Maternal & Child Health Bureau
HRSA/MCHB Strategic Planning Meeting

Rockville, Maryland

December 16th, 2009

Practical Approaches & Outcomes to Implementing Life Course Theory in Harlem, New York & Beyond

Mario Drummonds, MS, LCSW, MBA CEO, Northern Manhattan Perinatal Partnership, Inc.

Principle Investigator, Central Harlem Healthy Start



Life Course Theoretical Assumptions & Implication to MCH Practice

- Diminished Role & Impact of Prenatal Care
- Maternal Health Prior to Pregnancy is Key
- It will Take More Than One Generation to Equalize Birth Disparities
- Calls for Clinical & Public Health Interventions that are more Longitudinally and Contextually Integrated
- Transition Must be Made from Strictly Clinical Approaches to Practice to Integrate a Social Determinants of Health Focus to Practice

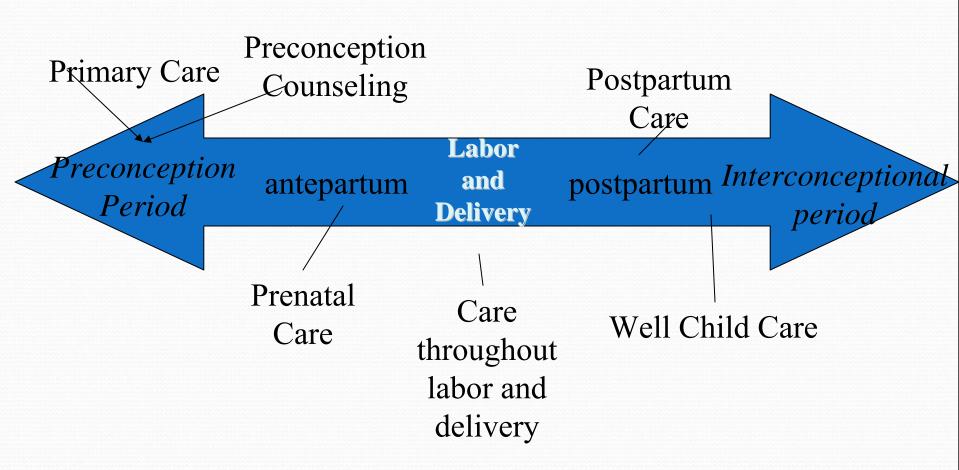
MCHB Strategic Planning Points of Reference

- Past Theoretical Assumptions & Practices Must Either be Curtailed or Abandoned and Replaced with Your New Theoretical Focus!
- 2. Life Course & SDH Will Change How Programs Are Designed, Legislated & Rolled Out in the Community!

MCHB Strategic Planning Points of Reference

- 3. This New Planning Focus Should Change How Your MCHB Inventory of Program Models are Monitored & Measured!
- 4. This New Life Course Strategy Should Inform Your Staff how Existing and New MCH funded Program Models and Systems are Integrated Across the Life Course & Upstream!

Traditional Perinatal Care Continuum



New MCH Life Course Continuum Axis 1

Centering Pregnancy	Child Abuse Prevention	Latch- Key Program	Managing Relationships	Health Policy Activities	Reproductive Social Capital	Harlem Weight Watchers
Internatal Care	School Readiness	Fitness & Health Activities	Pregnancy Prevention	Women's Health Protocol	Depression Group Work	Women's Health Protocol
Perinatal Care	UPK	Beacon School	College Prep	Perinatal Care	Reproductive Life Planning	Specialty Care
Harlem Birthing Center	Early Head Start/ Head Start	Health/ Life Stories Telling	Preconception Inter- conceptional Care	Chronic Disease	Chronic Disease Management	Chronic Disease
Birth	Early Child- hood	Pre- Teen	Teen	Young Adult	Women>35	Senior Citizens

