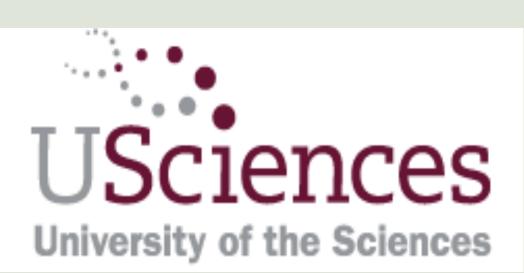
Tamar Klaiman (presenter), University of the Sciences; Anjali Chainani, University of the Sciences & Betty Bekemeier, University of Washington Lessons Learned from Positive Deviant Local Health Departments in Maternal and Child Health Poster Presentation AcademyHealth Annual Research Meeting. Minneapolis, MN June 15, 2015



Tamar Klaiman, PhD, MPH, University of the Sciences; Anjali Chainani, MPH, University of the Sciences; Betty Bekemeier, PhD, MPH, FAAN, University of Washington

Background

- LHDs are responsible for many MCH services, but have limited resources.
- Some LHDs have managed to achieve better than expected MCH outcomes compared to peers.

Purpose

To use a positive deviance framework to identify promising practices from LHDs that have consistently better MCH outcomes than peers

Methods

 2009-2010 Public Health Activities and Services Tracking (PHAST) data for FL (n=67), WA (n=35) and NY (n=48)



- Outcomes = teenage births, late or no prenatal care, infant mortality, and percent of low weight births
- Semi-structured interview protocol divided into 3 focus areas:
 - assessment and policy development,
- 2. research and evaluation
- 3. regulatory oversight
- Hour-long semi-structured interviews with LHD staff in each state
- Data coded in Atlas.ti
- inductive thematic analysis to identify key themes across all PD LHDs

Lessons Learned from Positive Deviant Local Health Departments in Maternal and Child Health

Results

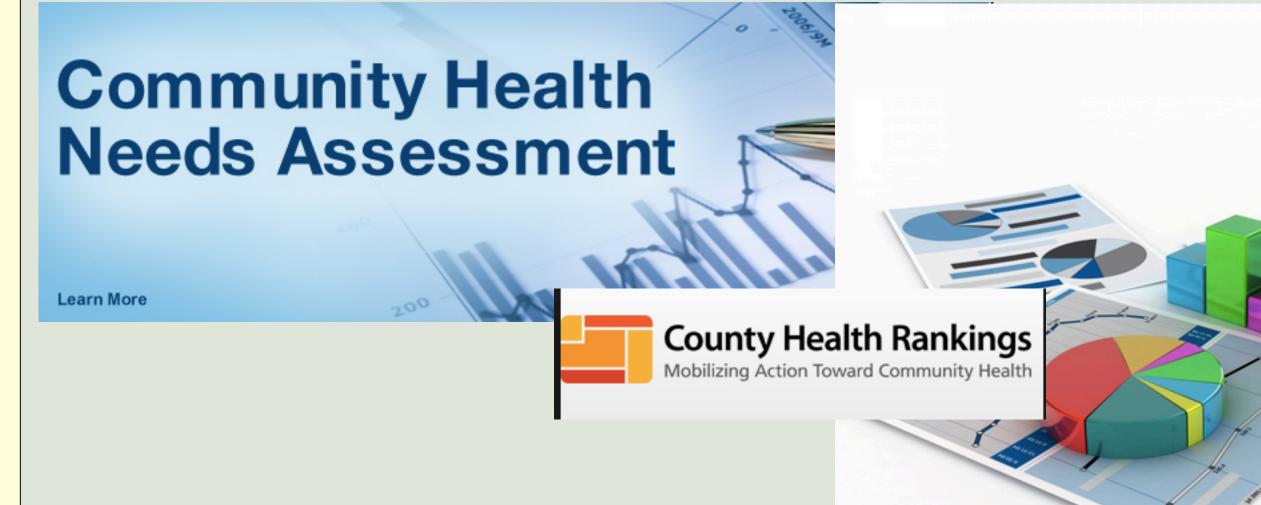
PARTNERSHIPS

"Build community partnerships, not advocates for your programs ... Partnership is where peers come together and develop strategies to reach specific goals... Prevention is not when you already have someone enrolled in a program." Rural LHD staff discussing community resilience partnerships



CLEARLY DEFINED GOALS

"Addressing teen pregnancy and assuring that morality rates stay low. We've become an extremely basic health department and we have had to figure out what that means. We are down to choosing the most basic things to do. The MCH things we are still doing are the ones we feel are the most important.... We want to get back to providing services for the most vulnerable populations with home visits and ACES." Micropolitan LHD staff discussing shift to population health focus after funding cuts



community health improvement plan (CHIP)

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Results

Table 1: LHDs included in the study sample:

ommunity Type	#ID'd	# Intv'd	% Intv'd
	14	10	71%
politan	10	9	90%
politan	26	20	77%
Response	50	39	78%

Implications

• LHDs should strengthen community partnerships to reduce service duplication and meet community health needs with limited resources • Clearly defined goals – data driven, purposeful, metrics – improves health outcomes.

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