



Texas Department of State Health Services
and March of Dimes
Austin, Texas
January 6-7, 2011

Strategies and Tactics

To Improve Women's
Health and Curb the
Growth of Infant
Mortality in Texas

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Partnership, Inc.

The Purpose of Public Health Corporate Strategy

- 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 need to be executed
- Strategies decay

Strategic Intent Definition

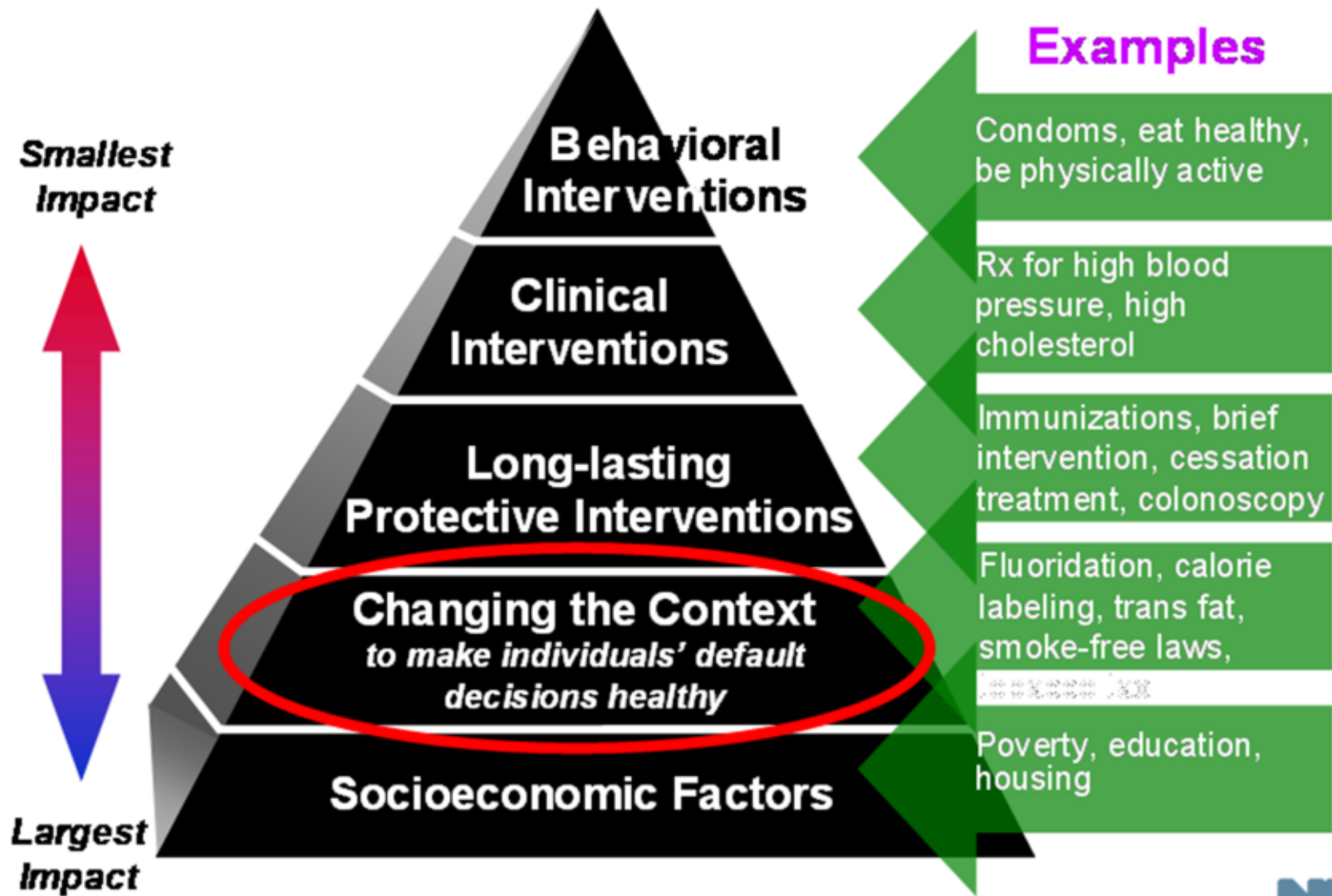
Competitively unique point of view about the future

