Syracuse Healthy Start Evaluation - 2011

Prepared by
Martha A. Wojtowycz, PhD
Pamela Parker, BA

Outline of Presentation

- Demographic Characteristics
- Core Services
  - Outreach and Recruitment
  - Case Management
  - Health Education
  - Interconceptional Care
  - Depression Screening and Referral
- Recommendations

Data Sources

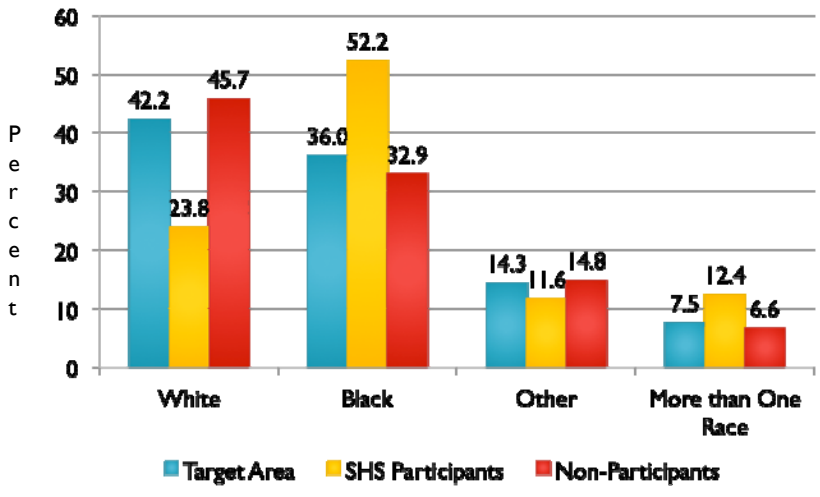
- Statewide Perinatal Data System (SPDS)
  - Population-based birth registry that captures data on maternal demographics, risk factors, prenatal care, labor and delivery characteristics, and birth outcomes
- Peer Place
  - Web-based data system that manages workflow and information from client referral to case closing
- The two data sources were linked by OCHD, Director of Surveillance and Statistics
  - Data from the linked file used for this presentation

SHS Participants - 2011

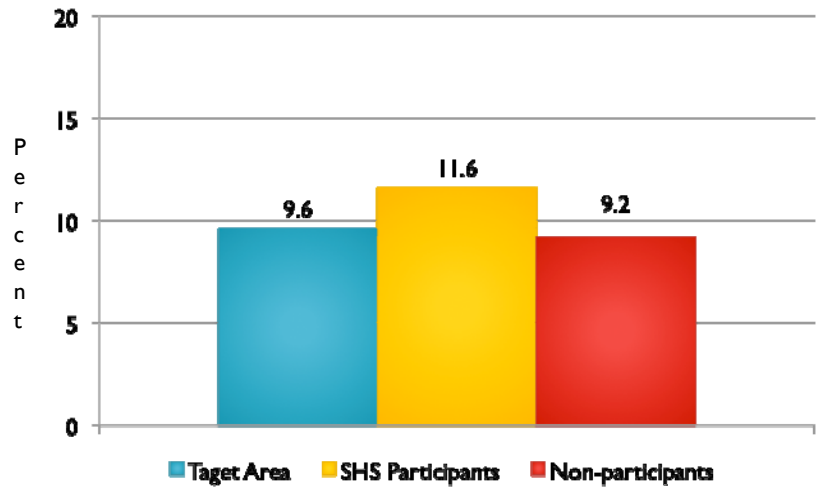
- 2284 live births to women residing in the City of Syracuse, the Syracuse Healthy Start target area
- 681 pregnant women were enrolled in Syracuse Healthy Start
- SHS participants delivered 370 live births (354 singletons) during calendar year 2011
- In addition, 312 women who delivered prior to 2011 received SHS services
- Approximately, 1000 women receive SHS services on an annual basis