MCH Life Course Organization Social Determinants of Health Axis 2

Public Policy Initiatives	Economic Empowerment Zone	Supermarket Zone Expansion Policy	NYC Affordable Housing Policy
Community Environmental Impact	St. Nick Tenant Organizing	Food & Fitness Coalition	Affordable Housing Organizing
Organizational Impact	Healthy Start Consortium	Diabetes Prevention Coalition	Harlem Works Job Readiness
Group/ Interpersonal Impact	Centering Pregnancy	Baby Mama's Club	Consumer Involvement Organization
Individual Impact	OB/GYN Medical Homes	Case Management	Depression Screening & Treatment

NMPP's Individual/Clinical Life Course Interventions

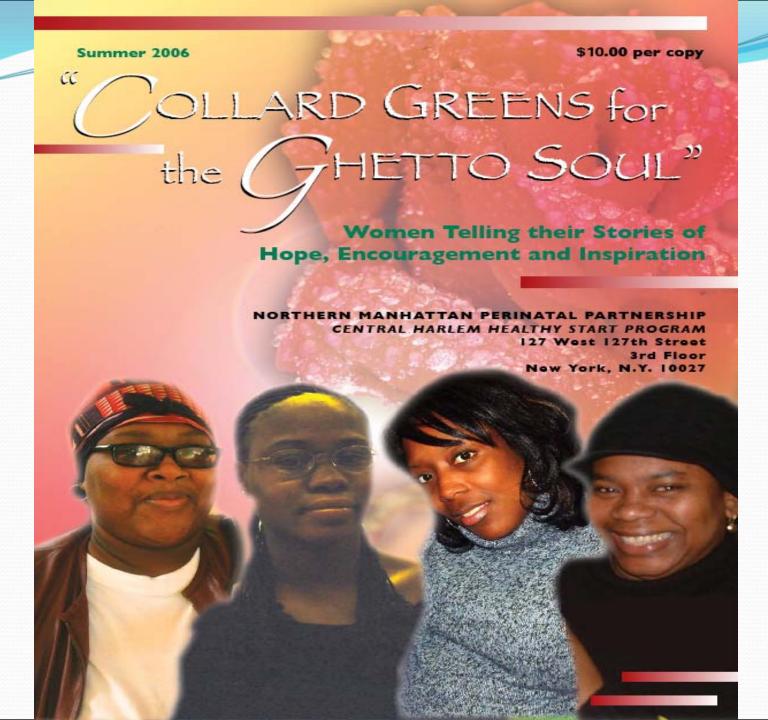
- Central Harlem Healthy Start Program
- Nurse Family Partnership, (NYCDOH/MH)
- Community Health Worker Program
- Harlem Hospital Birthing Center
- St. Nicholas Child Welfare Preventive Program
- Mankind Fatherhood Case Management Program
- Baby Steps Home Visiting Program (Healthy Families America Model)
- TASA Cobra Case Management Program for Pregnant Teens

NMPP's Individual/Clinical Life Course Interventions

- Start Right Immunization Team
- Center for Preschool & Family Learning Head Start-152nd St.
- Center for Preschool & Family Learning Head Start-155th
 St.
- Universal Pre-K Program-152nd St.
- Universal Pre-K Program-155th St.
- Managed Care/Healthcare Enrollment Program
- Asthma Case Management Team

NMPP's Group/ Interpersonal Interventions

- Baby Mama's Club/Circulo de Mamas Depression Groups
- Centering Pregnancy
- Adolescent Pregnancy Prevention Team
- Harlem Weight Watchers Program
- CHHS's Consumer Involvement Organization



NMPP's Organizational Life Course Interventions

- CHHS Consortium
- NYC Male Involvement Consortium
- Comprehensive Prenatal/Perinatal Network
- Harlem Child Welfare Network
- Casey Powerful Families Training Program
- Harlem Health Promotion Center
- Sisterlink Coalition (CDC Funded)

