Maternal and Child Health Status Assessment Webinar

MARCH 9, 2017

Welcome and Introductions

- Carrie Tarry, MDHHS
- Trudy Esch, MDHHS
- Robin Orsborn, MDHHS
- Julia Heany, MPHI
- Lauren LaPine, MPHI
- Erin Madden, MPHI

Agenda

- Overview

- Specifics on Steps 4 & 5
  - Maternal and Child Health Status Assessment

- Next Steps

- Questions

Timeline of Assessments

Within steps 4 & 5, there are three assessments:

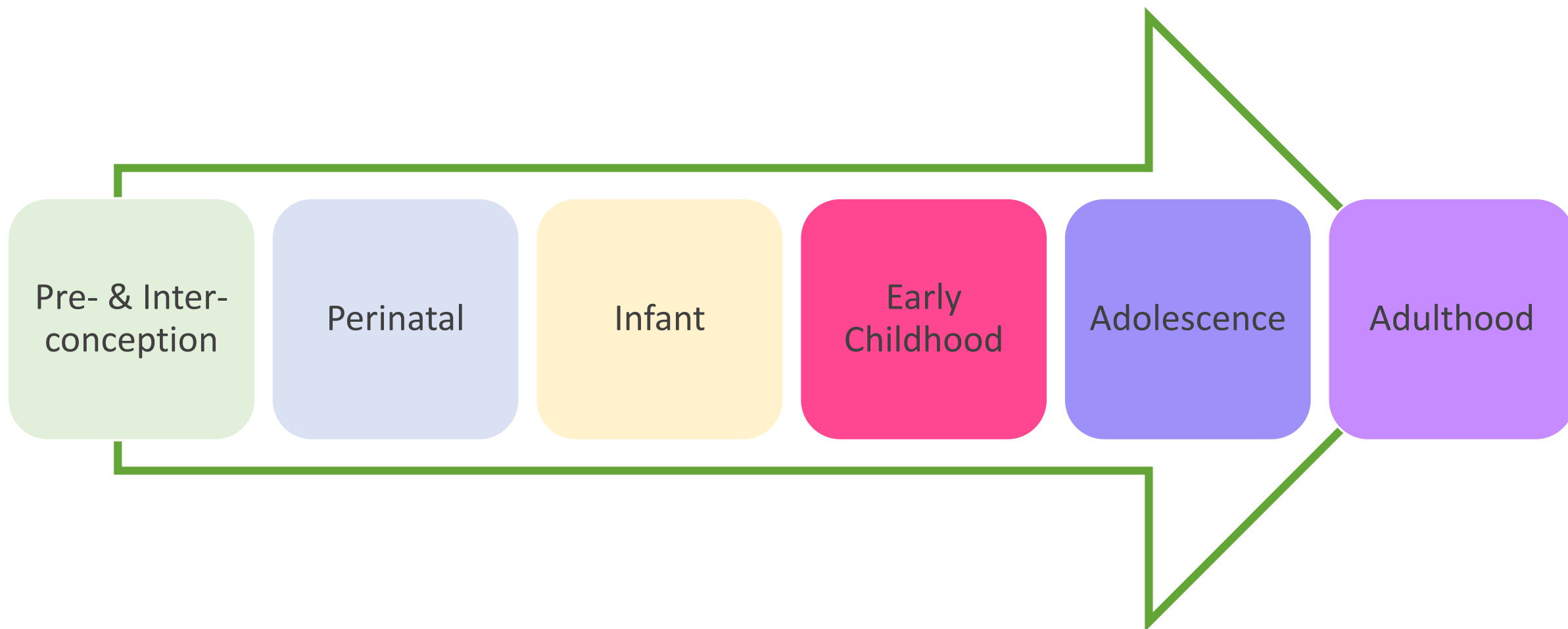1. Community Themes and Strengths Assessment
   - ➢ **Covered February 14**
2. Maternal and Child Health Status Assessment
   - ➢ **Covered TODAY** ⭐
3. Maternal Child Health System Assessment
   - ➢ **Covered March 29**

Health Outcomes

Health Behaviors
(e.g., smoking, diet, exercise)

Community Health
(e.g., transportation, food, housing,
employment, education)

Direct & Enabling Services
(e.g., family planning, services for CYSHCN, well woman care,
pediatric care, clinical linkages)

Public Health Systems
(e.g., assessment & planning, convening partners, community education,
policy development & enforcement, surveillance)

Checking In

- How are your Community Themes and Strengths assessment activities unfolding?

- Are there any questions we can answer today?

