

**Reinventing Maternal & Child Health:  
Removing the Boundaries Between Clinical Care, Public Health Interventions and Social Determinants of Health**

2013 Ann Dial McMillan Lecture  
in Family and Child Health  
UAB School of Public Health  
February 20, 2013

**Faculty**

**Mario Drummonds, MS, LCSW, MBA**  
**Chief Executive Officer**  
**Northern Manhattan Perinatal Partnership, Inc.**  
**New York, NY**

**Presentation Objectives**

- ◎ Provide a quick summation of the status of the MCH industry in America today
- ◎ Communicate an operating framework / matrix to implement a Life Course Approach to MCH practice

**Presentation Objectives**

- ◎ Communicate specific policy and practice strategies for state and local action in Alabama
- ◎ Define the leadership mandate to reinvent Maternal and Child Health

**MCH Industry Challenges**

**Infant Mortality Rate Rankings by Country**

Rank	Country	IMR	Rank	Country	IMR
1	Monaco	1.8	34	Australia	4.55
2	Japan	2.21	35	United Kingdom	4.56
3	Bermuda	2.47	36	Portugal	4.6
4	Singapore	2.65			
5	Sweden	2.74	40	Cuba	4.83
6	Hong Kong	2.9	41	Canada	4.85
7	Macau	3.17	42	French Polynesia	4.88
8	Iceland	3.18	43	Greece	4.92
9	Italy	3.36	44	Taiwan	5.1
10	Spain	3.37	45	Hungary	5.24
11	France	3.37	46	New Caledonia	5.62
			47	North Mariana Islands	5.69
23	Switzerland	4.03	48	Faroe Islands	5.94
24	Israel	4.07	49	<b>UNITED STATES</b>	<b>5.98</b>
25	South Korea	4.08	50	Croatia	6.06

Data adapted from CIA World Factbook, "Country Comparison: Infant Mortality Rate", 2012

### On an Average Day in the United States. . .

- ⊙ 11,686 babies are born
- ⊙ 1,487 babies are born preterm
  - > Less than 37 completed weeks gestation
- ⊙ 964 babies are born low birth weight
  - > Less than 2,500 grams, or 5 1/2 pounds

### On an Average Day in the United States. . .

- ⊙ 329 babies are born with a birth defect \*

\* Based on Centers for Disease Control and Prevention estimate of at least 120,000 babies born annually with major structural birth defects.  
Note: Numbers are approximations.  
Source: National Center for Health Statistics, 2006 final natality data and 2005 period linked birth/infant death data. Prepared by the March of Dimes Perinatal Data Center, 2009.

### On an Average Day in the United States. . .

- ⊙ 237 babies are born very preterm
  - > Less than 32 completed weeks gestation
- ⊙ 173 babies are born very low birth weight
  - > Less than 1,500 grams, or 3 1/3 pounds

### On an Average Day in the United States. . .

- ⊙ 78 babies die before reaching their first birthday

\* Based on Centers for Disease Control and Prevention estimate of at least 120,000 babies born annually with major structural birth defects.  
Note: Numbers are approximations.  
Source: National Center for Health Statistics, 2006 final natality data and 2005 period linked birth/infant death data. Prepared by the March of Dimes Perinatal Data Center, 2009.

### MCH Industry Challenges

- ⊙ Stagnant low birth weight rates

### MCH Industry Challenges

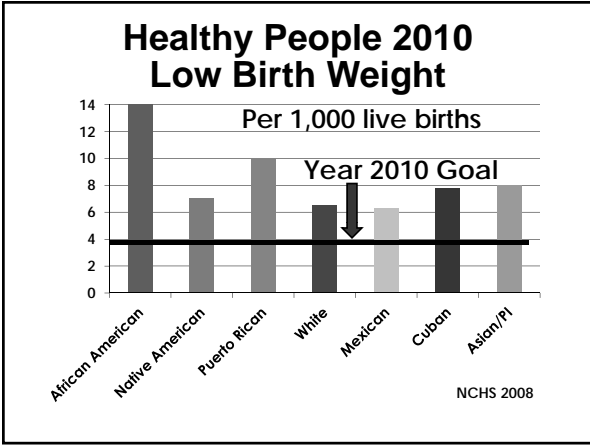
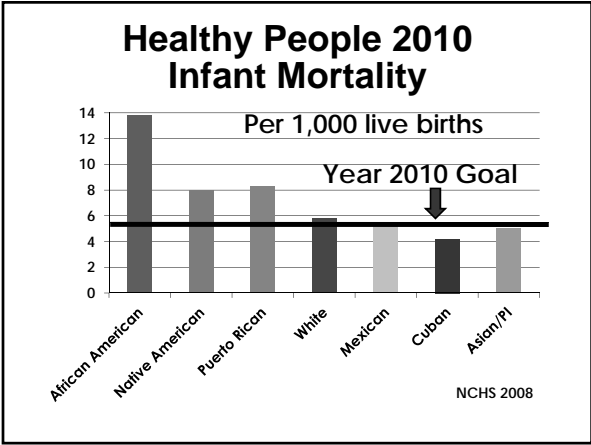
- ⊙ Stagnant low birth weight rates
- ⊙ Caesarean delivery rates on the rise

