION
PARTNERSHIP

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Department for Public Health

The Problem of Prematurity

- Leading cause of infant mortality
- Associated with increased risk for medical issues across the life span
 - e.g., coronary heart disease, diabetes, mental disorders, and learning problems
- Between 2000 and 2006, preterm birth was on the rise in the U.S., and Kentucky was experiencing an even higher increase than the nation

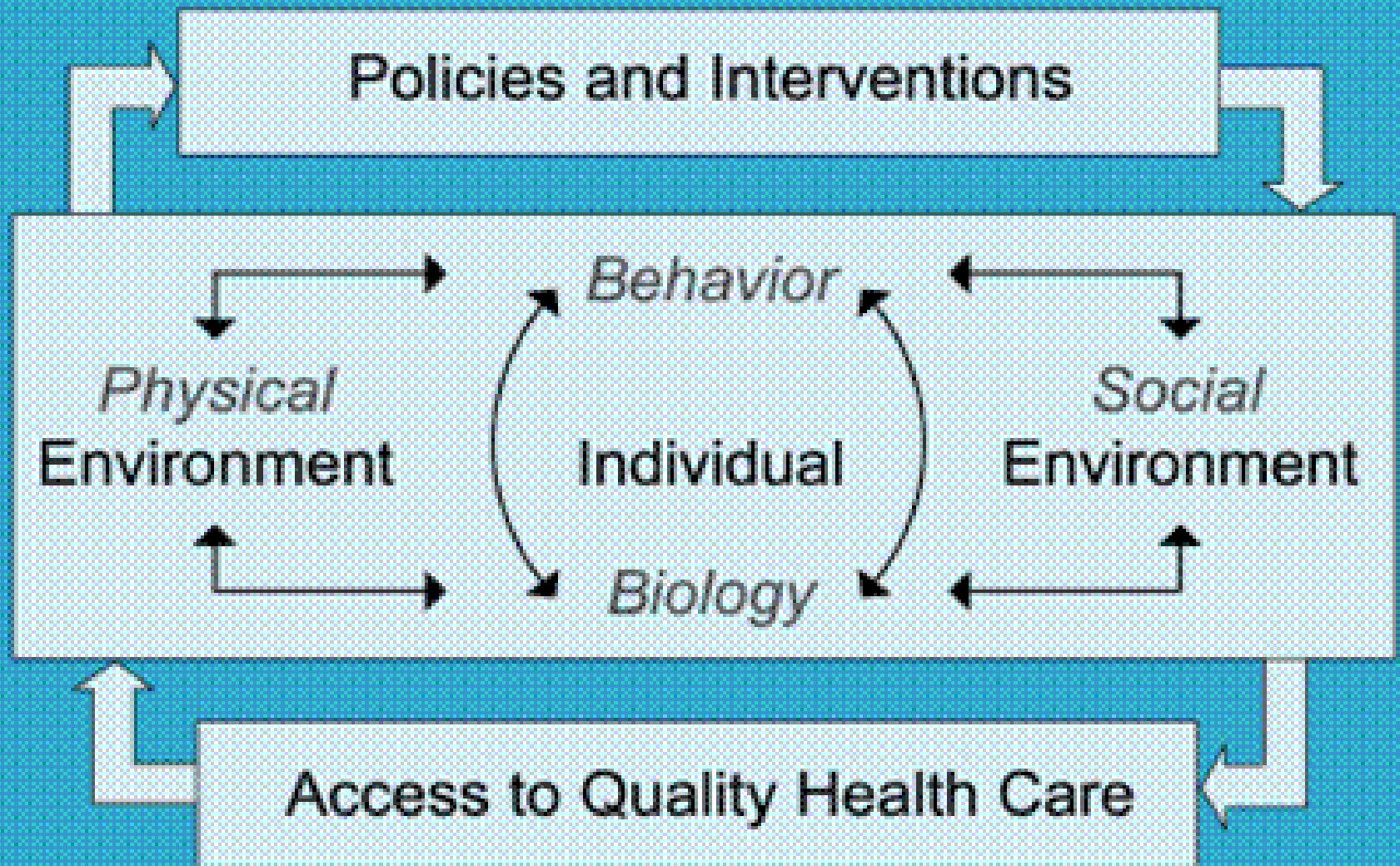


Prematurity Focus for Infant Mortality Efforts

- Prematurity is a prototypical public health problem
 - can happen to anyone
 - high prevalence
 - known risk factors
 - Significant disparities
 - short and long term consequences
 - high cost to multiple systems
 - not just about medical interventions
 - Multiple determinants
 - evidence based policy and practice not well established
 - Prevention pays