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

Interventions Affecting Health



MCH Strategy Oven

- Building MCH Life Course Organization
- Hospital Strategy
- Local, State, Federal Advocacy Strategy
- Early Childhood/MCH Collaboration Strategy
- Outcome-based Case Management Strategy
- MCH Chronic Disease Strategy
- Perinatal Economic Development Strategy

MCH Strategy Oven

- Child Welfare/MCH Collaboration Strategy
- Women's Health Strategy
- Healthy Start Sustainability Strategy
- State Title V Strategy
- MCH Home Visiting Integration Strategy
- Social Determinants of Health Strategy
- Neighborhood Base Building Strategy

MCH Strategy Options:

1. MCH Perinatal Regionalization Strategy
2. Zonal Strategies
3. MCH & Chronic Disease/Interconceptional Care Strategy
4. MCH/Child Welfare Strategy
5. MCH Economic Development/Poverty Strategy

MCH PERINATAL REGIONALIZATION STRATEGY

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

147 Maternity Hospitals had not been designated for over fifteen years by the NYSDOH

Increased fragmentation of care, lack of supervision of hospitals who cared for sick babies throughout the state, transfers were unplanned

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

- By 2001, the bureau of women's health/NYSDOH decided to survey all of the 147 Maternity Hospitals across the state and re-designate them and place them within a local network of care
- By 2004, survey work was completed and NYSDOH announced each designation
- Level four Hospital: Regional Perinatal Center

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

- Coordinate maternal-fetal and new born transfers of high-risk patients from the affiliate hospitals to the RPC
- Responsible for support, education, consultation and improvement in the quality of care in the affiliate hospitals within the region

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

- Responsible for reviewing affiliate hospitals data collection methods and supervising their quality assurance policies in the NICU
- Level 1 hospitals provide care to normal and low risk pregnant women and newborns but do not operate neonatal intensive care units

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

- Level 2 hospitals provide care to women and newborns at moderate risk and do operate NICUs
- Level 3 hospitals care for patients requiring increasingly complex care and operate NICUs
- Statewide perinatal data base constructed clinical data uploaded every two days

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

- Hospital reimbursement for maternity care related to level and quality of performance
- NYSDOH mandates forming regional perinatal forums
- Borough of Manhattan has five RPCS and over twenty-five affiliate hospitals

REGIONALIZATION OF PERINATAL CARE IN NYS--- IMPROVING QUALITY OF PERINATAL PRACTICE

- Result: Increased survival rates for sick babies and mothers throughout NYS and Harlem, NY thus reducing Infant Mortality

ZONAL STRATEGIES

**POURING THE FOUNDATION FOR CHANGE: BASE
BUILDING WITHIN
ST. NICHOLAS HOUSING DEVELOPMENT
Zonal Strategy**

- Child Welfare & Infant Death Data Review:
Zip Code 10027
- Harlem Carve Out
- Direct Mail Campaign
- Door-to-Door Campaign
- Phone-Follow-up Work



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Google



POURING THE FOUNDATION FOR CHANGE: BASE BUILDING WITHIN ST. NICHOLAS HOUSING DEVELOPMENT

- ◉ Database Development-Case Referrals
- ◉ Concentration of Clinical Capacity
- ◉ Surge Strategy Clinical Outcomes
- ◉ Disaster Recovery/Civil
Defense/Emergency Preparedness
Ready

POURING THE FOUNDATION FOR CHANGE: BASE BUILDING WITHIN ST. NICHOLAS HOUSING DEVELOPMENT

- Living Laboratory/MCH Base Area Built
- Harlem Children's Zone/City Health

Department Follows our Lead

We Are ACS



Poster created by NMPP's Social Health Marketing Group

We are **Active Community Servants** to end child abuse and neglect in Harlem. We are not here to remove your children and place them in the foster care system. We are community members charged to help you care for your children and keep your family together!

We are prepared to anticipate, recognize and appropriately react to a family experiencing a stressful situation that might negatively impact on a child. **Better Days** are about to arrive! Reinforcements are on the way because love can build a bridge.

