

***Confronting Reality Message to the NYC MCH Community***  
***“Feeling the Strength of Our Own Spirit”***  
***We Will Prevail!***

***September 3, 2005***

***Introduction:***

When a lion is right in front of you, there are three basic actions to respond to this stark reality. You can turn around and run away. You can stand still, looking into the lion’s eyes pondering various possible responses the lion will make, or you can take informed action by securing cover, throwing meat at the lion’s feet or head for higher ground up the nearest tree.

Organizations within the maternal and child health industry in NYC have exhibited an array of similar responses metaphorically speaking to the current challenges of maternal and child obesity, pending hospital closings, perinatal chronic disease management, maternal depression and our ongoing campaign to reduce infant mortality and low birth weight rates and expand women and family health services throughout New York City’s poor and working class communities.

Indeed, there are a few organizations that have retreated to the rear and have left the battle front for others to address the MCH challenges above. Then there are those organizations that are ripe for the fight but remains locked in constant study of the literature and contemplation about the above issues and they never learn or grow through action. Finally, there are organizations that review the literature and select a path (strategy) that guides informed action to solve the MCH challenges so that mothers and babies can thrive and the industry can grow from mistakes made and lessons learned.

The Federation of County Networks, Inc. (FCN), established in 1996, is an influential sector of the New York City MCH community that has decided to move forward and address the above crisis that is devastating our communities. The core of FCN is in four perinatal networks designated by the New York State Department of Health to coordinate perinatal care in each of four boroughs in NYC.

These entities have been successfully coordinating local perinatal services since their inception in 1988. The FCN's mission is to reduce fragmentation in the maternal, perinatal and child health systems; to improve outreach and access to care for economically challenged women who may be pregnant and parenting and their families; to ensure and enhance collaboration and coordination among providers; to provide training and technical assistance to maternal and child health providers; and to assist in local health systems action planning.

Each one of the perinatal networks has hundreds of consumers, advocates, midwives, health clinics, community-based organizations and medical providers who make up its membership. From March 1, 2005 until June 30<sup>th</sup> 2005, FCN perinatal networks focused on holding academic and informational conferences seeking solutions to racial disparities in birth outcomes, case managed thousands of pregnant and parenting women, treated hundreds of women suffering from post-partum depression, and advocated for and secured 7.5 million dollars in fiscal year 2006 from the Mayor's Office and City Council through our advocacy arm, the ***Citywide Coalition to End Infant Mortality***. Moreover, the FCN held a groundbreaking forum on May 20, 2005 that established our strategic and practice agenda for the next five years.

### **Strategy:**

Before the May 20, 2005 conference, FCN decided to address the growing low birth weight problem in our high-risk communities by preventing and managing chronic diseases (obesity, asthma, hypertension, depression, diabetes) women of childbearing age suffer from before, during and after pregnancy. After reviewing the literature and surveying our case data, we set out to reduce the burden of chronic diseases on women of reproductive age within a women's and family health framework. Over 187 attendees at the May 20, 2005 conference helped us shape the strategy and action plan attached to this document.

Organizational strategy is a disciplined effort to produce fundamental decisions and actions to shape and guide what an organization, government entity or business is, what it does, and why it does it.

Strategies should be subversive. They should challenge an industry's way of doing business thus creating more value for the planning entity's customers. A strategy is basically a **choice** about performing activities differently or performing different activities. A strategy should also reveal what the planning entity should not be doing.

The above strategy has defined what makes the FCN unique and what niche in the market we will position ourselves to achieve our stated mission and vision. FCN's strategy outlined above works from the logic that the movement does not have an open-ended financial resource base. Our resources do not allow us to operate within all areas of maternal and child health practice, therefore we are forced to make choices.

We were selected as MCH leaders for our judgment, character and our ability to see around the corner to ascertain what might be coming next and prepare the industry and our organizations for that new reality. Our strategy will be ultimately tested by how well we complete the tasks above.

The FCN has documented the forces of change shaping the healthcare industry in NYC by scanning the external theatre for opportunities and threats and completed a comprehensive review of our internal organizational assets and industry weaknesses. This exercise has prepared our movement to anticipate future threats and has helped the health organizations within FCN to adjust public health tactics appropriately.

The fog that sometimes defines the healthcare industry's market landscape is lifting. We have a full read on the situation in real-time and have a set of scenarios awaiting the need for deployment. We can now see the white in our enemy's eyes and our enemies as they relate to the immediate and long-term health of mothers and babies are diabetes, obesity, asthma, maternal depression and high blood pressure.

Data informs us that if we make a concerted effort to improve these chronic conditions, women of childbearing age will witness lower rates of infant mortality, low birth weight and maternal mortality over the next five years. Our strategy has helped us to reassess and harmonize the developments in the external environment with the internal capabilities of the NYC MCH industry, thus we have ***confronted reality in an era of uncertainty within the healthcare industry!***

## **Action Plans:**

Over the last two years, there have been at least 17 conferences on ending racial disparities in birth outcomes. While these forums have been interesting, they have not provided their audiences with concrete steps to **bridge** the *divide* between *theory* and *practice*.

