



THE COMPREHENSIVE PRENATAL PERINATAL SERVICES NETWORKS OF NEW YORK

1987 - 2007

A REPORT BY THE ASSOCIATION OF PERINATAL NETWORKS

Acknowledgements

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Acknowledgement is also given to New York State gubernatorial, legislative and health department leadership who, since 1987 envisioned and have supported the development and on-going funding for the Comprehensive Prenatal-Perinatal Services Networks (CPPSN) Program, and specifically to the staff members of the NYS Department of Health, Bureau of Women's Health for their historical and continued guidance and support of the perinatal networks and the CPPSN program.

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CPPSN review by the New York State Department of Health.

The Association of Perinatal Networks of New York (APN) is an incorporated organization of the original and currently funded Comprehensive Prenatal Perinatal Services Networks. The intent in forming the APN was to broaden awareness of the continuing need to address and improve maternal and child health services and outcomes in New York State, and to broaden the awareness of the improvements in perinatal health that have been evidenced in the regions of the state covered by perinatal networks. The Networks attribute the improvements to the increased coordination of services and collaboration among providers that is promoted through the perinatal network concept.

The Mission of the Association is:

“To improve perinatal, maternal and child health throughout New York State, and to support the work of the individual Perinatal Networks.”

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Executive Summary

History of the Perinatal Networks

The concept of Perinatal Networks was first introduced in New York State by a call to action from Governor Mario Cuomo during his “state of the state” message in 1986 when he expressed his goal to reduce the incidence of infant and maternal mortality and developmental disabilities in New York State. The strategy for achieving this goal was to develop, under the authority of the State Department of Health, the Comprehensive Prenatal-Perinatal Services Networks program (CPPSN) – the Mission of which as established by NYS DOH, was and is: to reduce the incidence of infant mortality, morbidity and developmental disabilities and the incidence of maternal mortality and morbidity. The design of Perinatal Networks was conceptualized in the document: “*Putting the Pieces Together: The Comprehensive Prenatal-Perinatal Services Network Public Health Model Plan*”.

- As defined within the design document, funding for network services expansion and continuation is provided through a Request for Applications (RFA) process, which since 1990 has been released every five years. The growth in CPPSN program has evolved from the initial five networks (located in each of the boroughs of New York City and the City of Buffalo) to the current (funding) of 16 networks through the NYS DOH CPPSN contract program. Perinatal Network coverage of counties in NYS has grown from 5 in 1986 to 40 as of 2005.

Success of the networks to garner resources for the communities within their perinatal network regions indicates:

- Inception of CPPSN programs throughout NYS beginning with approximately \$1.5 million and currently at \$3,171,060 (2006-2011 cycle) has helped procure more than \$14,450,000 for perinatal programs in the counties/regions covered by perinatal networks.
- Perinatal Networks currently manage more than 52 separate programs related to maternal and child health services. Of these:
 - 13 are teen pregnancy prevention programs
 - 14 are family support programs including family resource centers, SIDS, Shaken Baby and Lead Poisoning Prevention programs
 - 4 are smoking cessation or other substance use prevention programs
 - 3 are special community initiatives
 - 5 are home visiting programs
 - 6 are (NYS) health insurance assistance programs
 - 4 are specialized programs such as lactation consortium, HIV training, etc.
 - 2 are perinatal research projects.
- **The above noted programs managed by Perinatal Networks clearly demonstrate that the original intent of NYS’ strategy for perinatal networks is working: Once the needs of the region are identified by a perinatal network and an opportunity arises to assist with addressing a need, the Perinatal Networks have moved forward in proactive ways to establish new programs and services to help attain improvements in maternal and child health services for their (respective) regions.**
- Perinatal Networks are significant employers in their communities. Beginning with approximately 24 staff members originally hired as perinatal networks evolved, Networks now employ (collectively) over 200 individuals and contract out a portion of their funds to over 60 other health and human service agencies.
- Perinatal Networks work through consortia, other partnerships and task forces to foster coordination of services. Collectively the Perinatal Networks have 85 consortia or other collaboratives which include over 925 agencies and 2,488 representatives.

Services Provision by the Perinatal Networks

During the past contract period (7/01/06 – 6/30/07) for the Perinatal Networks currently receiving funding through the NYS CPPSN program, the level of service delivery was extensive. The following is a representation of the total number of programs held, conducted or coordinated by 12 of the 18 networks:

- 560 consortium (and other) meetings were convened to discuss maternal/child and other related issues
- 124 professional education programs were held reaching over 4,900 health and human services professionals
- 158 community education programs were held reaching over 11,000 consumers
- 69 youth outreach and education programs were held reaching almost 7,000 adolescents
- Community awareness messaging using radio, TV and print media was extensive with just 6 networks reporting regular use of radio advertising, 4 television promotion, 5 routine newspaper promotion and 4 networks which regularly use other venues for community awareness and promotion. Through actual documentation and record-keeping, the Perinatal Networks were able to leverage over \$307,000 of free or in-kind advertising which significantly helped to increase community and consumer awareness of important maternal, child and family health topics
- Nine of the 12 perinatal networks (responding to the survey) produce professional education newsletters, 6 produce quarterly consumer education newsletters, 11 have active websites, 10 produce resource directories of services within their respective regions, and 3 maintain list serves to maintain contact with consortium and other partners
- Network directors or other staff members were involved with more than 25 meetings with various local, state or federal officials to provide information about essential program services and/or the needs of the families within their communities
- Although not calculated numerically, each Perinatal Network works closely with the regional perinatal center for their region and helps to plan, promote and facilitate the Regional Perinatal Forums to address systemic issues affecting perinatal health systems and outcomes.

Perinatal Networks and Improved Perinatal Health Indicators

Many important perinatal topics have been prioritized by the Perinatal Networks; these include but are not limited to: racial and ethnic disparities in perinatal outcomes, perinatal depression, fetal alcohol spectrum disorders, promoting prenatal care, breastfeeding, perinatal smoking cessation, preconception health care, and more. The success of the Perinatal Networks' initiatives is best represented by a longitudinal review of some of the core perinatal health statistical indicators and evidences the following:

- **The infant mortality rate dropped by almost one-half - from 10.7 deaths/1,000 births in 1987 to 6.0 deaths/1,000 births in 2004** (see Figure 1)
- **Rates of early entry into prenatal care increased from 67.4% (1987) to 74.9% (2004)**
- **Rates of late or no prenatal care declined by 50% from 10.8 (1987) to 5.0 (2004)**
- **While rates of smoking by pregnant women (across all tracked categories) has fluctuated over the 16 year period, the overall trend has been downward, signaling effectiveness of the perinatal and other general health promotion of the health consequences for pregnant women and their infants related to smoking**
- **The number of HIV infected infants has decreased significantly since 1997 – dropping from 10.9% to 2.6% (2004).** [While this is most likely a result of state perinatal counseling and testing regulations, the Perinatal Networks have prioritized community, provider and consumer awareness of maternal-fetal transmission since the mid-90s, with some Networks also managing “Community Action for Prenatal Care” programs which are designed to reach and engage HIV+ women in care in order to provide early care and treatment.]
- Although the rates of low birth weight infants and prematurity have both increased fairly significantly, much of this can be attributed to the advances in medical technology which has made it possible to save very premature infants who – 18-20 years ago – would have been too premature for viability.

Next Steps for the Perinatal Networks

The Perinatal Networks have helped achieve the statewide improvements in perinatal health indicators over the past twenty years; there is more to be done. With the focus of each network on their specific community or region, each has – and will continue to monitor their own communities to ensure continued improvements are occurring and that the health and community services systems include the appropriate array of services in order to support and promote optimal perinatal and infant outcomes. While there have been tremendous inroads in improving the healthy outcomes of women of childbearing age (15 – 44 years) and their children, racial and ethnic disparities in perinatal health outcomes continue to exist and must be addressed. Disparities in infant and maternal mortality, prematurity and low birthweight infants, substance use by pregnant women and rates of poverty affect overall health, wellness and quality of life.

To date, the preponderance of national efforts to improve health outcomes has usually tended to focus on education, either at the individual, community or practitioner level. However, for any real, significant, long-lasting change to be effective in reducing or eliminating health disparities and improve prenatal and perinatal outcomes, a comprehensive approach is required. Statewide concerns, challenges and emerging issues continue and must be addressed in a systematic approach with multi-faceted strategies. The Perinatal Networks' involvement with the regional perinatal centers and forums will continue to grow and ideally provide larger collaborative initiatives for improving perinatal outcomes.

Key challenges for the Perinatal Networks include limited increases in funding to support the work of the Networks and new guidelines which promote the Perinatal Network concept as a program rather than an infrastructure. Given the historic resourcefulness of the Perinatal Networks and the collective power of Perinatal Network advocates, these challenges will be addressed and ideally remedied through diplomatic and creative ways in partnership with the leadership of New York State.

