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Beyond the “Educated Guess”: A Process to Identify Priority Populations in Reproductive Health

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A Model for Evidence-Informed Decision Making in Public Health, NCCMT


Community Health Issues, Local Context

Community and Political Preferences and Actions

Public Health Expertise

Research Evidence


Public Health Resources



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Priority Topics


Preconception	Healthy Pregnancy
*Healthy eating & physical activity	*Healthy eating & physical activity
Folic acid education	Determinants of health
Determinants of health	*Mental wellness
*Mental wellness	*Smoking
*Smoking	*Alcohol
*Alcohol	*Preparation for parenthood
*Preparation for parenthood	Decision to breastfeed
Decision to breastfeed	Maternal age



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Why Define Priority Populations


- Population health outcomes are distributed disproportionately in sub-populations
- Allows us to better meet the needs of our community and improve reproductive health outcomes
- Expectation of OPHS



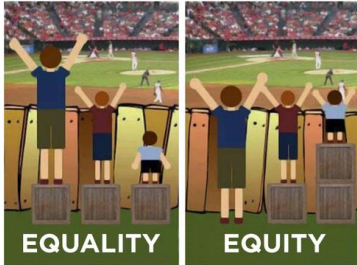
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Purpose

To systematically identify a process to determine priority populations and effective intervention strategies to support program planning for “Reproductive Health” in Middlesex-London



Equality vs. Equity: There is a Difference



Source: unknown internet link



Goals of the Project

Primary Goals

1. To determine a definition of priority populations
2. To outline a process for identifying priority populations
3. To identify the priority populations
4. To make recommendations for planning and implementing evidence-informed strategies, programs, and services



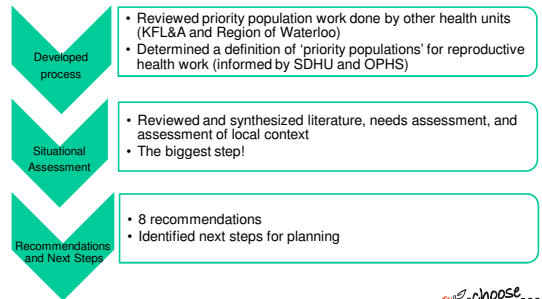
Goals of the Project

Secondary Goals

1. To enhance team members' skills re: literature searches
2. To develop relationships within team and between teams at MLHU
3. To explore and identify current and potential partnerships and collaborations
4. To address and assess the capacity and readiness for programming



Process



Definition

“Priority populations in London and Middlesex County include those at-risk of poor reproductive health outcomes (based on evidence) for which preconception and prenatal public health interventions may be reasonably considered to have a positive impact”



Situational Assessment – THCU, 2010

1. Identify key questions to be answered
2. Develop a data gathering plan
3. Gather the data
4. Collate the data
 - a) Organize, synthesize, and summarize data to identify priority populations
 - b) Needs assessment
 - c) Assessment of local context
 - d) Review of strategies
5. Communicate the information
6. Consider how to proceed with planning



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Situational Assessment

Synthesize the Literature, Needs Assessment, and Assessment of Local Context

PRECONCEPTION	NEED or GAPS	IMPACT (consider modifiable factors)	CAPACITY	READINESS	PARTNERSHIPS	IDENTIFIED GROUPS
Alcohol	<ul style="list-style-type: none"> 45% of students grade 7-12 drink alcohol* 26% of students grade 7-12 engage in binge drinking (at least 5 drinks on the same occasion) 15% of students report getting drunk or high at least once during the past year* 3 months prior to pregnancy or 6 months prior to pregnancy 56.8% of women in Ontario consumed alcohol (2.4% in Canada) The proportion of women living at or below LICO who reported drinking prior to pregnancy was 40.5% compared with 67.3% of those living above LICO* As maternal age increases, the proportion of women who reported drinking in the 3 months prior to pregnancy increased, with the exception of those women 40 years and older, who reported the lowest proportion* Women were significantly more likely to consent if they had higher income* Only 8% respondents said their health professional talked with them about avoiding alcohol prior to conception* Fewer than 50% health care providers in Canada discussed use of alcohol with women of childbearing years** 	<ul style="list-style-type: none"> Important to ask one simple screening question** Early pregnancy exposure is a key time which reinforces efforts and engages and prenatal monitoring** In addition to the evidence for the efficacy of screening and brief interventions, research indicates that many patients cut down on their drinking simply because they were asked by their doctor about their alcohol use** 	<ul style="list-style-type: none"> Canadian Health Services Association calls for health systems to increase capacity for screening and counseling women of childbearing age and engage women according to The Society of Obstetricians and Gynaecologists (SOGC) evidence-based clinical practice guideline In order to prevent FACS, a set of interventions is recommended to health care providers including screening for alcohol consumption before and during pregnancy and brief interventions for women who engage in at risk drinking. 	<ul style="list-style-type: none"> Healthy Living Partnerships – priority is alcohol misuse 	<ul style="list-style-type: none"> Youth grades 7-12 Those living above LICO maternal age (less than 40) Health professionals 	