NMPP's Community Environmental Life Course Interventions

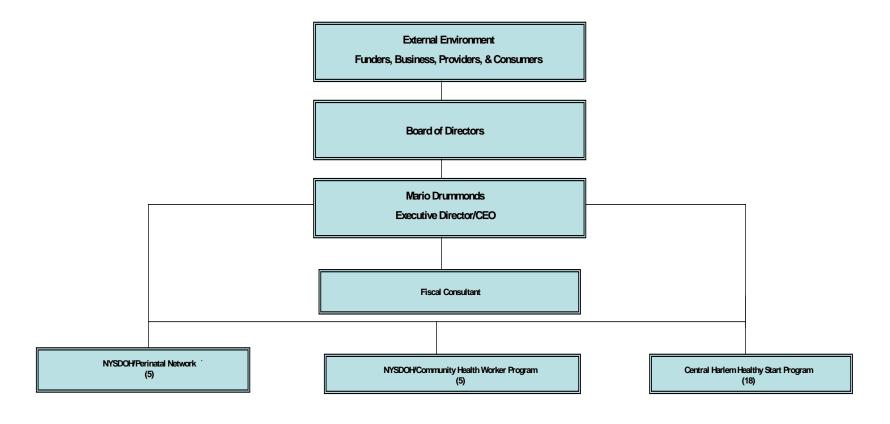
- NMPP's Harlem Works Job Readiness Program
- NYC Breastfeeding Alliance
- Harlem Strategic Action Committee
- ABC Asthma Coalition
- Start-Right Immunization Coalition
- St. Nicholas Houses Community Organizing Project

NMPP's Public Policy Life Course Interventions

- Federation of County Networks
- Harlem Food & Fitness Consortium
- Citywide Coalition to End Infant Mortality
- Manhattan Regional Perinatal Forum
- NMPP's BBKH Diabetes Coalition

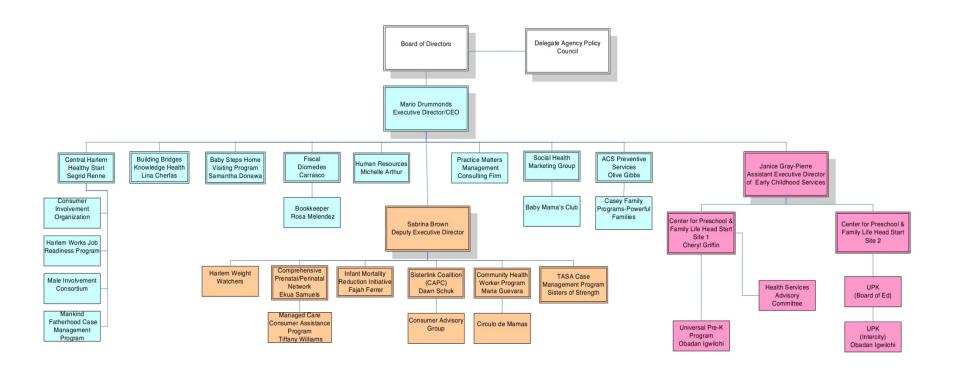
NMPP 1995

NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC. MANAGERIAL/PROGRAM CHART for 1995 SUSTAINABILITY as ORGANIZATIONAL STRATEGIC INTENT