Perinatal Health Background Information

Definition: Perinatal Health - the comprehensive and integrative continuum of health beginning in the preconceptional (before pregnancy) period and continuing through the prenatal and postpartum periods.

Discussion: More than 70% of the users of all health care and medical services in the U.S. are women and children. Healthy birth outcomes are important *not only* to parents, but are essential for the quality of life, economic prosperity and long term vitality of families, communities, and nations. The health of infants, mothers and their children is critically important, both as an indicator of the current health status of a large segment of the U.S. population and as a predictor of the next generation's health status. Health is not *just* the outcome of good medical care, but is the result of environmental, economic and behavioral choices, and how an individual prioritizes their own health or that of their child based upon on the challenges and choices they make on a daily basis.

Definition: Infant Mortality: The death of any infant just prior to or at birth and or occurring any time during the first year of life. The Infant Mortality Rate (IMR) is an important measure of a nation and state's commitment to ensuring the health and social well-being of its citizens.

Discussion: Despite the United States' recognition as the most advanced (and expensive) health care system in the world, we continue to rank behind 27 other countries in our ability to keep our babies alive through their first birthday. For the year 2003, the United States IMR was 6.8 infant deaths per 1,000 births, ranking us 28th in the world and 3 times higher than the infant mortality rate in Hong Kong (2.3 per 1,000 live births), the country with the lowest reported rate in 2003. New York State's rate of infant mortality for 2003 was 6.1 per 1,000 live births – slightly below that of the U.S. overall, but still significantly greater than 16 other states (New Hampshire has the lowest infant mortality rate @ 4.2/1,000) (data from March of Dimes Peristats).

Causes of Infant Mortality: Infant mortality is not always a result of poor medical care –it is often a result of: lack of access to care..... lack of other services.... fragmentation of care.... poverty... substance use/abuse.... domestic violence..... child abuse and neglect.....isolation.....lack of transportation ... and substandard housing.

New York State Perinatal Health Facts (taken from the 2006 NYS MCB Block Grant proposal): For 2004:

- There were 4,119,291 women of child bearing age (ages 15 – 44)
- 30% of all NYS women w/out a high school education have incomes less than 100% federal poverty level
- 40% of NYS female-headed households with children have incomes less than 100% federal poverty level while 66% of have incomes less than 200% federal poverty level
- There were 248,876 births and 1,246,245 infants/children age one year or less
- Approximately 1/3 of all pregnancies were unintended
- Only 74.9% of pregnant women received early prenatal care (within first 12 weeks of pregnancy)
- 19.1% of all women giving birth had less than a high school education

The Solution: Coordination of care and services for pregnant women and their families and the availability of a comprehensive array of services.

The Perinatal Networks are part of this solution! Perinatal Networks provide the coordination that allows existing services to maximize resources and therefore, results. Perinatal Networks conduct assessment to determine the array (or lack) of services available within a community or region and also provide information and referral services, timely research and education for providers and consumers and, when appropriate, seek to provide services that are lacking in a community or region.

The Perinatal Networks of New York State

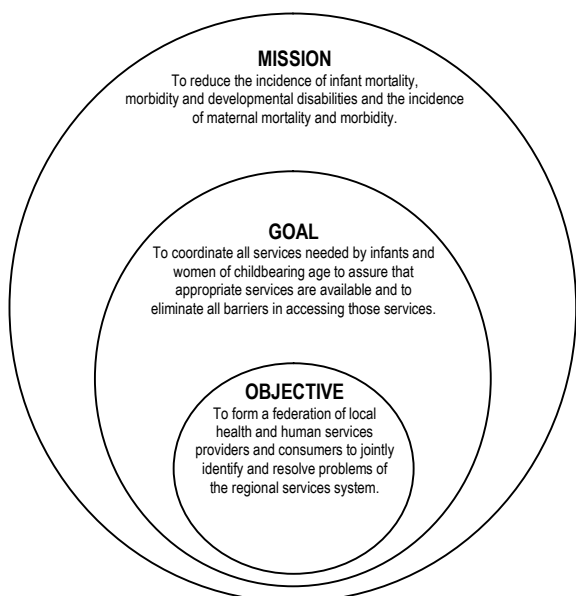
The Bronx Health Link, Inc Serving: Bronx County	Est: 1998
Brooklyn Perinatal Network, Inc** Serving: Brooklyn	Est: 1987
Buffalo Prenatal-Perinatal Network, Inc Serving: Erie County	Est: 1987
Caribbean Women's Health Association, Inc Serving: Brooklyn	Est: 2000
REACH – CNY (formerly Family Ties Perinatal Network) Serving: Onondaga, Oswego, Madison & Cayuga Counties	Est: 1990
Greater Adirondack Perinatal Network Serving: Warren, Essex, Washington, Saratoga, Franklin, Clinton & Hamilton Counties	Est: 1992
Lower Hudson Valley Perinatal Network Serving: Westchester, Putnam, Rockland & Dutchess Counties	Est: 2004 CPPSN 2006
Community Cradle (formerly Maternal Infant Network) Serving: Albany, Rensselaer & Schenectady Counties	Est: 1995
Maternal Infant Services Network, Inc. Serving: Orange, Sullivan, & Ulster Counties	Est: 1989
Mohawk Valley Perinatal Network, Inc Serving: Oneida & Herkimer Counties	Est: 1995
Mothers & Babies Perinatal Network of South Central New York, Inc Serving: Broome, Chenango, Cortland, Delaware, Otsego, Tioga & Tompkins Counties	Est: 1995
Nassau County Health Department Serving: Nassau County	CPPSN Est: 2000
North Country Prenatal/Perinatal Council, Inc. Serving: Jefferson, Lewis & St. Lawrence Counties	Est: 1988
Northern Manhattan Perinatal Partnership, Inc. Serving: Manhattan	Est: 1987
Northern Queens Health Coalition Serving: Queens County	CPPSN Est: 2004
Perinatal Network of Monroe County, Inc. Serving: Monroe County	Est: 1995
Queens Comprehensive Perinatal Coalition, Inc.** Serving: Queens County	Est: 1987
Suffolk County Perinatal Coalition, Inc. Serving: Suffolk County	Est: 1992

** no longer receiving NYS DOH CPPSN funding

History of the Perinatal Networks

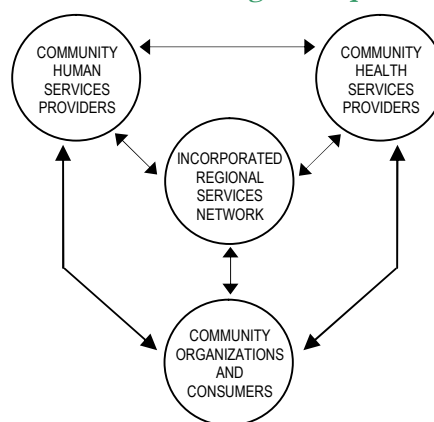
The concept of Perinatal Networks was first introduced in New York State by a call to action from Governor Mario Cuomo during his “state of the state” message in 1986 when he expressed his goal to reduce the incidence of infant and maternal mortality and developmental disabilities in New York State. The intention was to focus (initially) on the highest risk regions with the eventual goal to reach all areas of New York State. The strategy for achieving this goal was to develop, under the authority of the State Department of Health, the Comprehensive Prenatal-Perinatal Services Networks program (CPPSN) – the Mission of which as established by NYS DOH, was and is: to reduce the incidence of infant mortality, morbidity and developmental disabilities and the incidence of maternal mortality and morbidity.

The CPPSN Program



The design of Perinatal Networks was conceptualized in the document: *“Putting the Pieces Together: The Comprehensive Prenatal-Perinatal Services Network Public Health Model Plan”*.

The Networking Concept



As stated in the *“Putting the Pieces Together”* document, the purpose of Perinatal Networks is to coordinate services needed by infants and women of childbearing age, to assure that appropriate services are available and to eliminate all barriers to accessing those services. In order to accomplish this, networks bring together health and human service providers and consumers to jointly identify and resolve problems of the regional services system.

Perinatal Networks are involved in a range of initiatives, which at minimum include: professional (medical, community/public health) and consumer education, information and referral, assessment and coordination of local services, and may also include adolescent pregnancy prevention, child abuse prevention, lead screening and abatement, and parent support and education programs depending upon the needs and gaps in services in their respective regions. Additionally, Networks play a significant role in providing information about - and facilitating - enrollment in the Child Health Plus program and Medicaid Managed Care. The networks also sponsor programs targeted to specific at-risk members of the community and to provider needs for education on special topics, such as screening for substance abuse among pregnant women, smoking cessation or cultural sensitivity training. Each of the Perinatal Networks target a region, ranging in size from one or several Health Districts in New York City to large multi-county regions in rural upstate areas.

The Perinatal Networks have the flexibility, neutrality and credibility to bridge public and private sectors in order to cross geographic boundaries. This type of forum offers the opportunity for multiple counties, hospitals, clinics, individual providers and health service/care organizations to work collaboratively to identify and address common concerns.