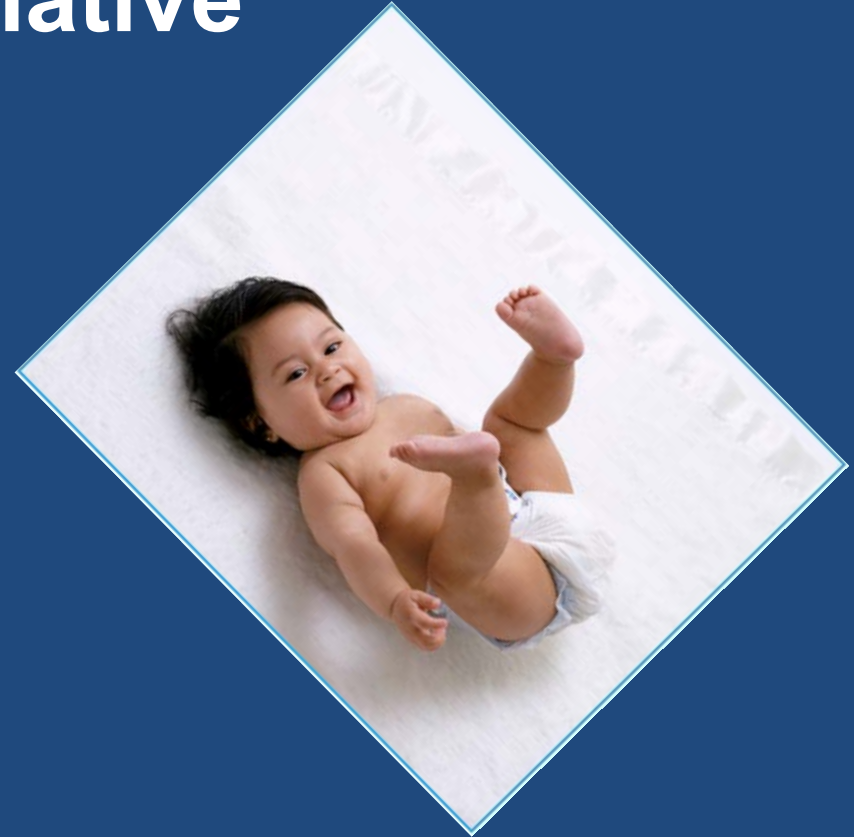


Determinants of Health



Healthy Babies are Worth the Wait Pilot Initiative

- Prevent preventable preterm birth
- ‘Real world’, ecological design
- Bundled multi-dimensional and evidence-based interventions in different health care settings



