

National Partnership for Action to End
Health Disparities

Office of Minority Health

Special Panel on Infant Mortality

Disparities

Friday, April 25, 2008

Washington, DC

*Building the
MCH Life Course
Organization*

Mario Drummonds, MS, LCSW, MBA

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Partnership, Inc.



OFFICE OF MINORITY HEALTH
Office of Public Health and Science · Office of the Secretary
U.S. Department of Health and Human Services
Special Panel on Infant Mortality Disparities

Friday, April 25, 2008
The Hubert H. Humphrey Building Room 742G
9:30 am – 4:00 pm

Preliminary Meeting Agenda

9:30 am	Welcome and Introductions	Garth Graham, MD, MPH Deputy Assistant Secretary for Minority Health
	Remarks	Joxel Garcia, MD, MBA Assistant Secretary for Health
10:00 am	Overview: Key National Actions/Programs Addressing Infant Mortality Disparities	Peter van Dyck, MD Fleda Mask Jackson, PhD
10:45 am	Recommendations of the Secretary's Advisory Committee on Infant Mortality	Peter van Dyck, MD
11:00 am	What is the State of the Science Regarding Infant Mortality?	<u>Panel Presentations</u> Paula Braveman, MD, MPH Renee Jenkins, MD, FAAP Hani Atrash, MD, MPH Janet Chapin, RN, MPH Yvonne Bronner, ScD, RD, LD
	Panel Discussion	
12:30 pm	Working Lunch	
1:30 pm	What Critical Actions are Needed to Achieve Improvements in Racial and Ethnic Infant Mortality More Immediately?	<u>Panel Presentations</u> Mario Drummonds, MS, LCSW, MBA Belinda Pettiford, MPH Mary Lou De Leon Siantz, PhD, RN, FAAN Michael Fraser Patrick Simpson
	Panel Discussion	
3:30 pm	Summary of Recommendations and Next Steps	
4:00 pm	Meeting Adjourned	

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Executive Director/CEO

Northern Manhattan Perinatal Partnership, Inc.

Policy Presentation Theme:

Building the MCH Life Course Organization

I would like to thank Dr. Garth Graham for inviting me to participate in this Special Panel on Infant Mortality Disparities today. While there are a variety of theoretical, clinical and administrative themes I could talk about to improve the MCH industry's practice; I have decided to present some new ideas on how maternal and child health operations can be organized differently to reduce racial disparities in birth outcomes.

Over the last seven years, Dr. Michael Lu and others have established the credibility of the Life Course theory all around the country. *However, many of my colleagues have asked, "What do we do after such a great speech?"*

Over the last five years, I have worked to operationalize Dr. Lu's theoretical perspectives through our day-to-day work at the Northern Manhattan Perinatal Partnership (NMPP) thus providing the industry with strategic, policy and organizational implications to practice while grounding Dr. Lu's theory for practitioners who are looking for new ways to implement integrative MCH work. That practice is what I call the **MCH Life Course Organization**.

A MCH Life Course Organization is not only concerned with the needs of women during the pregnancy period but develops programmatic, clinical and policy interventions to improve women's health during the birthing process, the early childhood stage, the adolescent period and meeting the needs of women over 35 who decide to have a child.

This new organizational structure secures staff that are not only familiar with perinatal and interconceptional practices but hires staff and builds organizational capacity from the Early Head Start/Head Start; afterschool; child welfare prevention; male involvement; middle school/high school; adolescent development and gerontology funding streams to track and address the health needs of women and their family members from the **womb to the tomb**.

The MCH Life Course Organization (MCHLCO) is programmatically multidimensional while offering continuous, uninterrupted care for women and their family members from an individual to the policy level to address social determinates to poor health:

Individual Level:

*Outreach, Individual & Family Risk & Asset Assessments, Case Management, Interconceptional Care, Health Beliefs & Behaviors, Medical, Maternal Depression Screening & Treatment, Early Head Start, Child Abuse Prevention, Extending Inter-Pregnancy Intervals, Family Planning, Substance Abuse Treatment

Group & Interpersonal Level:

*Centering Pregnancy, Parenting Classes, Male Involvement Group, Depression Group Work, Women Telling Their Pregnancy/Racism Stories, Baby Mama's Club, Consumer Involvement Organization

Organizational Level:

*Consortium, PTA/ Block Tenant Organization, Faith Institution, Union Shop, CBO Strategy, Citizens Power Councils-CPC, Tenant Organizing/Tenant Organizations, Financial Literacy/Investment/Savings Clubs, People's Leadership School, Developing Women's Reproductive Capital, Harlem Works Jobs Center

Community Environment Level:

*Healthy Food & Fitness Organizing, Public Safety, Exercise/Play Areas, Residential Segregation, Physical Environment, Community Assets, Political Power, Cultural/Health Related Norms, Curbing Gentrification, Sustainable Community Capacity Building, Public School Reform, Charter School Organizing

Society/Public Policy Level:

Transforming Race & Class, Health Policy & Financing, Influencing the Media, Economic Policy, Livable Wage, National Urban/Rural Agenda, Empowerment Zones, Health Equity, Local, State & National Politics, SCHIP: Healthcare Access, Reauthorize Healthy Start, Building MCH Mass Movement; Sustainability, LHSAP

There are a few examples of MCH Life Course Organizations across the nation and they are: the Harlem Children Zone, Northern Manhattan Perinatal Partnership and the DC Developing Families Center in the nation's capital. The Nebraska Department of Health & Human Services recently organized a **Lifespan Health Services Unit** and is working to operationalize Dr. Lu's theory.

A MCHLCO works tirelessly to integrate health and human services either at the local level or on a systems level. Many of the clients we serve are seen by other systems. The logic of this approach is to bring all of these programs and services under one management/leadership structure where a woman and her family members could be served and tracked at each stage of her life course.

If an agency is unable to build internal program/organizational capacity at each stage, they can collaborate with outside agencies and systems to create an integrated system of care to manage a woman's health across the life course. Unlike Healthy Start programs who only seek to influence the health system by developing and executing a local health systems action plan, a MCHLCO seeks to influence and lead their local and regional economic, political, housing, child welfare, early childhood and middle school systems of care. They complete this assignment by slowly organizing a public health social movement in their town that mobilizes all core constituencies to improve the health of mothers and babies over their life course.

A MCHLCO's leadership can see around the strategic corner and develops programmatic responses to social and public health trends before they have a negative impact on women of childbearing age. The Northern Manhattan Perinatal Partnership developed women over 35 and chronic disease strategies several years ago well before they became popular practice areas in our industry.

The MCH Life Course Organization is decentralized allowing maximum flexibility for leaders to experiment programmatically among departments internally and externally with outside agencies to produce new behavioral outcomes for mothers and babies. Leaders and managers are allowed to run their programs like businesses in charge of financials, marketing, and program development tasks while still benefiting from the political and funding contacts, human resources infrastructure, finance capital and strategic leadership of the corporate structure.

These new MCH entities are capable of bringing predictability and discipline to the regular administrative and programmatic operations while also cultivating human imagination and spontaneous organizational renewal. For example, NMPP regularly exceeds our numerous governmental MCH contract expectations but also over the last ten years have built three new and profitable income producing businesses by responding to new customer needs and industry trends in the external environment.

Put simply, transformations in how MCH services are organized within an agency and how they are managed, deployed and executed can bring about measurable changes in organizational performance thus producing better birth outcomes. The perinatal/women's health outcomes that the Northern Manhattan Perinatal Partnership and the DC Developing Families Center have both achieved over the last five years are primarily due to this new organizational/integrative approach to MCH practice.

I propose that this new model of organizing MCH care be expanded and tested in other rural and urban settings. I strongly believe that this new approach can make measurable reductions in racial disparities in birth outcomes. Building the MCH Life Course Organization calls for establishing a strategic leadership team, developing excellent program development and sustainability skills among all managers and the corporate agency possessing the ability to manage and lead a complex organizational structure like a business. If the National Partnership for Action is interested in reducing infant mortality in African-American and Latino neighborhoods across America, the investments and organizational commitments outlined above are necessary.

To close, Dr. Michael Lu made the following statement during the recent PBS series, Unnatural Causes...Is Inequality Making Us Sick, "So if we're serious about improving birth outcomes and reducing disparities, we've got to start taking care of women before pregnancy and not just talking about that one visit three months pre-conceptionally. I'm talking about when she's a baby inside her mother's womb, an infant, and then a child, an adolescent and really taking care of women and families across their life course." To meet a woman's health, social and economic needs across the life course, local, state and national MCH entities need to consider building MCH Life Course Organizations today.

Let's Build the MCH Life Course Organization Today not Tomorrow!

Let's Link Women to Health, Power and Love Across Their Life Course

Spectrum of Work for MCH Life Span Organization

Building Public Health Social Movement



Economic Opportunities

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

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
- Health Education
- Outreach
- Perinatal Mood Disorders-Birthing Center
- Interconceptional Care
- Title V Funds
- Regionalization
- Harlem Hospital

Early Childhood

- Early Head Start
- Head Start
- UPK
- Choir Academy

Child Welfare

- Preventive Services
- Foster Care Services
- Parenting Workshops
- Newborn Home Visiting
- COPS Waiver

Birth Early Childhood Pre-teen Teen Young Adult Women over 35 65

Figure 1: Landscape of Influences on Health Disparities and Arenas for Policy Action