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Situational Assessment

Synthesize the Literature, Needs Assessment, and Assessment of Local Context

Preconception Health	Folic Acid Education	Healthy Eating Active Living	Alcohol	Smoking	Preparation for Parenthood	Preconception/Maternal Age	Decision to Breastfeed	
Identified Populations	<ul style="list-style-type: none"> Women < 24 years old Women < 24 years old with high school education Women < 24 years old with high school education Women living < LICO Increasing age 	<ul style="list-style-type: none"> High grades 7-12 Women < LICO Advanced maternal age (maternal age that > 40) Healthcare providers 	<ul style="list-style-type: none"> Women < 34 years old Women < 34 years old with high school education Women living < LICO Healthcare providers 	<ul style="list-style-type: none"> Women < 28 years Women < 28 years old with high school education Women living < LICO Health care providers on preconception health information train 	<ul style="list-style-type: none"> Women < 28 years Women < 28 years old with high school education Women living < LICO Health care providers on preconception health information train 	<ul style="list-style-type: none"> Women < 35 years Women < 35 years old with high school education Women living < LICO Health care providers on preconception health information train 	<ul style="list-style-type: none"> Lower education level African Americans U.S.-born Latinos, Asians, Pacific Islanders 	
Healthy Populations	Healthy Eating Active Living	Alcohol	Mental Health/ Stress in Pregnancy	Smoking	Preparation for Parenthood	Preconception/Maternal Age	Decision to Breastfeed	
Identified Populations	<ul style="list-style-type: none"> Women living < LICO Healthcare providers College/University graduates Women living > LICO Women with > high school education Increasing age 	<ul style="list-style-type: none"> Healthcare providers College/University graduates Women living > LICO Women with > high school education Women < 28 years Younger first-time parents In a relationship of + 2 years 	<ul style="list-style-type: none"> Women living < LICO Healthcare providers Women with > high school education Healthcare providers Women with pre-existing mental health concerns Women < 28 years In a relationship of + 2 years 	<ul style="list-style-type: none"> Women living < LICO Healthcare providers Women living > LICO Women with > high school education Women with > high school education Women with > high school education Women < 28 years Younger first-time parents In a relationship of + 2 years 	<ul style="list-style-type: none"> Women living < LICO Healthcare providers Women living > LICO Women with > high school education Women with > high school education Women with > high school education Women < 28 years Younger first-time parents In a relationship of + 2 years 	<ul style="list-style-type: none"> Women living < LICO Healthcare providers Women living > LICO Women with > high school education Women with > high school education Women with > high school education Women < 28 years Younger first-time parents In a relationship of + 2 years 	<ul style="list-style-type: none"> Women < 35 years Women < 35 years old with high school education Women living < LICO Health care providers on preconception health information train 	<ul style="list-style-type: none"> Lower education level African Americans U.S.-born Latinos, Asians, and Pacific Islanders

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Situational Assessment

Synthesize the Literature, Needs Assessment, and Assessment of Local Context

Preconception Health	Identified Priority Population	Identified Priorities
Women < 24 years old		<ul style="list-style-type: none"> Folic acid education Smoking Preconception/maternal age
Primiparous women	Women with < high school education	<ul style="list-style-type: none"> Folic acid education Healthy Eating Active Living Smoking Preconception/maternal age Decision to breastfeed Alcohol education
Youth grades 7-12	Women > LICO	<ul style="list-style-type: none"> Folic acid education Healthy Eating Active Living Smoking Preconception/maternal age Decision to breastfeed Alcohol education
Advanced maternal age (mat < 40 years)	Women > 35 years	<ul style="list-style-type: none"> Folic acid education Healthy Eating Active Living Smoking Preconception/maternal age Decision to breastfeed
Women living < LICO	Women living > LICO	<ul style="list-style-type: none"> Folic acid education Healthy Eating Active Living Preconception/maternal age Smoking
Healthcare providers	Men	<ul style="list-style-type: none"> Preconception/maternal age Alcohol Smoking
African Americans	U.S.-born Latinos, Asians, Pacific Islanders	<ul style="list-style-type: none"> Preconception Decision to breastfeed

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Situational Assessment

Synthesize the Literature, Needs Assessment, and Assessment of Local Context

Healthy Populations	Identified Priority Population	Identified Priorities
Women living > LICO	Women living < LICO	<ul style="list-style-type: none"> Low birth weight babies Healthy Eating Active Living Smoking Preparation for Parenthood Preconception/maternal age Healthy Eating Active Living Alcohol Education Smoking Mental health stress in pregnancy Preparation for Parenthood
Healthcare providers	College/University graduates	<ul style="list-style-type: none"> Alcohol Education Smoking Mental health stress in pregnancy Preparation for Parenthood Alcohol Education
Women living > LICO	Women < 20 years old	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
Women living > LICO	Women 15 – 19 years old	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
Women with < high school education	Women with > high school education	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
Ethnic/racial women	Women with < high school education	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
African Americans	Women with pre-existing mental health concerns	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
U.S.-born Latinos, Asians, Pacific Islanders	Women 15 – 24 years old	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
Healthcare providers	Women with > high school education	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
Women living > LICO	Women < 35 years	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed
Younger first-time parents	In a relationship of + 2 years	<ul style="list-style-type: none"> Healthy Eating Active Living Preconception/maternal age Smoking Alcohol Education Decision to breastfeed

