

AGENCY OF THE MONTH

Northern Manhattan Perinatal Partnership Maternal Health from Womb to Tomb

In 1990, the infant mortality rate in Central Harlem was the highest in the United States. Almost 28 babies out of every 1,000 live births died before they reached the age of one, more than three times the national average. Northern Manhattan Perinatal Partnership (NMPP) was born in response to this public health crisis. Over the past 15 years, NMPP has developed a range of programs designed to improve the health of pregnant and parenting women and their children. It works with networks of hospitals, health care providers and community based organizations to reach and serve some of the City's poorest and most vulnerable women. Partly as a result of its work, northern Manhattan's infant mortality rate has been reduced by more than 80%. By 2004, its rate of 5.1 deaths per 1,000 live births was actually below the national average of 6.5. Quite a turnaround!

"We believe that every newborn has a right to live past their first birthday," says Mario Drummonds, NMPP's Executive Director.



"NMPP's mission is to save babies by helping women take charge of their reproductive, social and economic lives."

NMPP began as a vision of Dr. Georgia McMurray, New York City's first Commissioner at the Agency of Child Development. In 1991, McMurray joined the New York Urban League and launched a Healthy Start maternal health program. Healthy Start is a federal initiative designed to identify and develop community-based approaches for reducing infant mortality and improving the health and well-being of women, infants, children and their families. There are now more than 96 Healthy Start programs operating nationwide with five programs, including NMPP's Central Harlem Healthy Start, in New York State. In 1995, NMPP became its own 501c3 nonprofit corporation and Drummonds took the helm a year later.

Healthy Start provides case management and health education for pregnant women or mothers of children under the age of two. A dedicated outreach worker looks for women at high risk of poor birth outcomes through contacts with local hospitals, clinics, CBOs, churches, food pantries and shelters. The program's case managers conduct assessments of the mother's health status. Is she receiving prenatal care? Does she have health insurance; a regular physician? What is her general state

of health? Does she have specific risk factors; medical conditions like obesity or diabetes? Is there an issue with substance abuse or HIV/AIDS? Does the woman have emotional or mental health challenges? Case managers also do a broader assessment looking at parenting and home making skills as well as financial and housing issues.

The case managers meet a client's needs through referrals to appropriate community services – doctors, mental health programs, food stamps, substance abuse programs, etc. "We provide parents with various incentives to go to appointments," says Segrid Renne, Director of the Healthy Start Program. "We offer food vouchers and shopping vouchers at various department stores. We also provide them with emergency pampers and formula. We have a whole array of things that pregnant women and mothers need. We can give them strollers and play pens."

The Healthy Start program has a staff of four case managers – each with a caseload of 25 women or families -- as well as a case management supervisor. "The majority of work is done by going out to the client to make sure their needs are met," says Renne. "Case managers meet with the women a minimum of twice a month and more often when needed."

The program also features a Health Educator who provides one-on-one counseling and group sessions for women on how best to care for themselves and their child. Developmental assessments of newborns are done regularly to identify any problems or concerns early on.

"A large portion of our clients are homeless," says Renne, a factor which complicates the woman's ability to access prenatal services and Healthy Start's ability to monitor her care.

Healthy Start serves over 200 women and their children each year. Women typically stay with the program for a two year period.

"HRSA (The Federal Health Resources Services Administration within the Department of Health and Human Services which administers Healthy Start) has designated us a Center of Excellence," says Drummonds. "This summer, we and six other programs will receive the award. HRSA wants to replicate our program models in other parts of the country."

Healthy Start is just one of several perinatal program models funded by either the federal or state government to address the health needs of women who are pregnant or parenting young children. There are similarities among them. They typically incorporate case management services, home visiting, health education, developmental screenings, etc. There are also some differences in eligibility criteria and service delivery. NMPP offers the full menu, targeting different programs to specific community catchment areas across northern Manhattan.

The Community Health Worker Program dates back to 1991. The program serves 200 pregnant and



Mario Drummonds

parenting families in East Harlem. "The idea is to work with high risk women, not only healthwise but in other ways, immigration status, homeless women, people who don't know how to navigate the system," says Maria Guevara, Director of the program. "We do outreach in our community in all places we can think of -- beauty parlors, supermarkets, churches, shelters. Most of our clients are Hispanic, new immigrants from Latin America. These populations are easy to engage. They are more needy."

The Community Health Worker Program is funded by New York State's Department of Health. The focus is on engaging pregnant women. "75% of the caseload is supposed to be pregnant," says Guevara. Children are only served up to the age of one.

Similar to Healthy Start, Guevara's four case managers assess a client's needs and make referrals to appropriate services. "We develop an assessment and a service plan," says Guevara. "Let's say a woman is five months pregnant and not going to a doctor for prenatal care. We have to engage her in clinical services, call to make appointments, get all the documentation she needs and bring her to the clinical care provider. It is a lot of work. In the beginning, we might see her once or twice a week."

Once again, New York's shortage of affordable housing is a significant complication for women who are pregnant or have recently given birth. "We have instances where the



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Northern Manhattan Perinatal Partnership's Social Health Marketing Group develops public information campaigns for government agencies.