### MCH Industry Challenges

- ⦿ Stagnant low birth weight rates
- ⦿ Caesarean delivery rates on the rise
- ⦿ Growing maternal mortality rates

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- ⦿ Stagnant low birth weight rates
- ⦿ Caesarean delivery rates on the rise
- ⦿ Growing maternal mortality rates
- ⦿ Expanding gestational diabetes and obesity rates



### MCH Industry System Strengths

### National MCH System Strengths and Policy Initiatives

- ⦿ Expansion of Preconception and Interconceptional Care

### **PCHHC Initiative Milestones**

- ⦿ CDC Internal Workgroup (2004)
- ⦿ 1st National Summit (6/2005)
- ⦿ Select Panel Meeting (6/2005)
- ⦿ ACOG Committee Opinion (9/2005)
- ⦿ MMWR Recommendations (4/2006)
- ⦿ MCHJ Supplement (9/2006)
- ⦿ Work Groups launched to guide implementation
  - › Clinical, Public Health, and Consumer Work Groups (6/2006)
  - › Policy and Finance Work Group (5/2007)
- ⦿ 2nd National Summit (10/2007)

### **PCHHC Initiative Milestones**

- ⦿ Research Agenda meeting, NICHD (3/2008)
- ⦿ Before and Beyond website with curriculum (7/2008)
- ⦿ Trust for America's Health/Kids Count policy report (9/2008)
- ⦿ Content of Care AJOG Supplement (12/2008)
- ⦿ Policy WHI Supplement (12/2008)
- ⦿ Healthy Start Interconception Care Learning Community (2009–2011)
- ⦿ Monthly electronic updates (2009-present)
- ⦿ Indicator set for states (2/2010)
- ⦿ Medicaid Preconception Health Learning Group (4/2010-6/2011)
- ⦿ 3rd National Summit (June 2011)

### **National MCH System Strengths and Policy Initiatives**

- ⦿ Children's Health Insurance Bill signed in law by President Obama
  - › Another 5.1 million children covered
  - › More than 12 million children now served in U.S.

### **National MCH System Strengths and Policy Initiatives**

- ⦿ Perinatal and Early Childhood Home Visiting Program

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- ⦿ CMS Strong Start for Mothers and Newborns

**National MCH System Strengths and Policy Initiatives**

- ◎ MCHB's Healthy Behaviors in Women and Families Program

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- ◎ MCHB's Healthy Behaviors in Women and Families Program
- ◎ Merck for Mothers Maternal Mortality Initiative

**DR. MICHAEL LU** Michael Lu, MD, MS, MPH, was named associate administrator of the MCH program, HRSA, on November 3, 2011. Their mission is to provide leadership, in partnership with key stakeholders, to improve the physical and mental health, safety and well-being of mothers, children and families. The Title V program serves 40 million women, infants, children, adolescents, and their families each year, including fathers and children with special health care needs.

He joined HRSA from UCLA Schools of Medicine and Public Health, where he was associate professor of obstetrics, gynecology and public health.

Dr. Lu has years of experience in MCH research, practice, and policy. Prior to his appointment, Dr. Lu chaired the Secretary's Advisory Committee on Infant Mortality. He has served on two Institute of Medicine committees (Committee on Understanding Premature Birth and Assuring Healthy Outcomes, and Committee to Reexamine IOM Pregnancy Weight Guidelines), and the CDC's Select Panel on Preconception Care.

