

Overview of NH Statistics & Data Collection Efforts



Discussion Points

- Role of NH Department of Health & Human Services, Division of Public Health Services (DPHS), Maternal and Child Health (MCH) Section
- Review of Historical Data
- Review of Current Data

Role of Division of Public Health Services

VISION

ALL people in New Hampshire have optimal health and well-being.

MISSION

We protect, promote and improve the health and well-being of ALL people in New Hampshire through leadership, expertise, and partnership.



CORE VALUES

Leadership:

We inspire, develop and empower each other to serve as leaders and foster relationships by treating ALL people with respect and kindness.

Equity:

We are committed to ensuring that ALL people in New Hampshire have the opportunity for optimal health and well-being regardless of social and economic factors.

Excellence:

We rely on the best available science and evidence-based practice to set and achieve ambitious goals and to drive innovation.

Collaboration:

We strengthen our collective capacity by respecting, valuing and learning from our diverse employees, partners, and the public.

Accountability:

We exercise integrity, transparency and efficiency in our work and measure our performance to improve outcomes.

Role of Maternal and Child Health

The NH DPHS, MCH Section coordinates multiple programs that ensure the health and safety of families in NH by ensuring access to:

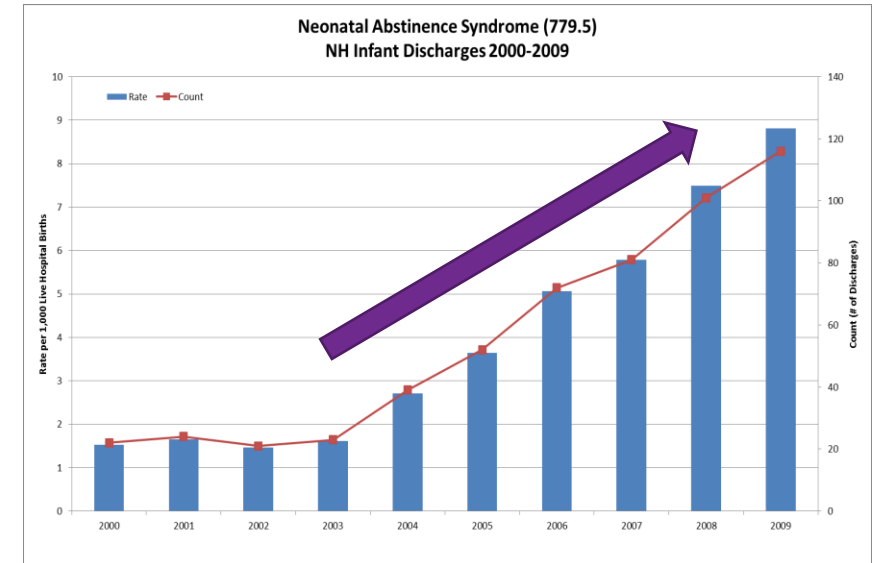
- high quality care
- health care support
- safe and healthy homes and coordinated early childhood services
- accurate and timely health information for policy makers, professionals and families

MCH has 6 programmatic areas & 19 separate programs

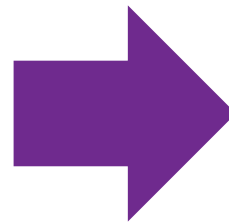
Review of Historical Data

2012 Analysis

- Detected & described **Neonatal Abstinence Syndrome (NAS)** in NH resident infant population (2000-2009)
- Called attention to the issue, but...
 - Data limitations