Demographic Characteristics

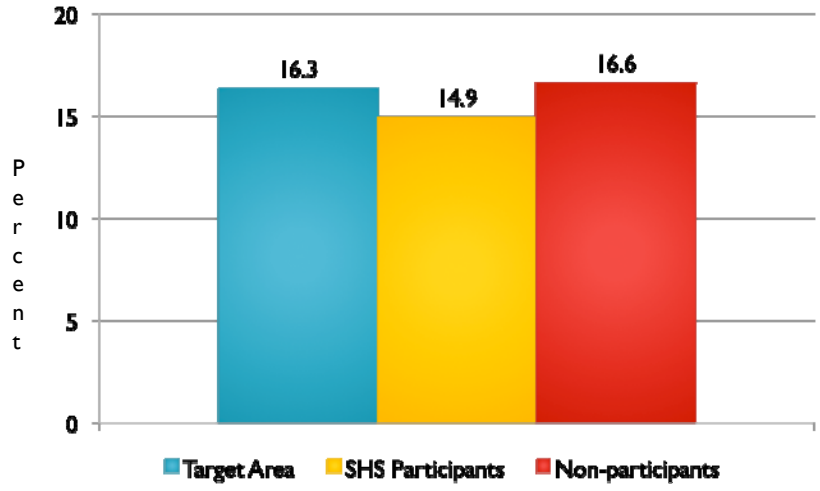
Race



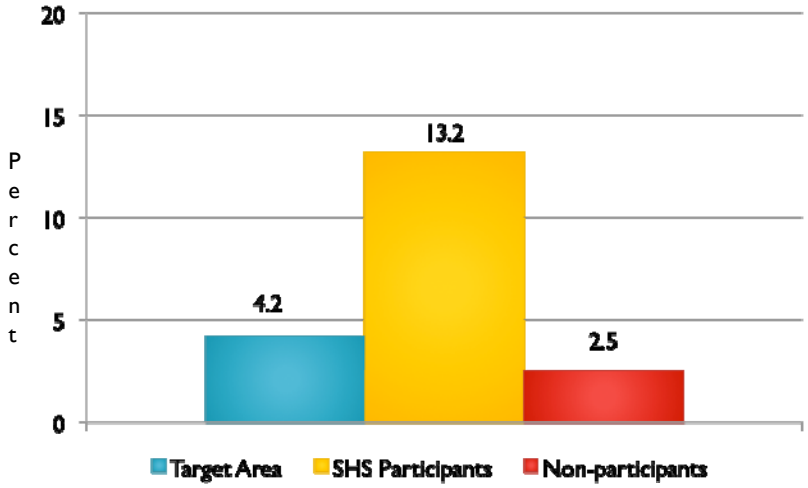
Hispanic Ethnicity



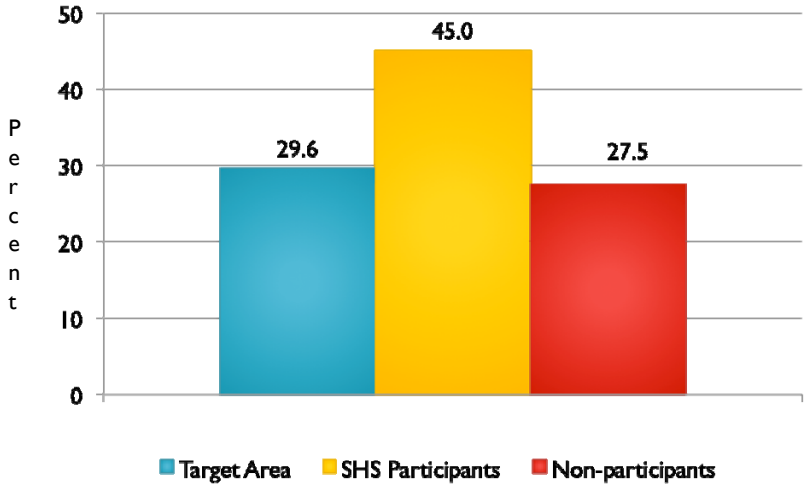
Born Outside of the United States



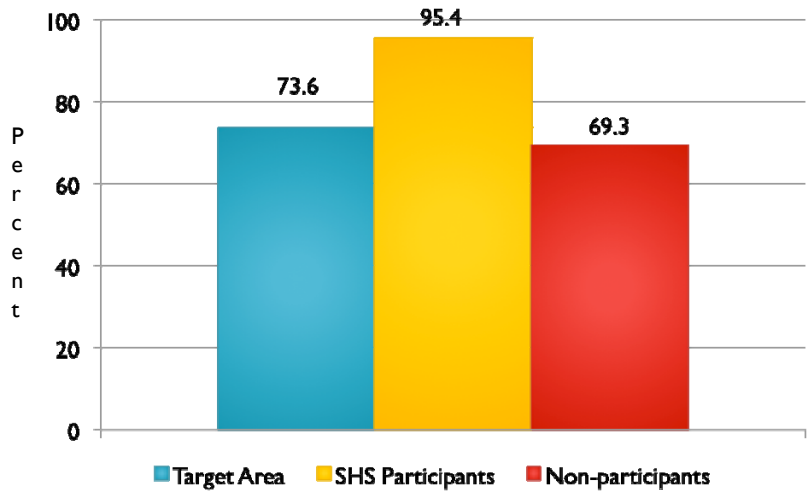
Adolescents (Age<18)



Education Less than High School – Among Women ≥ 20



Medicaid – Paid for the Delivery



Summary of Demographic Characteristics

- SHS are more socioeconomically disadvantaged when compared with residents of the target area
- They are
  - ***More likely to self-identify as black or more than one race***
  - ***Less likely to self-identify as white***
  - ***More likely to be adolescents (age<18)***
  - ***Less likely to have completed high school (among women aged 20 and higher)***
  - ***More likely to have Medicaid insurance***

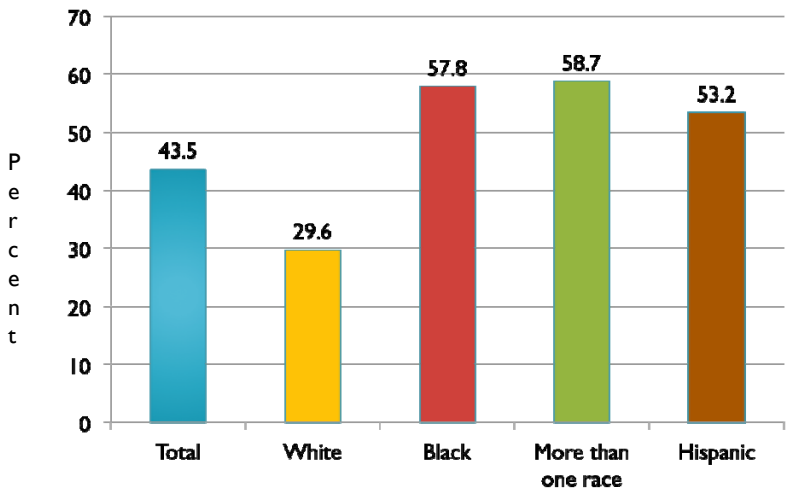
Core Services

Outreach and Recruitment

Enrollment Rate

- The enrollment rate captures the proportion of eligible women in the target area who enrolled in SHS
  - Numerator – number of women enrolled in SHS in the calendar year
  - Denominator – number of pregnant women residing in Syracuse who deliver in the calendar year

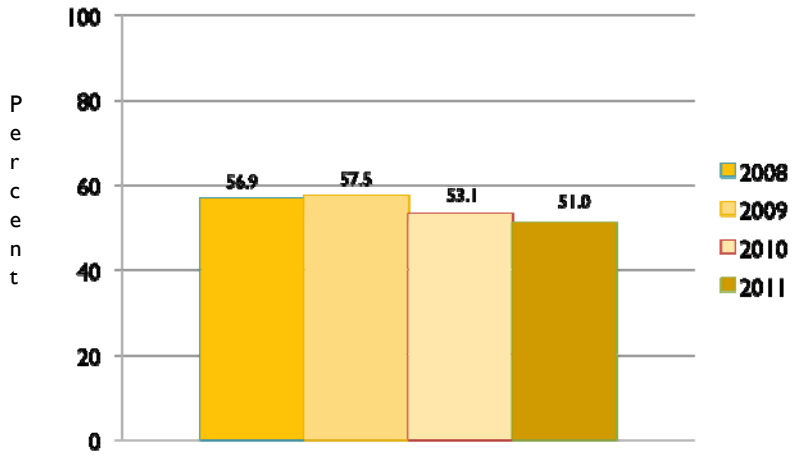
Enrollment Rate - 2011



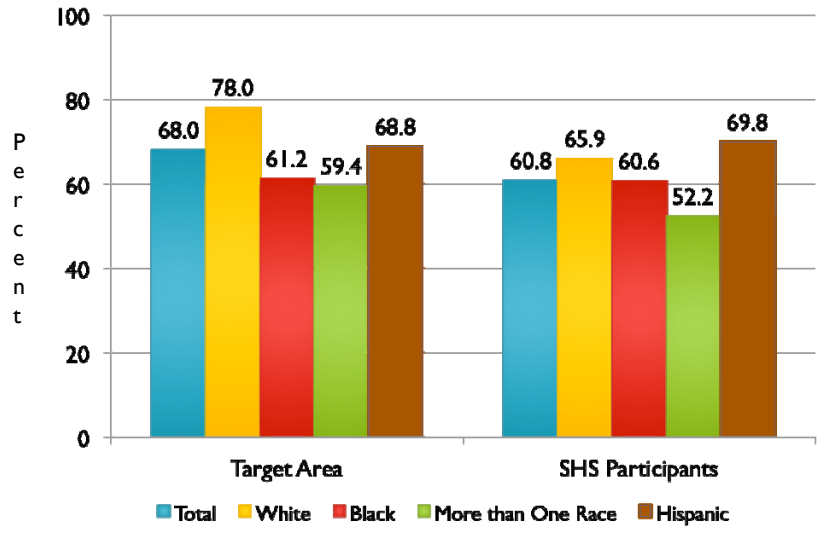
Enrollment Rate – Adolescents (<18)

