

**Secretary's Advisory  
Committee on Infant Mortality**  
Washington, DC

January 24, 2008

**Lessons from the Front:  
Central Harlem Healthy  
Start – A MCH Life  
Course Organization**

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CEO, Northern Manhattan Perinatal  
Partnership, Inc.



# Presentation Objectives



- **Document the Public Health Crisis in Harlem in 1990 and how it was resolved by 2005**
- **Reveal Direct Practice & System Changes Instituted that Brought About Dramatic Changes in Maternal and Birth Outcomes on the Ground in Harlem by 2005**
- **Define and describe the MCH Lifespan Organization & Movement that Ushered in Change**



# Take a Fresh Look at Harlem







WBLS  
93.5 FM  
WLIB  
1390 AM

APOLLO

*The Infamous*  
**M.O.B.D.I.**  
INFP  
in sto.  
DECEMBER

**WU-TANG**  
NEW ALBUM  
in stores  
DECEMBER '18

**ROOTS**  
VOLUME 5  
in stores  
UNDER 2002

**COMING SOCIAL**  
DICKENS IN  
THE  
PROJECT  
BIG BROS  
K-ECTIONERS  
DUN...ED...IP  
RENY MARTIN  
IN 4 CD DVD

**THE FOUNDATION... THE FUTURE.**

APOLLO

NAC

# CLINTON-BOOKSTORE






# Club Mom










**The Northern Manhattan Perinatal Partnership, Inc. (NMPP) is a not-for-profit organization comprised of a network of public and private agencies, community residents, health organizations and local businesses. NMPP provides crucial services to women and children in Central, West and East Harlem and Washington Heights**





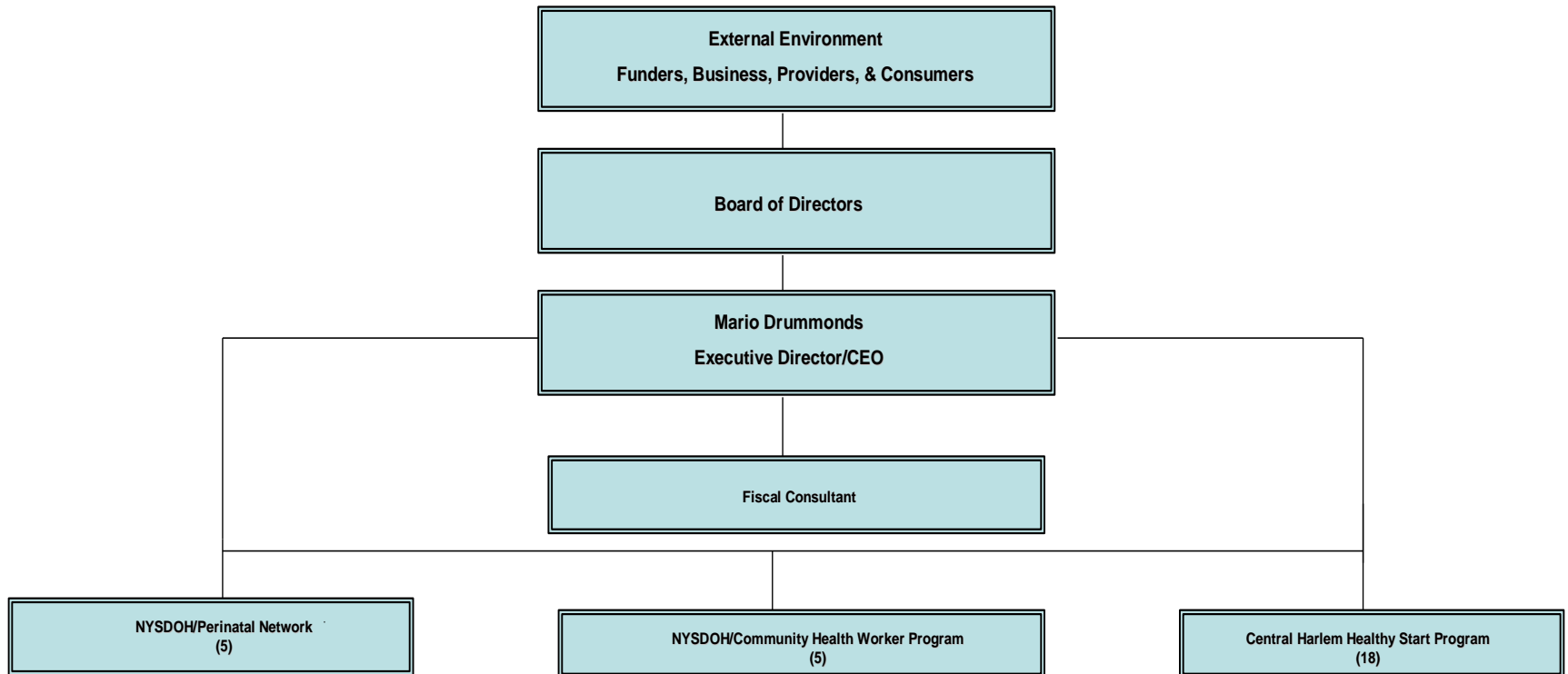
**NMPP's mission is to save babies and help women take charge of their reproductive, social and economic lives. We achieve this mission by offering a number of programs that help reduce the infant mortality rate and increase the self-sufficiency of poor and working class women throughout the above communities**