Maternal and Child Health Status Assessment

Maternal Child Health Status Assessment

The purpose of this assessment is to review population health data to identify:

- health issues where our state faces **disparities** by race, ethnicity, gender, income, or other factors.

- health issues where your community is facing more troubling **outcomes** when compared with the state, other counties, or national standards.

Maternal Child Health Status Assessment

A series of measures was selected for this assessment based on their importance to understanding MCH within communities.

- *Measures reflect each stage of the life course.*
- *Measures of health outcomes, health behaviors, community health, direct and enabling services, and public health systems are included.*
- *State Title V performance measures are included.*
- *Most measures are available at the state and local level; however, some are only available at the state level.*
- *State level data include demographic breakdowns wherever possible.*
- *You can incorporate local data and additional measures as you see fit!*

Maternal Child Health Status Assessment

We will be providing two Excel spreadsheets populated with the majority of the data you will need. Both spreadsheets will be locked for editing.

1. LMCH Status Assessment **State Data Spreadsheet**
   ◦ Includes state-wide data with demographic breakdowns

2. LMCH Status Assessment **County Data Spreadsheet**
   ◦ Includes data that are county/LHD specific

Maternal Child Health Status Assessment

- Table 6 provides the sources of population data used when populating the two spreadsheets.
- For any measures that you add, consider referring to this table when looking for data sources.

Table 6: Sources of Population Data

| Source	Web Link
American Community Survey	https://www.census.gov/programs-surveys/acs/
BRFSS	http://www.cdc.gov/brfss/
Bureau of Primary Health Care/Health Center Program	https://bphc.hrsa.gov/
Childhood Lead Poisoning Prevention Program (CLPPP)	http://www.michigan.gov/lead/0,5417,7-310--305271--,00.html
Common Core of Data	https://nces.ed.gov/ccd/
Consumer Assessment of Healthcare Providers & Systems (CAHPS)	http://www.ahrq.gov/cahps/index.html
County Health Rankings; Local Area Unemployment Statistics (LAUS)	http://www.countyhealthrankings.org/app/michigan/2016/measure/factors/23/map
County Health Rankings; The Uniform Crime Reporting (UCR) Program	http://www.countyhealthrankings.org/app/michigan/2016/measure/factors/43/data
Feeding America	http://map.feedingamerica.org/county/2013/overall/michigan
Maternal Infant Health Program (MIHP)	http://www.michigan.gov/mihp/
Michigan Care Improvement Registry (MCIR)	https://www.mcir.org/
Michigan Vital Statistics	http://www.michigan.gov/mdhhs/0,5885,7-339-73970_2944_4669_4681---,00.html
National Assessment of Educational Progress (NAEP)	http://nces.ed.gov/nationsreportcard/
National Child Abuse and Neglect Data System (NCANDS)	http://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands

Status Assessment Spreadsheet

Within each spreadsheet, there are 6 tabs across the bottom that mirror the "pyramid," plus a tab for Demographics

- Health Outcomes
- Health Behaviors
- Community Health
- Direct & Enabling Services
- PH Services and Systems
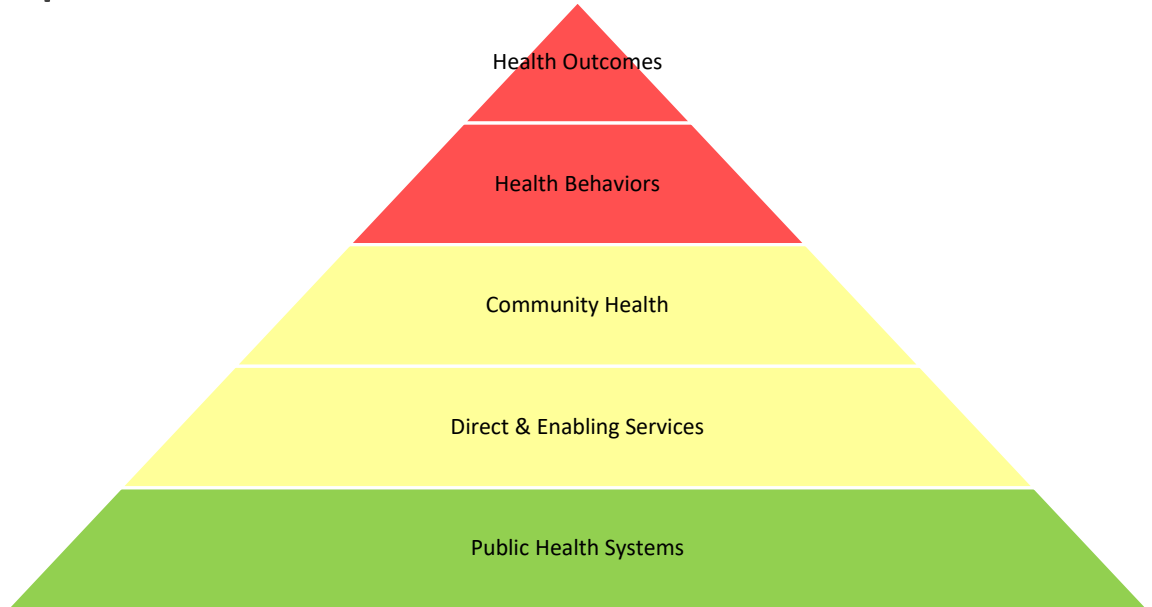
Example Sneak Peek
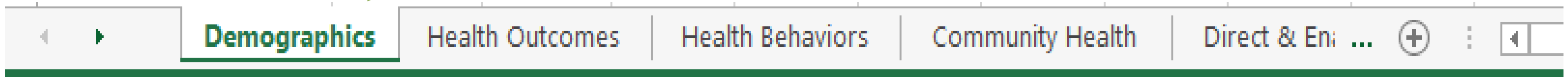
Status Assessment Spreadsheet