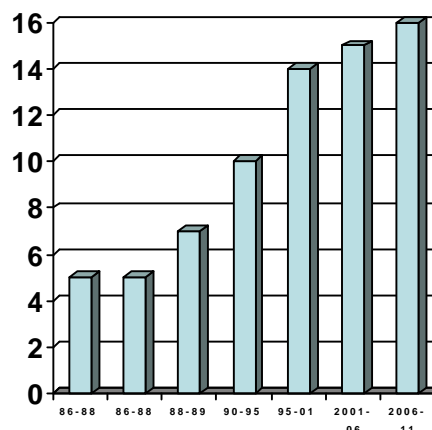
Growth of the Perinatal Networks

As defined within the design document, funding for network services expansion and continuation is provided through a Request for Applications (RFA) process, which since 1990 has been released every five years. (Two of the initial Networks no longer receive NYS DOH CPPSN contracts although they remain active as Perinatal Networks in their respective regions and members of the Association of Perinatal Networks.)

As denoted in the chart, the growth in CPPSN program has evolved from the initial five networks (located in each of the boroughs of New York City and the City of Buffalo) to the current (funding) of 16 networks through the NYS DOH CPPSN contract program. Perinatal Network coverage of counties in NYS has grown from 5 (1986) to 40.

The original intent for the Perinatal Networks as coordinating entities, was that networks utilized their state (perinatal) funding as *infrastructure-building* resources, and actively sought other funds to develop programs deemed to be essential for their communities and missing when the perinatal health assessment studies indicated gaps in services. Thus, CPPSN funds were leveraged to help secure other funds to conduct actual program services.

A brief analysis of the success of the networks to garner resources from network regions indicates:



- Inception of CPPSN programs throughout NYS beginning with approximately \$1.5 million and currently at \$3,171,060 (2006-2011 cycle) has helped procure more than \$14,450,000 for perinatal programs in the counties/regions covered by perinatal networks.
- Perinatal Networks currently manage more than 52 separate programs related to maternal and child health services. Of these:
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- The above noted programs managed by Perinatal Networks clearly demonstrate that the original intent of NYS' strategy for perinatal networks is working: Once the needs of the region are identified by a perinatal network and an opportunity arises to assist with addressing a need, the Perinatal Networks have moved forward in proactive ways to establish new programs and services to help attain improvements in maternal and child health services for their (respective) regions.
- Perinatal Networks are significant employers in their communities. Beginning with approximately 24 staff members originally hired as perinatal networks evolved, Networks now employ (collectively) over 200 individuals and contract out a portion of their funds to over 60 other health and human service agencies.
- Perinatal Networks work through consortia, other partnerships and task forces to foster coordination of services. Collectively the Perinatal Networks have 85 consortia or other collaboratives which include over 925 agencies and 2,488 representatives.

Assessing the Work of the Perinatal Networks

Since the inception of the CPPSN program and the development of the first perinatal networks, the ability to assess the effectiveness of the networks has been somewhat challenging. Unlike direct service programs which serve a distinct client population and can monitor specific client outcomes; the work of the perinatal networks are “soft services” – coordination and assessment of the array of essential services in a given community or region, community information and referral, professional and consumer education and general health and lifestyle promotion to optimize perinatal outcomes for pregnant women and infants. Therefore, in order to set a framework for assessment of the effectiveness of perinatal networks, it is best to review both a theoretical framework – The Spectrum of Prevention, and the New York State plan for maternal and child health services as put forward through the state’s Maternal Child Health Block Grant proposal.

Perinatal Networks and the Spectrum of Prevention

The “Spectrum of Prevention” is a broad framework that includes six strategies designed to address complex, significant public health problems. It was developed in 1983 by Larry Cohen and was based upon the clinical work of Dr. Marshall Swift from Hahnemann College for preventing developmental disabilities. The strategies take into account the various and multiple factors of community health and can be used to develop a comprehensive approach to current health issues. The strategies include:

- strengthening individual knowledge and skills;
- promoting community education;
- educating providers;
- changing organizational practices;
- fostering coalitions and networks; and
- influencing policy and legislation.

The Spectrum of Prevention approach shifts attention from individually focused health education to a systems approach and is therefore especially relevant for Perinatal Network planning and its function as a coordinating entity as it encourages projects in partnership with government and community-based organizations, with each group bringing their expertise to the table to achieve the collective goals.

An activity at any of the six levels constitutes an intervention. When the levels are used in combination, the Spectrum becomes more of a transformative force. The inter-relatedness between the levels creates synergy, and enables those involved to maximize the result of any one intervention¹.

Perinatal Networks and the NYS Maternal Child Health Services Plan

New York State leaders have long recognized the importance of quality and comprehensive maternal and child health services, and thus invest significantly in programs designed to improve pregnancy and infant care and outcomes. The work of the perinatal networks is grounded in New York’s plan for maternal and child health services which is submitted [annually] to the federal government for funding through the Maternal Child Health Block Grant program².

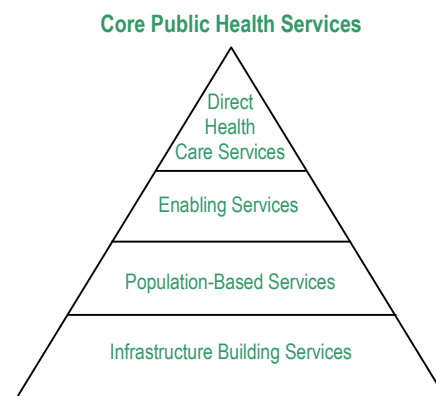
New York State’s maternal child health program plan is based upon a pyramid model: At the tip are **Direct Health Care Services** – services designed to assure vulnerable maternal and child health populations have access to care, especially when uninsured or underinsured.

¹ (Cohen L. & Swift, Susan, “The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention,” Injury Prevention: 1999;5:203-207)

² The Title V/Maternal Child Health Block Grant - enable states to establish essential public and private health and supportive service programs to assure healthy birth outcomes and optimal child health and development. All states are expected to combine Block grant funds with state funds [provided through state appropriation], local dollars, and services revenue, to establish and finance an overall state plan for maternal/child health services.

The next level is **Enabling Services** - those which help families access health care, health information and services. Enabling services are there to assure those in need of direct care services know about them and can access them.

Population based services – the third level - are those which assure individual and the public health of our communities. Examples of these include: newborn screening services that allow early detection and treatment of various diseases and disorders, provision of immunization activities to reduce disease and disability, injury and lead prevention programs that help to assure personal health and public safety, and migrant health, STD and teen pregnancy prevention programs that use community-based initiatives to assure health and well-being, as well as outreach and public education services.



Infrastructure Building Services - the base of the pyramid is the foundation without which the higher level services cannot function. To assure optimal maternal child health services in New York State, our public health infrastructure includes: programs such as infant and maternal mortality review, the sudden infant death program, lead poisoning prevention, school health programs, the dental sealant and tobacco control programs, technical assistance services and data collection and analysis.

As evident, the direct services portion of maternal child health is only a small portion of what is needed to assure healthy birth outcomes and families. Thus, coordination of services, outreach and promotion, and health *supportive* services are essential to assuring optimal maternal and child health care service delivery.

Perinatal Networks are highlighted in NYS' Maternal Child Health block grant proposal as one of the strategies for achieving the following:

- **National Performance Measures**
 - 1: Percentage of infants screened for metabolic diseases
 - 7: Children's immunizations
 - 8: Teen birth rate
 - 11: Breastfeeding
 - 12: Newborn hearing screening
 - 13: % of children w/out health insurance
 - 15: % of very low birth weight infants
 - 17: Very low birth weight infants born at or cared for in facilities for high risk
 - 18: First trimester prenatal care

- **National Outcome Measures**
 - 1: Reduce the incidence of infant mortality
 - 2: Reduce the ratio of Black/White infant mortality
 - 3: Reduce neonatal mortality
 - 4: Reduce the incidence of post-neonatal mortality
 - 5: Reduce the incidence of perinatal mortality

- **State Selected Performance Measures**
 - 1: Reduce the incidence of unintended pregnancy
 - 3: Reduce the % of prenatal smoking
 - 4: Reduce the incidence of teen pregnancy
 - 5: Reduce the ratio of Black/White low birth weight
 - 6: Increase the % of infants put to sleep on their back

- **State Outcome Measure**
 - Reduce the incidence of maternal mortality

Putting It All Together

As noted, the role and function of the perinatal networks can be aligned with the six strategies which comprise the Spectrum of Prevention *and* is identified and correlated to the national and state priorities and outcomes identified by NYS in the Maternal Child Health Plan and Block Grant Proposal. The following table aligns the Spectrum strategies with NYS’ plan for maternal and child health services and the activities of the perinatal networks:

