

New York Redesigns Maternal and Child Health Programs

New York state's Department of Health restructured their community-based maternal and infant public health programs to maximize resources, support innovation, build the evidence base for public health interventions, and, ultimately, improve health outcomes and reduce disparities.

The New York State Department of Health (NYSDOH) redesigned their community-based maternal and infant public health programs to make progress in areas where persistent racial, ethnic and economic disparities have negatively impacted health outcomes. The new initiatives, called Maternal and Infant Community Health Collaboratives, will replace the state's current community-based perinatal health programs.

Through a procurement process, the department will provide several million dollars to service providers who will be expected to improve maternal and infant health outcomes, including reducing preterm birth, low birth weight, and infant and maternal mortality. The 20 to 25 grantees will likely begin providing services in October 2013 and will target Medicaid-eligible individuals and populations residing in the state's highest need communities.

NYSDOH explained its rationale for this funding strategy in the RFA: "Given limited public health resources, it is necessary to target activities to areas of highest need with consideration for where impact will be greatest, particularly with regard to racial, ethnic, and economic disparities in priority outcomes."

Grantees will work collaboratively to "develop, implement, and coordinate evidence-based or best practice strategies designed to achieve a set of performance standards." The performance measures include:

- High-need women and infants are enrolled in health insurance.
- High-need women and infants are engaged in healthcare and other supportive services, appropriate to their needs.
- The medical, behavioral, and psychosocial risk factors of high-need women and infants are identified and addressed through timely and coordinated counseling, management, referral, and followup.
- Within the community, there are supports and opportunities in place that help high-need women engage in and maintain healthy behaviors and reduce or eliminate risky behaviors.

- New York will fund 20 to 25 grantees to work toward improvements in preterm birth, low birth weight, infant mortality, and maternal mortality.
- Services will target low-income and Medicaid-eligible in highest-need communities.

Steps Taken:

- NYSDOH realized a new direction was necessary because key maternal and child health indicators—preterm birth, low birth weight, and infant and maternal mortality—have not improved significantly in the past decade in the state (see box).
- The funding landscape is changing with the implementation of the Affordable Care Act and significant fiscal constraints in state budgets. These changes, coupled with emerging research about program effectiveness and performance-based management, drives increasing emphasis on population- and systems-level strategies to improve maternal and child health. These realities led NYSDOH to create and launch their Maternal and Infant Health Initiative.
- Staff within the Division of Family Health and the HRSA Bureau of Maternal and Child Health wrote the RFA for the Maternal and Infant Health Initiative as a policy document, outlining a new vision for maternal and infant public health programs. Within NYSDOH, policy documents like this represent a collaborative effort, developed through discussion and review of pertinent literature.
- The initiative uses a performance management framework, which centers on a clear and focused aim and the strategic use of performance standards to guide the development and implementation of specific improvement strategies.
- The social-ecological approach guiding the process of restructuring the state’s maternal and child health programs “recognizes health as a function of individuals and the environments in which they live—including family, peer, neighborhood, workplace, community, and societal influences.”
- NYSDOH recognizes that poor health outcomes are caused by a set of interrelated issues. The redesign means that services will focus on the four critical periods in a woman’s reproductive lifespan: preconception, prenatal, postpartum, and interconception.
- The most functional parts of past programs, such as use of community health workers, collaborative program development and implementation, and support of community maternal and infant health systems, will still exist, but with a new, broader mandate.
- The Maternal and Infant Community Health Collaboratives are one component of the Maternal and Infant Health Initiative, which also includes the federally funded Maternal, Infant, and Early Childhood Home Visiting program. Grantees in communities that have both programs will need to work collaboratively and produce shared deliverables.
- Grantees are expected to implement programs using the social-ecological approach. For instance, prenatal care providers may need to call on their partners to address patients’

Health Disparities in New York State—One Example

New York’s teen *pregnancy* rates declined 39 percent between 1988 and 2008, but the decrease among African Americans and Hispanics (down 41% and 37%, respectively) has been much shallower than the decrease among whites (down 61%) in the same time period. The latest available data from 2008 has the teen pregnancy rate among whites at 37 per 1,000 teens age 15 to 19, but 121 per 1,000 among Hispanics and 129 per 1,000 among African Americans. The disparity in *birth* rates is even greater: Among whites, 12.9 per 1,000 teens age 15 to 19 give birth, compared to 31.5 per 1,000 Hispanic teens and 38.9 per 1,000 African Americans.

psychosocial needs such as mental health, domestic violence, and substance abuse to ensure the best possible health outcomes.

- Grantees will continuously assess their community's needs and resources—rather than once, as part of the planning process—and have the flexibility to adapt to meet these challenges. Strong collaboration and partnerships among grantees should also make the system more adaptable to emerging needs.

Next Steps:

- To get maximum value from these projects, a new Maternal and Infant Health Center of Excellence is being developed and will support grantees through training, coordination of data collection and management, provision of technical assistance, and evaluation. The center will help develop the evidence base of effective strategies by assessing the implementation and effectiveness/impact of grantees' strategies on achieving performance standards.
- NYSDOH's restructuring is intended to improve key maternal and infant health outcomes; reduce racial, ethnic, and economic disparities; and maximize limited public health resources.
- NYSDOH wants to encourage and drive innovation and, ultimately, build an evidence base for what works in community-based maternal and infant public health programs.

Lessons Learned:

- The health department acknowledges that this approach is new and incorporates multiple frameworks, models, and approaches that may be new to stakeholders. NYSDOH is encouraging applicants to take advantage of the trainings and webinars the department is producing on the various frameworks and models at work in the Maternal and Infant Health Initiative.
- NYSDOH states that this RFA—including the way it combines state and federal funds to support perinatal health programs that integrate the lifecourse model—was a natural next step in its ongoing effort to focus on implementing evidence-based programs and integrate performance management principles into public health initiatives.
- NYSDOH recommends that others seeking to redesign their community-based maternal and infant health programs engage key partners early in the process to ensure buy-in and build on what is currently working in communities.

For more information:

Michael Acosta
Director of Perinatal Health Community-Based Programs
Bureau of Maternal and Child Health
New York State Department of Health
bmchph@health.state.ny.us

To access RFA: <http://www.health.ny.gov/funding/rfa/1207271237/1207271237.pdf>

Ellen Schleicher Pliska, MHS, CPH
Family and Child Health Director
Association of State and Territorial Health Officials (ASTHO)
epliska@astho.org