

Health Foundation for Western & Central New York's Maternal and Child Health Initiative

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Central New York has long struggled with the issue of poor maternal and child health (MCH) outcomes. For more than 10 years, service providers, community leaders, and others have worked to improve infant mortality, birth weight, timely access to prenatal care, and other indicators of MCH. While there have been some real successes over the years, poor MCH outcomes persist in the eight central New York counties served by the Health Foundation for Western and Central New York (HFWCNY).

In 2009 our foundation began to explore what role we might play in helping improve those outcomes. It was clear that we needed to better understand the MCH landscape before we could invest in any one area or strategy. We set out to learn about the strengths and gaps in the system of care and what the experience of being pregnant and parenting is like in the communities we serve.

The Maternal and Child Health Initiative was born. The project developed and evolved in five stages over the last three years:

- An **environmental scan of service providers** identified system and practice gaps and strengths from the provider perspective (2009).
- **Zip code analysis** of MCH outcomes identified five “hot spots” with high risk of poor MCH outcomes (early 2010).
- **Interviews with pregnant and parenting women** in the “hot spots” revealed strengths and gaps from the consumer perspective, which often differed from providers (late 2010).
- **Community conversations** in each “hot spot” helped refine ideas for making lasting improvements in MCH outcomes (2011).
- Based on all we learned in the first four stages, the foundation developed and launched the three-pronged **MCH Initiative** in 2012.

ENVIRONMENTAL SCAN OF SERVICE PROVIDERS

We commissioned Chapin Hall at the University of Chicago to conduct an environmental scan of providers to identify needs, gaps, and strengths in the existing MCH system. The report *Improving Services for Pregnant Women and Children*

0-1 in Central New York State provides an overview of the existing service infrastructure by county and includes interviews with key staff at a variety of community-based organizations that provide MCH services, as well as a data analysis at the county level. The report identified significant gaps, including limited postpartum services and provider shortages.

ZIP CODE ANALYSIS

Because county-level data often mask wide variation in both needs and available services at the neighborhood level, HFWCNY decided to obtain MCH data at the zip code level. Chapin Hall analyzed this data in a second report *Improving Services for Pregnant Women and Children 0-1 in Central New York State: Profiling High Risk Communities*, which provides zip code-level analysis of the following New York State Prevention Agenda MCH outcomes: teen pregnancy, teen births, prenatal care status, low birth weight, and infant mortality.

Out of 157 zip codes in central New York, 35 were determined to be high relative risk, and five neighborhoods, or “hot spots,” were identified to be at highest risk for poor MCH outcomes. Each “hot spot” is made up of two or more contiguous zip codes with:

- a poverty rate greater than or equal to 7.6., the mean rate for the service area, and
- a combination of at least two of the following risk indicators: high relative risk score, high teen pregnancy rate, and low rates of early prenatal care.

Two of the “hot spots” are urban, in downtown neighborhoods of Syracuse and Utica. The other three “hot spots” are in rural farm and forest communities in Oswego, Oneida, and Herkimer counties. Total births between 2007 and 2009 in the “hot spots” range from 365 (Herkimer) to 17,099 (Syracuse).

INTERVIEWS WITH PREGNANT AND PARENTING WOMEN

To better understand the experience of being pregnant and parenting in the “hot spot” neighborhoods, the foundation

partnered with the New York Academy of Medicine to conduct 48 in-person interviews and one focus group with pregnant and parenting women. Themes that emerged from the interviews included:

- high rates of early parenting and close birth spacing;
- low employment rates, with available jobs having poor working conditions, little security, and inadequate benefits;
- sustained feelings of isolation, depression, and anxiety; and
- self-identified need for benefit programs, education, and support around pregnancy and parenting.

For many women living in the “hot spots,” it seems that life issues put their health at risk. Most received timely care but still had high-risk pregnancies. Women reported stress, depression, mental health, and financial concerns that affected their own and their babies’ health.

LOOKING FOR PROMISING MODELS

Throughout the formative research stage, foundation staff and consultants also explored promising and best practices across the state and the nation. What could we learn, borrow, or adapt from other communities’ efforts? Based on findings from all of our research and discussions, we decided to focus on specific outcomes that we believed would help meet our long-term goal of healthier babies:

- improved trust of providers and acceptance of services,
- improved coordination of existing services/reduced duplication of services,
- increased mental health support/services,
- improved supply of prenatal providers and post-partum support services, and
- improved access to timely prenatal care.

COMMUNITY CONVERSATIONS

To decide where to invest our efforts, it was important to gauge each community’s readiness to tackle the identified challenges, as well as their interest in partnering with the foundation to do so. In April 2011, HFWCNY staff returned to the “hot spots” to seek community input on how best to meet their needs. We shared findings from our research, talked about the best and promising practices, and used that information to spark conversations about what each community was interested in doing.

There were lengthy and spirited discussions about the systems challenges faced by providers, including funding cuts, increased demand for services, stringent eligibility criteria for some programs that excluded high-need families, and a significant lack of coordination among the providers. One key theme was a request for the foundation to push and support providers to make real changes to the existing “this is the way we’ve always done it” approach to providing services. In Oneida and Herkimer counties, there was also interest in exploring better ways for MCH providers to refer and connect to one another.

NOW WHAT? THE “TOE IN THE WATER” APPROACH

HFWCNY staff and trustees were ready to roll up our sleeves and get to work. In fall 2011 we implemented three strategies that built on the strengths of and addressed the identified challenges in the “hot spot” communities:

- **Expansion of Midwifery** – In July 2010 New York State law changed, allowing midwives to practice independently without a written practice agreement with obstetricians. This change provided an opportunity to support the growth of midwifery practice, which has been documented to result in better health outcomes for women and their babies. This strategy is designed to address provider shortages, build trust between providers and patients, and offer women an alternative model of prenatal care. In the short term, the foundation is increasing the number of low-income women served by midwives through grants and technical assistance to develop or expand midwifery practices.
- **MCH Systems Improvement Projects** – Using a competitive request for proposals, the foundation solicited applications from health and human service organizations that currently serve families in one or more of the “hot spots.” Four grantees received awards of \$50,000 to implement 12- to 18-month projects. Projects specifically address barriers and challenges identified by the foundation and are designed to improve MCH services by connecting consumers to care, enhancing existing services, and/or addressing gaps in existing services. Grantees are also receiving expert guidance on developing logic models and evaluation metrics, sustainability plans, and a clearly articulated theory of change.
- **Facilitated Coordination** – The foundation is providing professional facilitation for MCH service providers in order to reduce duplication and support better coordination of services. This strategy is being piloted first in Oneida County, where there was greatest need for this kind of support. Improved coordination among providers takes a long time to be successful, so HFWCNY plans to support this work for three to five years.

WHERE WILL WE GO NEXT?

All three strategies in the MCH Initiative are progressing well, so HFWCNY staff is expanding the project to the other region we serve, the eight counties of western New York. We are replicating the formative research process and anticipate developing tailored strategies by early 2013.

In addition, the foundation is exploring long-term strategies to expand midwifery in both regions, including establishing local midwifery education programs and increasing recruitment of midwives into rural and other high-needs communities.

For more information about HFWCNY’s MCH Initiative, visit www.hfwcny.org.

VIEWS FROM THE FIELD is offered by GIH as a forum for health grantmakers to share insights and experiences. If you are interested in participating, please contact Faith Mitchell at 202.452.8331 or fmitchell@gih.org.