

Regional Population Health Improvement Plan

School: Department of Public Health, University of Tennessee, Knoxville

Topic: Perinatal Health

Region: 16-County “Eastern Tennessee”, combining Knox County and the East Tennessee Regional Health Office

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Definition of the Problem

The Perinatal Health issue of special concern in eastern Tennessee:

Neonatal Abstinence Syndrome

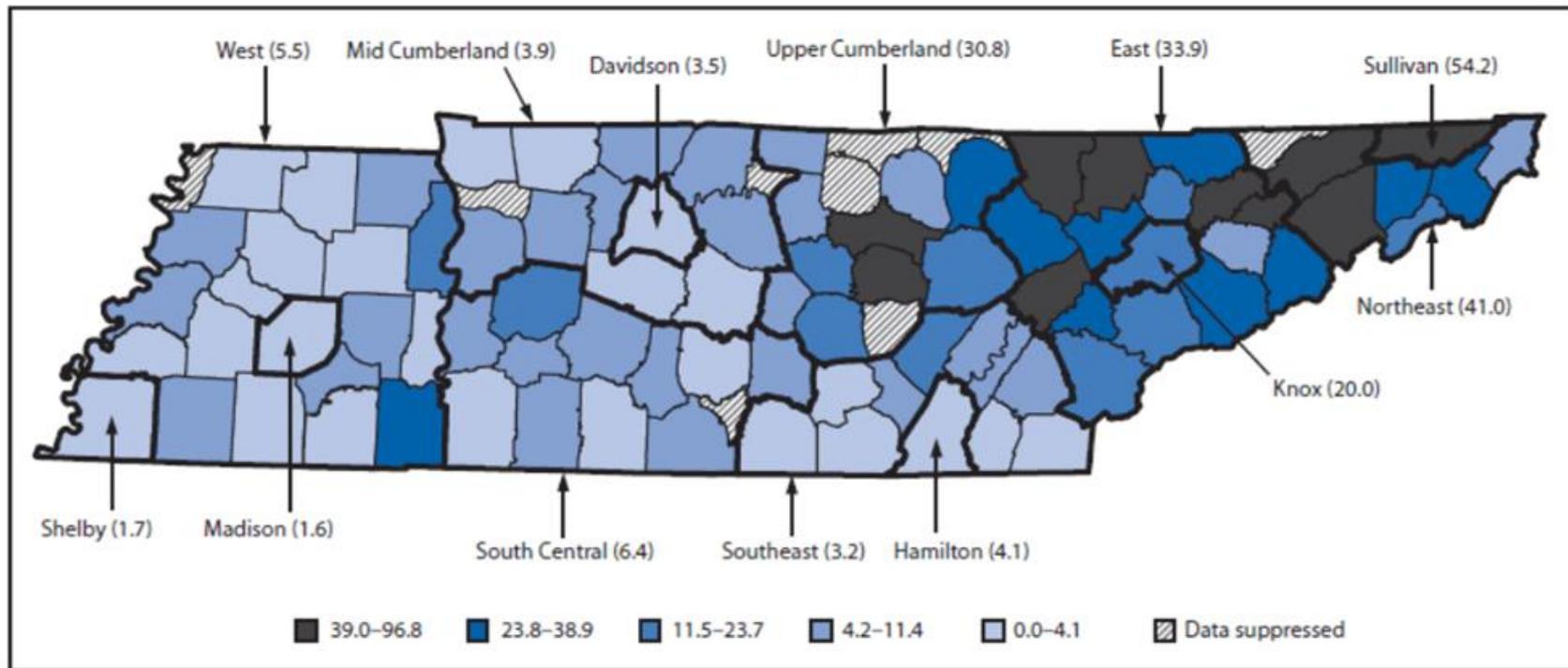
Process

- **Step 1:** Data collection and analysis
- **Step 2:** Focus Group Discussions with the East Tennessee Regional Health Council and the Knoxville/Knox County CHC
- **Step 3:** Key Informant Interviews
- **Step 4:** Stakeholders' Meeting