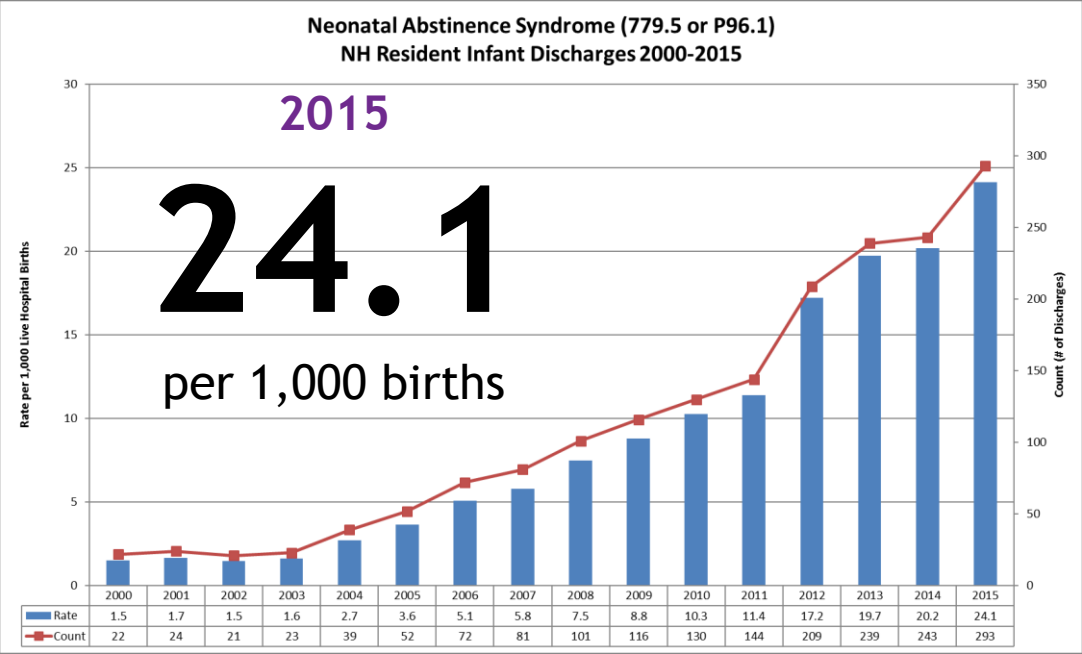
2000
22 discharges
1.5 per 1,000 births



2009
116 discharges
8.8 per 1,000 births

Review of Discharge Data

Resident



Occurrent

297 NAS Discharges
12043 *Hospital* Births in NH

2016

24.6
per 1,000 births

Data Limitations

- **Timeliness**
 - 1-2+ year lag
- **Consistency**
 - Different scoring tools and coding criteria
 - Only ~7% of cases from one hospital were captured in discharge data

2013-2015

Reported Discharges: **10**

Actual Discharges: **140**

- **Population: Resident vs “Occurrent”**
 - Public Health population perspective vs systems perspective
 - Shifting availability of out-of-state discharges for NH residents
 - ~10% of births to NH residents occur out-of-state

Solution: Overcoming Limitations

- Timeliness
 - Vital records birth data are near real-time (within 6 days of birth)
- New “Situational Surveillance” Tool
 - Add 2 *temporary* questions as needed (Yes/No/Unknown)
- Purposes of First Use of Tool
 - Trial of new functionality and develop process
 - E.g., Pilot Testing
 - Collect public health information necessary for aggregate reporting and to support the safety of the mother and infants

New Questions

Exposure

Was there documented opioid exposure at any time during the pregnancy?

Aim: Determine the number of infants exposed to opioids in utero.

Yes

No

Unknown

Concern

Was the infant monitored for signs of opioid withdrawal or neonatal abstinence syndrome (NAS)?

Aim: Determine the number of infants considered to be at risk for withdrawal by the medical team.

Unknown

Results of New Questions

Births in New Hampshire {residents and non-residents}
Infants born July 1 through December 31, 2018 {6 months}

Exposure

Was there documented opioid exposure at any time during the pregnancy?

4.1%
(244/5955)

Concern

Was the infant monitored for signs of opioid withdrawal or neonatal abstinence syndrome (NAS)?

4.0%
(237/5963)

Excluded: Missing and Unknown per item
(1 hospital and non-hospital birth locations most common)
As recorded in vital records as of Jan 15, 2019.

Public Health is your partner to...

- Support infants and families
- Provide timely data and information to support planning and reporting obligations
- Protect the confidentiality of information
- Care about the people behind these numbers