# NMPP 1995

**NORTHERN MANHATTAN PERINATAL PARTNERSHIP, INC.**

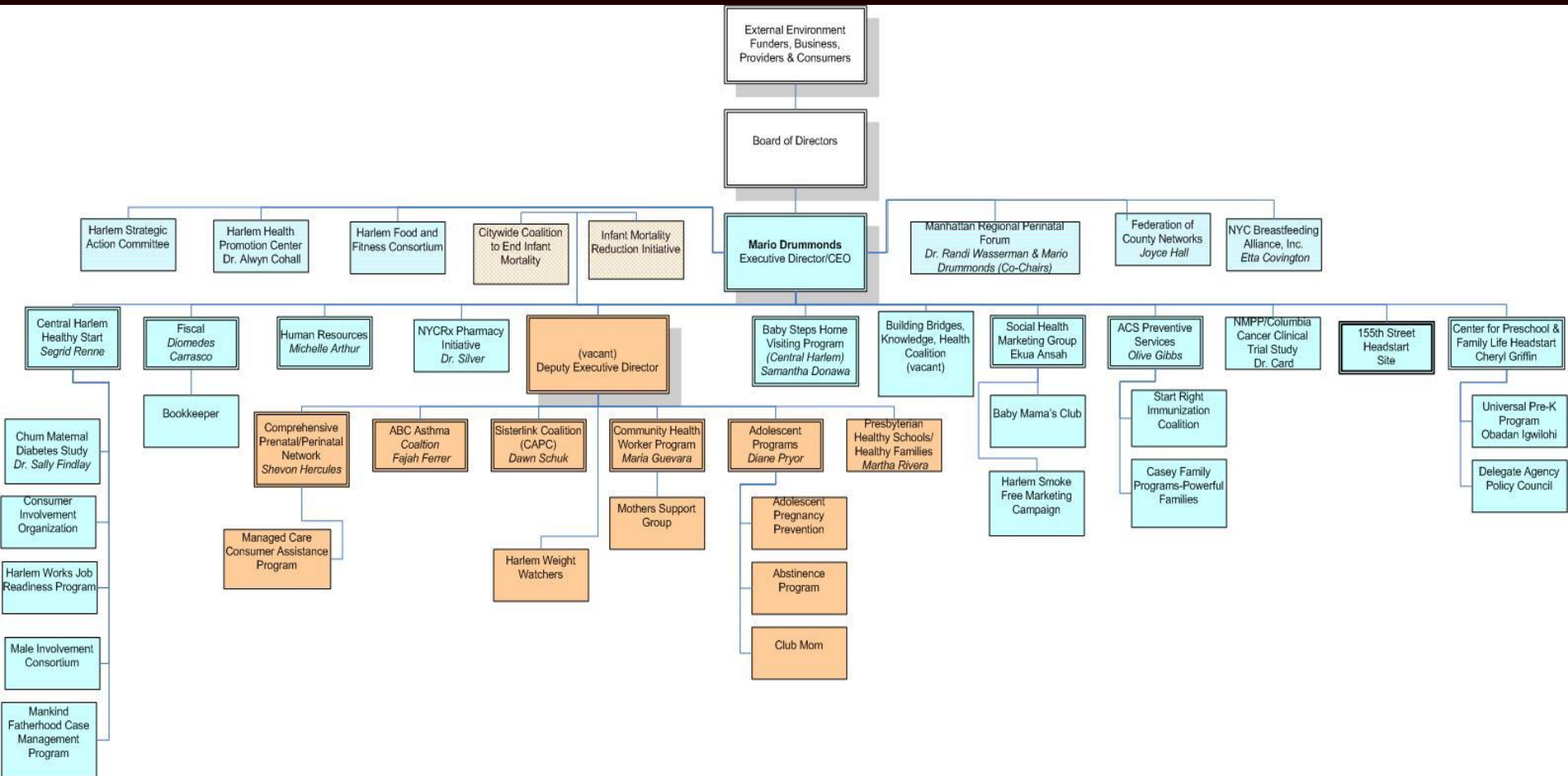
**MANAGERIAL/PROGRAM CHART for 1995**

**SUSTAINABILITY as ORGANIZATIONAL STRATEGIC INTENT**





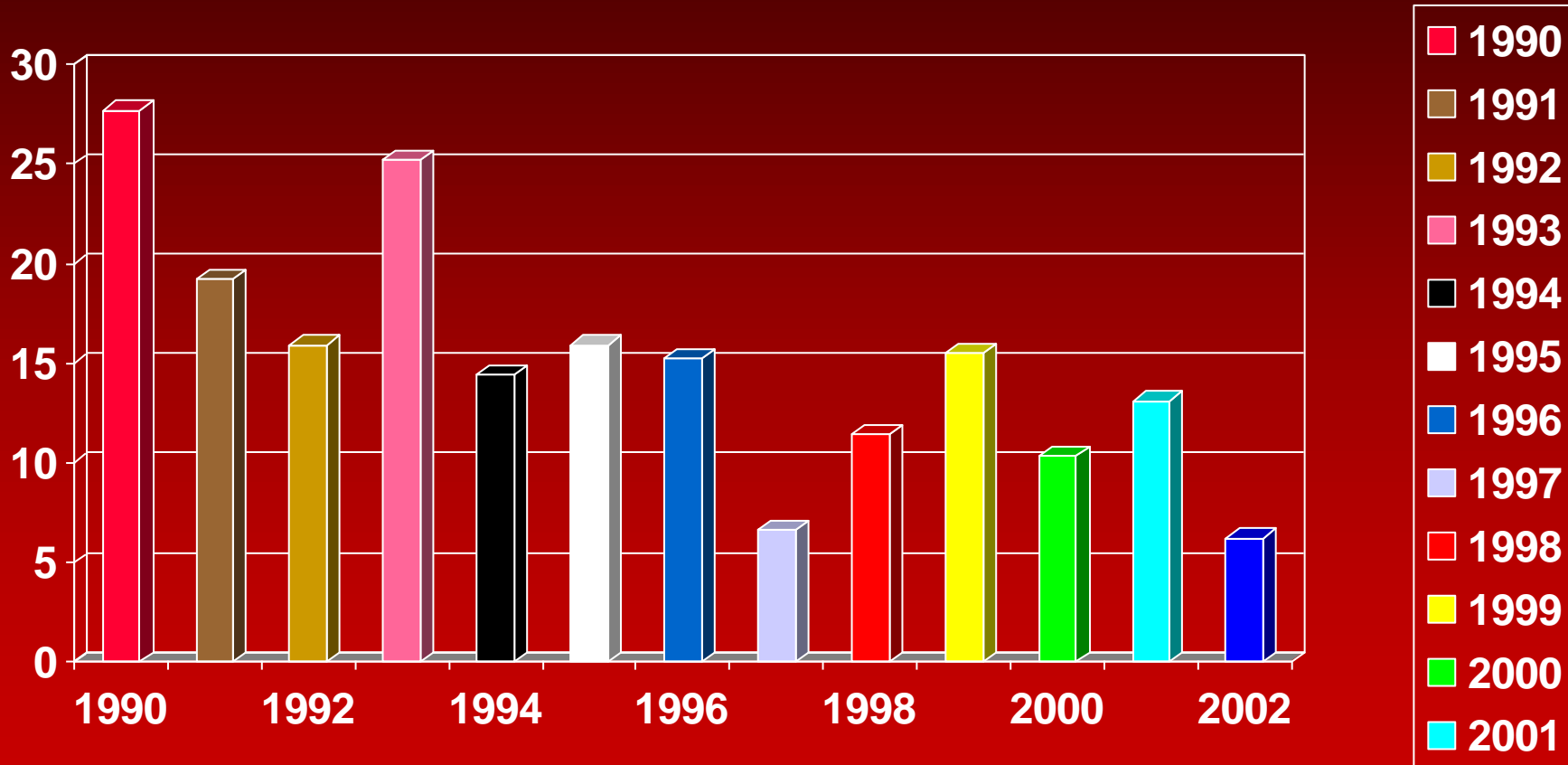
# NMPP 2008



Northern Manhattan Perinatal Partnership



# 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, 2001-2005**




<b>Health Center District</b>	<b>2001 IMR</b>	<b>2002 IMR</b>	<b>2003 IMR</b>	<b>2004 IMR</b>	<b>2005 IMR</b>
<b>New York City</b>	<b>6.1</b>	<b>6.0</b>	<b>6.5</b>	<b>6.1</b>	<b>6.0</b>
<b>Central Harlem</b>	<b>13.1</b>	<b>6.2</b>	<b>7.3</b>	<b>5.1</b>	<b>7.4</b>
<b>East Harlem</b>	<b>7.8</b>	<b>8.3</b>	<b>5.0</b>	<b>5.5</b>	<b>3.6</b>
<b>Washington Heights</b>	<b>5.5</b>	<b>4.2</b>	<b>7.3</b>	<b>5.9</b>	<b>4.5</b>

*September 13, 2006*

*Bureau of Vital Statistics*

*New York City Department of Health and Mental Hygiene*

# 1990: Central Harlem Public Health Crisis

- 
- **Border Baby Crisis Due to Crack Epidemic**
  - **321 Newborns were Infected with the HIV Virus**
  - **1990 Infant Mortality Rate 27.7 Deaths per 1,000 Live Births**



# 1990: Central Harlem Public Health Crisis

- **Low Birth Weight Rates Hovered Around 20% for Central Harlem in Early 1990's**
- **25% of the Women Entered Prenatal Care In First Trimester!**
- **Local Health System Fragmented, Access to Care Issues, No Plan or Political Will to Address the Crisis**

