

CITYWIDE COALITION TO END INFANT  
MORTALITY (CCEIM)

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**HEALTHY FAMILIES HEALTHY BABIES CITY  
COUNCIL INITIATIVE**

April 6, 2001

Five-Point Program to End Infant Mortality



MARIO DRUMMONDS, MS, LCSW, MBA

*Women Taking Charge of Their Lives... While  
Nurturing the Health of the Village*

**To:** NMPP Staff  
**From:** Mario Drummonds  
**Re:** *History of City Council Five Million Dollar Infant Mortality Campaign*  
**Date:** October 26, 2001

Good afternoon! Enclosed you will find an historical summary of the seven month campaign NMPP waged to highlight the need for new funds to reduce infant mortality in Harlem and throughout NYC. During early June 2001, the City Council and the Mayor agreed to place five million dollars into the budget for community-based programs like NMPP to reduce infant mortality.

It was NMPP's focused media and legislative work starting in August of 2000 that ignited a citywide movement to achieve this victory. A five-point program was developed that served as the legislative blueprint to access the funds. On May 4<sup>th</sup> 2001, the **Citywide Coalition to End Infant Mortality** held our first community forum to highlight the problem and move programmatically past the state of emergency we created. A large contingent of elected officials, print and electronic media contacts and community members attended. During the campaign period, infant mortality became the number one legislative and public health issue in New York City.

I would like to thank City Councilman Bill Perkins for agreeing to be our champion around this issue. He helped pitch our message to his colleagues in the City Council and won the support of Speaker Peter Vallone to our cause. I would also like to commend Ms. Jennifer Tuck for working with me to design and implement the media and legislative campaign that helped us win a competitive Healthy Start contract for the next four years totaling close to four million dollars.

Our colleagues from the other Perinatal Networks and social service and health care providers are already making plans to develop a new campaign to secure another five millions dollars in next year's budget. Starting on December 1, 2001, over forty community-based social service and health care providers from across NYC will start up case management, outreach, health education and Doula programs to reduce infant mortality. Last year this time, several of my associates revealed to me that the City Council and the Mayor would never allocate resources to address this problem.

Our faith in this noble cause, the tireless dedication and work to make our case and the ironclad political will to see this project through, explains our success. I would like to thank all of you for not allowing me to stray from the inner voice that said, "This can be done." Now let the passion and vigor we displayed in securing these resources be transplanted in our work to transform the conditions of mothers and babies in Harlem.  
*All that we have is our souls.*

**What You See...Is What You Get!**  
***Investing in Ideas...Returning Results!***

## *Citywide Coalition to End Infant Mortality*

### *Healthy Families...Healthy Babies*

## **FIVE-POINT PROGRAM TO END INFANT MORTALITY**

Mario Drummonds, MS, LCSW, MBA

April 6, 2001

### **Introduction:**

**The social reality of infant mortality and morbidity has become a major citywide issue over the last three months. While infant mortality has declined over the last ten years throughout the country and in NYC, the problem of infants dying before their first birthday at more than two times the city rate persists in several neighborhoods throughout New York City.**

**The program framework below describes the major entities that have been organizing to end infant mortality in New York City's high-need neighborhoods over the last twelve years. These same organizations will carry out the program framework outlined below.**

**The *Citywide Coalition to End Infant Mortality*, a group of clinicians, activists, Perinatal Networks, elected officials and consumers is dedicated to ending this problem. We have approached this problem from the perspective that infant mortality is a multifaceted issue that has medical, health care access, economic and social determinants and solutions.**

**To have a healthy baby, mommy must improve her health and the entire family needs social supports. To create healthy families, the local community must be transformed from an economic development, housing and safety perspective.**

### **Program Framework:**

**The Coalition's program calls for supporting the work of five entities that have a track record of working to improve the health and social status of poor and working class women throughout New York City. These entities will use City Council funds to continue their maternal and child health work on a local level.**

**They will also be charged with developing more creative strategies to locate, motivate and enroll pregnant women into early prenatal care, provide culturally competent case management services, secure medical homes for each family and develop comprehensive aftercare plans to nurture maternal and child health before the next child is born.**

### I. Perinatal Networks:

Established in 1987, Comprehensive Prenatal-Perinatal Service Networks (CPPSN) works to improve the perinatal service system in a defined region. Four networks have been designated by the New York State Department of Health in four of NYC's boroughs except Staten Island. Their mission is to coordinate service systems at the local level to improve perinatal health. Perinatal Networks work to increase the percentage of women entering prenatal care in the first trimester.

They work to prevent teen pregnancies. They conduct prenatal smoking cessation, parenting skills development; nutrition and preconception care workshops for neighborhood women. Perinatal Networks focus their work on high-risk women as they attempt to implement best practices aimed at strengthening services for women of reproductive age.