If you are experiencing difficulties caring for your child, we are your next door neighbors in the Saint Nicolas Housing Development. Knock on our door or call the friendly and supportive staff at the **Northern Manhattan Perinatal Partnership's Saint Nicholas Family Life Support Network** at 212-665-2600, Ext. 345. **WE ARE ACS!**

This campaign is funded by The Child Welfare Fund

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

MCH Chronic Disease Strategy

- Obesity
- Diabetes
- Asthma
- High Blood Pressure
- Depression

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)

INTEGRATING MCH HOME VISITING & CHILD WELFARE SERVICES

INTEGRATING MCH/CHILD WELFARE/EARLY CHILDHOOD SYSTEMS OF CARE TO SAVE LIVES!

Problems/Issues:

- NYC's & Harlem's Child Welfare System history
- Child Welfare System & MCH System never communicated despite serving similar case populations

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

John B. Mattingly
Comissioner of ACS

November 23, 2004

Mary Travis
Bassett, M.D., M.P.H.
Deputy Commissioner, New York City
Department of Health and Mental Hygiene



Northern Manhattan Perinatal Partnership

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

FREE!!!

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

Creative services developed by NMPP's Social Health Marketing Group (212) 665-2600/Black Cat Design (718) 753-0244

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.

INTEGRATING MCH/CHILD WELFARE/EARLY CHILDHOOD SYSTEMS OF CARE TO SAVE LIVES!

Results:

- Two senior staff meetings were planned between both agencies to explore ways to work together
- As a result of out bridge work, ACS agreed to allow the MCH community's Healthy Start, Healthy Family America's home visiting and Nurse Family Partnership programs to manage the cases of biological moms who had children in care 0-5

Selected Child Welfare Trends, Central Harlem 2002-2005

Year	2002	2003	2004	2005
Abuse/Neglect Reports	1574	1354	1200	1208
Number of Children In Reports	2478	2032	1855	1846
Abuse/Neglect Indication Rates	45.0%	39.4%	37.9%	45.9%
Number of Children in Indicated Reports	973	649	745	885
Victimization Rates *	32.8	21.9	19.4	24.7
Number of Placements	449	285	228	192
Number of Children Placed	447	279	220	192
Number of Families Placed	288	198	161	146
Placement Rate **	15.1	9.6	7.4	6.5

Source: NYC Administration for
Children's Services: Office of
Management Analysis

•Victimization Rate is the number of children with indicated abuse/neglect per thousand youth 17 and under in the population. is the number of children placed into foster care per 1000 youth 17 and under in the population.

MCH ECONOMIC DEVELOPMENT/ POVERTY STRATEGY

POVERTY REDUCTION STRATEGY

Creating a vision beyond welfare,
developing Working Class heroes-
moving women into the Middle Class

Being poor is hazardous to a Woman's
Health

Case Level Interventions:

- Harlem Works Job Readiness Program - 1997 & Beyond
- Powerful Families Financial Literacy/Assets Building Program –Casey Family Programs funded
- NMPP's Education Strategy Extended at Harlem Choir Academy

NYC Level Interventions:

NYC Mayor Bloomberg's Poverty Campaign:

Center for Economic Opportunity- Last Year Our Mayor Declared War On Poverty and Allocated 150 million a Year to Develop Internal Agency- Public-Private Solutions to Spur Economic Opportunities and Financial Independence

NYC Level Interventions:

The Mayor Charged every Commissioner to take 5% of their annual budget and allocate to the Anti-Poverty Strategy

NYC Level Interventions:

CONDITIONAL CASH TRANSFER PROGRAM:

Mayor's Affordable Housing Strategy- 7.5 Billion
Allocated to Preserve and Build 165,000 units of
affordable housing by 2013 in poor communities
like Harlem, the South Bronx & Bedford
Stuyvesant –82 Thousand Units Built to Date
Moving Participants into Union Jobs

NYC Level Interventions:

Registered Nurse & LPN Career Ladder Training Program- Train 400 poor and working class New Yorkers to become nurses! Ten Million Dollars Allocated to Fund this Program-Guaranteed Placement at HHC Facility Making up to 37,000 for LPN or \$62,000 for an RN

Micro-Lending Program Spurs Business Ownership

State & National Policy Initiatives:

- Congressman Rangel's Harlem Empowerment Zone/Enterprise Community Impact
- Moving from a Minimum Wage to a Livable Wage Policy 1997-\$5.15 TO 7.25 TO 10.25 per Hour

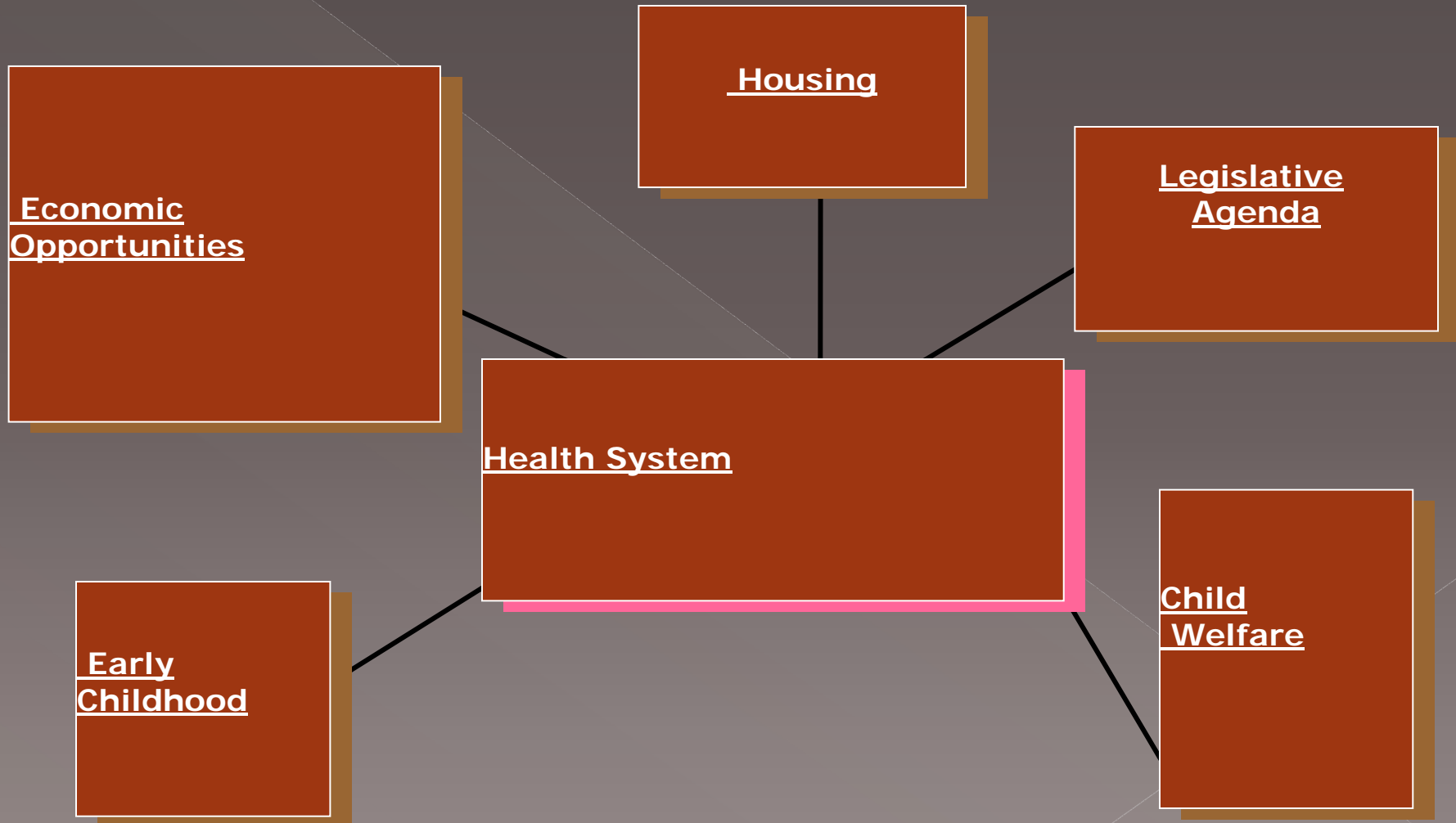
So What About Texas?