<i>Spectrum of Prevention Strategies</i>	<i>NYS Pyramid of Public Health Services</i>	<i>The role and activities of the Perinatal Networks</i>
1. Strengthening individual knowledge and skills	Direct health care services	Case management, Counseling, home visiting services and smoking cessation programs
	Enabling Services	Consumer education materials, workshops, support programs
2. Promoting community education	Population-based services	Media campaigns and information dissemination
3. Educating providers	Infrastructure building services	Provider education and training programs, conferences,
4. Fostering coalitions and networks		Network consortia, partnership w/ other organizations, and convening/participating in various task forces. Networks are also partners with the regional perinatal centers for regional planning and systems improvement
5. Changing organizational practices		Ensure administrative and infrastructure for the perinatal networks, <i>and</i> providing support and guidance to other organizations
6. Influencing policy and legislation		Provide information, assistance and education for policy leaders on current and emerging maternal and child health issues

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- Nine of the 12 perinatal networks (responding to the survey) produce professional education newsletters, 6 produce quarterly consumer education newsletters, 11 have active websites, 10 produce resource directories of services within their respective regions, and 3 maintain listserves to maintain contact with consortium and other partners and one produces a monthly article for the local newspaper.
- Network directors or other staff members were involved with more than 25 meetings with various local, state or federal officials to provide information about essential program services and/or the needs of the families within their communities
- Although not calculated numerically, each Perinatal Network works closely with the regional perinatal center and helps to plan, promote and facilitate the regional perinatal forums to address systemic issues affecting perinatal health systems and outcomes.

Perinatal Networks and Improved Perinatal Health Indicators

As noted within the discussion of the Spectrum of Prevention, an activity at any of the six levels constitutes an intervention, and when the levels are used in combination, the Spectrum, and thus, the work of the Perinatal Networks becomes more of a transformative force. Many important perinatal topics have been prioritized by the Perinatal Networks. These include but are not limited to: racial and ethnic disparities in perinatal outcomes, perinatal depression, fetal alcohol spectrum disorders, promoting prenatal care, breastfeeding, perinatal smoking cessation, preconception health care, and more.

Examples of individual Perinatal Network programs include:

The Bronx Health Link: developed and piloted a curriculum: *“Baby Don’t Smoke: Why smoking and pregnancy don’t mix* - an educational workshop for consumers to promote smoking cessation by pregnant women.

Buffalo Prenatal-Perinatal Network: maintains a toll-free information referral phone service through which 193 uninsured pregnant women were referred to local PCAP/MOMS programs during the past five years.

Caribbean Women’s Health Association: has reached over 5,000 pregnant and parenting families through community outreach and educational sessions over the past five years.

Community Cradle (formerly Maternal Infant Network): hosted *“Come Full Circle”* perinatal depression women’s support groups.

REACH – CNY (formerly Family Ties Perinatal Network): developed a training manual on oral health for use in educating health and human service providers working with pregnant and parenting women and their families.

Greater Adirondack Perinatal Network: distributed over \$38,000 in mini-grants to 26 agencies throughout their seven county region to create innovative new programs or replicate best practice programs to advance perinatal health services and improve outcomes.

Lower Hudson Perinatal Network: Established a region-wide Community Health Education Day (CHED) to promote a coordinated and standardized regional education campaign on various perinatal health topics.

Maternal Infant Services Network: trained 227 health and human service professionals to identify, work with and refer substance abusing women to care; to identify and prevent Fetal Alcohol Spectrum Disorders.

Mohawk Valley Perinatal Network: developed and hosts annual *Nursing Student Conferences*. Attendance increased from 41 in 2002 to 144 in 2006, reaching a total of 450 nursing students and health providers with topics such as: perinatal loss, perinatal mood disorders, SIDS, HIV, FASD and more.

Mothers & Babies Perinatal Network: developed and manages the *“Quit Kit Smoking Cessation Program for Pregnant & Parenting Individuals”* which averages enrollment of 100 individuals annually with a 45% success rate.

Nassau County Health Department: over the past five years, 912 pregnant women were educated about and linked to perinatal services, provided emergency infant supplies, Metro cards and emergency food.

North Country Prenatal/Perinatal Council: created and manages a *Prenatal Case Management* system which links eight agencies which provide prenatal case management. The program utilizes a Universal Referral Form, integrated data bases and bi-monthly meetings of partner agencies to monitor and improve linkages, referrals and coordination of care for pregnant women.

Northern Manhattan Perinatal Partnership: to further improve the quality of maternal/infant services available to women in the Harlem community, NMPP worked with consortium members to secure a \$2 million allocation from the Manhattan Borough President’s Office for the Harlem Hospital Birthing Center which opened 9/7/03.

Northern Queens Health Coalition: created a pregnancy information brochure in bi-lingual format in six languages: Bengali, Chinese, Haitian-Creole, Korean, Russian and Spanish.

Perinatal Network of Monroe County: received a Prenatal Care Partnership grant to train community outreach workers to locate underserved, high risk pregnant women and facilitate their entry into prenatal care.

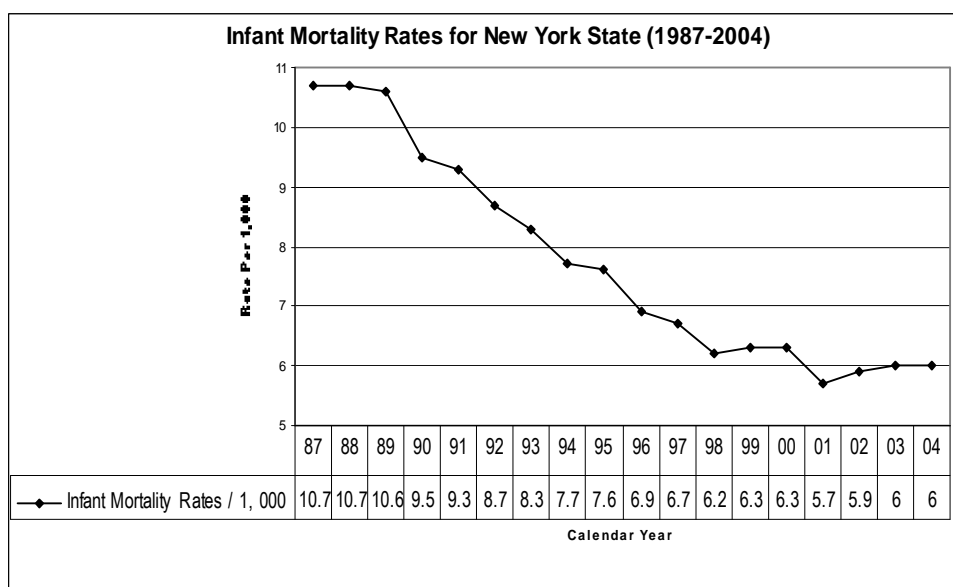
Suffolk County Perinatal Coalition: manages a perinatal mentoring program which trains 15 volunteers annually.

When reviewing the alignment of the NYS Maternal Child Health Plan with the Spectrum strategies and the work of the Perinatal Networks, improvements in perinatal health outcomes can be attributed to the coordination of services, and outreach and education initiatives of the Perinatal Networks. A review of the tables below provides a longitudinal review of perinatal health indicators and evidences progress in improving many of the key perinatal factors and thus, success with the overarching goals of NYS’ plan for improvements in maternal and child health outcomes:

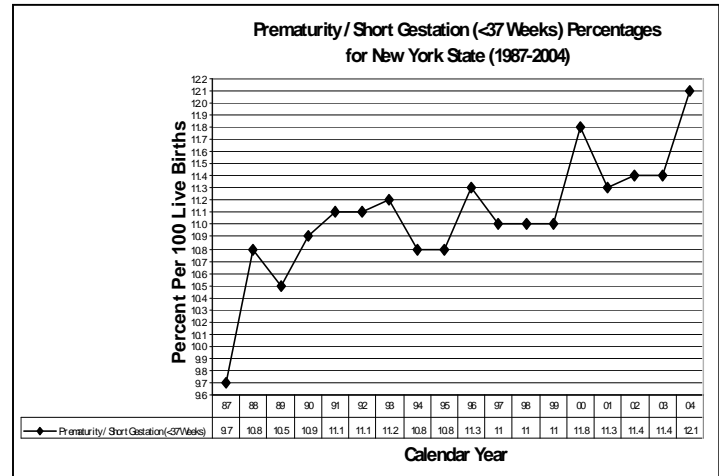
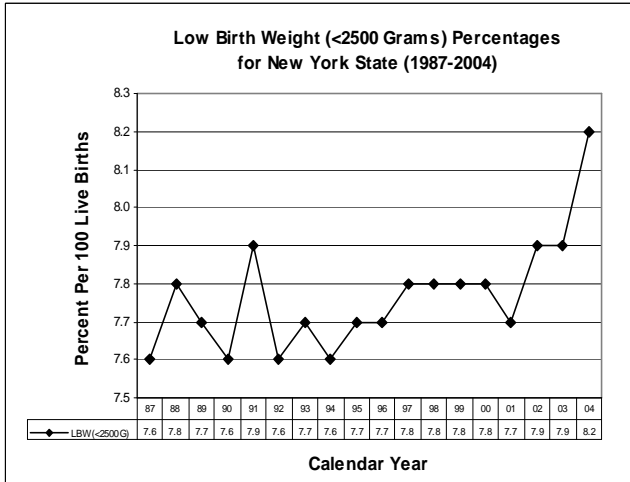
- The infant mortality rate dropped by almost one-half - from 10.7 deaths/1,000 births in 1987 to 6.0 deaths/1,000 births in 2004 (see Figure 1)
- Rates of early entry into prenatal care increased from 67.4% (1987) to 74.9% (2004)
- Rates of late or no prenatal care declined by 50% from 10.8 (1987) to 5.0 (2004)
- While rates of smoking by pregnant women (across all tracked categories) has fluctuated over the 16 year period, the overall trend has been downward, signaling effectiveness of the perinatal and other general health promotion of the health consequences for pregnant women and their infants related to smoking
- The number of HIV infected infants has decreased significantly since 1997 – dropping from 10.9% to 2.6% (2004). [While this is most likely a result of state perinatal counseling and testing regulations, the Perinatal Networks have prioritized community, provider and consumer awareness of maternal-fetal transmission since the mid-90s, with some Networks also managing “Community Action for Prenatal Care” programs which are designed to reach and engage HIV+ women in care in order to provide early care and treatment.]
- Of less positive note are the rates of low birthweight infants and prematurity. Both have increased fairly significantly. However much of this can be attributed to the advances in medical technology which have made it possible to save very premature infants who – 18-20 years ago – would have been too premature for viability.