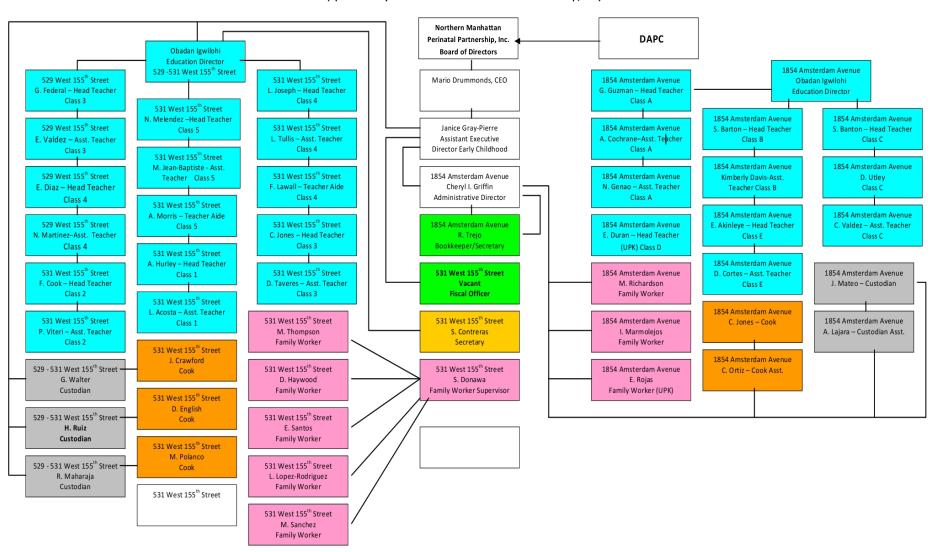
NMPP 2009

Northern Manhattan Perinatal Partnership, Inc. - Organizational Chart



Head Start 2009

THE CENTER FOR PRESCHOOL AND FAMILY LEARNING HEAD START (Sponsored by Northern Manhattan Perinatal Partnership, Inc.)



- Regionalization of Perinatal Care Throughout NYS
- Secured Over \$70 Million Dollars from NYC Mayor
- Integrated MCH & Child Welfare Systems of Care
- 4. Financed & Staffed Up Birthing Center at Harlem Hospital
- 5. Secured \$250 Million Dollars to Build a New Harlem Hospital

- 6. Harlem Hospital Recently Designated as a "Baby Friendly" Hospital (Aug 2008)
- 7. Passed Mental Health Parity Legislation Timothy's Law (2007)
- 8. Trained over 800 women and placed them in full time jobs!
- Reduced Child & Abuse & Neglect Rates in Harlem
- 10. Repealed "Medicaid Neutrality" Law in NYS

- 11. Increased Medicaid Mental Health Reimbursement Rates
- 12. NYC Mayor Has \$7.5 Billion Dollar Plan to Build 165,000 Units of Affordable Housing by 2013-Eighty-Two Thousand units built to date!
- 13. Mayoral \$10 million dollar Plan to train 400 Harlem residents to become RN's and LPN's
- 14. Congressman Rangel's Harlem Empowerment Zone
- 15. Legislation to move from a minimum wage to a livable wage policy

- 16. Moving Harlem Residents into Union Jobs
- 17. Created More Micro-Lending Programs to Spur Business Ownership by Poor & Working Class Women in Harlem

Working Definition of a MCH Life Course Organization

A MCH Life Course Organization is an entity (local/state) that develops the capacity over time to deliver integrated, continuous and comprehensive health and social services and support to women and their family members from the womb to the tomb.

Spectrum of Work for MCH Life Course Organization

Building Public Health Social Movement

Economic Opportunities

- •Harlem Works
- Financial Literacy
- LPN RN Training Program
- Union Employment
- Micro Lending Savings
- •Empowerment Zone

Early Childhood

- •Early Head Start
- ·Head Start
- •UPK
- Choir Academy

Housing

- Home Ownership
- •Affordable Housing
- Base Building- St. Nicks

Legislative Agenda

- •Reauthorize Healthy Start
- ·SCHIP
- •Minimum Wage Legislation
- Women's Health Financing

Health System

Case Management - Title V Funds

Health Education - Regionalization

Outreach -Harlem Hospital

Perinatal Mood Disorders-Birthing Center

Interconceptional Care

Child Welfare

- •Preventive Services
- •Foster Care Services
- Parenting Workshops
- Newborn Home

Visiting

COPS Waiver

Early Birth Childhood

→ Pre-teen → Teen → Young

Adult

Women over 35

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MCH Life Course Organization Examples