A PREMATURITY
PREVENTION
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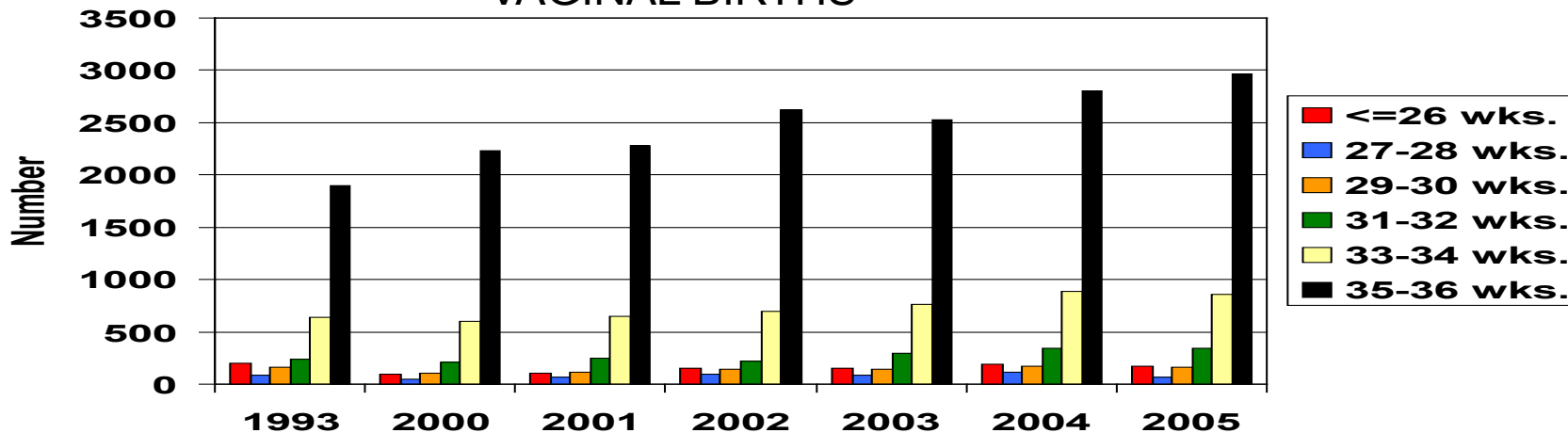
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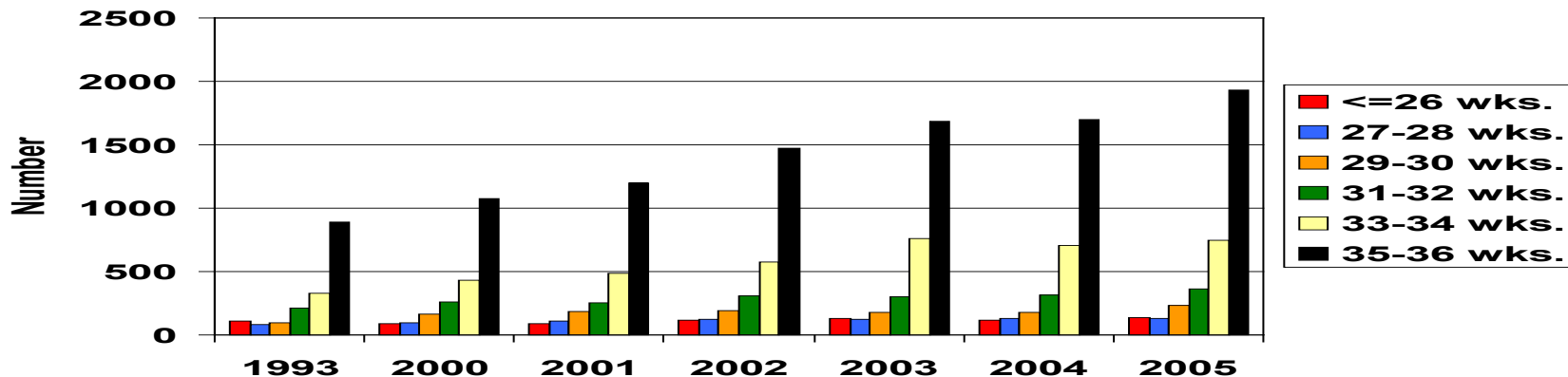
KENTUCKY SINGLETON PRETERM BIRTHS