**MCH Life Course Theory**

**Life Course Perspective**

- ◎ A way of looking at life not as disconnected stages, but as an integrated continuum

**Life Course Perspective**

- ◎ Timeline
  - › Today's experiences and exposures determine tomorrow's health

**Life Course Perspective**

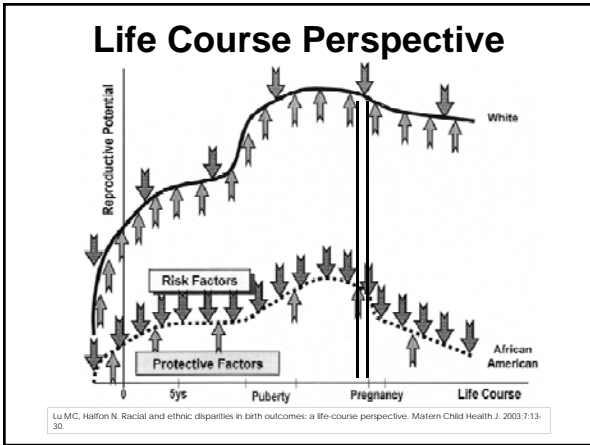
- ◎ **Timeline**
  - › Today's experiences and exposures determine tomorrow's health
- ◎ **Timing**
  - › Health trajectories are particularly affected during critical or sensitive periods

**Life Course Perspective**

- ◎ **Environment**
  - › The broader environment – biologic, physical, and social – strongly affects the capacity to be healthy

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- ◎ **Environment**
  - › The broader environment – biologic, physical, and social – strongly affects the capacity to be healthy
- ◎ **Equity**
  - › Inequality in health reflects more than genetics and personal choice



**Life Course Perspective**

- ◎ **Life course perspective and social determinants**
  - › Life course theory offers an explanatory model for how social determinants influence health

**Life Course Perspective**

- ◎ **Life course perspective and health equity**
  - › Life course theory offers an explanatory model for how health inequities develop

### Life Course Perspective

- ⊙ Life course perspective and life course health development
  - › LCHD is an application of the life course theory to explain how health develops and declines over the life course

### Life Course Theoretical Assumptions and Implication to MCH Practice

- ⊙ Diminished role and impact of prenatal care
- ⊙ Maternal health prior to pregnancy is key
- ⊙ It will take more than one generation to equalize birth disparities

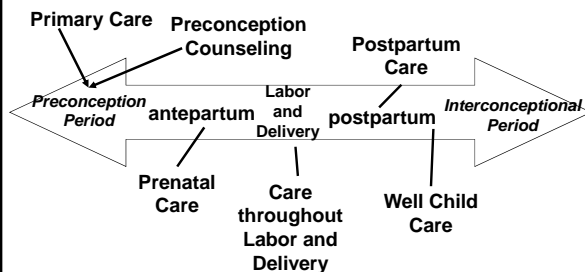
### Life Course Theoretical Assumptions and Implication to MCH Practice

- ⊙ Calls for clinical and public health interventions that are more longitudinally and contextually integrated

### Life Course Theoretical Assumptions and Implication to MCH Practice

- ⊙ Transition must be made from strictly clinical approaches to practice to integrate a social determinants of health focus to practice

### Traditional Perinatal Care Continuum



### Broadening the Role of MCH

- ⊙ This new construct that flows from Life Course Theory asks MCH operators to take on a larger role
- ⊙ It has implications to Public Health and Clinical Practice across the life course and up the social determinants ladder!

### Life Course Approach to Women's Health Assessment Tool- Price Hill Neighborhood, Cincinnati Ohio

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

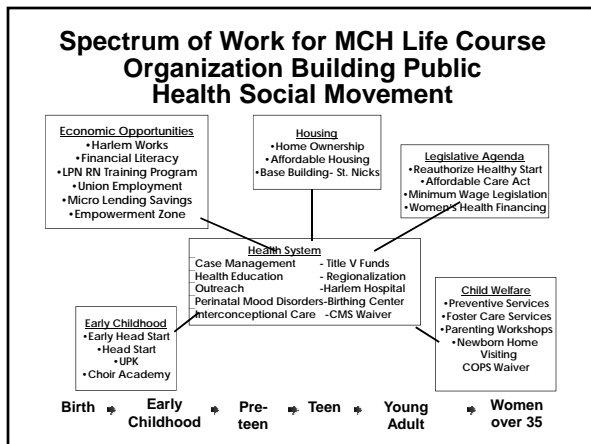
Source: Northern Manhattan Perinatal Partnership, Inc.