Northern Manhattan Perinatal Partnership, Inc. Sisterlink Initiative

- · Harlem, New York
- Mario Drummonds, MS, LCSW, MBA



South Madison Health & Family Center - Harambee

- Dane County, Wisconsin
- Paul Soglin



DC Developing Families Center

- · Ward 5, District of Columbia
- Dr. Lubic & Dr. Randolph

Emerging MCH Life CourseInitiatives

Contra Costa Health Services

- Cheri Pies, MSW, Dr PH, Director
- Family, Maternal, and Child Health Programs-- 15-year Life Course Initiative

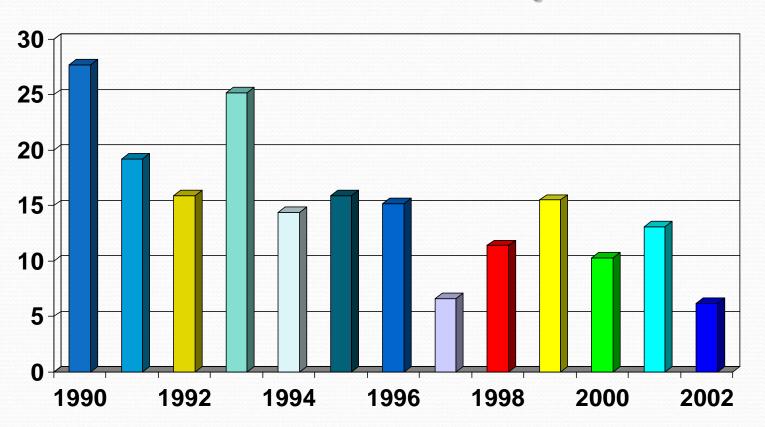
Alameda County Public Health Department

- Anita L. Siegel, RN, MPH, Acting Director
- Building Blocks Initiative
 — 15-year
 Building Block Initiative

Wisconsin Partnership Program

- Lorraine Lathen, MS
- The Life Course Initiative for Healthy Families

Central Harlem Infant Mortality Rate



September 13, 2006 Bureau of Vital Statistics New York City Department of Health and Mental Hygiene

Infant Deaths and Infant Mortality Rate by Health Center District of Residence New York City, 2001-2007

Health Center District	2001 IMR	2002 IMR	2003 IMR	2004 IMR	2005 IMR	2006 IMR	200 7 IMR
New York City	6.1	6.0	6.5	6.1	6.0	5.9	8.1
Central Harlem	13.1	6.2	7.3	5.1	7.4	11.0	8.0
East Harlem	7.8	8.3	5.0	5.5	3.6	5.0	8.4
Washington Heights	5.5	4.2	7.3	5.9	4.5	3.8	2.8

September 13, 2008 - Bureau of Vital Statistics New York City Department of Health and Mental Hygiene

Central Harlem MCH Life Course Organization Birth Outcome Improvements

	1990	2004	2007
Infant Mortality Rate	27.7	5.1	8.1
Low Birth Weight %	19.5	11.1	10.8
First Trimester Prenatal Care Entry %	48	89.5	92