# Central Harlem 2005: A New Day



- **Infant Mortality Rate 7.4 Deaths per 1000 live births**
- **By 2003, Only Five Babies Born with the HIV Virus**
- **Low Birth Weight Rate at 11.3%**

# Central Harlem 2005: A New Day



- **92% of Central Harlem Women Accessed Prenatal Care during First Trimester**
- **New Birthing Center Built at Harlem Hospital**
- **Social Movement Built Where Entire Community Takes Responsibility for Infant & Maternity Care**




# How Did We Do IT?



- 1. “Outcome” Case Managed 8,000 High-Risk Women from 1990-2006**
- 2. Launched an Intensive Air War Using Private Sector Marketing Tactics to:**
  - a. Recruit Thousands of Women into our Case Management Programs**
  - b. Foster health behavior change on the individual, group and mass media level**

# How Did We Do IT?

- 
- 3. Transformed Local Health System through Regionalization of Perinatal Care/Opening up Access/Building New Birthing Center at Harlem Hospital**
  - 4. Built a Healthcare Mass Movement Where Infant Mortality Reduction Became the Number One Public Health & Political Issue Throughout NYC DEVELOPED THE POLITICAL WILL TO CHANGE COURSE!**

# How Did We Do IT?




**5. Raised Over \$52 Million Dollars to Supplement Healthy Start Dollars from 2000-2007 NYC Using Tax Levy Dollars**



# Secretary's Advisory Committee on Infant Mortality 2002

## Report on the Future of Healthy Start

Why Direct Practice Interventions are not Enough



