

Sustaining Lane County's PPOR Efforts



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Perinatal Periods of Risk (PPOR)

- *Population-based data analysis*
- Based on infant weight at birth & age at death, & fetal weight & gestation at time of death
- Identifies *populations & periods of risk*
- Examines the *reasons for excess deaths* through further epidemiologic studies, death reviews, program & policy reviews & other community assessments



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PPOR Phase 1 Findings

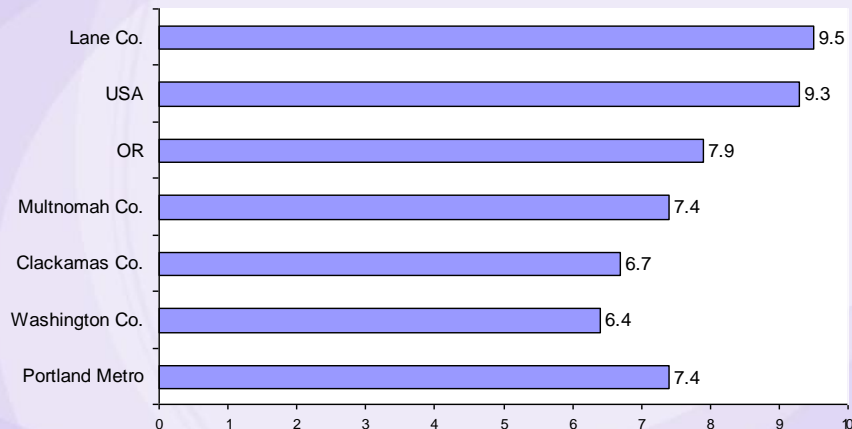
- Lane County's 99-03 rate of fetal-infant mortality was higher than anyone expected
- All population groups had higher than expected fetal-infant mortality; including those most likely to have good outcomes
- The highest rate of excess deaths occurred in infants age 1 month to 1 year; 2nd highest maternal health & prematurity



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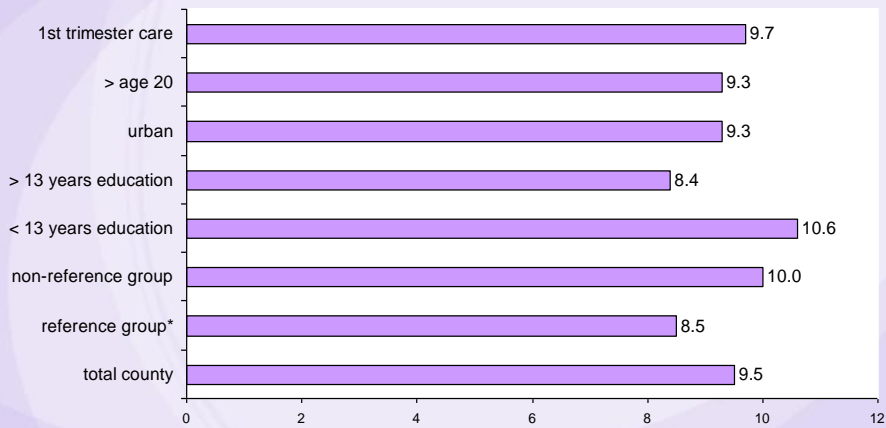
Comparison Fetal-Infant Mortality Rates



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1999 – 2003 Lane County Fetal-Infant Mortality Rate by Group



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Excess Fetal-Infant Mortality Rates

Lane County	Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
1999-2003	3.1	2.3	1.7	2.4	9.5

US Reference Group	Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
	2.2	1.5	1.1	1.0	5.8

Excess Mortality Rate	Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
By Subtraction	0.9	0.8	0.6	1.4	3.7



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Lane County's *Excess* Fetal-Infant Mortality Rates & Numbers (recap)

<i>Excess</i> Mortality Rate	Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
	0.9	0.8	0.6	1.4	3.7

<i>Excess</i> Numbers of Deaths	Maternal Health/ Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
	17	15	11	26	68