Within each tab, there are a list of measures (including their data source) broken down by phase of the life course. *Each phase is color-coded according to the image below.*

- Pre- and Inter-Conception
- Perinatal
- Infant
- Childhood
- Adolescence
- Early-to-Mid-Adulthood
- Life Course

| Pre- & Inter-conception | Perinatal | Infant | Early Childhood | Adolescence | Adulthood |

Example Sneak Peek
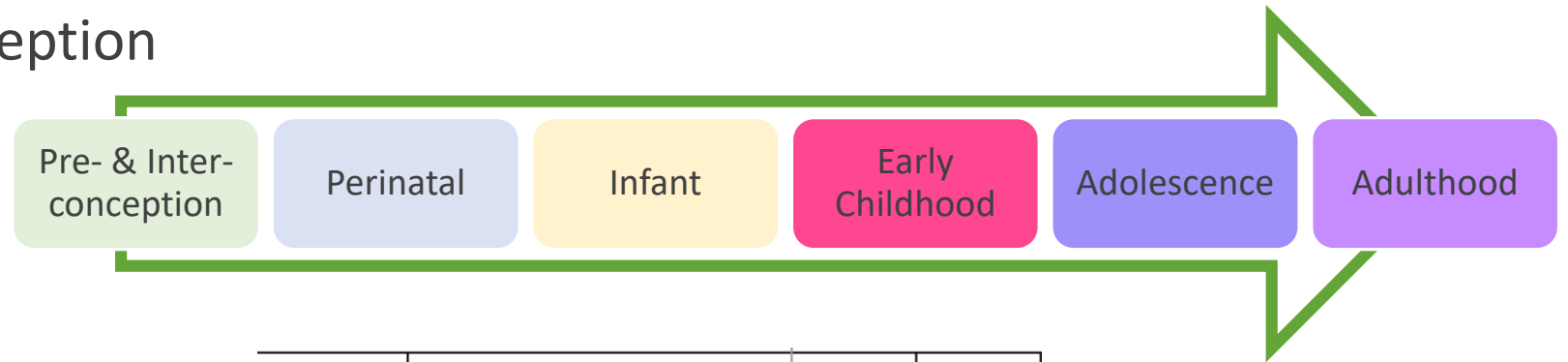
Phase	Measure	Data Source	Year(s)
Pre- and Inter-Conception	% of women aged 20-44 reporting their general health as fair or poor	BRFSS	2015
	% of women with a live birth who had a healthy weight prior to pregnancy	Vital Records	2015
Perinatal	% of live births with a low birth weight <2500g	Vital Records	2015
	% of women with a singleton live birth who achieved the recommended weight gain during pregnancy	Vital Records	2015

MI Prosperity Regions

A few measures are broken out by prosperity region; refer to this prosperity region map for guidance, if necessary.