### New MCH Life Course Continuum Axis 1- Price Hill

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-Zonal Work	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



### 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 Course Initiatives

<p><b>Contra Costa Health Services</b></p>	<ul style="list-style-type: none"> <li>• Family, Maternal, and Child Health Programs: 15 year Life Course Initiative</li> </ul>
<p><b>Alameda County Public Health Department</b></p>	<ul style="list-style-type: none"> <li>• Anita L. Siegel, RN, MPH, Acting Director</li> <li>• Building Blocks Initiative: 15 year Building Block Initiative</li> </ul>
<p><b>Wisconsin Partnership Program</b></p>	<ul style="list-style-type: none"> <li>• Lorraine Lathen, MS</li> <li>• The Life Course Initiative for Healthy Families</li> </ul>

### The Purpose of MCH 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**

### The Purpose of MCH Corporate Strategy

- ⦿ **Strategies need to be executed**
- ⦿ **Strategies decay**

### MCH Strategy Oven

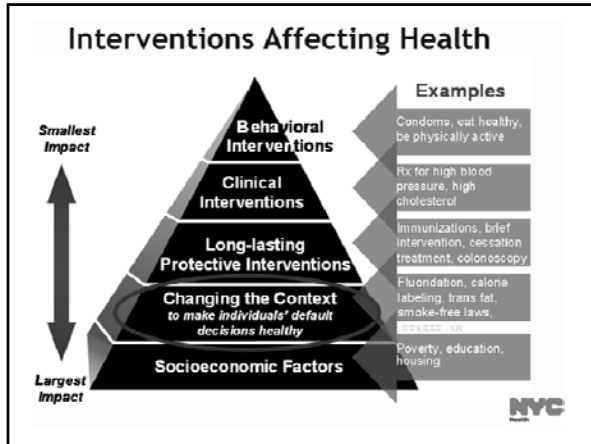
- ⦿ **Building MCH Life Course Organization**
- ⦿ **Hospital Baby-Friendly Strategy**
- ⦿ **Federal Advocacy Strategy**
- ⦿ **Early Childhood / MCH Perinatal Case Management Integration Strategy**
- ⦿ **Perinatal Regionalization Strategy**

### MCH Strategy Oven

- ⦿ **MCH Chronic Disease Strategy**
- ⦿ **Delivery After 39 Weeks Strategy**
- ⦿ **Child Welfare / MCH Collaboration Strategy**
- ⦿ **Statewide Women's Health Strategy**
- ⦿ **Healthy Start Sustainability Strategy**

### MCH Strategy Oven

- ⦿ **State Title V Strategy**
- ⦿ **MCH Home Visiting Integration Strategy**
- ⦿ **Social Determinant of Health Strategy**
- ⦿ **Neighborhood-Based Zonal Strategy**



- ### MCH Zonal Strategies
- ⊙ Harlem Children's Zone
  - ⊙ U.S. Department of Education Promise Neighborhoods
  - ⊙ HUD's Choice Neighborhoods Initiative

- ### MCH Zonal Strategies
- ⊙ NMPP's St. Nick Houses Zone
  - ⊙ Kellogg Foundation Best Baby Zones
  - ⊙ Wisconsin Partnership's Life Course Initiative for Healthy Families

- ### Pre-Planning Stage: Price Hill Community
- ⊙ Geo-targeting
  - ⊙ Perinatal Data Mining
  - ⊙ Asset Mapping
  - ⊙ Human and Financial Capital and Organizational Capability Analysis
  - ⊙ Zone Selection

- ### Price Hill Demographics
- ⊙ Population<sup>1</sup>: 16,557
  - ⊙ Mean annual births<sup>2</sup> 2009-2011: 355
  - ⊙ Racial Mix<sup>1</sup>:
    - > 51% Non-Hispanic White
    - > 37% Non-Hispanic Black
    - > 7% Hispanic
- <sup>1</sup>Source: US Census Bureau, 2010 Census of Population  
<sup>2</sup>Ohio Department of Health, Office of Vital Statistics