Maternal Health/Prematurity
 2nd highest excess mortality rate


Infant Health
 Highest excess mortality rate



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Community Response



PPOR leads communities to action while further investigation takes place

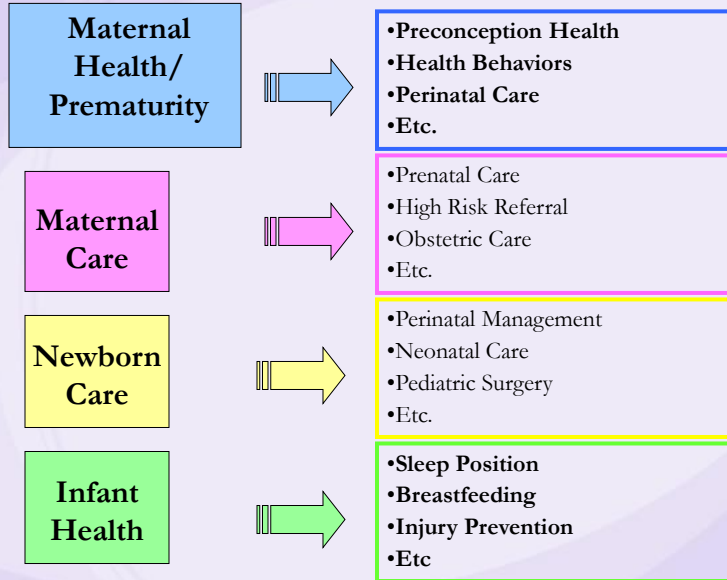
- Identifies areas of excess mortality
- Suggests best practices to address excess mortality



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PPOR – Data to Action



Next Steps: PPOR Phase 2



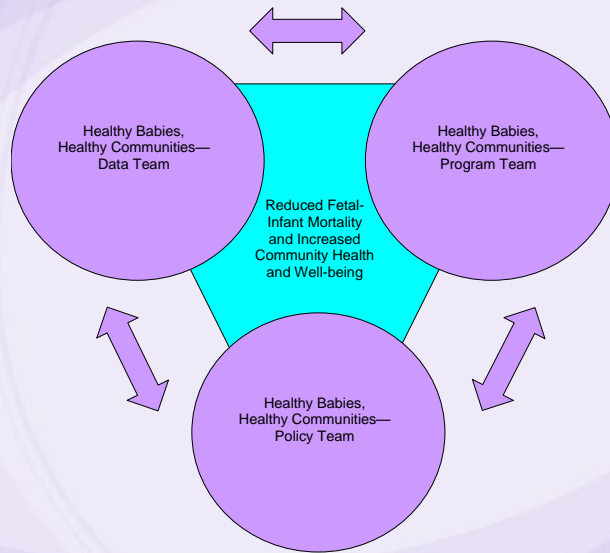
Community asked for additional data,
population level & individual case data

Community agreed to focus on PPOR actions
for Infant Health & Maternal
Health/Prematurity

Co-existing community efforts unite, bringing
together more energy & increased efforts



Community Solutions



Data Analysis Expansion



- Population/environment data assessment & analysis
- Individual fetal-infant case findings & analysis (Fetal-Infant Mortality Review)



Population-based data source examples

- PRAMS (Pregnancy Risk Assessment Monitoring System)
- Census data
- Alcohol and Drug data
- Mental Health data
- Health care availability studies
- Other studies/data



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PRAMS Data



Women in Lane County:

- 86.1% knew about folic acid pre-pregnancy
- 33.9% took folic acid pre-pregnancy
- 19.3% smoked during pregnancy (vs. OR 15%)
- 21.1% smoked post partum (vs. OR 15.5%)
- 25.3% binge drank at least once pre-pregnancy (vs. OR 16.2%)
- 15.6% breastfed for 11 or more weeks (vs. OR 18.7%)



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~Individual Findings~ Fetal Infant Mortality Review (FIMR)

- Looks *behind the numbers* to discover what is happening on a personal & community level
- Comprehensive, case finding process that *uncovers the patterns and contributing factors* associated with fetal and infant mortality
- With PPOR, FIMR *leads to action* to improve services and community resources



FIMR Cohort

Cohort

- Residents of Lane County
- ≥ 500 grams
- ≥ 20 weeks gestation
- Up to age 1

Data sources

- Death certificates
- Medical records
- Maternal interviews





FIMR Findings

July 2007 – June 2009

Maternal Health & Prematurity

- **Obesity** – 55.2% were overweight or obese (37.9% were obese)
- **Tobacco, Alcohol, & Drugs** –
 - 22.6% smoked tobacco during pregnancy
 - 4.8% drank alcohol
 - 6.5% used mj, 3.2% meth, 1.6% heroin



FIMR Findings

Maternal Health & Prematurity (cont.)