Trends 1993-2005

VAGINAL BIRTHS



CESAREAN BIRTHS



Kentucky Experience

Healthy Babies are Worth the Wait SM: Hospital Sites

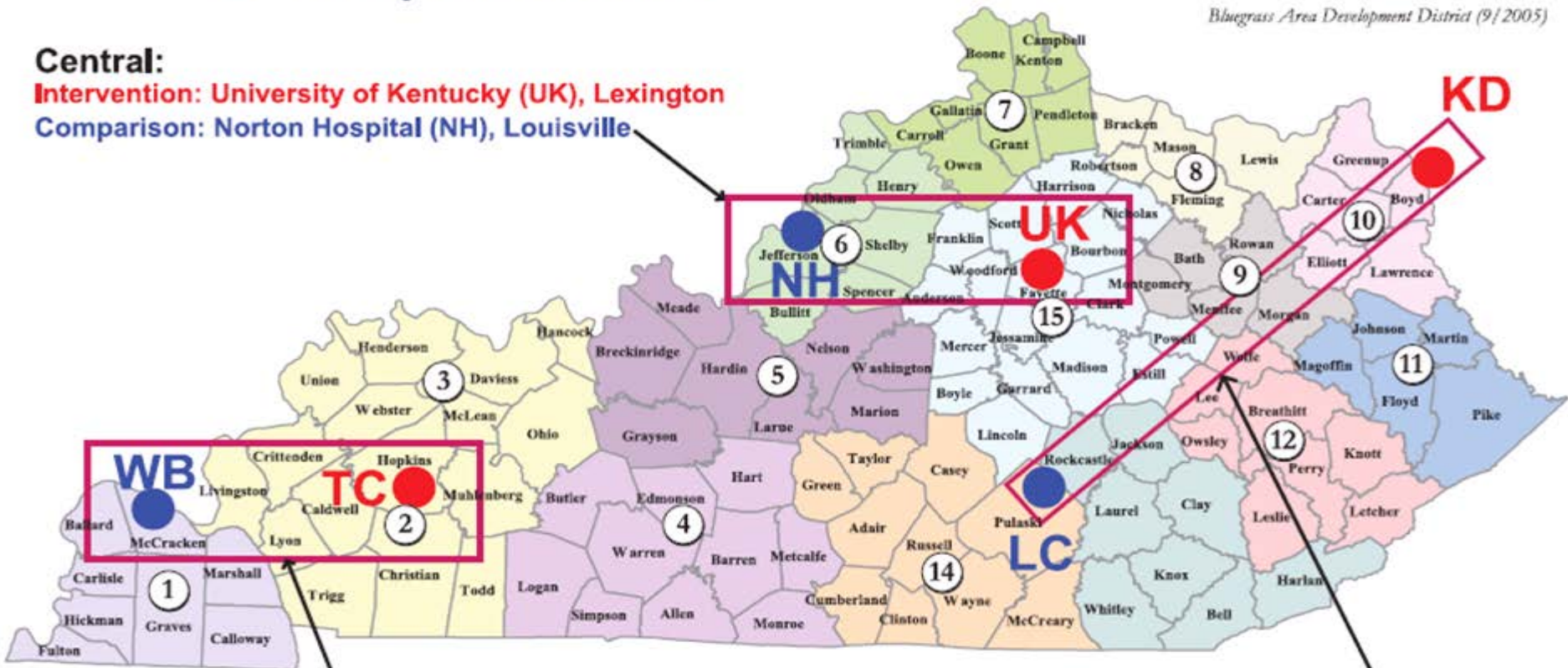
- Intervention Sites
- Comparison Sites

Kentucky
Bluegrass Area Development District (9/2005)

Central:

Intervention: University of Kentucky (UK), Lexington

Comparison: Norton Hospital (NH), Louisville



West:

Intervention: Trover Clinic (TC), Madisonville RMC

Comparison: Western Baptist Hospital (WB), Paducah

East:

Intervention: King's Daughters (KD), Ashland, KY

Comparison: Lake Cumberland RH (LC), Somerset, KY

Core Components (The 5 Ps)



Partnerships

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- National and local experts, variety of disciplines and interests
- Site councils, implementation teams, conference calls
- HBWW Gatherings at other state and national perinatal meetings



Example Interventions

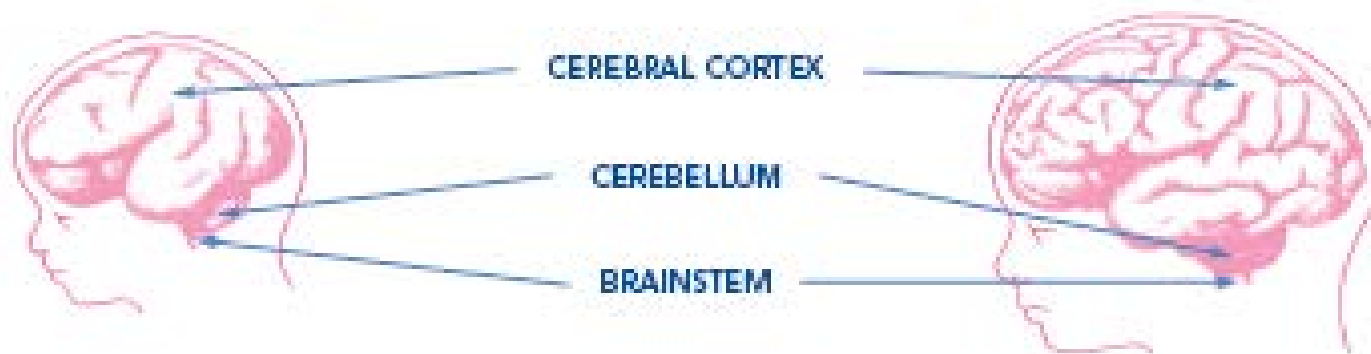
- **Provider Initiatives**
 - Provider Report Card
 - Grand Rounds (state of art in PTB prevention)
 - ACOG Guidelines (induction, elective C/S, 17-P & progesterone, antenatal steroids, tx of infections, etc.)
 - Late Preterm Birth (ACOG, AAP)
 - Resource centers with Cutting edge journal articles and latest research
- **Public Engagement**
 - Billboards, newsletters, t-shirts
 - HBWW community toolkit
 - Local TV stories and radio PSA's
 - Website with public information
- **Patient Support**
 - HBWW Information Items
 - Early referral to public health programs – WIC, home visiting (HANDS), smoking cessation, QUIT line, etc.
 - Health Literacy- pregnancy diaries on line and hard copy
 - Text-4-Baby
 - Mental health care access
 - Psychosocial screenings
- **Progress Measures**
 - C/S rates
 - Induction rates
 - Service data
 - Vital statistics