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of training and are responsible for completing a needs assessment on a regular basis. We collaborate with all the major hospitals -- Mount Sinai, the Health and Hospitals Corporation, Presbyterian hospital and Cornell Weil."

With a budget of barely \$5 million, NMPP is a CBO "David" in a land of hospital "Goliaths". Early on, however, the agency came to the conclusion that it needed to step up and work with the big boys. "We were too small an organization not to hook up with hospitals and build strategic partnerships with them," says Drummonds. "We have built several partnerships with hospitals in the City."

One of the first was its collaboration with HHC's Harlem Hospital on development of the Dr. Georgia McMurray Birthing Center. "We could see the demographic data," says Drummonds. "Women were coming into Harlem who had a history of having their children naturally. We knew that if we were going to bring these women into our care system, we had to develop a clinical infrastructure that catered to their cultural and clinical needs." NMPP helped to plan and finance the new facility which opened in 2003. "Representative Rangel gave us \$400,000. Then Borough President C. Virginia Fields gave us over \$1 million. Once we set up the operation it went straight to Harlem Hospital. We are not in the clinical care business," says Drummonds.

In another collaboration, NMPP partnered with New York Presbyterian Hospital to develop a second Community Health Worker Program. The hospital, which is one of the largest in the country and is based in Washington Heights, had an interest in expanding services in East Harlem. "We jointly submitted a proposal," says Drummonds. The program operated for several years before funding dried up. NMPP recently partnered with New York Presbyterian once again on a NYSDOH Office of Minority Health project designed to address diabetes conditions in Northern Manhattan and the South Bronx. "There were only two proposals funded in New York City," says Drummonds, "ours and Lutheran Medical Center in Brooklyn. This is all based on building relationships with senior leaders of the hospitals."

In several cases, NMPP has won programs which might otherwise go to significantly larger institutions. For example, after previously serving as a subcontractor to MHRA on the Healthy Start Project, NMPP won the lead agency grant for the project in 2000. New York City's other Healthy Start lead agencies are the City Health Department itself and Columbia University School of Public Health. "I felt that we as a nonprofit were strong enough to compete against the likes of Columbia and the City Health Department," says Drummonds. "We had a unique style of work and a unique population. It was a risky decision. We could have been out of the business all together."

Advocacy

NMPP has been an active advocate in the effort to expand perinatal health services in New York City. In 2001, the agency helped to launch the Citywide Coalition to End Infant Mortality. "Up until that point, most perinatal programs had been funded by the federal or state governments," says Drummonds.

"There was no City tax levy dollars supporting perinatal care in New York." The Coalition brought together over 60 community-based agencies delivering maternal and child health services and went on the offensive both at City Hall and in local media. "We talked about the problem of infant mortality, not only in Central Harlem but in eight or nine neighborhoods around the city where it was very high -- Brownsville, Bedford Stuyvesant, certain communities in the South Bronx," says Drummonds.

As a result, the Coalition won City Council allocations of \$5 million annually beginning in FY2002. Two years ago, the allocation increased to \$7.5 million and now funds 40 different perinatal providers in New York City. NMPP uses its own \$300,000 allocation from the City Council to enhance its existing programs and undertake new projects.

City Council monies have helped to support NMPP's growing focus on perinatal depression and other pregnancy-related mental health issues. NYCDHMH Harlem Strategic Action Committee Social Support Subgroup All Healthy Start programs are required to do depression screening and monitor the mental health of clients. "There are biological changes that take place during pregnancy which can trigger mental health issues for women," says Drummonds. However, there are relatively few clinicians trained to assess or treat these perinatal mental health problems.

Since 2003, NMPP has participated in an initiative by the New York City Department of Health and Mental Hygiene (DHMH) to address this issue. A DHMH-funded Harlem Strategic Action Committee and its Social Support Subgroup, of which NMPP is a member, has taken several steps to strengthen the service system for women suffering with perinatal depression.

A "Grand Rounds" project has identified a panel of clinicians who are experts in perinatal depression. "Over the past three years, we have trained over 400 doctors, social workers, psychiatrists, psychologists, midwives and nurses on how to screen, diagnose and treat perinatal depression," says Drummonds. The Harlem Strategic Action Committee is also creating a complete mental health provider directory to identify clinicians trained to do this work in Northern Manhattan. "A lot of places can do screenings but they don't have the skill sets to do ongoing treatment," says Drummonds. "People don't know where to send women for treatment."

A Big Picture Look at Maternal Health

Most perinatal health programs traditionally focus on the period of pregnancy and up to a year or more in the life of the newborn baby. That is not enough, says Drummonds. "The pregnancy is only nine months. That is a very small snapshot of a woman's health history. The only way we can reduce racial disparities in birth outcomes is to manage the health of a young child from the womb to the tomb. That is the programmatic thrust here at NMPP."

Drummonds envisions a continuum of services which begins caring for mothers even before they get pregnant. "It is known as Interconceptional Care," he says. "Data shows that

if we can improve the health of a mom when she is a teenager or young adult -- if we can control her weight, her diabetes, her cardiovascular issues -- by the time she gets pregnant she is going to have much healthier outcomes." As part of this trend, Healthy Start now accepts women who are planning to get pregnant.