- **Reproductive health planning** – 58.1% reported unintended pregnancies
- **Prenatal care** – 66.1% had 1st trimester care
- **Poverty** – 54.8% were at/below 185% FPL
- **Homelessness** – 21.1% had no permanent housing



FIMR Findings

Infant Health

Sleep Practices – unsafe sleep practices were found in approximately 1/3 of post-neonatal deaths – previous PRAMS data indicated significant co-sleeping & 22.7% non-back-to-sleep position



Ongoing PPOR

Data is rolled forward from 99-03 PPOR cohort to a 01-05 cohort

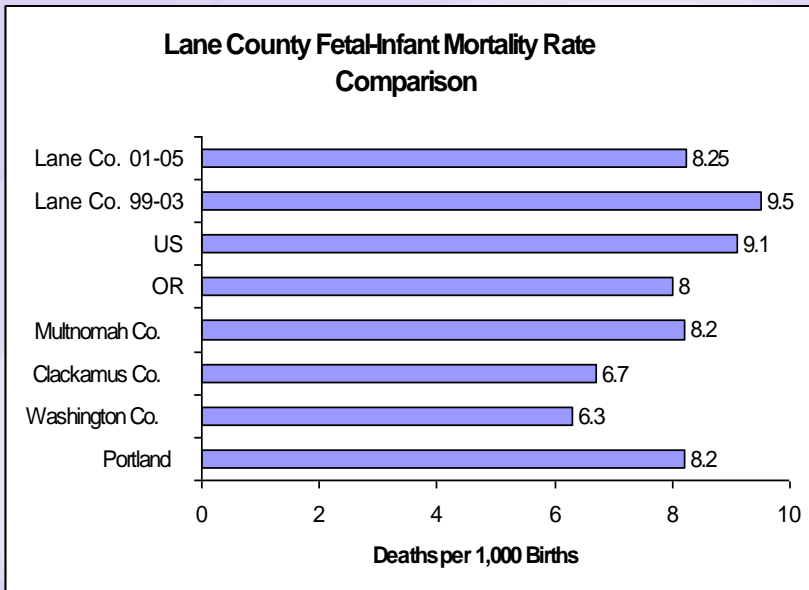


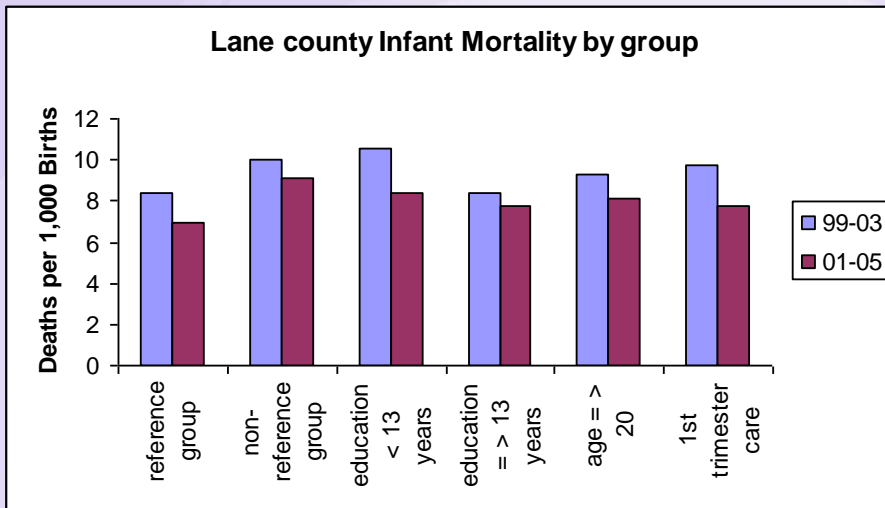
PPOR 2001 – 2005 Update

- Lane County’s overall rate decreased from 9.5 to 8.25 !!
- All population groups improved.
- The highest rate of excess deaths continued to occur in infants aged 1 month to 1 year.