**“...Healthy Start Interventions are Inherently Limited in Their Focus and Cannot Change Systemic Structures Such as Insurance Coverage, Hospital Practices, Unemployment, Poverty and Violence in the Community... It is Unrealistic to Expect that Community Coalitions and Case Management can Impact Infant Mortality Rates.**

# Secretary's Advisory Committee on Infant Mortality 2002

## Report on the Future of Healthy Start

Why Direct Practice Interventions are not Enough



**In Summary, Healthy Start Interventions Implemented in the Demonstration Phase could not be Expected to Impact on Infant Mortality Rates Unless Other Systemic Changes Which Remove Barriers to Care had been Made at the Same Time.”**

# System Transformation Strategies



- 1. Base Building at St. Nicholas**
- 2. Building Harlem Birthing Center**
- 3. Regionalization of Perinatal Care**
- 4. Integrating MCH/Child Welfare/Early Childhood Systems of Care**
- 5. Developing an MCH Poverty Strategy**
- 6. Developing a Public Health Social Movement**



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



- CHILD WELFARE & INFANT DEATH DATA REVIEW: ZIP CODE 10027**
- HARLEM CARVE OUT**
- DIRECT MAIL CAMPAIGN**
- DOOR-TO-DOOR CAMPAIGN**
- PHONE-FOLLOW-UP WORK**