Interconceptional Care, however, is only the beginning. "Perinatal programs need to be involved in early childhood work," says Drummonds. "We want to manage the health care of the mother and child. We want to get them enrolled in Child Health Plus. When they reach the teen years, we definitely want to talk about sexuality and health. So, by the time that the young child is ready for reproductive life we will have managed her health since before she was born."

Drummonds envisions the integration of this lifelong continuum of perinatal, early childhood and teen services as creating a Center for Infant and Women's Development.

Early Childhood Programming

NMPP has already begun putting much of this service continuum into place. In 2000, NMPP moved into the field of early childhood education when it opened a Head Start and Universal Pre-Kindergarten program in Washington Heights. "We now serve 80 families," says Drummonds.

"If we were going to have a relationship with mothers beyond the pregnancy period, we needed to get into businesses and programs where we can see the mother," says Drummonds. "One of the best ways is Head Start and UPK."

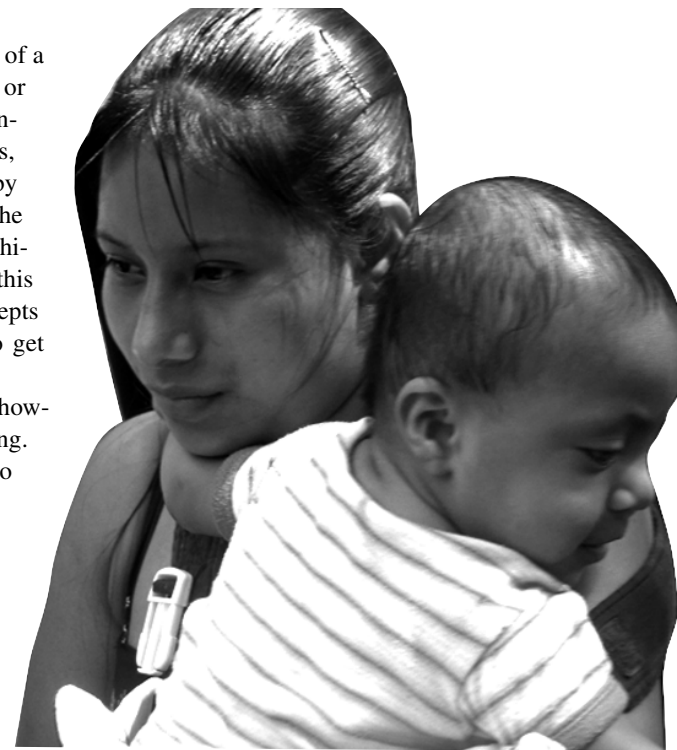
NMPP attempts to integrate its perinatal and maternal health services into the early childhood programs. "We take our staff to Washington Heights and meet with parents in the classrooms," he says. "Our Asthma program staff help them to prepare asthma action plans. When a parent gets pregnant again, the Head Start Family Worker makes a referral to Healthy Start."

Drummonds acknowledges that making the transition into Early Childhood Education hasn't been easy. "We have some weaknesses and we have some strengths," he says. "We want to turn our weaknesses into strengths in terms of how we deliver Head Start services." NMPP has applied for an expansion of its Head Start program.

Even more importantly from a continuum of care standpoint is NMPP's application to the federal government for an Early Head Start program which would serve children from 0-3 and would fill the missing link in NMPP's services. "We want to complete the cycle," says Drummonds.

Teen Services

NMPP currently has two programs which serve young women during their teenage years. An Abstinence Program recently



funded by the NYS DOH works with girls during the pre-teens and young teenagers. "We want to go for young children who have not yet been influenced by the youth culture," says Drummonds. "It is controversial. There is debate about whether abstinence works. Here at NMPP we are open to looking at all models of intervention."

The agency also operates a Club Moms program, funded by the State's Office of Children and Family Services (OCFS), which works with pregnant or parenting teens.

"We try to prevent the next pregnancy by getting the mom back into the educational system and establishing a better relationship between the teen mom and her own mother and family," says Drummonds.

Saint Nicholas Family Life Support Network

NMPP has also broadened its programmatic focus with the Saint Nicholas Family Life Support Network, an Administration for Children's Services-funded foster care prevention program which targets the 14-building, 5,000-resident, St. Nicholas Housing Development in Central Harlem.

"We use a public health approach," says Drummonds. "We started out by going door to door to find women who were having problems managing the care of their children. Many doors were slammed in our faces. But, we continued to make efforts to reach those families and find out what their needs are." While the NMPP program does take ACS referrals from the broader Harlem community, its micro involvement with the St. Nicholas Housing Development appears to be in close harmony with ACS' evolving community initiatives strategy.

Looking Ahead

Drummonds has seen NMPP's budget grow by a factor of five since coming to the agency ten years ago. Its first two programs have grown to become 18. "I don't know if we want to grow any further at this time unless it fits into our mission and programmatic thrust," he explains. "Everything we have fits into our orbit, that perinatal health pipeline that follows a woman throughout her life."