Step 1: Data collection and analysis

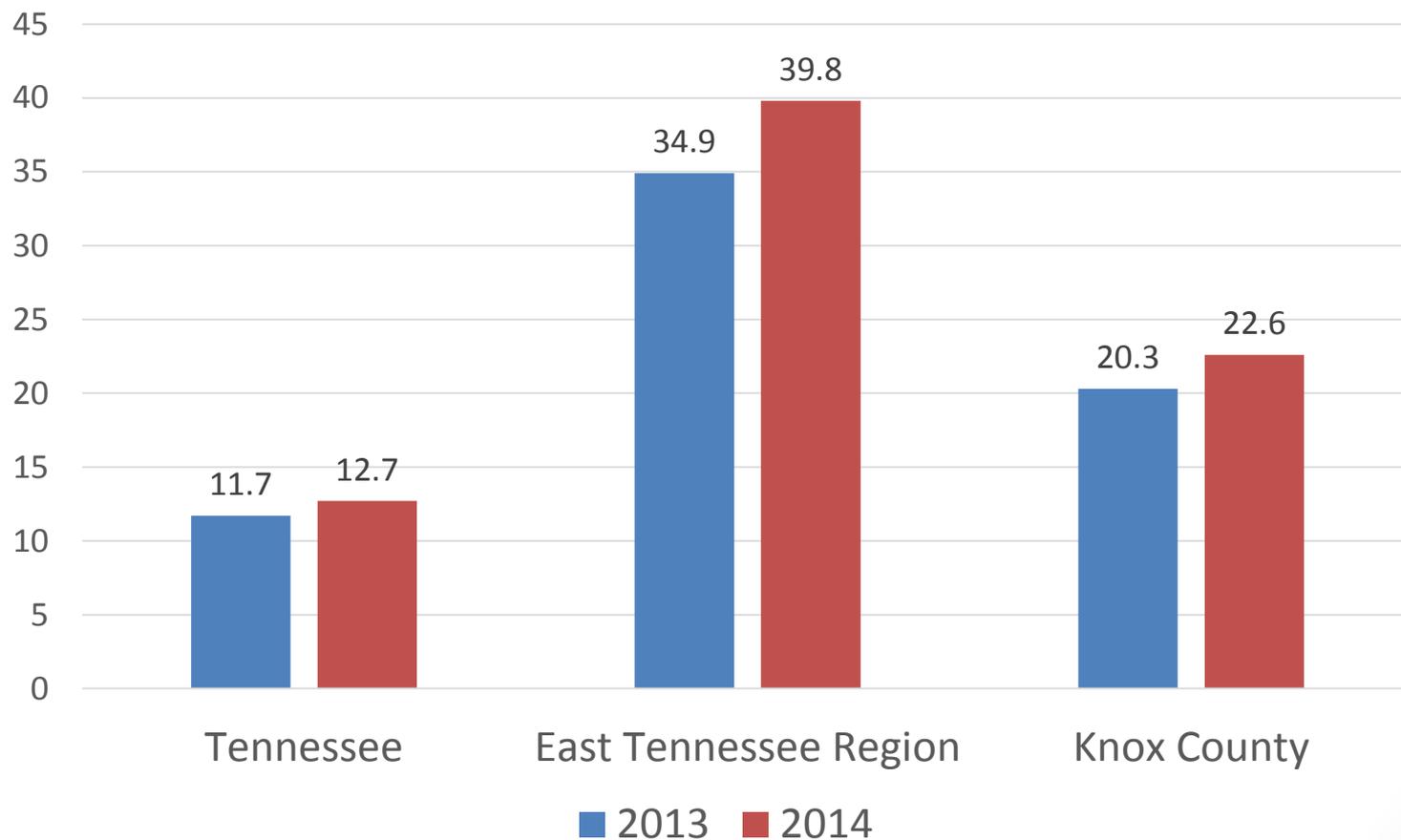
- Tennessee Department of Health
 - Vital Statistics
 - **Neonatal Abstinence Syndrome Surveillance Data**
- Bureau of TennCare and TDH
 - **Dataset linking birth certificate data and hospital discharge diagnosis data for NAS, for all TennCare NAS births and equal number of non-NAS births**

Rate of neonatal abstinence syndrome per 1,000 live births, by mother's county of residence and state health department region— Tennessee, 2013



Warren MD, Miller AM, Traylor J, Bauer A, Patrick SW. Implementation of a Statewide Surveillance System for Neonatal Abstinence Syndrome—Tennessee, 2013. MMWR. Morbidity and mortality weekly report. 2015;64(5):125-128.

Neonatal Abstinence Syndrome, Tennessee, East Tennessee Region, and Knox County, 2013 and 2014, Rates per 1,000 Live Births



Step 2: Focus Group Discussions with the East Tennessee Regional Health Council and the Knoxville/Knox County CHC

Step 3: Key Informant Interviews

Step 4: Stakeholders' Meeting

TITLE: Perinatal Health System with a focus on Neonatal Abstinence Syndrome Driver Diagram

December, 2015

PRIMARY DRIVERS

SECONDARY DRIVERS

AIM STATEMENT

Improve the perinatal health system with a focus on Neonatal Abstinence Syndrome (NAS) in East Tennessee

Goals

- Maximize preconception health
- Improve early entry into prenatal care
- Improve the early identification of those at risk for NAS
- Decrease NAS births
- Decrease the prevalence of unintended pregnancy

Utilization of Care

- Improve access to and quality of prenatal care and comprehensive care services for pregnant women
- Improve availability of preconception health
- Improve access to mental health and gender-specific substance abuse services
- Improve linkages and reduce barriers between providers of mental health and substance abuse services
- Identify and reduce barriers to obtaining services and coordination of services

Integration of Services

- Improve communications, understanding, and awareness of NAS between health care, law enforcement, the judicial system, and school systems
- Increase the number and reach of coordinators of care
- Improved understanding of primary, secondary, and tertiary prevention
- Enhance the integration of medical care, addiction services, and behavioral health
- Increase knowledge of addiction (in general) and NAS (in particular) across health disciplines, policymakers, and the general public
- Identify and remove barriers that prohibit or limit integration of services

Healthy Behaviors and Supporting Environments

- Reduce stigma to accessing mental health and substance abuse services
- Increase awareness of NAS and accountability among healthcare providers (including MAT, prenatal, and recovery)
- Reduce adverse childhood experiences (ACEs)
- Decrease the isolation of communities – transportation/lack of local services, etc.
- Provide education on healthy relationships
- Provide comprehensive preconception education in the K-12 system