Image © 2007 Sanborn  
© 2007 Europa Technologies


Google



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# **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



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



**BUILT BIRTHING CENTER  
AT HARLEM HOSPITAL  
LINKING WOMEN TO HEALTH CARE**



**PROBLEM FORMULATION:**

**HARLEM HOSPITAL'S DELIVERES DECLINED  
FROM 4,000 IN 1992 TO 1,104 BY 2002. OB  
DEPARTMENT ON DEATH BED**

**POOR HISTORY & PERCEPTION OF QUALITY  
CARE AMONG MCH POPULATION-VOTED WITH  
THEIR FEET**

**BUILT BIRTHING CENTER  
AT HARLEM HOSPITAL  
LINKING WOMEN TO HEALTH CARE**



**HOSPITAL HAS BEEN OPERATING AT A  
DEFICIT FOR A NUMBER OF YEARS. PAST  
MAYORS MADE PLANS TO CLOSE  
FACILITY**

**HOSPITAL FAILED TO RESPOND TO  
COMPETITIVE FORCES IN THE LOCAL  
HEALTHCARE MARKET**

**BUILT BIRTHING CENTER  
AT HARLEM HOSPITAL  
LINKING WOMEN TO HEALTH CARE**



**SOLUTION:**

**BEGAN PLANNING PROCESS FOR NEW  
BIRTHING CENTER IN 1998: FINANCIALS  
& CONCEPT PAPER FOR FREE-STANDING  
CENTER**

**APPROACHED NYC HEALTH & HOSPITAL  
CORPORATION/HARLEM HOSPITAL AND  
BUILT PARTNERSHIP 2001**

**BUILT BIRTHING CENTER  
AT HARLEM HOSPITAL  
LINKING WOMEN TO HEALTH CARE**



**WORKED WITH DR. BEN CHU AND DR.  
JOHN PALMER TO DEVELOP  
FINANCING AND ARCHITECTURAL  
PLANS TO BUILD BIRTHING CENTER  
AT HARLEM HOSPITAL**

**DESIGNED FIVE 800 SQUARE FOOT  
ROOMS, FAMILY AREA, COMPUTER,  
T.V. POOL AREA**

**BUILT BIRTHING CENTER  
AT HARLEM HOSPITAL  
LINKING WOMEN TO HEALTH CARE**



**SECURED 1.5 MILLION DOLLARS FROM  
MANHATTAN BOROUGH PRESIDENT C VIRGINIA  
FIELDS AND \$500,000 FROM CONGRESSMAN  
CHARLIE RANGEL BY 2002**

**STAFFED CENTER WITH MIDWIVES AND  
OB/GYN'S CENTER OPENED SEPTEMBER 7, 2003**

**SUMMER OF 2004 SELECTED BY HRSA TO  
ATTEND UCLA ANDERSON SCHOOL OF  
BUSINESS FOR ONE MONTH AND DEVELOPED  
COMPREHENSIVE MARKETING PLAN FOR  
BIRTHING CENTER**



**BUILT BIRTHING CENTER  
AT HARLEM HOSPITAL  
LINKING WOMEN TO HEALTH CARE**



**DELIVERIES HAVE INCREASED BY 25%**

**MAYOR BLOOMBERG REWARDED OUR TEAM  
BY ALLOCATING 250 MILLION DOLLARS IN 2005  
TO BUILD A NEW HOSPITAL THAT WILL COME  
ON-LINE BY 2011**

**WE OPENED UP ACCESS TO IMMIGRANT  
WOMEN, SAVED OB AND WE ARE CURRENTLY  
BUILDING A NEW HOSPITAL**



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



**147 MATERNITY HOSPITALS HAD NOT BE  
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 WOMENS  
HEALTH/NYSDOH DECIDED TO SURVEY ALL OF  
THE 147 MATERNITY HOSPITALS ACROSS THE  
STATE AND REDESIGNATE THEM AND PLACE  
THEM WITHIN A LOCAL NETWORK OF CARE**

**BY 2004, SURVEY WORK WAS COMPLETE 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**

# **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**



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



- **\*LOCAL & NATIONAL CHILD WELFARE DATA SETS REVEALED THAT CHILDREN 0-5 ARE MOST AT RISK FOR ABUSE**
- **\*NYC ADMINISTRATION FOR CHILDREN SERVICES DID NOT HAVE THE CORE COMPETENCIES TO SERVE THIS POPULATION ALONG WITH PREGNANT TEENS IN THE SYSTEM**