Materials for Professionals

Brain Growth Matters

The brain of a 35 week-old baby is smaller and much less developed than the brain of a baby at 40 weeks.



35 WEEK BRAIN	BRAIN FUNCTION	40 WEEK BRAIN
<ul style="list-style-type: none">▪ Smooth, less developed; fewer circuits and connections	<ul style="list-style-type: none">▪ CEREBRAL CORTEX: site of thinking, reason, learning, motor control, language	<ul style="list-style-type: none">▪ More developed, more circuits and connections
<ul style="list-style-type: none">▪ Small, only about 1/2 the size it will be at term	<ul style="list-style-type: none">▪ CEREBELLUM: where the brain controls balance & coordination, social functioning, hand skills	<ul style="list-style-type: none">▪ Grows and develops to almost double the size from 34 weeks
<ul style="list-style-type: none">▪ Underdeveloped shows up as babies who have apnea – forget to breathe at times	<ul style="list-style-type: none">▪ BRAINSTEM: lowest part of the brain where automatic actions of the body are controlled, like breathing, temperature, swallowing	<ul style="list-style-type: none">▪ More developed – babies born at 40 weeks rarely forget to breathe.

Healthy Babies ARE WORTH THE WAIT™

Healthy Babies are Worth the Wait Materials



Patient Brochures

Every Week Counts

New information about your pregnancy including the last few weeks



Healthy Babies are Worth the Waitsm

This brochure features a pregnant woman in a pink shirt standing in profile, looking down at her belly. In the background, a calendar with a heart is pinned to a wall. The text is in a mix of white and pink fonts.

Cada semana cuenta

Nueva información sobre su embarazo, inclusive las últimas semanas



Healthy Babies are Worth the Waitsm
(Por un bebé sano, vale la pena esperar!)

This brochure features a pregnant woman in a dark brown strapless dress looking down at her belly. In the background, a calendar with a heart is pinned to a wall. The text is in a mix of white and pink fonts.

Community Toolkit

Key messages:

- Full Term is about 40 weeks
- Unless there are medical complications, women should try to take pregnancy to a full 40 weeks, because....
- Much of the brain development happens in those last 4-6 weeks of pregnancy
- Preventing prematurity improves the lives of families and communities
- Available at <http://www.kfap.org> (The KY Folic Acid Partnership)