State of Michigan Prosperity Regions

1. Upper Peninsula Prosperity Alliance
   - 1a. Western UP Prosperity Region
   - 1b. Central UP Prosperity Region
   - 1c. Eastern UP Prosperity Region
2. Northwest Prosperity Region
3. Northeast Prosperity Region
4. West Michigan Prosperity Alliance
   - 4a. West Central Prosperity Region
   - 4b. West Michigan Prosperity Region
5. East Central Michigan Prosperity Region
6. East Michigan Prosperity Region
7. South Central Prosperity Region
8. Southwest Prosperity Region
9. Southeast Michigan Prosperity Region
10. Detroit Metro Prosperity Region

Service Delivery Regions

8/6/2013

LMCH Status Assessment **State** Data

Demographics listed across the top

Color-coded phase of the life course (with their appropriate measures) listed across the left side

Pyramid Tabs listed across the bottom

Some measures have blank, unlocked cells for you to use to fill out with your own county data

Gray Cells indicate no data were available or the breakdown isn't relevant

				Total	18-24 years	25-34 years	35-44 years	45-54 years	55-64 years	65-74 years	75 + years	Asian (/Pacific Islander),Non-Hispanic	American Indian/Alaska Native, Non-Hispanic	Black, Non-Hispanic	White, Non-Hispanic	Hispanic	Multiple Race, Non-Hispanic	Other, Non-Hispanic	Unknown Race/Ethnicity	Female
Phase	Measure	Data Source	Year(s)			10.3%	15.4%	17.3%							18.2%	14.4%	20.5%		12.1%		
Pre- and Inter-Conception	% of women aged 20-44 reporting their general health as fair or poor	BRFSS	2015										59.4%	36.6%	30.3%	43.4%	35.6%		48.8%	41.2%	
	% of women with a live birth who had a healthy weight prior to pregnancy	Vital Records	2015										9.1%	8.3%	14.5%	6.9%	7.5%		8.2%	7.8%	
Perinatal	% of live births with a low birth weight <2500g	Vital Records	2015																		
	% of women with a singleton live birth who achieved the recommended weight gain during pregnancy	Vital Records	2015										38.7%	27.6%	28.3%	31.2%	33.1%		33.4%	28.9%	
	Rate of babies that were pharmacologically treated for neonatal abstinence syndrome (NAS)	MIDB																			
Infant	Deaths before 1 year of age per 1,000 live births	Vital Records	2013-2015 avg.										4.93 **		13.13	4.95	8.34		6.97		6.12
	% of women who had a live birth who experienced depressive symptoms after pregnancy	MIHP																			
	Birth Defect Rates per 10,000 live births	MBDR	2010-2014																		
Childhood	Number of deaths per 100,000 Individuals aged 1-14 years	Vital Records	2011-2015 avg.																		
Adolescence	Rate of live births born to women aged 15-19 per 1,000	Michigan Resident Birth File	2015	956.4																	
	% of 9-12 graders who felt sad or hopeless, almost every day for two weeks or more in a row, to the extent they stopped doing usual activities during the prior 12 months (SPM)*	YRBS	2015	16.4									12.1	n/a	25.8	14.4	15.0		n/a		14.2
	Number of deaths per 100,000 Individuals aged 15-19 years	Vital Records	2011-2015 avg.																		
Early- to Mid-Adulthood	% of adults with untreated dental decay																				
	% of adults who were ever told they had hypertension	BRFSS	2015										31.1%		31.7%	30.7%	37.5%	39.8%			40.7%
	% of adults who were ever told they had diabetes	BRFSS	2015																		
	% of adults who report poor physical health days for at least 14 of the past 30 days	BRFSS	2015										24.2	60.2	83.0	44.1	48.1		n/a		29.4

Demographics Health Outcomes Health Behaviors Community Health Direct & En… …

LMCH Status Assessment **County** Data

Phase	Measures	Data Source	Year(s)	Michigan Total	MI County Highest Value
Perinatal	% of women with a live birth who completed an Associates, Bachelor's, Master's, or other Post-Secondary Degree	Vital Records	2015	37.8%	65.8%
	% of children living in households with incomes less than 200% of the federal poverty level	American Community Survey	2015, 5 yr avg.	44.7%	22.7%
	Rate of non-fatal child maltreatment	CPS			
	% of 4th graders scoring advanced or proficient on English Language Arts	M-STEP (Michigan Student Test of Educational Progress)	2015-2016	46.	
	% of 4th graders scoring advanced or proficient on Math	M-STEP (Michigan Student Test of Educational Progress)	2015-2016	44.	

Top column headers:

ALCONA (VR)/DHD#2 (BRFSS)	ALGER (VR)/LMAS (BRFSS)	ALLEGAN	ALPENA (VR)/DHD#4 (BRFSS)	ANTRIM (VR)/HD of NW MI (BRFSS)	ARENAC (VR)/Central MI HD (BRFSS)	BARAGA (VR)/Western UP HD (BRFSS)	BARRY (VR)/BEDHD (BRFSS)	BAY	BENZIE (VR)/BENZIE-LEELANAU HD (BRFSS)	BERRIEN	BRANCH (VR)/BRANCH-HILLSDALE-ST.JOSEPH HD (BRFSS)	CALHOUN	CASS (VR)/VANBUREN-CASS HD (BRFSS)

County/LHD listed across the top

The county-wide data spreadsheet will look identical to the state-wide spreadsheet, except for the columns at the top. This spreadsheet will display local values for each measure.
- Some measures are available by county, where others are available by local health department
- The data for a multi-county health department are listed under the county that appears first in the spreadsheet

Searching for Local Data: MIPHY

1. http://www.michigan.gov/mde/0,4615,7-140-74638_74639_29233_44681---,00.html

2.