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



**\*NOVEMBER 23RD 2004, NMPP ORGANIZED A FORUM WITH THE TWO LEADERS OF OUR MCH AND CHILD WELFARE SYSTEMS IN NYC**

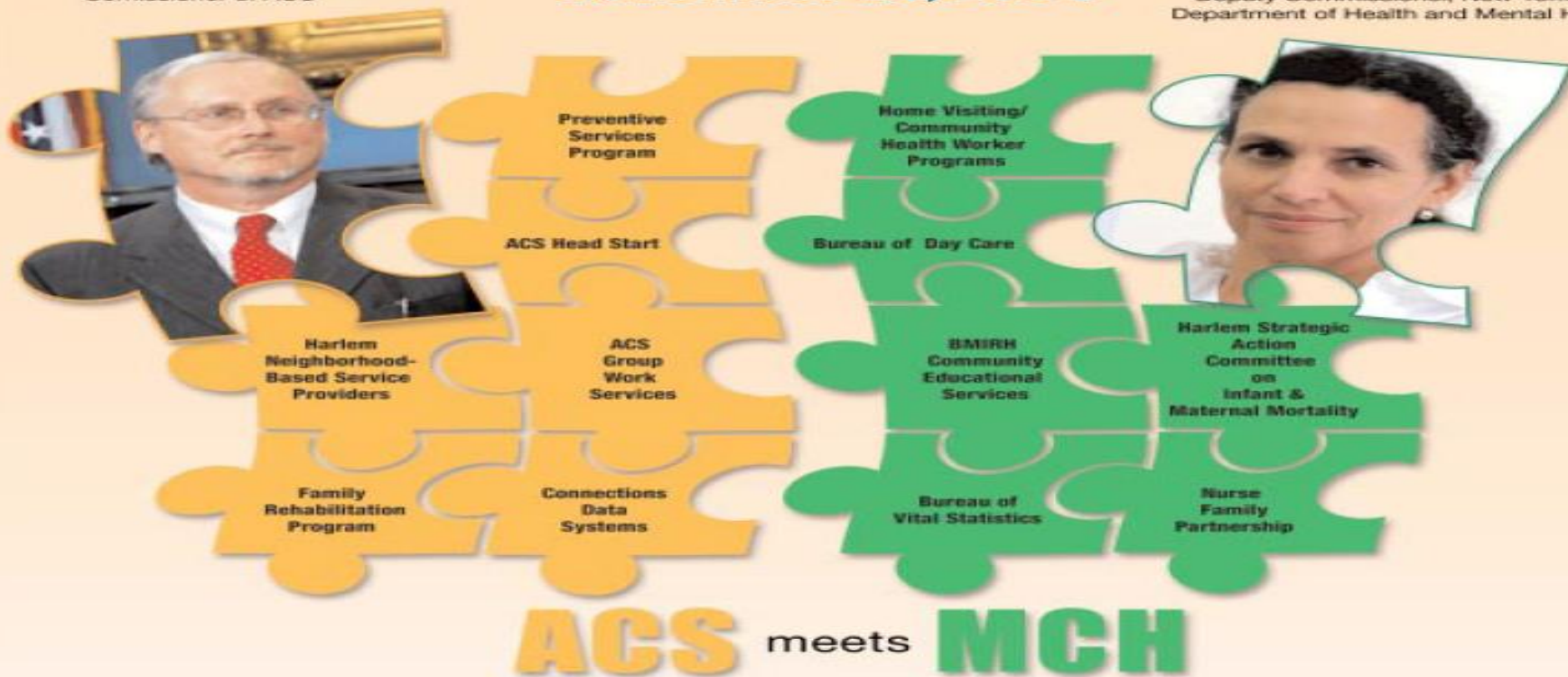
**\*OUR TASK WAS TO DEVELOP A PERINATAL FOCUS TO CHILD WELFARE PRACTICE**

# 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 OUR 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**

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



**\*A COPS WAIVER WAS SUBMITTED TO OUR NYS OFFICE OF CHILDREN & FAMILIES AGENCY THAT RAISED OVER TEN MILLION DOLLARS TO FUND THE COLLABORATION**

**\*NYCDOH/MH AGREED TO MAKE TWO VISITS TO ALL BIOLOGICAL PARENTS OF CHILDREN 0-5 WHO WERE EITHER IN OUR FOSTER BOARDING HOME OR PREVENTIVE SYSTEMS THROUGH THEIR NEW BORN HOME VISITING MODEL**

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



**\*BOTH AGENCIES SIGNED A MOA TO INTEGRATE THEIR DATA SYSTEMS TO MONITOR SIMILAR CLIENTS, MONITOR QUALITY AND REDUCE DUPLICATION OF CARE**

**\*AS A RESULT OF THIS WORK, THE NUMBER OF CHILDREN ENTERING CHILD WELFARE SYSTEM FROM HARLEM DECLINED BY 20%**



# 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.

\*\* Placement rate is the number of children placed into foster care per 100o youth 17 and under in the population.