Dane County African American Infant Mortality Decline 1990-2007

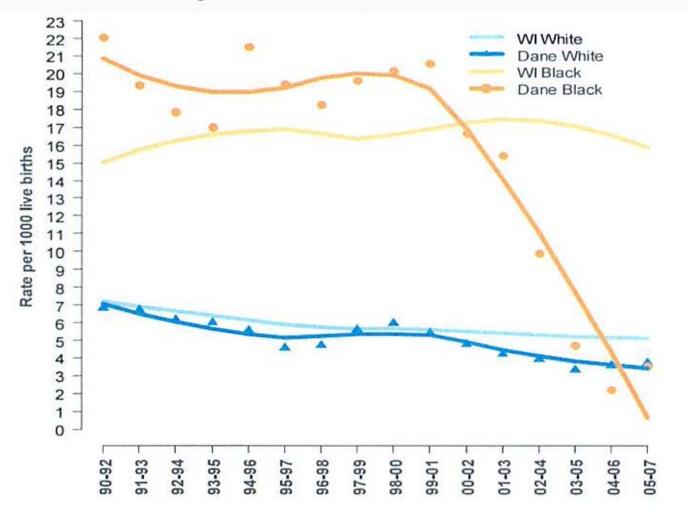


Figure 1 Infant Mortality for Dane County and Wisconsin, 1989 To 2007

MCHB Strategic Intent

Corporate Strategic Intent

- Strategies are choices
- Strategies should be subversive
- Strategies should alert the organization to what it should not be doing
- Strategies position the firm in a unique way in the market
- Strategies decay

Corporate Strategic Intent

 Competing for the Future: Breakthrough Strategies for Seizing Control of Your Industry and Creating Markets of Tomorrow by Gary Hamel and C.K. Prahalad. Published by Harvard Business School Press, 1994

Strategic Intent Definition

Competitively unique point of view about the future

Communicates destiny, passion & meaning for staff

By design it creates a misfit between ambition & resources and challenges staff to accomplish seemingly the impossible

It is a view of corporate Strategy as Stretch outside of the traditional planning horizon

Clinical Interventions Interconceptional Care

Northern Manhattan Perinatal Partnership's Central Harlem Healthy Start & Comprehensive Perinatal Prenatal Service Network Presents

MERRY-K MOOS, RN, FNP, MPH, FAAN



Rashida Moore, President
CHHS Consumer Involvement Organization

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Creative services provided by NMPP's Social Health Marketing

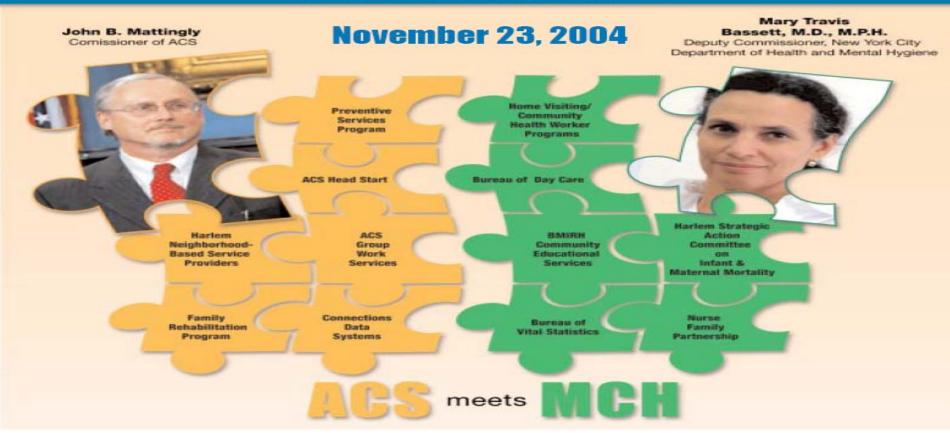
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MCH Home Visiting-Early Childhood-Child Welfare

Central Harlem Healthy Start's Consortium

Treating Child Abuse/Infant Deaths at its Roots: Integrating Child Welfare and Maternal & Child Health Services in New York City

A Policy Conversation in Harlem



Northern Manhattan Perinatal Partnership

127 West 127th Street 3rd Floor Conference Area 9:30 am - 12:00 pm Seating Is Limited

FREEIII

Obtain a status report on the Central Harlem Healthy Start Program and learn about the future of Healthy Start in Harlem.

For more information call Ron Turner at 212 665-2600 ext 306.

Co-Sponsors: NMPP's Sisterlink Coalition, Center for Preschool Family Learning Head Start, St. Nicholas Family Life Support Network Preventive Program, Baby Steps Home Visiting Program

Selected Child Welfare Trends Central Harlem 2002-2005

Sciected Cir	nu vvenare	Trenus, cer		12002-2003
Year	2002	2003	2004	2005
Abuse/Neglect Reports	1574	1354	1200	1208
Number of Children In Reports	2478	2032	1855	1846

39.4%

649

21.9

285

279

198

9.6

37.9%

745

19.4

228

220

161

7.4

thousand youth 17 and under in the population.