- The enrollment rate for adolescents (<18) captures the proportion of eligible adolescents in the target area who enrolled in SHS
  - Numerator – number of adolescents who enrolled in SHS and delivered a live birth in the calendar year
  - Denominator – number of adolescents who resided in Syracuse and delivered a live birth in the calendar year

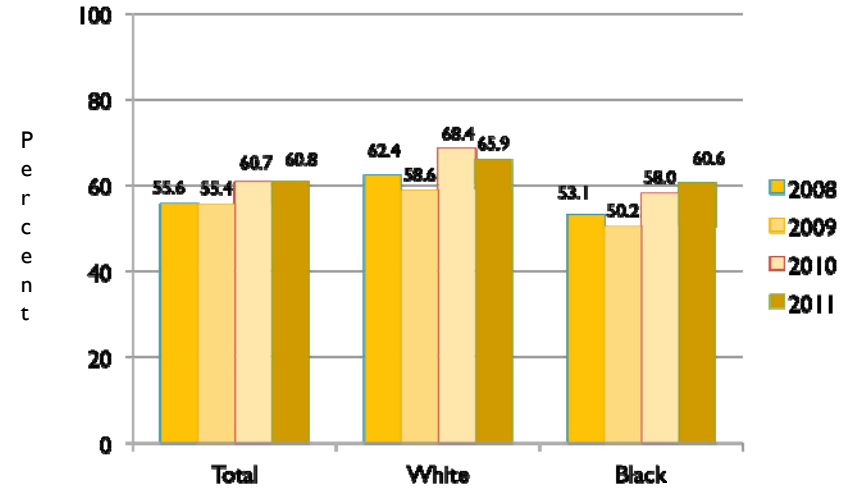
Enrollment Rate Adolescents (<18), 2008-2011



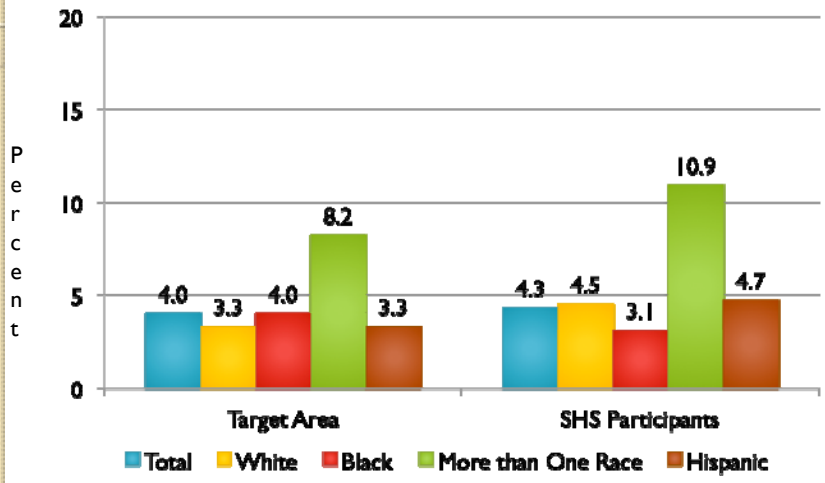
First Trimester Prenatal Care - 2011



First Trimester Prenatal Care Trends for SHS Participants, 2008-2011

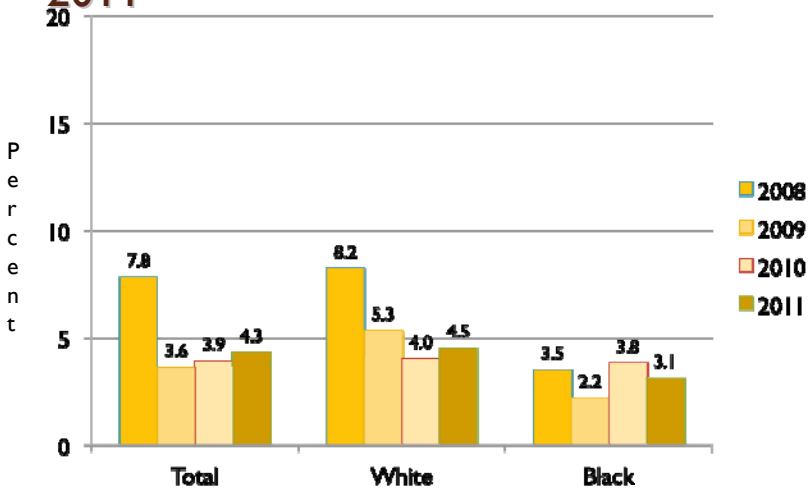


Late/No Prenatal Care -2011

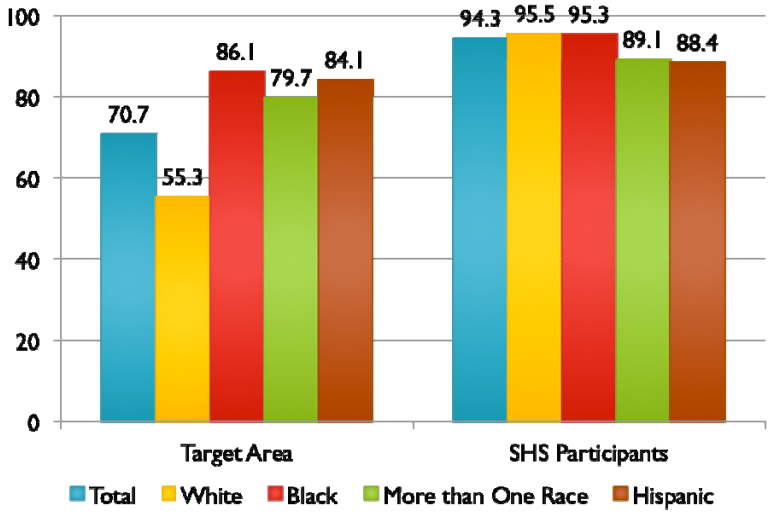


No statistically significant differences in late/no prenatal care rates.