MDE / HEALTH & SAFETY / CURRICULUM & STANDARDS / HEALTH EDUCATION

Michigan Profile for Healthy Youth — MiPHY

MiPHY | Michigan Profile for Healthy Youth

3. Reports

• County Reports access page

Michigan School Health **Survey System**

Get 2008 - 2012 County Reports

County Report Generation

4.

Select Cycle:	-- Select a Survey Cycle --
Select Survey Category:	--Select Survey Category--
Select County:	--Select County--

Searching For Local Data: Environmental Atlas

https://www.ers.usda.gov/data-products/food-environment-atlas/

1.

2.

4.

3.
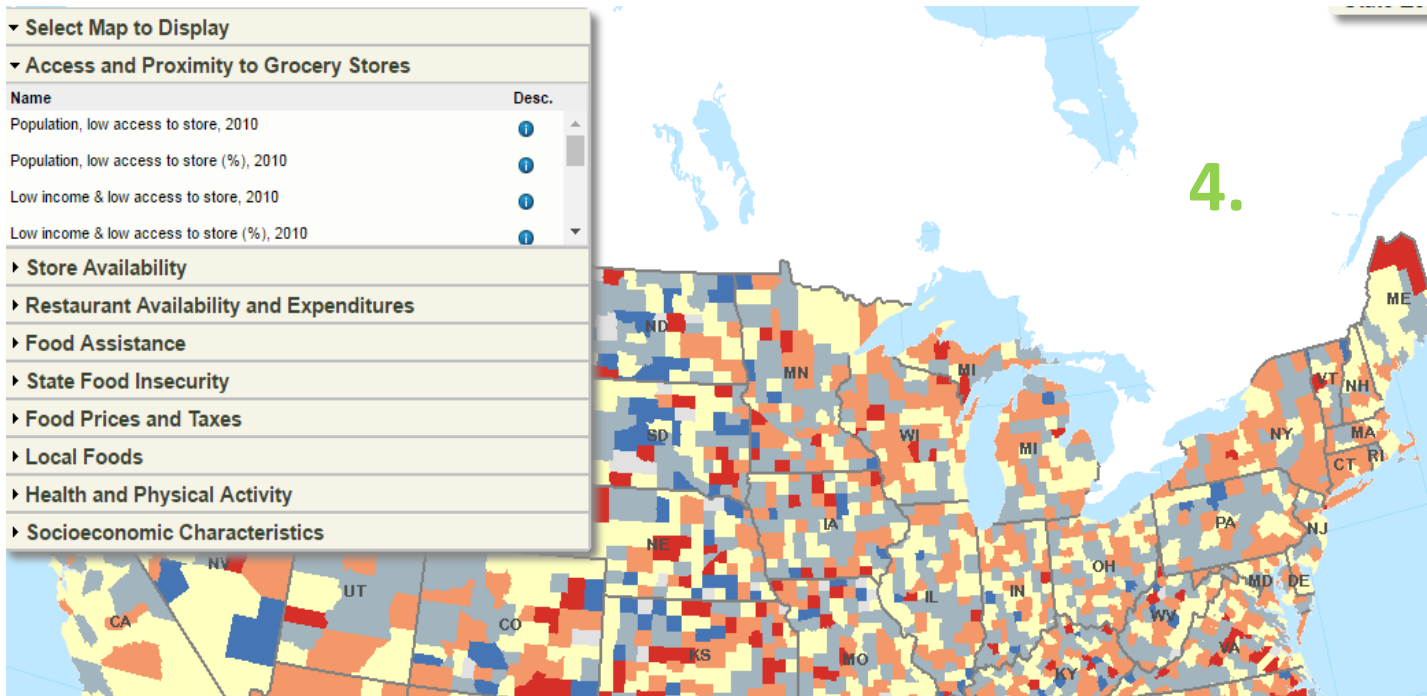
Supplemental Data Sources

- Additional data have been gathered that do not fit within the structure of these spreadsheets.

- These supplemental data sources will be posted to the LMCH SharePoint following the webinar.