Similar to the goal of the federal and state governments as well as many other entities, the Perinatal Networks of New York monitor statewide and their respective regional/local rates by race and ethnicity and compare network region progress against the Healthy People 2010 goals.

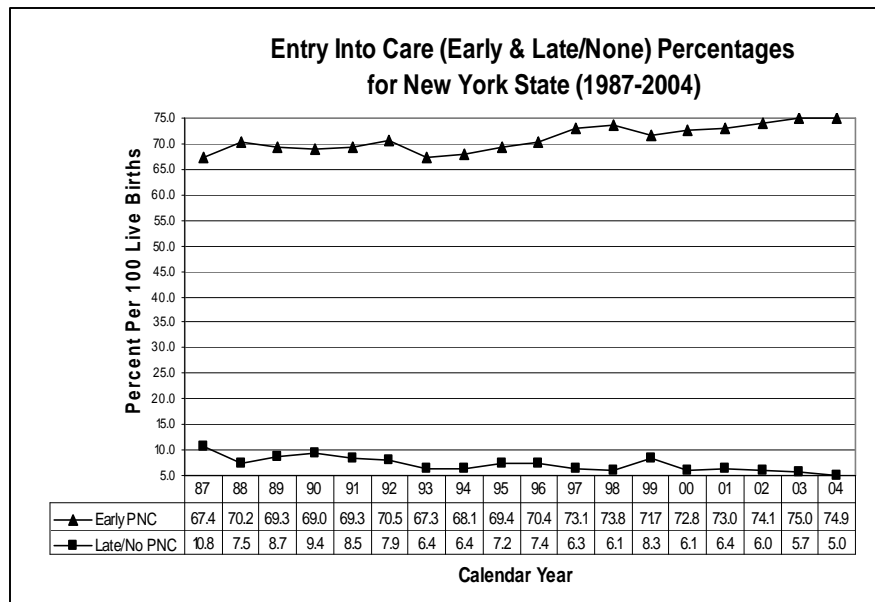
Reducing Infant Mortality was the primary purpose for the establishment of Perinatal Networks in NYS. This graph depicts the rates of infant mortality in NYS over the past 20 years and demonstrates success in reducing the number of infants who die before their 1st birthday. Perinatal Networks are part of the reason for this success. It is important to recognize that the Perinatal Networks are very aware of and focus on the racial and ethnic disparity in infant mortality rates. According to NYS Vital Statistics, the Black infant mortality rate in 1991 was 15.6/1,000 and as of 2005 was 9.2/1,000. Similarly, the mortality rate for infants born to Hispanic mothers was 5.9/1,000 in 1991 and 4.8/1,000 in 2005. Of significance is the continued and persistent disparity between the rates for White and Black infants, with Black infants experiencing mortality at twice the rate for White infants.



Low birth weight is frequently a consequence of a premature birth, but not always. Many of the medical and technological advances over the past 20 years have enabled medical providers to deliver babies at earlier gestational ages and thus at lower birth weights – very low birth weight (<3.3 lbs) and extremely low birth weights. Therefore, unlike the continuous descent in infant mortality, low birth weight and prematurity rates have actually increased.

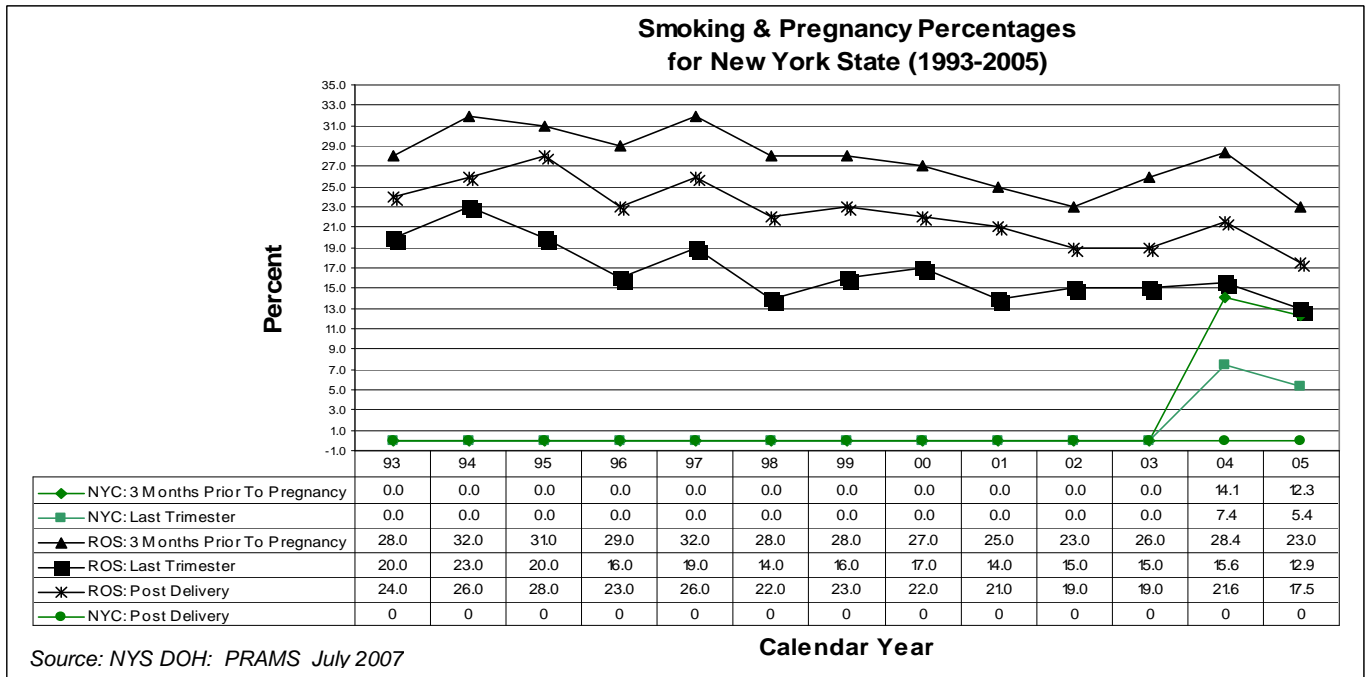


Perinatal Networks have played a key role in helping to promote both consumer and provider awareness of the benefits of early entry into prenatal care. As demonstrated by the accomplishments and work of the perinatal networks, many offer toll-free information and referral phone services, direct outreach in the community to reach high risk women and most partner with their local Prenatal Care Assistance Programs to assist uninsured women with getting into care and obtaining Medicaid or sliding fee scale coverage for their prenatal and delivery services.