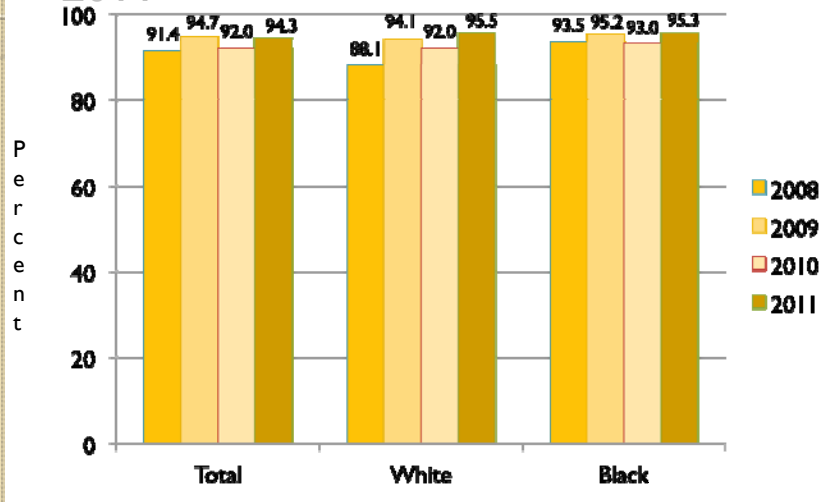
Late/No Prenatal Care Trends for SHS Participants, 2008-2011



WIC Participation - 2011



WIC Participation Trends for SHS Participants, 2008-2011



Reorganization of Outreach Services

- SHS reorganized the delivery of outreach services and hired a new outreach worker in February 2011.
  - 48 referrals during the period March-December 2011

Summary of Outreach and Recruitment

- Approximately one half of adolescents who delivered a live birth were not enrolled in SHS
  - Decrease in enrollment rate over time
  - May be the result of a reduction in community programs and resources devoted to adolescent pregnancy
- First trimester prenatal care initiation rates are far from the year 2020 goal of 77.9%
  - Improvement over time for SHS participants
  - Reduction in the black-white disparity
- Excellent WIC participation rates

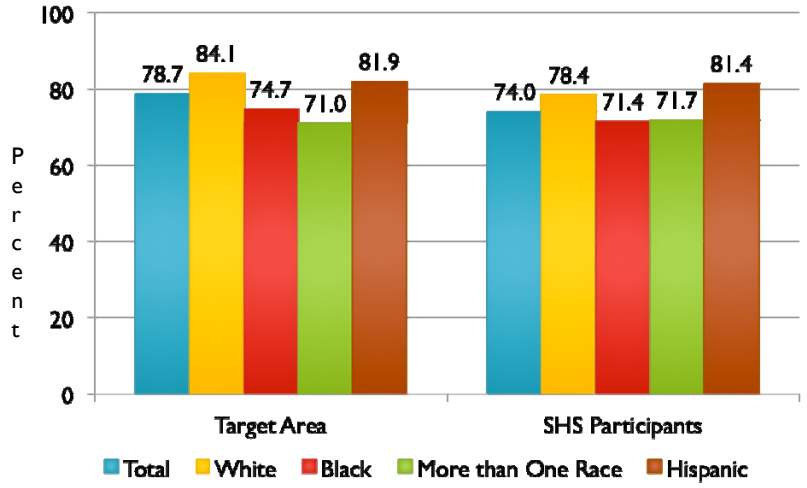
Case Management

Ultimately, Our Goal is to Reduce Infant Mortality

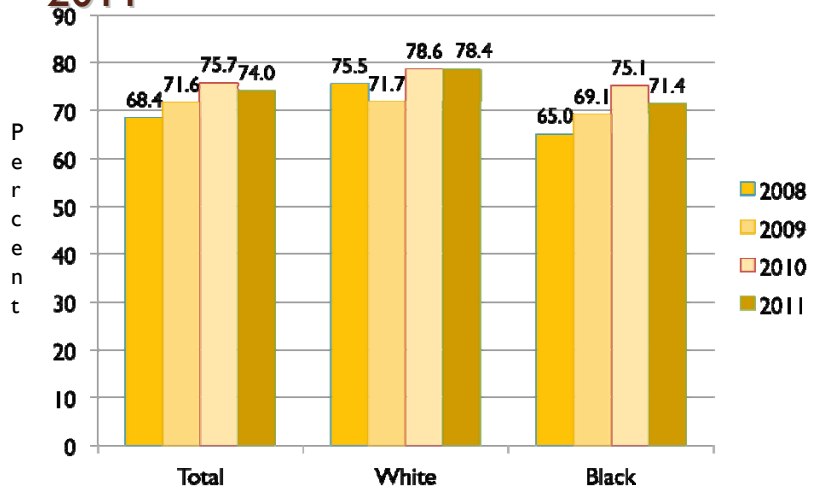
	City of Syracuse 2009-2011*	SHS Project 2009-2011
Infant Mortality Rate** (all races combined)	8.7	10.8
White Infant Mortality Rate	7.2	8.8
African-American Infant Mortality Rate	13.2	16.5

*Data for 2010 and 2011 are provisional.
** Rate per 1,000 live births.