Funds from this City Council initiative will be used to further the work of each Perinatal Network. Resources will be used to supplement each network's federal Healthy Start case management and health education programs, support outreach activities to enroll high-risk pregnant women, expand the data collection and research capabilities of each network and strengthen their staff development plans.

### II. Immigrant/Ethnic Organizations:

One of the causes that explains the increase in infant mortality in Fort Greene and Central Harlem is the growth in the number of immigrant women in these two neighborhoods and their failure to enter prenatal care due to fear of immigration authorities. Immigrant women bring their own traditional cultural beliefs and norms regarding health and health care. These do not always coincide with American beliefs and norms.

This reality can make outreach and the delivery of services to immigrant populations, especially undocumented immigrants, very difficult. For example, due to cultural beliefs regarding pregnancy and the need for prenatal care, as well as real or perceived barriers to health services, foreign-born women participate in prenatal care less than American-born women according to a study published in *Women's Health*.

Therefore, the Citywide Coalition to End Infant Mortality proposes to recruit and deploy ethnic organization health educators to reach out to women in their neighborhoods to enroll them into prenatal care. They will educate targeted women concerning their rights to receive medical and social services despite their immigration status. They will communicate why early prenatal care is so important.

They will work with existing health care providers to transform their treatment systems (from intake to discharge) so that immigrant women will feel comfortable receiving services and their public health cultural folkways are respected during the treatment process. The *Caribbean Women's Health Association in Brooklyn* and *African Services Committee in Harlem* are examples of ethnic public health agencies that have excellent track records completing the above tasks.

### III. Community-based Feeder Organizations:

**There are many community-based informal and formal organizations that have worked without funds to improve the health of women and children in their respective neighborhood. Many of these organizations are unknown to the press or the New York City Department of Health. These organizations are the first contact a pregnant women might have with the health care system.**

**Based on a deep commitment to their community, these organizations steadfastly continue delivering outreach, childbirth education classes, family planning and midwifery services throughout NYC. The Coalition proposes to recruit these organizations as members and provide capacity building funds to strengthen their work locally.**

**These entities are key components of local perinatal systems throughout NYC. The Harlem Birth Action Committee, the Baby College, the Birthing Project and Maternity Health Services are examples of community-based solutions to the infant mortality problem. These informal organizations are key components of a community's local perinatal support network for pregnant women.**

**Research has shown that strong, positive, and supportive social networks of friends, family and non-family members are associated with positive birth outcomes and decreased rates of postpartum depression. Women who live in a supportive environment where childbearing is the norm and where informal childcare with other emotional supports exists can have a positive impact on maternal health and birth outcomes.**

### IV. Building Borough Perinatal Task Forces:

**The Coalition calls for the creation of Borough Perinatal Task Forces. These five entities will be housed at the designated Perinatal Network. They will be responsible for recruiting all clinical, consumer and provider constituencies concerned with maternal and child health. Each Task Force will meet quarterly to review best perinatal practices, learn from the field about new public health or perinatal problems developing in a region of the borough that needs to be addressed.**

**They will set up infant mortality review committees to review infant death cases and make concrete practice recommendations. They will facilitate the development of provider and consumer education workshops communicating best practices in perinatal care. Each Task Force will develop a communications and health education strategy and plan to educate families in their borough about the problem and causes of infant mortality and what they can concretely do to combat this problem.**

**These entities will also be responsible for developing an annual borough perinatal needs assessment and action plan, evaluate the effectiveness of all borough-based perinatal case management and outreach entities and serve as the borough organizing sub-structure of the Citywide Coalition to End Infant Mortality.**

**They will coordinate their work with the various community board health committees to place perinatal and infant mortality problems in their annual needs assessment documents. Once a year, each Task Force will make a report to the City Council Health Committee. City Council funds will be used to hire five Borough Task Force Coordinators, secretarial support staff and basic OTPS expenses to carry out the work plan outlined above.**

**V. Community Health Centers:**

**Community health centers are one of the central access points where poor and working class pregnant and parenting women receive care. These federally funded primary and preventive health care centers play a critical role in the public health safety net for women who do not have health insurance.**

**The Coalition proposes to allocate some City Council funds to these service providers to continue their work in providing pregnancy testing, prenatal care, childbirth and family planning services. Funds can also be used to hire Medicaid, Family Health Plus and Child Health Plus facilitated enrollers to educate and then enroll women and their children into the above products.**

**Summary:**

**The Citywide Coalition to End Infant Mortality has communicated a comprehensive plan to end infant mortality in high-risk communities throughout NYC. Five to seven million dollars allocated yearly will help us achieve our objective. Our plan calls for mobilizing and organizing key constituencies and public health organizations from across the city.**

**We have not focused on one strategy or tactic but have proposed a number of strategies; organizational forms and action steps that will help us achieve our mission. Our plan also calls for non-financial resources to be deployed to address this problem. They are a deep-felt political and personal will to end infant mortality now!**