- ### Price Hill Demographics
- ⊙ Poverty rate<sup>1</sup>
    - > All ages: 40.4%
    - > Children: 55.7%
- <sup>1</sup>Source: US Census Bureau, 2010 Census of Population

**MCH Zonal Strategies**

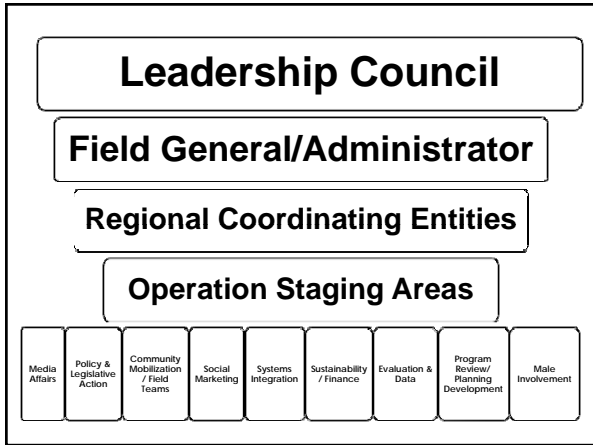
- ⊙ Review current perinatal, poverty, food system, housing data profiles
- ⊙ Regional coordinating entities develop six month, annual and three year zonal change milestones

**MCH Zonal Strategies**

- ⊙ Selection of zonal coordinating entities for Cincinnati, Columbus, Akron, Cleveland
- ⊙ Deployment of case management, early childhood, centering, system change entities for each zone coordinating entity

**MCH Zonal Strategies**

- ⊙ Develop common data system to measure outcomes
- ⊙ Pay for performance / pay for results!
- ⊙ Build out subcommittee structures of coordinating entities
- ⊙ Communicate action plans to community

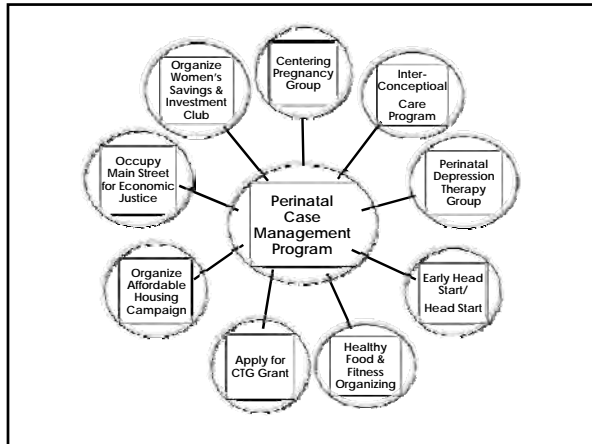


**Engagement Stage**

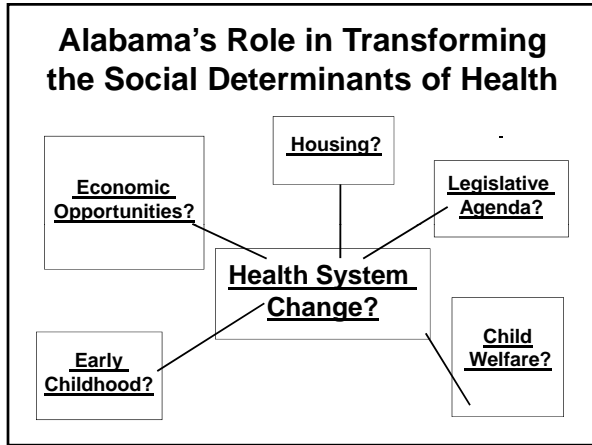
- ⊙ Use select phone software to send letter to zonal families
- ⊙ Post social marketing posters inside the zone
- ⊙ Complete phone follow-up work to each family in zone

**Engagement Stage**

- ⊙ Begin door-to-door work in zone
- ⊙ Match family needs to resources of zonal organizations
- ⊙ Make sure top leadership joins the teams in the field
- ⊙ Swim upstream and execute group, neighborhood, systems, and policy actions!



**Rethink Possible**



**Summary**

The role of MCH leadership today is to see around the corner strategically to examine new trends and issues that face the industry and then prepare your organization to weather the coming storm and create the future you envision.

**Summary**

Leaders must be decisive or change before others realize change is necessary.

**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**

**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**

**Strategic Intent is the conceptual organization of your hopes and dreams.**

### **For More Information**

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