# EARLY CHILDHOOD SYSTEMS INTEGRATION



**ON THE EARLY CHILDHOOD FRONT,  
NMPP'S BOARD DECIDED EARLY ON THAT  
THE AGENCY WOULD GET INTO THE  
EARLY CHILDHOOD BUSINESS, WHY?**

**THE BOARD BELIEVED THAT THE BEST  
WAY TO MANAGE A WOMAN'S HEALTH  
AFTER PREGNANCY WAS TO INVOLVE  
THE AGENCY IN THE CHILD CARE  
BUSINESS**

# EARLY CHILDHOOD SYSTEMS INTEGRATION



**IN 2000 WE SECURED A CONTRACT FROM  
ACS TO DELIVER CENTER-BASED HEAD  
START SERVICES**

**BY 2003, WE SECURED A CONTRACT TO  
DELIVER EARLY HEAD START SERVICES**

# EARLY CHILDHOOD SYSTEMS INTEGRATION



**BY 2005, WE SECURED A CONTRACT TO  
DELIVER UNIVERSAL PRE-KINDEGARTEN  
SERVICES IN THE COMMUNITY**

**WE WERE ABLE TO BUILD THE  
INFRASTRUCTURE TO MONITOR AND  
INFLUENCE THE HEALTH OF NEWBORNS  
UP UNTIL FIVE YEARS OF AGE AND THEIR  
MOTHERS**

# **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

September, 2006

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# INCREASING OPPORTUNITY AND REDUCING POVERTY IN NEW YORK CITY

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# NYC Level Interventions:



**THE MAYOR CHARGED EVERY  
COMMISSIONER TO TAKE 5% OF THEIR  
ANNUAL BUDGET AND ALLOCATE  
TARGETED 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 –Forty-Seven Thousand Unit 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:



**Congress 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**



# CHARACTERISTICS OF A MCH LIFE SPAN ORGANIZATION



- 1. BUILDS PROGRAMATIC CAPACITY WITHIN THE AGENCY AT EACH STAGE OF A WOMEN'S LIFE SPAN TO MANAGE HER HEALTH OVER THE LIFE SPAN**
- 2. IF UNABLE TO BUILD INTERNAL CAPACITY COLLABORATES WITH OUTSIDE AGENCIES AND SYSTEMS TO CREATE AN INTEGRATED SYSTEM OF CARE TO MANAGE A WOMAN'S HEALTH**

# **CHARACTERISTICS OF A MCH LIFE SPAN ORGANIZATION**



- 3. CAN SEE AROUND THE CORNER TO RESPOND TO TRENDS BEFORE THEY HAVE AN IMPACT ON THE TARGET POPULATION- E.G. DIABETES, WOMEN OVER 35**
- 4. UNDERSTANDS THE ROLE AND IMPORTANCE OF ORGANIZATIONAL OR MOVEMENT STRATEGIES**

