

Klaiman, T.; Pantazis, A. & Bekemeier, B.
“Identifying Positive Deviant Local Health
Departments in Maternal and Child
Health Outcomes.”

Poster at AcademyHealth Annual Research Meeting. San
Diego, CA. June 8, 2014.

Poster at Women’s Health: 2014 Annual Congress.
Washington, DC. April 5, 2014.

Poster at the 2014 Keeneland Conference. Lexington, KY.
April, 2014.

A Method for Identifying Positive Deviant Local Health Departments in Maternal and Child Health

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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 LHDs that have consistently better MCH outcomes than their peers

Methods

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



- X = variables within LHD control including alternative providers in the community, clinician as an LHDs "top executive," and types of services the LHD provides
- Z = variables not under LHD control (Z) including population size, geography, and (arguably) the size of their budgets
- Y = outcomes (county-level rates of teen births, late or no prenatal care, infant mortality, % of low weight births)

Step 1: Regressed $Y=a+b1(Z)+e$

Step 2: Added in X variables $Y=a+b1(Z)+b2(X)+e$

Step 3: Likelihood ratio test to determine whether the internal control variables improved the explanatory power of the model.

- PDs = standardized residuals <-1

Results

Table 1: Descriptive Statistics for MCH Outcomes

Outcomes	FL		WA	
	Mean	Standard Deviation	Mean	Standard Deviation
Percent of all births with low birth weight	9.97	1.65	5.85	1.08
Infant Mortality Rate per 1,000	7.1	2.67	5.03	2.93
Percent of births that received no or late pre-natal care	4.46	1.86	4.49	1.97
Teen Birth Rate	46.57	15.75	36.5	20.83



Table 2: Range and Mean of per capita expenditures for maternal child health expenditure areas

State	LHDs	PDs (%)	Total Maternal Child Health Expenditures*		WIC Expenditures		Family Planning Expenditures		Maternal, Infant, Child and Adolescent Health Expenditures	
			non-PDs	PDs	non-PDs	PDs	non-PDs	PDs	non-PDs	PDs
FL	Rural	18	\$ 5.78-35.67 (19.68)	\$ 7.64-33.26 (22.71)	\$ 0-21.20 (1.91)	\$ 0-0.89 (0.22)	\$ 4.49-15.42 (9.36)	\$ 2.38-16.03 (8.49)	\$ 0.01-23.60 (8.42)	\$ 4.48-22.41 (14.00)
	Micro	10	\$ 8.56-46.36 (20.80)	\$ 28.05-36.26 (32.98)	\$ 0.02-11.45 (4.80)	\$ 0.02-11.05 (5.52)	\$ 4.01-15.84 (8.27)	\$ 9.12-20.72 (14.13)	\$ 0.06-30.82 (9.73)	\$ 10.57-16.09 (13.33)
	Metro	39	\$ 7.26-27.69 (15.49)	\$ 7.49-56.38 (16.93)	\$ 0-11.89 (5.40)	\$ 0.02-15.01 (5.15)	\$ 1.22-9.59 (4.06)	\$ 1.97-10.87 (4.33)	\$ 0.26-16.85 (6.02)	\$ 0.32-32.04 (7.44)
WA	Rural	11	\$ 3.44-32.20 (15.16)	\$ 17.17-25.95 (21.22)	\$ 0-8.68 (3.96)	\$ 4.98-8.97 (7.31)	\$ 0-17.86 (3.84)	\$ 0-10.27 (5.56)	\$ 2.36-18.83 (7.37)	\$ 3.14-11.81 (8.36)
	Micro	11	\$ 1.21-9.40 (5.77)	\$ 2.36-6.21 (4.48)	\$ 0-5.33 (2.90)	\$ 0-3.43 (1.55)	\$ 0-0.64 (0.08)	\$ 0-0.01 (0)	\$ 1.02-4.67 (2.79)	\$ 1.09-5.11 (2.92)
	Metro	13	\$ 0.82-27.52 (9.30)	\$ 0.73-11.71 (7.32)	\$ 0-4.71 (1.78)	\$ 0-4.98 (2.76)	\$ 0-10.09 (2.15)	\$ 0-2.87 (1.14)	\$ 0.82-18.78 (5.36)	\$ 0.73-5.36 (3.42)
Combined	Rural	29	\$ 3.45-35.67 (17.81)	\$ 7.64-33.21 (22.27)	\$ 0-21.20 (2.78)	\$ 0-8.97 (2.30)	\$ 0-17.86 (7.06)	\$ 0-16.02 (7.53)	\$ 0.01-23.60 (7.99)	\$ 3.14-22.41 (12.34)
	Micro	21	\$ 1.21-46.36 (13.78)	\$ 2.36-36.26 (15.88)	\$ 0-11.45 (3.91)	\$ 0-11.05 (3.14)	\$ 0-15.83 (3.38)	\$ 0-20.72 (5.65)	\$ 0.06-30.82 (6.49)	\$ 1.09-16.09 (7.08)
	Metro	52	\$ 0.82-27.67 (13.82)	\$ 0.73-56.38 (14.85)	\$ 0-11.87 (4.43)	\$ 0-15.01 (4.63)	\$ 0-10.09 (3.55)	\$ 0-10.87 (3.64)	\$ 0.26-18.78 (5.84)	\$ 0.32-32.04 (6.57)

Results

- 34 PD LHDs [WA=10(29%); FL=24(29%)]
- 30 of 34 LHDs (WA=10; FL=20) had better than expected MCH outcomes over 2 years
- 22 LHDs (WA=5; FL=17) had 2 or more exceptional outcomes in a study year (Table 1)
- PD LHDs varied by context in proportion to all LHDs
 - metropolitan=19; micropolitan=5; rural=10
- Range of expenditures varied similarly in all LHDs and PD LHDs (Table 2)

Implications

- LHD factors other than financial resources have influenced these MCH outcomes
- Additional research is needed to understand what these LHDs do



Source: Universalia Institutional and Organizational Assessment Model (IOA Model)

Acknowledgements

Funding generously provided by the Robert Wood Johnson Foundation's *Public Health Services and Systems Mentored Research Award* and the Dean's Office of the Mayes College of Healthcare Business and Policy at the University of the Sciences in Philadelphia.