Supplemental Data Sources

1. mPINC Scores

2. Michigan WIC Program Data

3. Michigan Birthing Hospital Maps

4. PPOR Analysis Data Summary PowerPoints

5. Opioid Prescribing Patterns Map

6. Neonatal Abstinence Syndrome PowerPoint and Factsheet

Additional Data Source 1: mPINC Scores

Michigan (73 hospitals): Total score=78

mPINC Care Dimension	Care Dimension Subscore	Ideal Response to mPINC Survey Question	Percent of Region Facilities with Ideal Response
Labor and Delivery Care	86	Initial skin-to-skin contact is at least 30 min w/in 1 hour (vaginal births)	79
		Initial skin-to-skin contact is at least 30 min w/in 2 hours (cesarean births)	69
		Initial breastfeeding opportunity is w/in 1 hour (vaginal births)	75
		Initial breastfeeding opportunity is w/in 2 hours (cesarean births)	75
		Routine procedures are performed skin-to-skin	44
Feeding of Breastfed Infants	87	Initial feeding is breast milk (vaginal births)	85
		Initial feeding is breast milk (cesarean births)	80
		Supplemental feedings to breastfeeding infants are rare	14
		Water and glucose water are not used	90
Breastfeeding Assistance	85	Infant feeding decision is documented in the patient chart	99
		Staff provide breastfeeding advice & instructions to patients	93
		Staff teach breastfeeding cues to patients	88
		Staff teach patients not to limit suckling time	49
		Staff directly observe & assess breastfeeding	88
		Staff use a standard feeding assessment tool	74
		Staff rarely provide pacifiers to breastfeeding infants	36
Contact Between Mother and Infant	85	Mother-infant pairs are not separated for postpartum transition	93
		Mother-infant pairs room-in at night	94
		Mother-infant pairs are not separated during the hospital stay	55
		Infant procedures, assessment, and care are in the patient room	9
		Non-rooming-in infants are brought to mothers at night for feeding	90

mPINC Scores

Additional Data Source 2: Michigan WIC Program Data

Michigan WIC Program

Breastfeeding Initiation and Duration Report

Generated Date:01/12/2017

Agency	Breastfeeding Initiation			Breastfeeding Duration												Breastfeeding Exclusivity	
	Infants and Children	Infants Only	Infants of Prenatal WIC Mom	1 wk	2 wks	4 wks	6 wks	2 months	3 months	6 months	12 months	18 months	2 yrs	3 yrs	4 yrs	3 months	6 months
STATE	123043	34651	26586	6826	10416	7737	4077	6919	12934	11972	6419	2891	1813	356	67	13662	12696
	65%	65%	77%	5.5%	8.5%	6.3%	3.3%	5.6%	10.5%	9.7%	5.2%	2.3%	1.5%	0.3%	0.1%	11.1%	10.3%
01	940	257	207	42	76	53	31	60	92	84	45	17	5	4	0	134	104
	65%	66%	81%	4.5%	8.1%	5.6%	3.3%	6.4%	9.8%	8.9%	4.8%	1.8%	0.5%	0.4%	0.0%	14.3%	11.1%
02	443	120	94	28	54	28	22	27	51	55	30	12	10	0	0	74	59
	70%	73%	78%	6.3%	12.2%	6.3%	5.0%	6.1%	11.5%	12.4%	6.8%	2.7%	2.3%	0.0%	0.0%	16.7%	13.3%
04	842	219	183	45	59	81	31	68	97	112	59	16	16	2	0	128	132
	63%	65%	84%	5.3%	7.0%	9.6%	3.7%	8.1%	11.5%	13.3%	7.0%	1.9%	1.9%	0.2%	0.0%	15.2%	15.7%
05	1795	465	355	67	144	118	74	99	194	212	130	59	30	11	1	347	332
	77%	79%	76%	3.7%	8.0%	6.6%	4.1%	5.5%	10.8%	11.8%	7.2%	3.3%	1.7%	0.6%	0.1%	19.3%	18.5%
06	2826	732	606	132	253	175	115	168	291	301	171	74	31	4	1	456	362
	73%	71%	83%	4.7%	9.0%	6.2%	4.1%	5.9%	10.3%	10.7%	6.1%	2.6%	1.1%	0.1%	0.0%	16.1%	12.8%
07	825	206	169	32	57	44	24	35	85	91	41	23	14	6	2	115	145
	77%	79%	82%	3.9%	6.9%	5.3%	2.9%	4.2%	10.3%	11.0%	5.0%	2.8%	1.7%	0.7%	0.2%	13.9%	17.6%