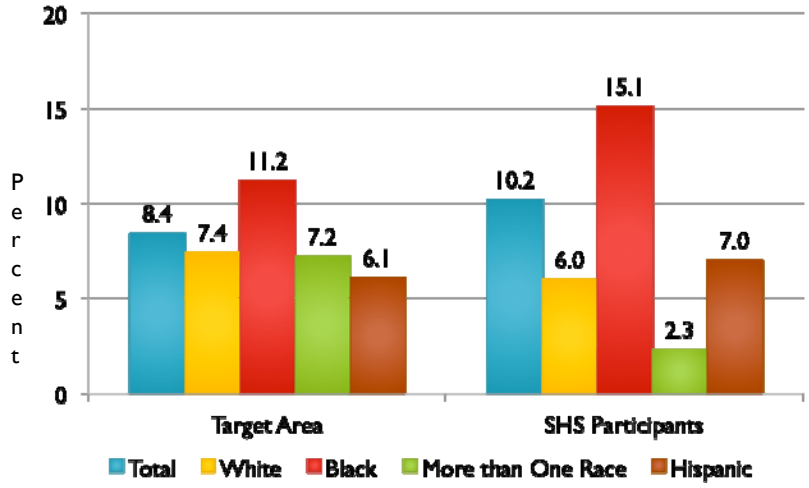
Adequate Prenatal Care - 2011



Adequate Prenatal Care Trends for SHS Participants, 2008-2011

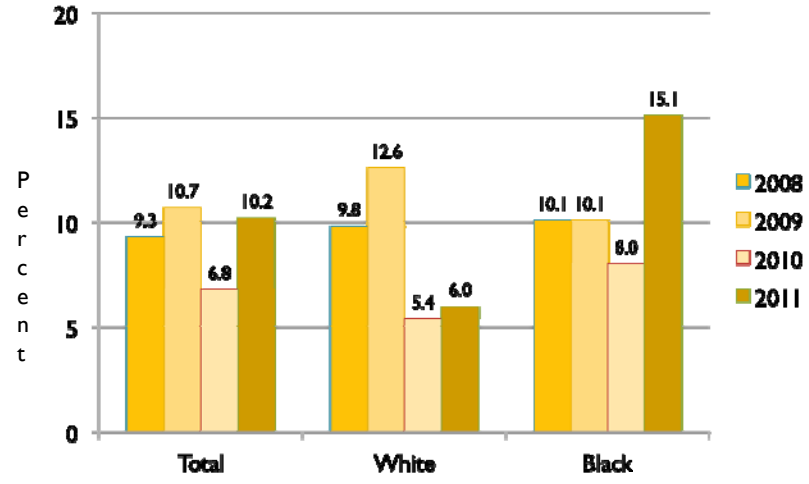


LBW (singletons only) - 2011

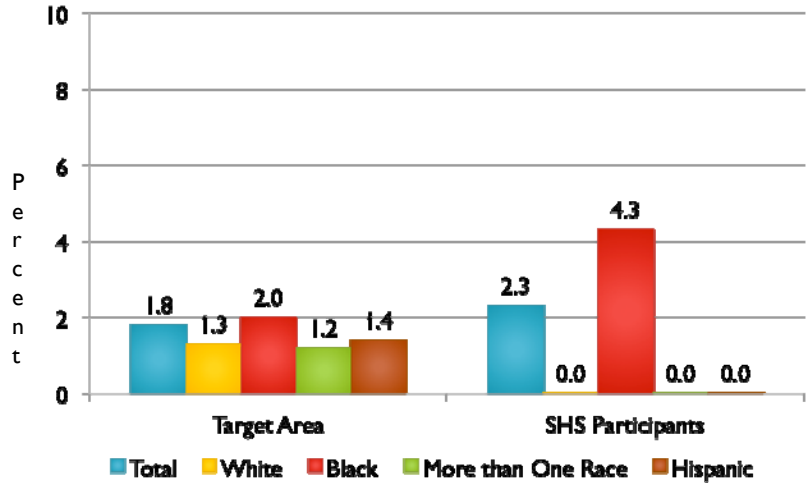


SHS black LBW rate significantly higher than white rate $p<.05$.

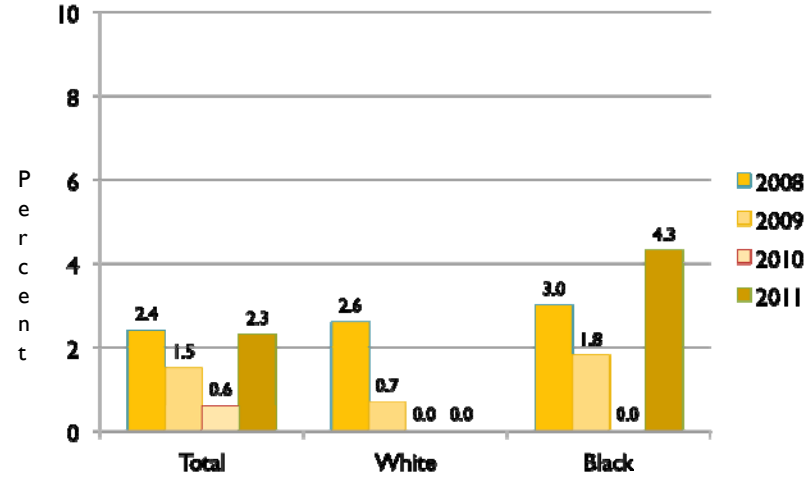
LBW (singletons only) Trends for SHS Participants, 2008-2011



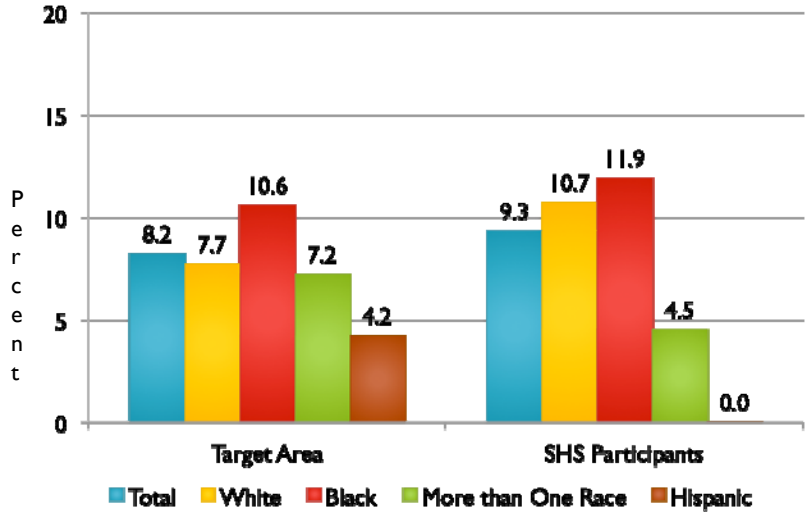
VLBW (singletons) - 2011



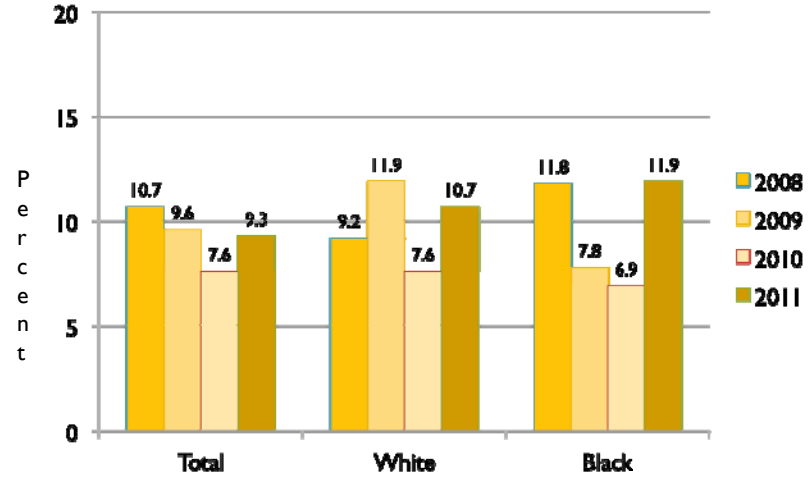
VLBW (singletons) Trends for SHS Participants, 2008-2011