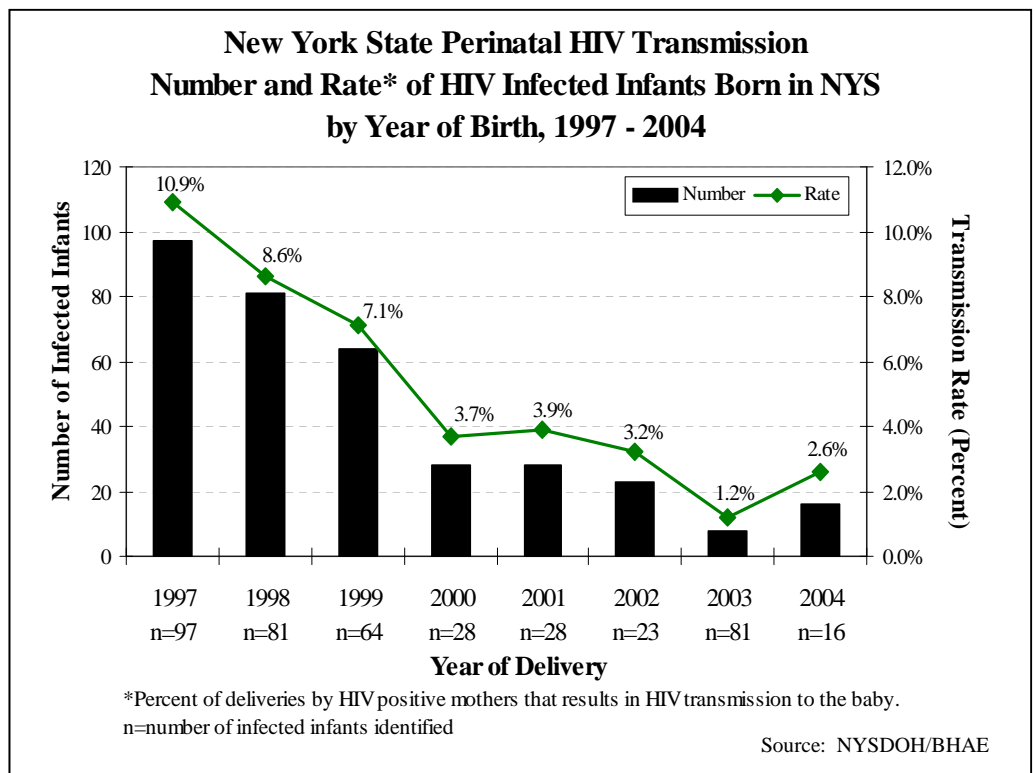


Source: NYS Vital Statistics

Behavioral choices made by women both before and during pregnancy can affect the pregnancy outcome and the health of their infant. Tobacco use before, during and after pregnancy is related to the three leading causes of infant mortality and long-term health problems for infants/children born to women who smoke. Behavioral habits are tracked by NYS through the *Pregnancy Risk & Assessment Monitoring Survey* – a population representative sampling post partum survey instrument. As noted in the chart below, there has been some reduction of smoking by women before, during and after pregnancy; however the fluctuation and minimal declines in the number of women who use tobacco are disappointing given the level of provider and consumer education and outreach the perinatal networks (and others) have facilitated over the past 10 – 20 years.



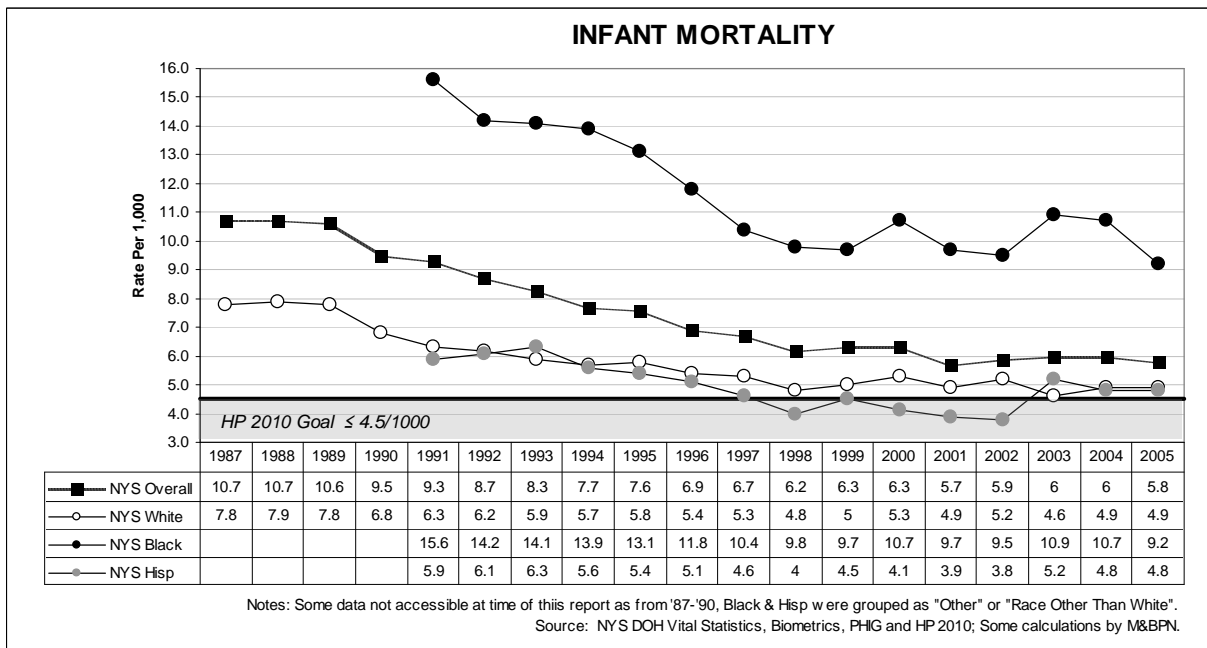
New York State has made great strides in reducing maternal-fetal transmission of the HIV virus. During the 1990's, New York enacted a number of regulations and guidelines regarding prenatal counseling and testing of pregnant women and outreach initiatives to engage HIV positive women to get them into prenatal care early so treatment could be provided as early as possible to prevent transmission. Perinatal Networks again coordinated community awareness campaigns, conducted provider education programs and produced informational brochures which helped achieve this significant reduction.



Next Steps for the Perinatal Networks

The Perinatal Networks are pleased to identify the statewide improvements in perinatal health indicators as noted above. However, with the focus of each network on their specific community or region, each has – and will continue to monitor their own communities to ensure continued improvements are occurring and that the health and community services systems include the appropriate array of services in order to support and promote optimal perinatal and infant outcomes.

While there have been tremendous inroads in improving the healthy outcomes of women of childbearing age (15 – 44 years) and their children, racial disparities in perinatal health outcomes continue to exist and must be addressed. Disparities in infant mortality rates (chart below), prematurity and low birthweight infants along with other key perinatal indices affect overall health, wellness and quality of life.



To date, the preponderance of national efforts to improve health outcomes has usually tended to focus on education, either at the individual, community or practitioner level. However, for any real, significant, long-lasting change to be effective in reducing or eliminating health disparities and improve prenatal and perinatal outcomes, a comprehensive approach that reaches across all levels of community stakeholders is required. This approach must include a life-course perspective (addressing women’s health needs with a prevention focus from early childhood through menopause). Perinatal Networks are uniquely positioned to create and nurture the regional and county infrastructures that support lasting change.

The Spectrum of Prevention Model for disease prevention holds promise as an effective health promotion and illness prevention strategy that can be utilized to reduce risk factors such as hypertension, obesity, poor nutrition and smoking that are thought to contribute to the racial and ethnic disparities which put African American and Hispanic women at nearly twice the risk for poor birth outcomes compared to Caucasian women in the state. The Perinatal Networks will continue to assess and implement evidence based practices that enhance women’s health and birth outcomes to ensure that all babies are born healthy and well.

A second area of opportunity for Perinatal Networks (as well as other perinatal programs) is the new and emerging focus on preconception health and health care. This will require a mindset change for providers as well as individuals – men as well as women and includes the integration of reproductive planning into primary care.

Statewide concerns, challenges and emerging issues continue and must be addressed in a systematic approach with multi-faceted strategies. The Perinatal Networks' involvement with the regional perinatal centers and forums will continue to grow and ideally provide larger collaborative initiatives for improving perinatal outcomes.

Key challenges for the Perinatal Networks include limited increases in funding to support the work of the Networks and new guidelines which promote the Perinatal Network concept as a program rather than an infrastructure. However, given the historic resourcefulness of the Perinatal Networks and the collective power of Perinatal Network advocates – particularly through the Association of Perinatal Networks – these challenges will be addressed and ideally remedied through diplomatic and creative ways in partnership with the leadership of New York State.

ATTACHMENTS

The Association of Perinatal Networks

The Association of Perinatal Networks of New York (APN) is a not-for-profit organization of the 18 Perinatal Networks serving New York State. The APN was established as an informal association in 1997 and incorporated in 2002 for the purpose of advancing at the state level, the benefits many NYS communities have experienced as a result of the individual perinatal networks. The mission of the Association is “to improve perinatal, maternal and child health throughout New York State, and to support the work of the individual Perinatal Networks.” The intent in forming the Association was to broaden the awareness of the continuing perinatal health needs in New York State and acknowledge the improvements in maternal and child health. These changes have been evidenced across the state, especially in the regions covered by the Perinatal Networks.