WIC Breastfeeding Data

Additional Data Source 3: Birthing Hospitals

Birthing Hospital MAPS

Additional Data Source 4: MI Family Planning Clinic Directory

MICHIGAN DEPARTMENT OF HEALTH & HUMAN SERVICES TITLE X FAMILY PLANNING CLINIC DIRECTORY	CLINIC LOCATIONS
Bay County Health Department Coordinator: Kathleen Janer janerk@baycounty.net Phone: 989-895-2077 Fax: 989-895-4014	**Bay County** 1200 Washington Avenue Bay City, Michigan 48708 Phone: 989-895-4015
Benzie/Leelanau District Health Department Coordinator: Michelle Klein mklein@bldhd.org Phone: 231-256-0210 Fax: 231-256-7399	**Benzie County** 6051 Frankfort Highway, Suite 100 Benzonia, Michigan 49616 Phone: 231-882-2126 **Leelanau County** 7401 E. Duck Lake Road, Suite 100 Lake Leelanau, Michigan 49653 Phone: 231-256-0200
Berrien County Health Department Coordinator: Peggy Hamel phamel@bchdmi.org Phone: 269-926-5663 Fax: 269-926-5680	**Berrien County** 2149 E. Napier Avenue PO Box 706 Benton Harbor, Michigan 49022 Phone: 269-926-7121 1205 N. Front Street, Suite 900 Niles, Michigan 49120 Phone: 269-684-2800 ext. 6529 21 N. Elm Street Three Oaks, Michigan 49128 Phone: 269-756-2008

MI Family Planning Directory

Additional Data Source 5: PPOR Analysis

MDHHS | Infant Mortality Prevention

2 PowerPoint presentations containing data on Michigan infant mortality rates broken down by county will be posted to the LMCH SharePoint

Michigan Feto-Infant Mortality Rate by Local Health Departments: 2010-2014 (rate per 1,000 live births)

	Number of deaths by perinatal period				Rate of deaths per 1,000 live births by perinatal period						Excess rate of deaths per 1,000 live births				
Live births 5 year	Maternal Health/Prematurity	Maternal Care	Neonatal Care	Infant Health	Maternal Health/Prematurity	Maternal Care	Neonatal Care	Infant Health	Total	Overall 5year	Maternal Health/Prematurity	Maternal Care	Neonatal Care	Infant Health	Overall Excess Mortality

PPOR: *Perinatal Periods of Risk*
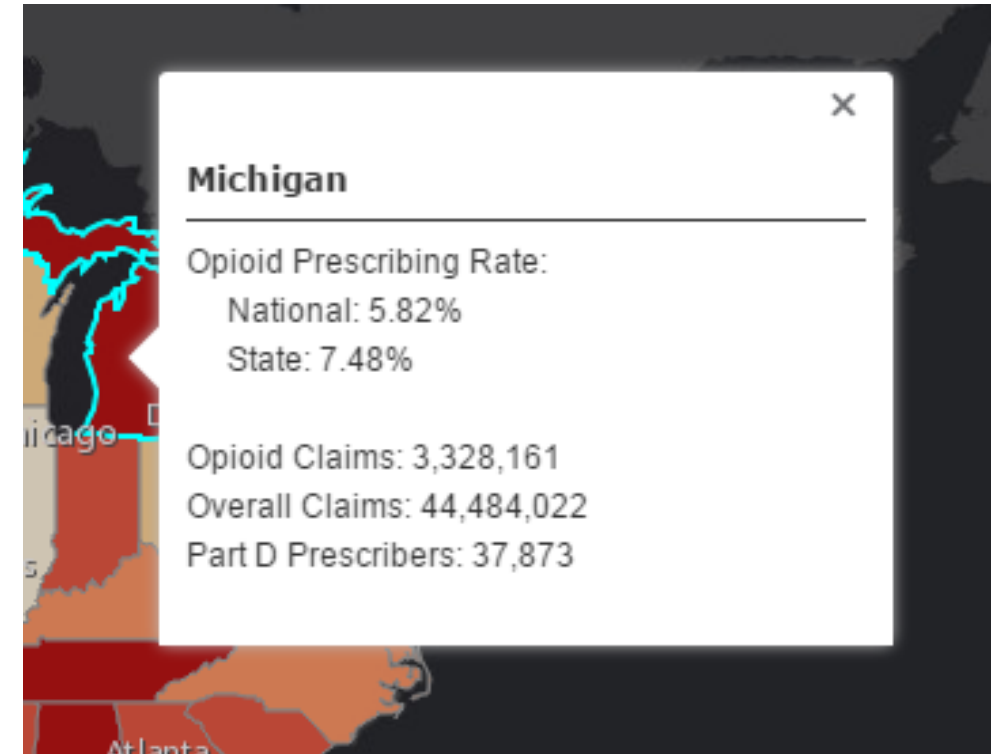
Interactive Map of Opioid Prescribing Patterns

1. https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/OpioidMap.html

2.