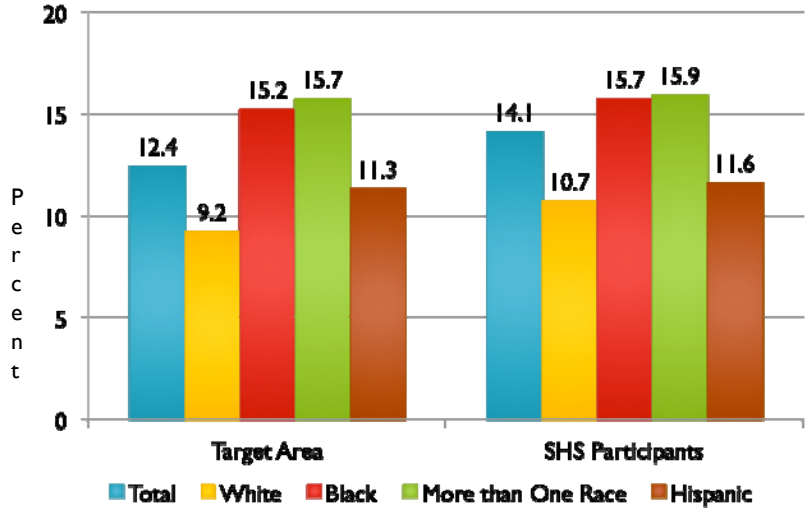
Preterm (singletons) - 2011



Preterm (singletons) Trends for SHS Participants, 2008-2011

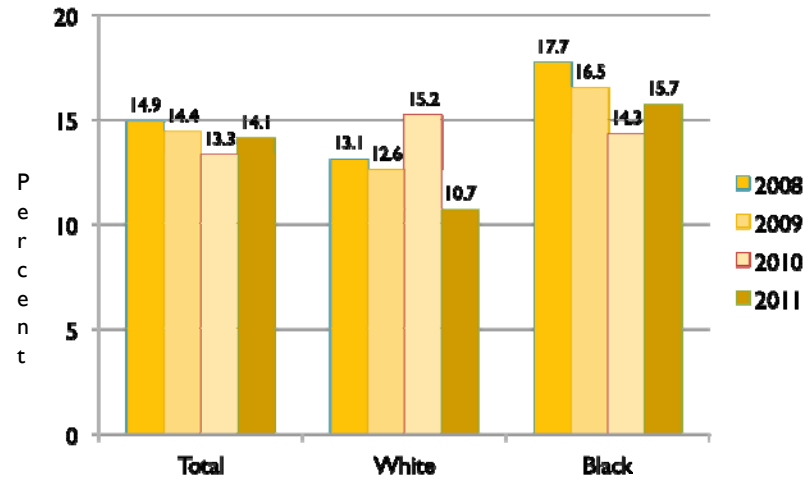


SGA - Small for Gestational Age (singletons) - 2011

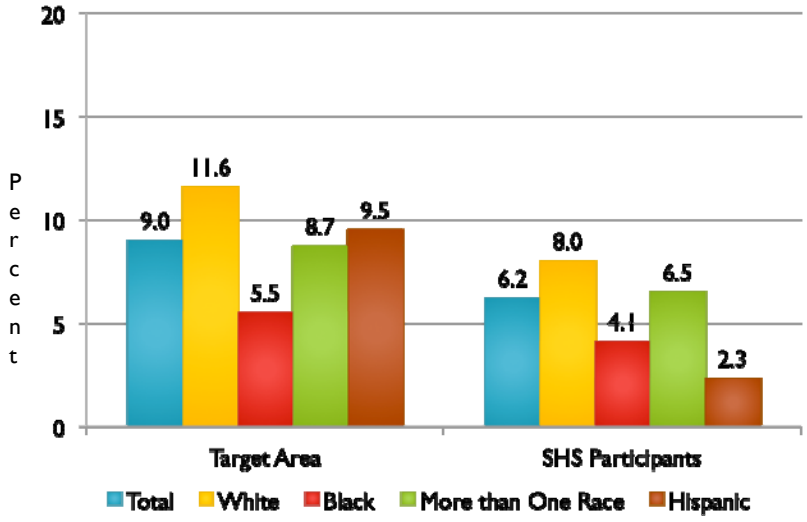


SHS black SGA rate not significantly different from white rate.

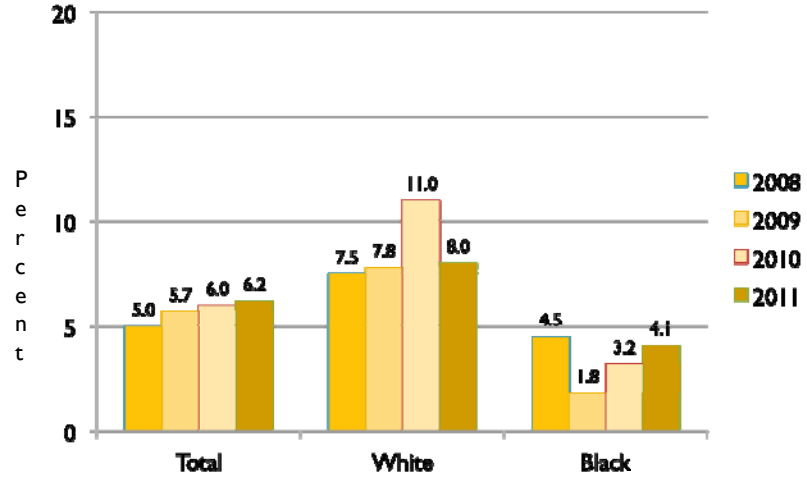
SGA (singletons) Trends for SHS Participants, 2008-2011



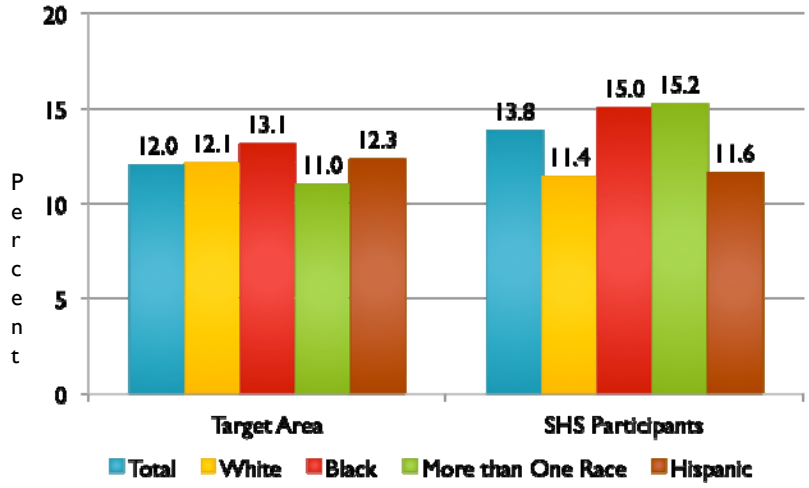
Large for Gestational Age - 2011



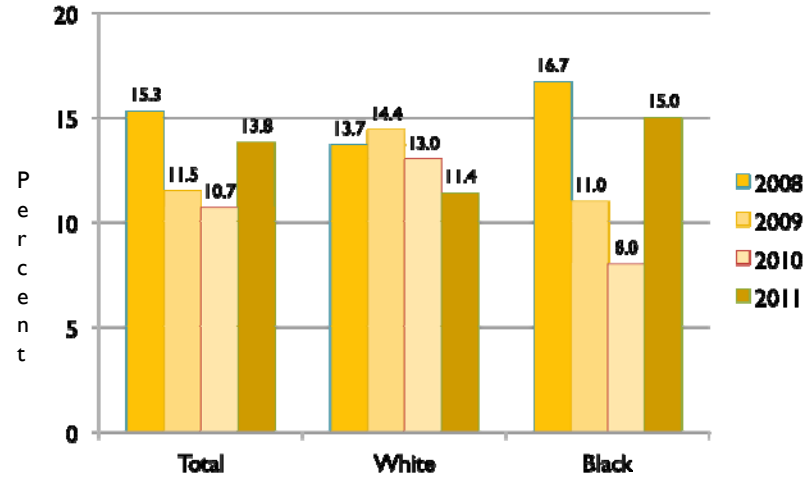
Large for Gestational Age Trends for SHS Participants, 2008-2011