•Victimization Rate is the number of children with indicated abuse/neglect per

45.9%

885

24.7

192

192

146

6.5

38

Abuse/Neglect Indication

Number of Children in

Victimization Rates *

Number of Placements

Number of Children Placed

Number of Families Placed

Source: NYC Administration for

Children's Services: Office of

Management Analysis

Placement Rate **

Indicated Reports

Rates

45.0%

973

32.8

449

447

288

15.1

Ties that Bind: MCH's Role in **Preventing Chronic** Diseases

Problem Analysis:

- Close to 1 million New Yorkers are Diabetics
- Over 40,000 women in NYC have Gestational Diabetes
- 10 to 15% of the Adult Population in Harlem & South Bronx Diabetic & Obese
- Death Rate due to Diabetes in NYC is three times higher for African Americans and two times higher for Latinos
- Recent NYCDOH Study Revealed that 43% of NYC's School Children are Overweight

MCH/Chronic Disease Solutions

- Restructured all Six MCH Home Visiting Programs Pregnancy Care to Interconceptional Care (2004)
- Partnered with Weight Watchers to Organize First Program in Harlem (2004)
- Partnered with Mailman School of Public Health to conduct a Study that Explored the Relationship between Maternal Weight- Obesity & Low Birth Weight (2005-2007)

MCH/Chronic Disease Solutions

- Formed BBKH Diabetes Coalition with NY Presbyterian Hospital (2004)
- BBKH Goal: By 2012 Build a Public Health Social Movement to Reduce Growth of Diabetes by 5% in Harlem & South Bronx
- Secured Five-Year Funding Commitment from NYSDOH (2006)
- Implemented Spectrum of Care Strategy to Achieve Public Health Goal

NMPP believes that Leadership is the selfdefined capacity to communicate vision and values while providing programs, structures and core services that satisfy human needs and aspirations while transforming people, your organization and society in the process.

Strategic Intent is based on a bold premise that leadership can exercise control over the future of the organization and can invent the future that it desires and not merely respond to what happens.

While politics is the art of the possible, leadership is the art of making the impossible come true. Leaders play a central role in constructing an agency's strategic intent that represents an ambition that stretches far beyond the current resources and capabilities of the

Agencies that create the future are rebels; they're subversives. They break the rules! They dream of things not yet created!

Achieving Health Equity by: Building a Social Movement, Investing in Ideas, Executing Tasks, Returning Results!



Linking Women to Health, Power and Love Across the Life Span

For more information contact:

Mario Drummonds, MS, LCSW, MBA **Executive Director/CEO** Northern Manhattan Perinatal Partnership 127 W. 127th Street New York, NY 10027 (347)489-4769 mdrummonds@msn.com

CODA MCH LIFE COURSE ORGANIZATION RESEARCH QUESTIONS

 Are one-stop, place-based, culturally relevant, synergistically coordinated service options for maternal care (MCH Life Course Organizations) the best way forward to improve birth outcomes among African American mothers?

Birth	Early Childhood	Pre-Teen	Teen	Young Adult	Women >35	Senior Citizens

 What are the best methods and organizational strategies to link and deliver MCH services that will reduce racial disparities in birth outcomes?

Birth	Early Childhood	Pre-Teen	Teen	Young Adult	Women >35	Senior Citizens

 Why have other MCH one stop operations failed to reduce racial disparities in birth outcomes?

Birth	Early Childhood	Pre-Teen	Teen	Young Adult	Women >35	Senior Citizens

 What are the unique characteristics of the maternal center models that have proven effective (Central Harlem, Dane County, D.C.) that could be replicated nationally or should the industry continue to deliver MCH services in silos?