Over the past eight years, the Association has:

- partnered with New York State Department of Health, Bureau of Women's Health to facilitate the first statewide symposium on perinatal health,
- completed development and production of "*Charting A Course for Perinatal Health in New York State - A Framework for Strategic Planning*",
- initiated the first state-wide coordinated training of medical and community health care professionals on postpartum depression,
- hosted four educational programs for New York State legislators to raise awareness of maternal and child health issues and the importance of various legislation and programs,
- partnered with the March of Dimes to lead a New York State initiative to reduce birth defects through a Folic Acid awareness campaign over a three year period,
- conducted two series of consumer focus groups on behalf of the NYS Dept. of Health to assess consumer awareness, utilization, satisfaction and recommendations for the state's health care system for women and children,
- co-sponsored the New York State Perinatal Association's Perinatal Partnership conferences, 2003, 2004, 2005 and 2006,
- hosted invitational meetings with other key perinatal stakeholder organizations to identify collaborative initiatives and joint advocacy for improving perinatal health services, and
- provided a forum through which the existing perinatal networks have examined ways to improve the management and programmatic infrastructure of their individual organizations.

The Association of Perinatal Networks is an invited member agency of the following NYS committees and task forces:

- ❖ Office of Alcohol & Substances Abuse Services: Fetal Alcohol Spectrum Disorders Task Force
- ❖ NYS Dept of Health: Early Childhood Comprehensive Systems Task Force
- ❖ NYS Dept of Health: Oral Health Advisory Committee
- ❖ NYS Dept of Health: Sexual Assault Task Force
- ❖ NYS Dept of Health/Association of Regional Perinatal Programs: Statewide Perinatal Data Systems Advisory Committee

Association of Perinatal Networks

The Bronx Health Link, Inc.

Joann Casado, Executive Director
851 Grand Concourse #914
Bronx, NY 10451
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Fax: (718) 590-6249
E-mail: execdirtbl@aol.com
Web: www.bronxhealthlink.org
Serving: Bronx County

Brooklyn Perinatal Network, Inc

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Brooklyn, NY 11217
Phone (718) 643-8264, ext. 25/26
Fax: (718) 797-1254
E-mail: nmoses@bpnetwork.org
Or: dgarnette@bpnet.org
Serving: Brooklyn

Buffalo Prenatal-Perinatal Network, Inc.

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Buffalo, NY 14202
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Fax: (716) 884-0513
E-mail: cms@bppn.org
Web: www.bppn.org
Serving: Erie County

Caribbean Women's Health Association, Inc.

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Fax: (718) 826-2948
E-mail: chall@cwha.org
Web: www.cwha.org
Serving: Brooklyn

Community Cradle

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Phone: (518) 426-1153
Fax: (518) 426-1237
E-mail: Lucy@communitycradle.org
Web: www.communitycradle.org
Serving: Albany, Rensselaer & Schenectady Counties

Greater Adirondack Perinatal Network

Cathy La May, Program Director
9 Carey Road
Queensbury, NY 12804
Phone: (518) 761-0300, ext. 31251
Fax: (518) 480-0100
E-mail: clamay@medserv.net
Web: www.gap-net.org
Serving: Warren, Essex, Washington, Saratoga, Franklin, Clinton & Hamilton Counties

Lower Hudson Valley Perinatal Network

Cheryl Hunter-Grant, Executive Director
Maria Fareri Children's Hospital
at Westchester Medical Center
95 Grasslands Road
Valhalla, NY 10595
Phone: (914) 493-6435
Fax: (914) 493-1005
E-mail: hunter-grantc@lhvpn.net
Website: www.lhvpn.net
Serving: Westchester, Putnam, Rockland & Dutchess Counties

Maternal - Infant Services Network

Caren Fairweather, Executive Director
200 Route 32, PO Box 548
Central Valley, NY 10917
Phone: (845) 928-7448 ex. 11
Fax: (845) 928-6895
E-mail: cfairweather@misn-ny.org
Web: www.misn-ny.org
Serving: Orange, Sullivan & Ulster

Mohawk Valley Perinatal Network

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Phone: (315) 732-4657, ext. 225
Fax: (315) 732-5640
E-mail: dhaldenwang@newfamily.org
Web: www.newfamily.org
Serving: Oneida & Herkimer Counties

Mothers & Babies Perinatal Network

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457 State Street
Binghamton, NY 13901
Phone: (607) 772-0517
Fax: (607) 772-0468
E-mail: schesna@mothersandbabies.org
Web: www.mothersandbabies.org
Serving: Broome, Chenango, Cortland, Delaware, Tioga, Tompkins & Otsego Counties

Nassau County Dept. of Health Perinatal Services Network

Angeles Davila, LCSW, ACSW
106 Charles Lindbergh Boulevard
Uniondale, NY 11553
Phone: (516) 227-9422
Fax: (516) 227-9611
E-mail: Angeles.DavilaTorres@hhsnassaucountyny.us

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Watertown, NY 13601
Phone: (315) 788-8533, ext. 227
Fax: (315) 788-1726
E-mail: pingham@ncppc.org
Web: www.ncppc.org
Serving: Jefferson, Lewis & St. Lawrence Counties

Northern Manhattan Perinatal Partnership, Inc.

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Deputy Executive Director
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Web: www.sisterlink.com
Serving: Manhattan

Perinatal Network of Monroe County

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Fax: (585) 546-3021
E-mail: pbrantingham@pnmc-hsr.org
Web: www.pnmc-hsr.org
Serving: Monroe County

Queens Comprehensive Perinatal Council

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Phone: (718) 206-4357
Fax: (718) 206-4983
E-Mail: qcpcorg@aol.com
Serving: Queens County

Queens Health Coalition

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Phone: (347) 571-2792
Fax: (347) 571-2797
E-mail: rdorvily@qhcnyc.org
Web: <http://www.qhcnyc.org>
Serving: Queens County

REACH CNY, Inc.

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Syracuse, NY 13203
Phone: (315) 424-0009, ext. 112
Fax: (315) 424-0190
E-mail: execdir@reachcny.org
Web: www.reachcny.org
Serving: Onondaga, Oswego, Madison & Cayuga Counties

Suffolk County Perinatal Coalition, Inc.

Gail Burrus, Executive Director
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Patchogue, NY 11772
Phone: (631) 475-5400
Fax: (631) 475-5410
E-Mail: gburrus@scpc.net and gburrus@suffolkperinatalcoalition.org
Web: www.scpc.net
Serving: Suffolk County

PERINATAL NETWORKS SUMMARY OF SERVICES

(Updates received as of 12/20/07)

The **Association of Perinatal Networks of NY** (APN) is an organization of the 16 Comprehensive Prenatal Perinatal Services Networks:

- works to broaden the awareness of needed improvements in maternal & child health
- monitors and makes recommendations for the perinatal health system in NYS
- assesses opportunities to expand the benefits of perinatal network coverage to all NYS counties

Call (607) 772-0517 or email ejones@mothersandbabies.org for more info.

The Bronx Health Link

198 East 161st Street, Suite 201 Bronx, NY 10451

Ph: (718) 590-2648 / Web: bronxhealthlink.org

The Perinatal Information Network of The Bronx Health Link, Inc. is a collaborative networking model to coordinate the various maternal and child health services and resources in the Bronx. It serves as:

- A clearinghouse for the providers and community stakeholders to use for accurate and current information, resources, and technical assistance.
- Coordinates and provides educational sessions for diverse providers and community stakeholders.

Brooklyn Perinatal Network, Inc.

30 Third Ave, Room 622, Brooklyn, NY 11217

Ph: (718) 643-8258

BPN is a Network of several community organizations that:

- Provide medical care, offering a wide range of primary preventative and clinical services, including OB/GYN care, pediatric, adolescent and adult health care, specialty care in areas such as mental health, family planning, substance abuse, HIV/AIDS care, and more.
- Offer other psycho-social, health and educational services to other providers.
- Coordinate and provide social health and supportive services, such as; case management, home based services, family counseling, teen pregnancy prevention facilitate access to public assistance programs such as TANF food stamps, child care and enrollment for health insurance.
- Offer referrals
- Provide facilitated access to public health insurance programs (Medicaid, Family Health Plus, etc.)
- Conduct community mobilization organization to advocate for public policy and MCH resources.

Family Ties Network, Inc.

1001 James Street, Syracuse, NY 13203

Ph: (315) 424-0009

Family Ties Network, Inc. is a not-for-profit organization that works with agencies and consumers in Central New York, to improve pregnancy outcomes and the overall health of woman, infants, and families, through education, advocacy, and collaboration. Major Programs:

- County-based sub-councils to foster the coordination of the local community services systems and provide a forum for communication and collaboration among health providers, human service providers, and consumers.
- Trainings and workshops for health and human service providers, through Signature Staff Development Resources, training component.
- The Central New York Council on Adolescent Pregnancy is part of Family Ties. Services include the Syracuse Community Service Project (APPS Program) and the CNYCAP Annual Conference.
- Resource Library
- NYPAT (New York Parent are Talking), a statewide Parent Educator Network.
- Syracuse Healthy Start Consortium

Caribbean Women's Health Association

123 Linden Boulevard, Brooklyn, NY 11226

Ph. (718) 826-2942 / Web: www.cwha.org

CWHA provides a roster of health, immigration & social support programs that aim to improve the well being of individuals, to strengthen families & empower communities. Uniquely designed programs provide integrated, comprehensive, culturally appropriate & coordinated "one-stop" services.