Life Course Approach to Women's Health

Assessment Tool- Texas

Social Determinants of Health	Public Policy Initiatives							
	Community/ Environmental							
	Organizational							
	Group/ Interpersonal							
	Individual							
		Birth	Early Childhood	Pre-teens	Teens	Young Adult	Women ≥35	Seniors

Spectrum of Work for MCH Life Course Organization Texas



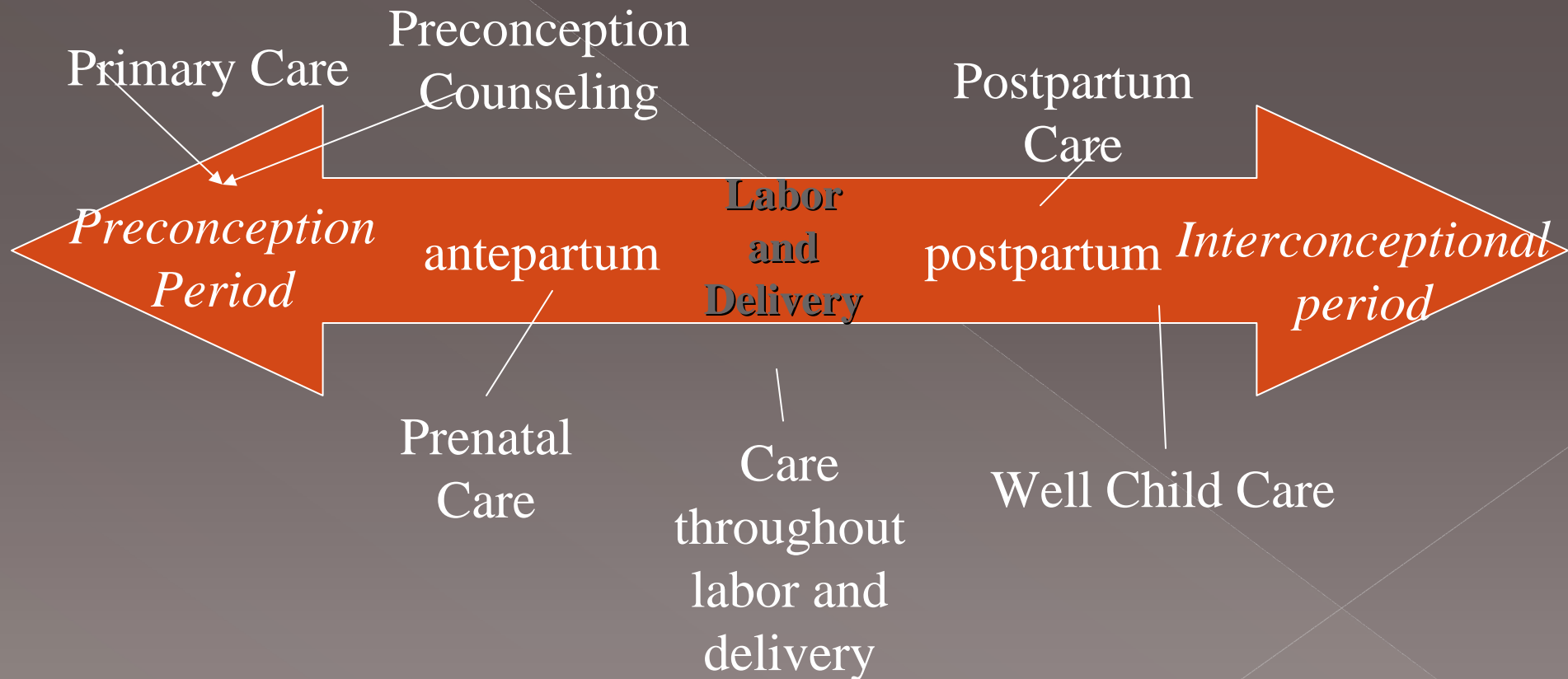
Spectrum of Work for MCH Life Course Organization

Building Public Health Social Movement



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

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-conceptual Care	Chronic Disease	Chronic Disease Management	Chronic Disease
Birth	Early Childhood	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

Strategic Leadership

NMPP believes that Leadership is the self-defined 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 Leadership

- **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.

Strategic Leadership

- 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 firm.

Strategic Leadership

- 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 Span⁵⁰

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