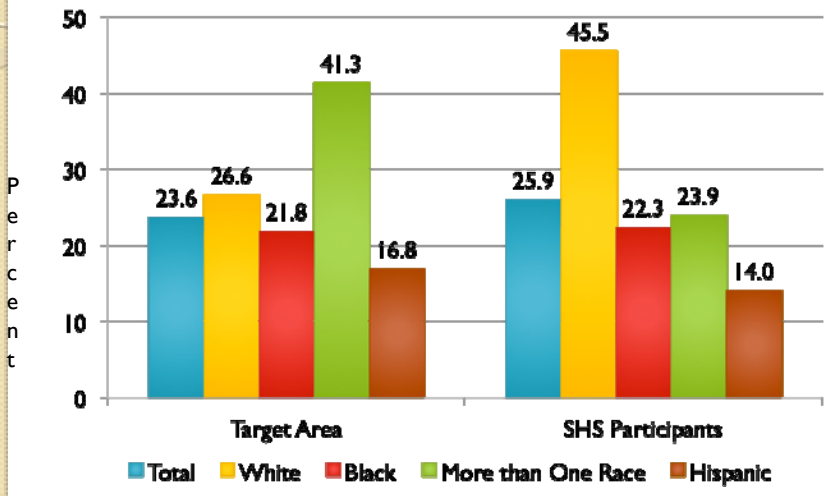
NICU Admission - 2011



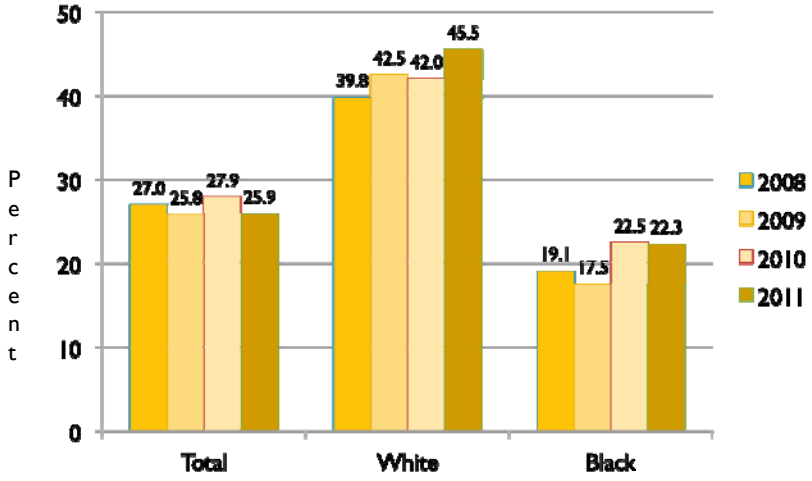
NICU Admission Trends for SHS Participants, 2008-2011



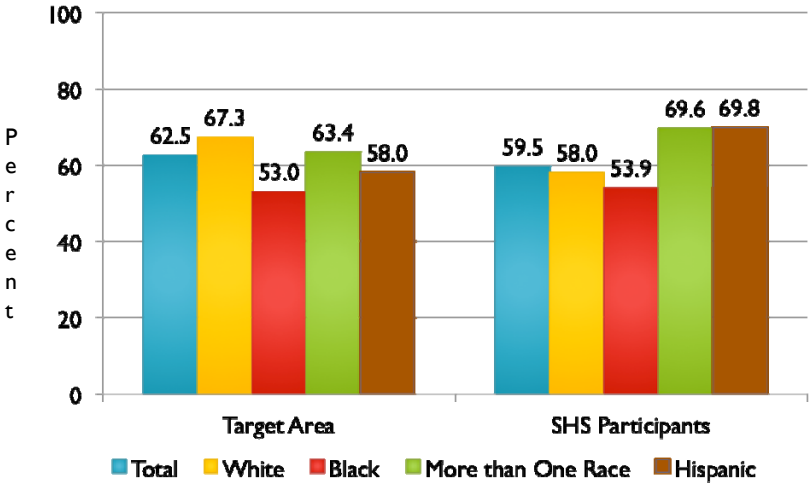
Smoking During Pregnancy - 2011



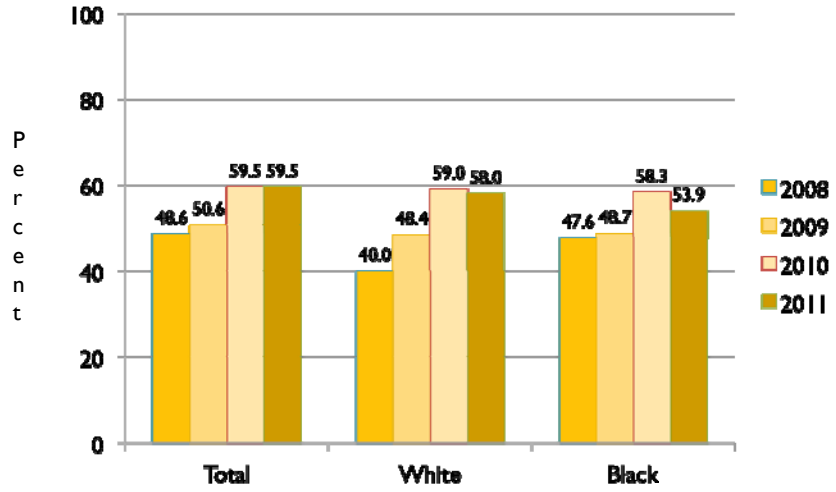
Smoking During Pregnancy Trends for SHS Participants, 2008-2011



Breastfeeding - 2011



Breastfeeding
Trends for SHS Participants 2008-2011



Total rate higher than white and black rates because of high rates other groups.