3.

Opioid Mapping Tool

4.

Michigan

Opioid Prescribing Rate:
National: 5.82%
State: 7.48%

Opioid Claims: 3,328,161
Overall Claims: 44,484,022
Part D Prescribers: 37,873

Neonatal Abstinence Syndrome

http://www.michigan.gov/documents/mdhhs/Burden_of_Neonatal_Abstinence_Syndrome_in_ Michigan_548268_7.pdf

The Burden of
Neonatal Abstinence Syndrome
(NAS) in Michigan

Michigan FIMR Quarterly Meeting

December 1, 2016

Both documents will be posted to the LMCH SharePoint

Neonatal Drug Withdrawal among Michigan Infants

Michigan Department of Community Health

MDCH

- When mothers use illicit or prescription drugs during the pregnancy, infants can present with drug withdrawal symptoms after birth, called neonatal withdrawal syndrome (NWS).

- The risk for NWS is greatest when the mother uses prescription pain relievers known as opioids analgesics or heroin during the pregnancy.[1,2]

- Between 2000 and 2009, there were a total of 1,509 infants in Michigan hospitalized with a diagnosis of NWS*.

What do I do with all these data???

Completing the Assessment

Convene partners
◦ Include people who are comfortable with data, if possible

Set an agenda
◦ Review one tab at a time, and set a limit for how much time you will spend on each tab

Assign someone to record observations
◦ Bring a laptop
◦ Use a complete sentence, and make sure you note the phase of the life course and the measure that led to the observation

As you review these data:
◦ Note disparities at the state level, considering your demographic profile.
◦ Identify measures where your LHD's or county's value is lower than the state.
◦ If you are part of a district health department or working within a region, notice counties with lower values.
◦ If your LHD's or county's values are generally higher than the state, notice measures where your county falls short of a national target or a high performing department within the state.
◦ Note strengths!
◦ Recognize gaps in your data – what aren't you learning about?

Assessing & Understanding Data

After reviewing your data, you will answer the following questions in the Tool…

1. What process did you use to gather your own data (if applicable)? What resources did you use?

2. What data gaps did you encounter?

3. How will you address gaps in data?

Summarizing Key Findings

Use table 7 to summarize your observations:

- Describe your partners' observations under 'Findings.'
- Indicate the phase or phases of the life course reflected in each finding
- Note the measure(s) or data that informed the finding.

Table 7: Health Status Assessment - Key Findings

Findings	What phase(s) of the life course is (are) the focus of this finding?	What data informed this finding?
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.

Example Table 7

Findings	What phase(s) of the life course is (are) the focus of this finding?	What data informed this finding?
African American women in MI are more likely to report that their health is fair or poor and 33% of our county's population is African American.	Pre- and inter-conception	State-level BRFSS, % of African American women between 20-44 reporting their general health was fair or poor
When compared with the State, women in our county are less likely to gain the recommended amount of weight during pregnancy.	Perinatal	Vital Records, % of women in the county with a singleton live birth who achieved recommended weight gain during pregnancy

Group Sharing!!

1. Have any of you participated in a Community Status Assessment before?

2. Could you speak on your experiences with the process?

Additional Notes

Just a Reminder

We will be providing you with the *vast majority** of the data you will need to complete the health status assessment

*There will be a few measures you will need to search for on your own.

These will be highlighted in **YELLOW*

Technical Assistance

If you need help interpreting trends or using your data, MPHI will be available for Technical Assistance.

You can contact Lauren LaPine at llapine@mphi.org or (517) 324-8368.

Thank you to MDHHS Epidemiology

We would like to acknowledge MDHHS Epidemiology for providing us with the majority of the data for each Health Department!

In addition, we request that all further questions for this process be directed to MPHI (Lauren) or MDHHS (Trudy or Robin). If there are further questions/requests for the Epidemiology staff, we will coordinate the process.

Next Steps

Receiving Data Workbooks

Those LHDs who have submitted steps 1-3 of the LMCH assessment will receive their spreadsheets **first**.

Each LHD will receive 2 data workbooks:

1. A workbook containing state level data

2. A workbook containing data specific to the counties involved with your assessment

Next Steps

- Completed steps 4 & 5 submitted to MPHI by **June 23rd**
  - Email Submissions to:
    - Lauren LaPine, llapine@mphi.org
- Next Webinar: **March 29, 1-3pm**

Questions?

Thank You!