Birth	Early Childhood	Pre-Teen	Teen	Young Adult	Women >35	Senior Citizens

Public Policy Initiatives

Community Environmental Impact

Organizational Impact

Group/ Interpersonal Impact

Individual Impact

How much of the decline in infant mortality in Central Harlem, over the past ten years can be attributed to systems integration efforts (e.g., MCH-Home Visiting, Early Childhood & Child Welfare Prevention Services) which provided various support services to women during their pregnancy and after the birth of their children during the critical o-5 period?

Public Policy Initiatives

Community Environmental Impact

Organizational Impact

Group/ Interpersonal Impact

Individual Impact

How much of the decline in infant mortality in Central Harlem can be attributed to demographic and class transformations where over 10% of the women who were poverty stricken left the community by 2006 and were replaced by women with higher incomes and a history of improved birth outcomes?

Harlem's Shifting Population

	Central Harlem	Rest of NYC
1910 Black	9.89%	1.73%
White	90.01%	98.12%
Total	181,949	3,191,962
1920 Black	32.43%	1.46%
White	67.47%	98.39%
Total	216,026	4,767,727
1930 Black	70.18%	1.99%
White	29.43%	97.80%
Total	209,663	6,168,984
1940 Black	89.31%	2.65%
White	10.48%	97.10%
Total	221,974	6,677,187

	Central Harlem	Rest of NYC
1950 Black	98.07%	5.64%
White	1.76%	94.03%
Total	237,468	7,078,650
1960 Black	96.71%	10.71%
White	2.94%	88.62%
Total	163,632	6,829,199
1970 Black	95.42%	18.48%
White	4.28%	79.82%
Total	157,178	7,083,455
1980 Black	94.17%	22.2%
White	0.62%	53.98%
Total	108,236	6,732,149

Harlem's Shifting Population

	Central Harlem	Rest of NYC
1990 Black	87.55%	23.93%
White	1.50%	44.74%
Total	101,026	6,988,199
2000 Black	77·49%	23.67%
White	2.07%	36.11%
Total	109,091	7,654,221
2006Black White Total	69.27 % 6.55% 118,111	23.40% 36.06% 7,838,724

Note: Numbers do not add up to 100 percent. The remaining people are Hispanics who were not listed separately until 1980, or those who identified themselves as members of other racial groups.

Sources: Andrew Beveridge, Gotham Gazette, August 2008. (1910-1940, Census Tract Data from National Historical Geographical Information System (NHGIS), Compiled by Andrew Beveridge, et al.; 1950, Ellen Bogue File, as edited by Andrew Beveridge, et al.; 1960-2000, Tabulated Census Data from NHGIS; 2006 Data from American Community Survey, US Bureau of the Census. Boundary Files from the NHGIS 1910-2000, US Bureau of the Census, 2006. All data and boundary files available from Minnesota Population Center. Since results are tabulated from the sources indicated, they may not necessarily match Census published figures for population and race.)

Public Policy Initiatives

Community Environmental Impact

Organizational Impact

Group/ Interpersonal Impact

Individual Impact

Does moving beyond the medical model by addressing social and economic inequities that African American women experience daily, reduces racial disparities in birth outcomes?

Public Policy Initiatives

Community Environmental Impact

Organizational Impact

Group/ Interpersonal Impact

Individual Impact

What role does building social/community networks, civic engagements and local identity and solidarity among African American women play in reducing racial disparities in birth outcomes?

Public Policy Initiatives

Community Environmental Impact

Organizational Impact

Group/ Interpersonal Impact

Individual Impact

Finally, does switching to an interconceptional care focus to perinatal case management practice helps to reduce the black/white gap in birth outcomes?

Public Policy Initiatives

Community Environmental Impact

Organizational Impact

Group/ Interpersonal Impact

Individual Impact

What are the clinical outcomes achieved within the interconceptional demonstration projects in Atlanta, Denver, Jacksonville, and Philadelphia? Have they been able to reduce the risk of recurrent LBW births?