Case Management Summary

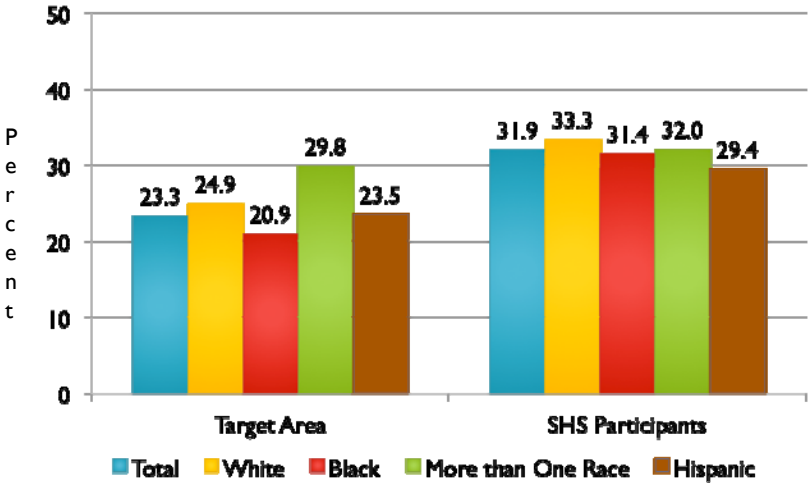
- Disparity in low birthweight and very low birthweight between white and black SHS participants
  - The difference in preterm delivery rates between white and black SHS participants is not as large as differences in birthweight
  - Big difference in SGA rates between white and black participants
- Very high smoking rates among white SHS participants
- Breastfeeding rates relatively unchanged

Health Education

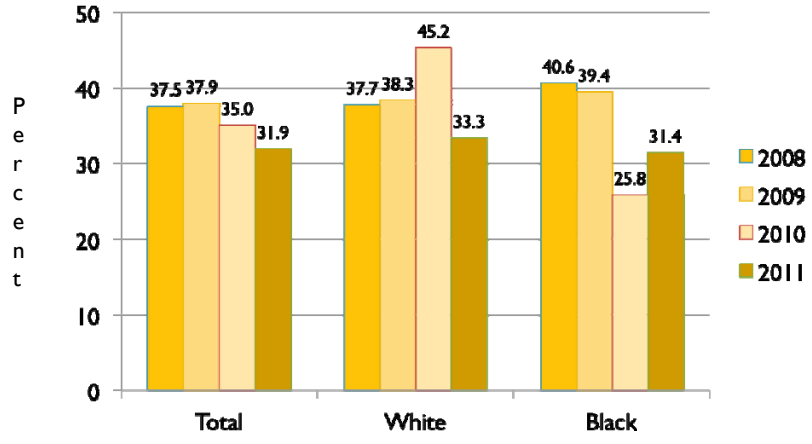
- SHS paired a traditionally trained public health educator with a home visitor to make up the health education team.
- This pairing has improved efficiency and allows SHS to reach more families and help identify and enroll women into needed services.
- 65 group health education sessions held reaching 416 community and SHS participants.
- Sessions included a variety of topics, such as safe sleep, nutrition, smoking cessation, and substance abuse during pregnancy.

Interconceptional Care

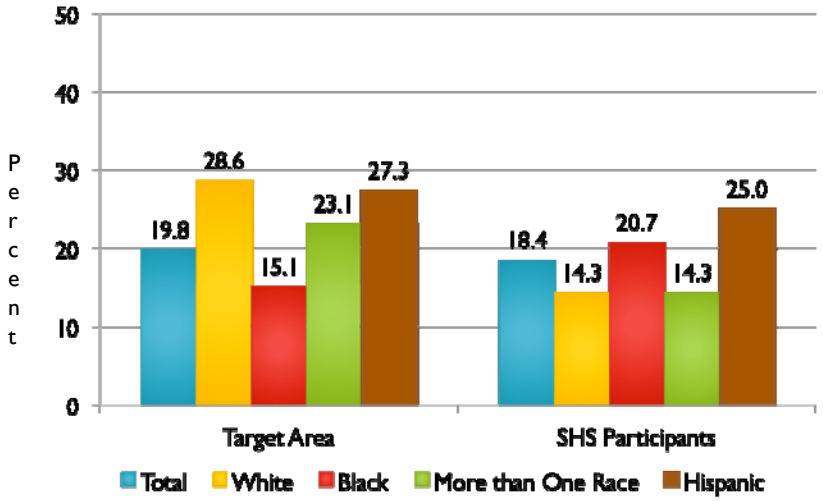
Spacing < 24 months - 2011



Spacing < 24 Months
Trends for SHS Participants, 2008-2011

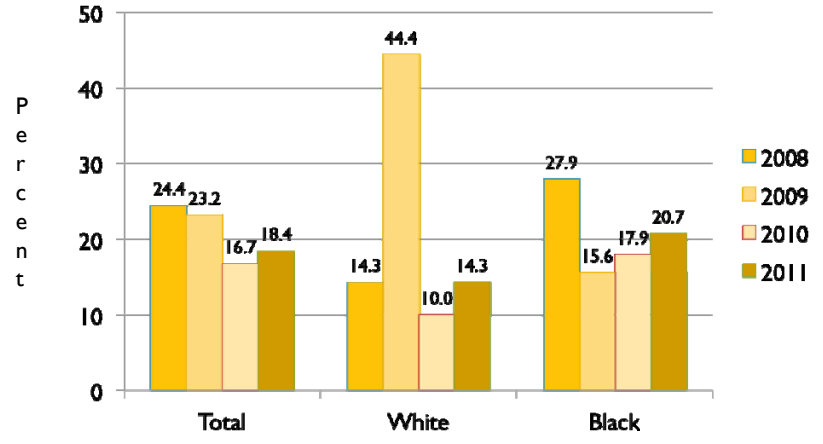


Repeat Teen Pregnancy - 2011



Differences among SHS participants not statistically significant.

Repeat Teen Pregnancy Trends for SHS Participants, 2008-2011



Large changes in percents because of small numbers in the denominators.

More Interconceptional Care Indicators

- Unintended pregnancy
  - 42% of women served by SHS reported unintended pregnancies
- Usual source of care
  - 88% of women served by SHS reported a medical home for their primary care
  - 88% of children, ages 0-2, born to SHS participants had a medical home

Interconceptional Care Summary

- A higher proportion of SHS participants had less than the optimal spacing between pregnancies, when compared with the target area
  - Over time, movement in the right direction among SHS participants
- Large variation in repeat teen pregnancy rates is due to small numbers of teens with repeat pregnancies
  - Not statistically significant
- High proportion of SHS participants reported an unintended pregnancy

Depression Screening and Referral

- Perinatal Depression Clinic served 17 SHS clients
  - 9 started services prior to 2011, 8 were new patients
  - 14 admissions and 6 discharges from the service
  - 5 referrals did not follow through for treatment

Recommendations

- Increase enrollment in SHS, especially for certain groups who could benefit from services
  - Partner with community members that can facilitate outreach
- SHS has developed a tool that quantifies the risk (both socioeconomic and medical) of a poor pregnancy outcome
  - Compare SHS participants with non-participants who have the same risk score to evaluate the difference that SHS program is making in our community

- Conduct multivariate analyses to study the determinants of poor newborn outcomes, especially small for gestational age and preterm delivery
  - Include risk factors not previously included in the analyses, such as weight gain during pregnancy, drug and other substance use during pregnancy

- Expert panels recommend employing a "life course" perspective to address persistent disparities in maternal and newborn outcomes
  - These include preconception and interconception initiatives:
    - Preconception health screening
    - Health promotion activities to modify knowledge, attitudes and behaviors for both women and their partners
    - Reducing risks indicated by previous adverse outcomes by interventions during the interconception period