- Building partnerships
- Conducting research studies, seminars and conferences and publishing scholarly and policy papers.
- Developing innovative solutions to urban health issues.
- Providing technical assistance to and working collaboratively with local, national and international agencies on key health, immigration and social support issues.

Buffalo Prenatal-Perinatal Network

625 Delaware Avenue, Suite #410, Buffalo, NY 14202

Ph: (716) 884-6711

BPPN's purpose is to improve pregnancy outcomes, promote better maternal & child/infant health care, establish better linkages between existing programs & ensure that families have access to the full range of preventive & primary health care, social support & educational resources in the City of Buffalo & Erie County. Programs:

- Buffalo Home Visiting
- Community Health Worker Program Prenatal Case Management
- Community Action for Prenatal Care
- Western New York Regional Perinatal Forum
- Maternal Child Health Consumer & Provider Outreach & Education
- Links Foundation Smoking Cessation
- Maternal Education & Childhood Foundation Community Outreach

Maternal Infant Network of the Capital Region

19 Aviation Road, Colonie, NY 12205

Ph: (518) 426-1153

The goal of the MINCR is to ensure that our Capital Region families have available the full range of quality, accessible, culturally-sensitive and continuous health & social services needed to improve pregnancy outcomes and infant health and to promote the family health and well-bein. Programs:

- Postpartum Depression information and Support Groups
- Parents group, Smoking Cessation groups, Health Fairs
- Outreach, education and referral information
- Seminars and Conferences
- Maternal and Child Health Indicator data
- In- Services to providers upon request
- Newsletters, The Parent Resource Directory

Nassau County Health Department

26 Main Street, Hempstead, NY 11550

Ph: (516) 572-0954

- Provides educational seminars, workshops and grand rounds for consumers, health & human services providers.
- Collaborates with Downstate Healthy Start and the Community Healthworker program to sponsor/co-sponsor educational workshops for childbearing women, pregnant and parenting.
- Has extensive information & referral services for health and human service providers, case management, etc.

Queens Comprehensive Perinatal Council

106-46 Guy R. Brewer Blvd., Jamaica, NY 11433

Ph: (718) 206-4357

Community-based not-for-profit organization whose mission is to decrease infant/maternal mortality & morbidity, developmental disabilities and adolescent pregnancy in Jamaica, SE Queens & the Far Rockaway Peninsula.

Queens Comprehensive Perinatal Council (cont.)

- Case Management/Home visiting services intervention through its Downstate Healthy Start Project initiative.
- Consumer & provider education, referrals & linkages, outreach and regional perinatal provider services coordination through its Infant Mortality Reduction Initiative
- Youth development and mentoring through its T.E.E.N. Initiative Project
- Social Services/Counseling

Maternal - Infant Services Network, Inc. (MISN)

200 Route 32, PO Box 548, Central Valley, NY 10917

Ph: (845) 928-7448

- Application Assistance for individuals and families eligible for Child & Family Health Plus, and Medicaid
- Co-facilitate Orange, Sullivan & Ulster County's Perinatal Consortium
- Parenting and Professional education of perinatal issues
- Teen Pregnancy Prevention programming
- Consumer & Professional Newsletter

Mohawk Valley Perinatal Network, Inc.

209 Elizabeth St, 2nd Floor, Utica, New York 13501

Ph: (315) 732-4657 / Web: www.newfamily.org

- Facilitated Enrollment services for families.
- Presentations for consumers and professionals on perinatal health topics such as preconception health, folic acid, SIDS, Shaken Baby Syndrome, smoking cessation, perinatal mood disorders, and many more.
- Resource lending library for consumers and professionals.
- Quarterly newsletter for consumers and professionals.
- Referrals for consumers to local service providers.
- Networking services and information sharing for local professionals in the field of perinatal health.

Perinatal Network of Monroe County

339 East Avenue, Suite 203, Rochester, NY 14604

Ph: (585) 546-4930 / Web: www.pnmc-hsr.org

The Perinatal Network of Monroe County achieves its mission through:

- Serving as a neutral forum for community networking, planning, and problem solving
- Tracking and communicating perinatal-related trends, data, issues and legislation
- Providing centralized perinatal information
- Community partnership-building among individuals, agencies and institutions
- Providing professional and community education, directly or in partnership with others
- Advocacy
- Providing reciprocal connections to other local, regional, state and national perinatal-related entities
- Serving as a grantee/administrator for selected programs which are consistent with PNMC's mission and which enhance community collaboration.

Suffolk County Perinatal Coalition

475 E. Main St., Suite 207, Patchogue, NY 11772

Ph: (631) 475-5400 / Web: www.scpcc.net

The mission of the Suffolk County Perinatal Coalition is to reduce infant mortality by addressing health and wellness needs of women, children & families. The coalition believes this is best accomplished by:

- Networking for strategic alliances
- Providing education to the community at large
- Reaching out to pregnant and parenting women
- Advocating for the prioritization of maternal-child health issues on both a local and nation level

Mothers & Babies Perinatal Network of SCNY, Inc.

457 State Street, Binghamton, NY 13901

Ph: (607) 772-0517 / Web: www.mothersandbabies.org

A not-for profit community-based organization providing free or low-cost services for families, communities, health & human service providers. M&BPN conducts regional planning for maternal and child health services, provides education & referral services for individuals and families, and partners with other local, regional and statewide organizations, to promote policies, programs & services for pregnant and parenting families. Services of M&BPN include:

- Directory of Perinatal Services in South Central New York
- Family Information Line (800 231-0744),
- Quit-Kit Smoking Cessation Program for Pregnant and Parenting Families
- Family Resource Centers
- Application Assistance for individuals and families eligible for Child & Family Health Plus, and Medicaid
- School and community based adolescent pregnancy prevention programs
- Consumer and professional education news letters
- Technical advisement for not-for-profit organizational development and administration.

North Country Prenatal/Perinatal Council, Inc.

(NCCPC)

200 Washington St., Suite 300, Watertown, NY 13601

Ph: (315) 788-8533 / Web: www.ncppcinc.org

- A tri-county Case Management Coordination System for women and teens who are at high risk due to psycho-social and social/economic issues.
- Development of a tri-county birth certificate data base through which community health, human service or education agencies may access information for their planning purposes.
- Developing extensive outreach and education for both consumers and professionals.
- Coordinating regular meetings of health and human service providers and consumers to determine how to cover gaps in services.
- Providing community assessment and statistical documentation for prenatal/perinatal planning in the North Country.
- Active involvement in agencies/coalitions which directly affect service delivery or policy development impacting regional maternal and child health outcomes.

Northern Manhattan Perinatal Partnership

127 W. 127 St., 3rd Floor, New York, NY 10027

Ph: (212) 665-2600 / Web: www.sisterlink.com

Comprised of a network of public and private agencies, community residents, health organizations and local businesses. NMPP manages fifteen programs and has a central management team of twelve professionals who are held responsible for program performance. With a staff of 82 professionals, NMPP provides:

- Case management
- Outreach
- Health education services
- Referral to appropriate social services
- Community awareness activities, community partnerships
- Trainings and employment

Upper Hudson Prenatal Services Network

1 Broad Street Plaza PO Box 3253, Glens Falls, NY 12801

Ph: (518) 761-0300

- Toll-Free pregnancy and Parenting information
- Professional Education and training
- Mini-grants program—providing support to local organizations and providers in selected maternal and child health areas.
- Consumer Health Education

SPECTRUM OF PREVENTION

The Spectrum of Prevention is a systematic tool that promotes a multifaceted range of activities for effective prevention. Originally developed by Larry Cohen while working as Director of Prevention Programs at the Contra Costa County Health Department, the Spectrum is based on the work of Marshall Swift in treating developmental disabilities. It has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, and fitness.

The Spectrum identifies multiple levels of intervention and helps people move beyond the perception that prevention is merely education. The Spectrum is a framework for a more comprehensive understanding of prevention that includes six levels for strategy development. These levels, delineated in the table below, are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity or linear initiative. At each level, the most important activities related to prevention objectives should be identified. As these activities are identified they will lead to interrelated actions at other levels of the Spectrum.

LEVEL OF SPECTRUM	DEFINITION OF LEVEL
6. Influencing Policy and Legislation	Developing strategies to change laws and policies to influence outcomes
5. Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
4. Fostering Coalitions and Networks	Convening groups and individuals for broader goals and greater impact
3. Educating Providers	Informing providers who will transmit skills and knowledge to others
2. Promoting Community Education	Reaching groups of people with information and resources to promote health and safety
1. Strengthening Individual Knowledge and Skills	Enhancing an individual's capability of preventing injury or illness and promoting safety

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