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Sharing Lessons Learned from Positive Deviant Local Health Departments in Maternal And Child Health

Poster Presentation

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<http://www.publichealthsystems.org/learning-outlier-lhds-improve-maternal-child-health-services>

Objective: To identify and learn from local health departments that perform better than expected in MCH outcomes compared to peers

Framework: Positive Deviance Method



Lessons Learned from Exceptional Florida Local Health Departments in Maternal and Child Health

Local health departments (LHDs) are under increasing pressure to improve performance with limited resources. While research has found that financial resources may be associated with better health outcomes, there are some LHDs that maintain exceptional performance, even with limited budgets.

METHODS

Using data from the Public Health Activities and Services Tracking (PHAST) database as a resource for identifying *Positive Deviant LHDs* in MCH outcomes in terms of 4 areas:

- Teen Births
- Late or No Prenatal Care
- Infant Mortality
- Percent of Low Weight Births

Primary data were collected through hour-long phone interviews with staff in 18 out of 24 (75%) Florida LHDs:

- 12 Metro (67%)
- 1 Micro (5%)
- 5 Rural (28%)

RESULTS

Themes

Positive Deviant LHDs focus on assuring their communities have access to needed services, even when that means changing their roles and responsibilities.

- Importance of Community Partnerships:**
 - Community Based Organizations
 - Schools
 - Internal LHD Departments
- Importance of Healthy Start Coalitions in Improving MCH Outcomes**
- Importance of Clearly Defined Goals:**
 - Referral Services
 - Population Based
 - Data-Defined Outcomes

Challenges

Similar challenges across the LHDs interviewed included funding, the shift to Medicaid Managed Care and staff turnover.

CONCLUSIONS

Our findings offer insight into activities LHDs can undertake—implementing partnerships and identifying evidence-based goals—utilizing the resources they currently have to improve MCH outcomes. *Positive Deviant LHDs* have maintained their assurance role by strengthening partnerships and identifying goals based on community health outcome data.

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 Research conducted in cooperation with the University of Washington School of Nursing. Support for this presentation was provided by the Robert Wood Johnson Foundation through the National Coordinating Center for Public Health Services and Systems Research.
 Infographic Design by Kara Richardson

50 Positive Deviant LHDs Across 3 States

45 of 50 LHDs (90%) had better than expected MCH outcomes over 2 years

25 LHDs (50%) had 2 or more exceptional outcomes in a single study year

Community Type	Number Identified	Number Interviewed	Percentage Interviewed
Rural	14	10	71%
Micropolitan	10	9	90%
Metropolitan	26	20	77%
Total	50	39	78%

Doing More with Less: Lessons from Health Departments in Washington State with Exceptional Maternal and Child Health Outcomes

Local health departments (LHDs) are under increasing pressure to improve performance with limited resources. While research has found that financial resources may be associated with better health outcomes, there are some LHDs that maintain exceptional performance, even with limited budgets. Our goal was to identify and learn from high performing local health jurisdictions in maternal and child health in Washington State.

METHODS

Using data from the Public Health Activities and Services Tracking (PHAST) database as a resource for identifying *Positive Deviant LHDs* in MCH outcomes in terms of 4 areas:

- Teen Births
- Late or No Prenatal Care
- Infant Mortality
- Percent of Low Weight Births

Primary data were collected through hour-long phone interviews with staff in 7 out of 10 (70%) Washington LHDs:

- 4 Metro (31%)
- 3 Micro (27%)
- 3 Rural (27%)

RESULTS

Themes

Positive Deviant LHDs focus on assuring their communities have access to needed services, even when that means changing their roles and responsibilities.

- Importance of Community Partnerships:**
 - Community Based Organizations
 - Schools
 - Internal
- Importance of Clearly Defined Goals:**
 - Coordination and Administration
 - Population Based
 - Data-Define

Challenges

Similar challenges across the LHDs interviewed included funding, the shift to Medicaid Managed Care and staff turnover.

CONCLUSIONS

Our findings offer insight into activities LHDs can undertake—implementing partnerships and identifying evidence-based goals—utilizing the resources they currently have to improve MCH outcomes. *Positive Deviant LHDs* have maintained their assurance role by strengthening partnerships and identifying goals based on community health outcome data.

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Lessons Learned from Exceptional New York Local Health Departments in Maternal and Child Health

Local health departments (LHDs) are under increasing pressure to improve performance with limited resources. While research has found that financial resources may be associated with better health outcomes, there are some LHDs that maintain exceptional performance, even with limited budgets.

METHODS

Using data from the Public Health Activities and Services Tracking (PHAST) database as a resource for identifying *Positive Deviant LHDs* in MCH outcomes in terms of 4 areas:

- Teen Births
- Late or No Prenatal Care
- Infant Mortality
- Percent of Low Weight Births

Primary data were collected through hour-long phone interviews with staff in 14 out of 16 (88%) New York LHDs:

- 6 Metro (43%)
- 5 Micro (36%)
- 3 Rural (21%)

RESULTS

Themes

Positive Deviant LHDs focus on assuring their communities have access to needed services, even when that means changing their roles and responsibilities.

- Importance of Community Partnerships:**
 - Community Based Organizations
 - Schools
 - Internal
- Importance of Healthy Start Coalitions in Improving MCH Outcomes**
- Importance of Clearly Defined Goals:**
 - Referral Services
 - Population Based
 - Data-Defined Outcomes

Challenges

Similar challenges across the LHDs interviewed included the need for additional funding and workforce training to address population health.

CONCLUSIONS

Developing and maintaining partnerships can help improve MCH outcomes, even with limited resources. Investing in staff training in population health allows for greater flexibility and expertise to address community health issues.

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