Healthy Babies ARE WORTH THE WAITSM

A TOOLKIT
FOR COMMUNITY PARTNERS TO
TAKE ACTION TO PREVENT PRETERM BIRTH

Developed in conjunction with

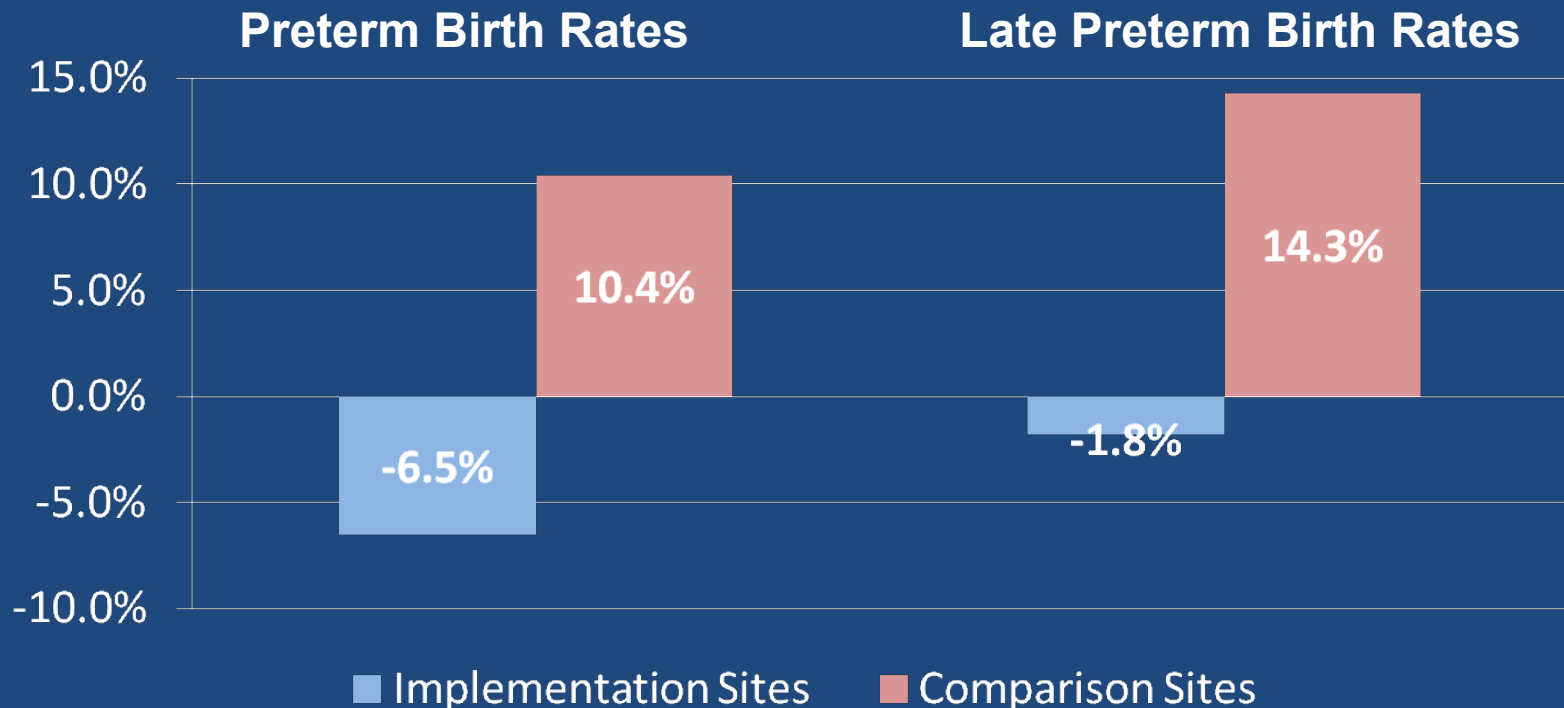


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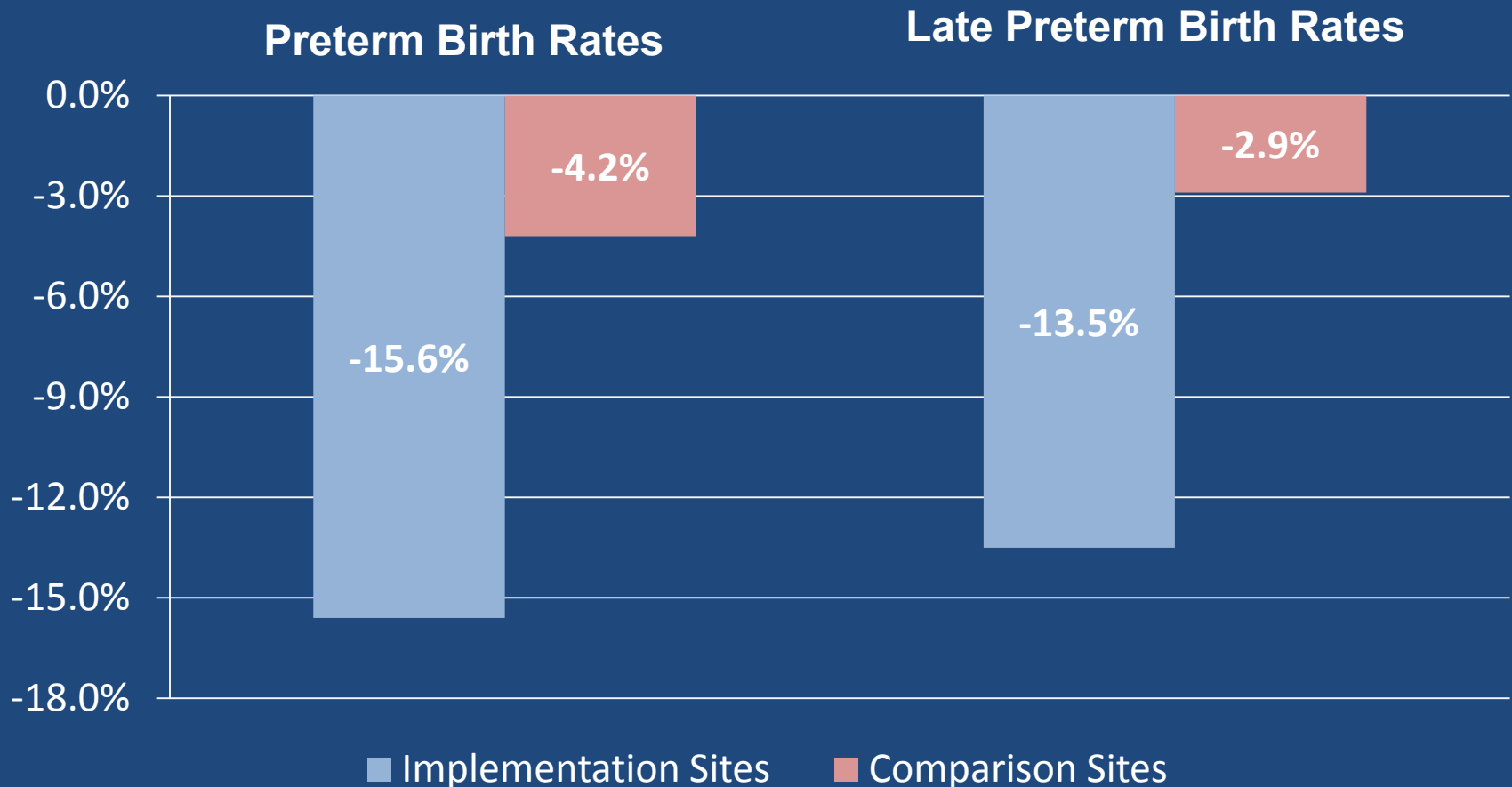
Outcomes

- By the end of the second year of the project, KY had had the largest drop in preterm birth and late preterm birth of any of our surrounding states
- From 2007 to 2009 HBWW evaluators monitored rates of preterm and late preterm births:



Intervention Implemented Across All Sites

- The impact of the project, measured from 2007 through 2010, did meet the target of reducing preterm birth in the intervention sites by 15%.



What Went Well

- Building partnerships
- Identifying appropriate measurement
- Systems-building to identify and fill gaps based on community's needs
- Engagement
- Motivation to continue
- Speeding time from Research to Practice
- Outcomes
- Sustainability



Image: photostock / FreeDigitalPhotos.net

Lessons Learned

- Have a dedicated project coordinator on site
- Have a Physician Champion
- Involve the community from the start
- Have an evaluation and data collection plan
- Celebrate more and increase project visibility with rewards and recognition



Keys to Community-Based Prematurity Prevention

- DATA → ACTION
 - Data drives the focus
- RESEARCH → “REAL WORLD”
 - Implement Best Available Evidence
- SILOS → SYSTEMS
 - Comprehensive, coordinated clinical and public health services
- MEDICAL MODEL → ECOLOGICAL MODEL
 - Multiple determinants of health; Prematurity is a public health problem
- RELATIONSHIPS → RESULTS
 - We CAN do better with what we know now



HBWW: Moving Forward

- In 2010 the 3 Kentucky control sites began implementing HBWW
 - Data has shown a decrease in preterm and late preterm birth rates in these sites since intervention implementation
 - An additional 2 sites have been added to the Kentucky program in 2011
- March of Dimes is expanding program sites in New Jersey and Texas, with a goal of reaching 20 sites by 2014



For Further Information

QUESTIONS?

March of Dimes –

hbww@marchofdimes.com

<https://www.prematurityprevention.org/>

Kentucky Maternal and Child Health –

Ruth.Shepherd@ky.gov





Stay Connected

- Get the updated data and read implementation stories, visit <http://www.healthypeople.gov>.
- To receive the latest information about Healthy People 2020 and related events, visit our website to:
 - Register now for the National Health Promotion Summit on April 10 to 11, 2012



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