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Situational Assessment

Synthesize the Literature, Needs Assessment, and Assessment of Local Context

- People living in rural areas or small towns may be more likely to experience poorer health compared to urban dwellers*
 - 17% population live in small townships in Middlesex County (69,938)* – 82.4% London
 - Newbury, North Middlesex and South West Middlesex have been identified as areas of higher socioeconomic risk*
- For all of London and Middlesex:
 - 21.5% of Middlesex-London's population are women between the ages of 15-44 years**
 - Average fertility rate is 2.25 children/22.75 years**
 - 16.0% of families are low-parent families**
 - 60% of low-parent families are female low-parent families**
- Based on the 2006 & 2009 EDI results, Clinical Services Index scores were the highest for the following City of London Planning Districts:
 - Argyle
 - Carling
 - Genie Cairn
 - Huron Heights
 - Southcrest
 - White Oaks
- Fastest growing neighbourhoods include:
 - Sunningdale(north)
 - Jackson (south east)
 - Hyde Park(west)
 - Downtown(central)
- Adverse neighbourhood conditions is cited as a key factor consistently related to poor reproductive health outcomes (premature birth, SGA, still birth and higher infant mortality rates) and unhealthy maternal behaviours (smoking, second-hand smoke, low rates of breastfeeding, insufficient preconception folic acid supplementation)**
- Mothers with children under the age of 6 have seen their employment rate more than double since 1976, from 31.5% to 68.1% in 2007**

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Recommendations

- One (or more) of the priority populations identified could be selected as the target population
- A topic area that is relevant to a significant number of identified priority populations could become the focus of programs or services
- The evidence-informed strategies which have been identified should be carefully considered and integrated into future program planning
- SDOH information and local demographics should be used to direct programs and services to certain sub-groups or neighbourhoods

Recommendations

5. Universal programming to the general population is crucial and needs to continue to be provided
6. Priority populations identified should be engaged in program planning and implementation of strategies to increase community capacity and buy-in, and to enhance the likelihood that programs and services will meet community need
7. Consider population groups that are not being reached by others in our community
8. Efforts to build and enhance the capacity of the staff to carry out literature searches, critically appraise evidence, and monitor surveillance data in order to detect changes in local priority populations and issues on an ongoing basis should be continued



Situational Assessment

Review of Potential Strategies

- Public health librarian provided a team in-service
- Team members reviewed literature on strategies

PRECONCEPTION HEALTH		Strategies					
Priority	Identified Population	Education/Awareness	Advocacy/Policy	Skill-Building	Social Media	Supportive Physical and Social Environment	Other
Smoking	Women < 24 years old						
	Women with < high school						
	Women living in LIED						
	Healthcare providers						
	Universal						

Coding Legend
 Evidence-Based (black)
 Practice-Based (blue) - this will include strategies that other Health Units are using and any other strategies that are happening in the community.



Situational Assessment

Recommendations for Identified Strategies

SMOKING	Type of Strategy (e.g., advocacy/policy, education, etc.)	PH or HP?	Identified Population (if applicable)	Recommendations (1, 2, 3, 4, 5, 6, 7)
Brief Strategy Description				

Coding Legend for Recommendations
 1. Promising/effective strategy, but not feasible for us to undertake at this time
 2. Promising/effective strategy, but area is already being well covered by someone else in our community
 3. Promising/effective strategy, and is easily incorporated into our practice
 4. Promising/effective strategy, with potential for us to incorporate with some changes to our current practice
 5. May be a promising/effective strategy, but further investigation is needed
 6. Not a promising/effective strategy
 7. Other

Unintended Impacts for Recommended Strategies

Identified Population	Brief Description of Strategy Recommendation	Unintended Impacts



Priority Populations Identified for the Reproductive Health Team:

- Women living with low income
- Women ≤ 24 years old



Next Steps

- Elicit support from the management team for the chosen priority populations
- Review strategy recommendations with Reproductive Health Team members
- Explore capacity/readiness
- Collaborate with community stakeholders re: planning



Project Limitations

- MLHU had never formally defined or identified priority populations
- How much information is “enough”?
- Resources (time, human)
- Limited evidence for certain population groups



Lessons Learned

- Leverage existing resources
- Value in inter-professional planning (Program Evaluator involvement)
- Opportunities to build skill and capacity within team are crucial to project success
- Team participation throughout the process increased engagement and sustainable buy-in



Lessons Learned

Although an intentional and systematic process to identify priority populations is time intensive, it is a very valuable component of program planning that can support effective decision-making regarding resource allocation and move us toward evidence-informed practice!



Questions?