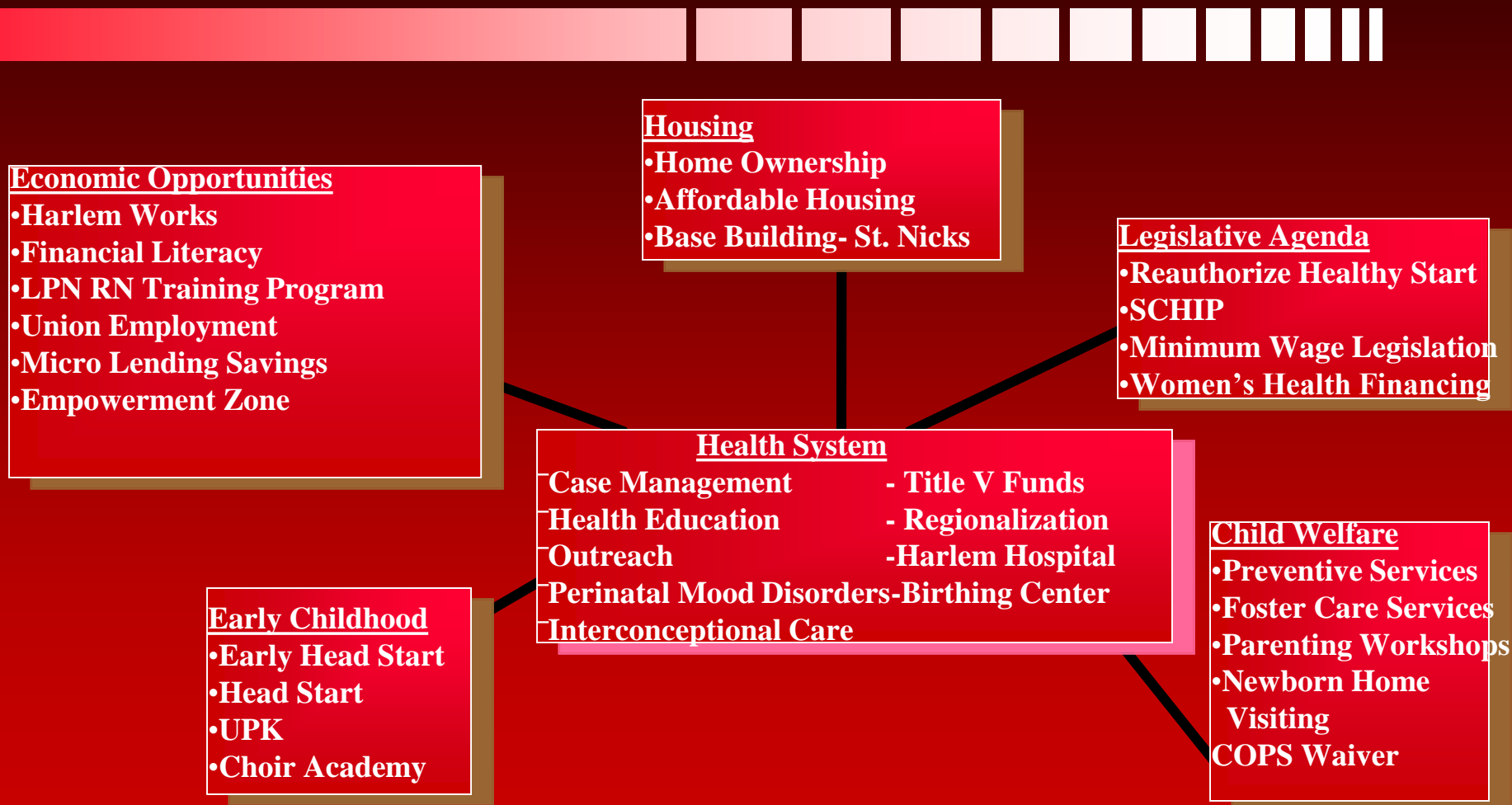
# CHARACTERISTICS OF A MCH LIFE SPAN ORGANIZATION



- 5. HAS A DEEP APPRECIATION FOR DATA ANALYSIS & RESEARCH BUT ALSO VIEWS PRACTICE AS ANOTHER MEANS TO PRODUCE THEORY ONCE IT IS SUMMED UP**
- 6. LIFE SPAN MCH ORGANIZATIONS ARE DECENTRALIZED ALLOWING MAXIMUM FLEXIBILITY FOR LEADERS TO EXPERIMENT WITH NEW PARTNERS AND USE HUMAN AND FINANCIAL RESOURCES TO PRODUCE NEW RESULTS FOR MOTHERS AND BABIES**

# Spectrum of Work for MCH Life Span Organization

## Building Public Health Social Movement



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

# 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  
Early Childhood  
Early Head Start  
Head Start  
UPK  
Choir Academy  
Housing  
Home Ownership  
Affordable Housing  
Base Building- St. Nicks

### Health System

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

### Legislative Agenda

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

### Child Welfare

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

Life Span: Birth, early childhood, pre-teen, teen, young  
adult, women over 35

# SUMMARY:



**SUCCESSFUL COMMUNITY  
MOBILIZATION CAMPAIGNS  
DEMAND FOCUSED AND  
DETERMINED LEADERSHIP**



# SUMMARY:



**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!**

# Reducing Infant Mortality in Throughout the STATE of Illinois: 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**

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**New York, NY 10027**

**(347)489-4769**

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