Lane County Fetal-Infant Mortality Rate Comparison





Excess Fetal-Infant Mortality

Lane County	Maternal Health / Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
2001-2005	2.69	1.96	1.51	2.08	8.25

US Reference Group	Maternal Health / Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
	2.2	1.5	1.1	1	5.8

Excess Mortality Rate	Maternal Health / Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
	0.49	0.46	0.41	1.08	2.44



Excess Mortality Comparison

Decrease from 1999 – 2003 to 2001 - 2005

Excess Mortality Rate	Maternal Health / Prematurity	Maternal Care	Newborn Care	Infant Health	Fetal-Infant Mortality
99-03	0.9	0.8	0.6	1.4	3.7
001-05	0.5	0.5	0.4	1.1	2.5
Change	-0.4	-0.3	-0.2	-0.3	-1.2



Sustaining Community Efforts

When some data no longer looks as bad...

When competing priorities threaten...

When there is never enough funding...



Sustaining Community Efforts

PPOR and FIMR together keep the community engaged

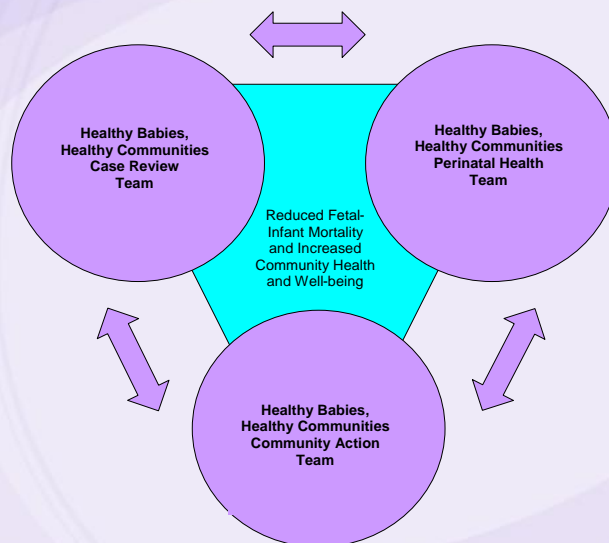
- ~ Individual Case Findings put a “face” on the problem
- ~ Population-based data provides depth of knowledge and means of comparison

Joining forces with other closely related groups adds strength

Fetal-Infant Mortality is woven into the our community’s consciousness



Community Solutions



Community Efforts



Shared efforts with University of Oregon-Family Early Advocacy & Treatment, substance exposed newborn program

- Shared agendas for large quarterly community stakeholder meetings
- Worked together to:
 - ~Develop and pilot an alcohol, tobacco, & other drug screening tool & referral algorithm
 - ~Promote an annual Healthy Babies, Healthy Communities award and ceremony to honor dedicated community members
 - ~Develop consistent messaging about maternal health, health behaviors, safe sleep, breastfeeding



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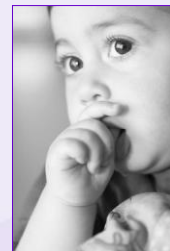
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Community Efforts

Shared efforts with Health Policy Research Northwest

Worked together to:

- Identify community resources – home visiting, mental health services, tobacco “quit” support
- Develop and implement a comprehensive electronic psychosocial screen & referral algorithms for women’s care providers
- Develop funding for promoting & supporting enhanced screening by women’s care providers
- Enhance local Medicaid HMO maternity care management services, screening, & referral



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Community Efforts



Shared efforts –

Lane Breastfeeding Coalition

- Worked together to share training and learning opportunities and to support breastfeeding

Baby Connection

- Worked together to support and promote successful breastfeeding

Friends of the Birth Center

- Worked together to promote prenatal and delivery options



Sustaining Community Efforts

- Updated data shared at large stakeholder meeting
- Workgroups formed to identify & implement best practice strategies to address:
 - ~Maternal Obesity
 - ~Tobacco and Alcohol Use
 - ~Maternal Screening
 - ~Safe Sleep
- Collaborations continue to grow
- Fetal Infant Mortality has been integrated into the MCH programs



Community Solutions

Sustaining through collaboration

~Shared commitment

~Shared values

~Shared energy



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Helping Families Keep Their Babies Safe and Healthy



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