In fact, the lack of a coherent policy and practice direction at these conferences has demobilized the MCH community, leaving our field army of case managers, nurses, doctors, community health workers and midwives with beautiful portfolios of conference materials but no clear practice direction to improve the lives of our customers, pregnant and parenting women and their children. When the MCH industry does not have concrete answers to a clinical and practice question, another conference is organized.

The FCN May 20, 2005 conference broke this pattern by focusing on the development of a well thought out action plan for sectors of the MCH movement to implement. Over 187 attendees worked to shape the performance objectives and action steps. The action plans were divided into six areas of focused work: ***Legislative Actions, Social Marketing Actions, Workforce Training Actions, Mobilization Actions, Provider Network Development Actions, and Research Actions.*** Please review the attached Power Point presentation to study the details of this plan and make a decision to join us to implement the plan so that we can make measurable advances to reducing racial disparities in birth outcomes and further women's health throughout NYC. If you would like to participate, please contact the FCN executive director, Ms. Joyce Hall at 212- 932-3570.

Attached to this document are several articles that provide concrete evidence to support our strategy, performance objectives and action plans.

The first two documents outline our environmental assessment and action plans as well as the entire May 20, 2005 conference proceedings. The next six attachments document the latest research findings related to chronic diseases and birth outcomes as well as pregnancy and maternal weight by some of the best academics and clinicians in the business.

Four important documents clarify the status of NMPP's theoretical framework and day-to-day work with pregnant and parenting moms experiencing depression. One of the reports documents our hard work developing a provider network of clinicians who specialize in maternal depression in Harlem. Another catalogues our social marketing activities to address client mental health stigma. Next you will find a seminal work by Dr. Michael Lu on *Internatal Care*. This presentation provides a clinical and programmatic framework for our chronic disease strategic focus and will serve as a blueprint to reposition our strategy by writing various grant proposals.

Finally, I attached my 2004 speech at the Fort Worth, Texas, Healthy Start/March of Dimes Infant Mortality Summit where I communicated a theoretical framework and action plan using social movement theory and community mobilization tactics to reduce infant mortality. Certainly we must sustain our advocacy efforts here in NYC to hold Mayor Bloomberg's Administration and the City Council accountable for financial support to achieve our new performance objectives.

Advocacy and community mobilization tactics can be deployed to secure legislative victories and resource allocation decisions within the state legislature in Albany. The Identity Statement for NMPP's Social Health Marketing Group is attached because this entity will play a key role in developing and rolling out the public health social marketing campaigns that are action steps within this overall strategy.

### ***Execution... The Difference between Life & Death:***

The failure of entities within the federal government to act with a sense of urgency to Hurricane Katrina in New Orleans and the other affected areas along the gulf coast highlights how weak command and control operations, bureaucracy, and poor leadership (execution skills) killed people during this major natural disaster. As the finger pointing escalates, congressional investigations are planned, and the recovery process ramps up, the essence of the crisis of leadership was the inability of key officials to execute prepared plans and anticipate and quickly respond to known threats. The lessons learned from this recent crisis are that strategies, performance objectives and action plans are not enough! In the final analysis, how well leaders and staff execute tasks will make or break an organization!

For public health leaders and workers, strategy and theory are important, but it's the execution of our plans that counts. In fact, the execution of strategy is more important than strategy itself. Our clients constantly tell us, "You can either deliver for me and my family or go home."

Execution is the *missing link* between **aspirations** and **results**. Without execution, the breakthrough thinking we engage in breaks down, learning adds no value and staff fail to meet their stretch goals. Public health leaders must be in charge of getting things done by running three core processes: selecting other leadership partners, setting the strategic direction and conducting operations. These actions are the substance of execution, and the leader cannot delegate them regardless of the size of the organization.

The day each one of the FCN executive directors was hired by his/her board, he/she stepped into the cauldron of action, power and pressure. Our communities, customers and staff expect us to practice...to lead (really reduce infant mortality and low birth weight rates), rather than merely preach about the subject. Finally, FCN leaders cannot implement the strategies, plans and action outlined above by simply sitting in corner offices; we have to lead from the field. The decision-making power is out in the front lines because that is where the action is. ***We need to always remember that leadership is message backed by action!*** FCN's management principles are ***Anticipate...Analyze... Act...Learn.***

### **Summary:**

The NYC maternal and child health industry is at a crossroad where we will either marshal our forces and implement evidenced-based actions to reduce infant mortality and low birth weight rates or we will retreat to the rear and allow babies to continue to die in a city we all love. The Federation of County Networks has developed a strategy, a number of performance objectives and action plans to move us from our current situation to a more desirable situation for mothers and babies in NYC. After reviewing our supporting documentation, you will see that FCN has gone beyond what is to imagining what could be as it relates to the conditions of our mothers and babies.

Dr. Thomas R. Frieden, the Commissioner of the New York City Department of Health and Mental Hygiene has launched several new public health policy initiatives that support FCN's women's health strategic direction. On April 13, 2005, Commissioner Frieden announced the department's plans to complete massive depression screening activities at Health & Hospitals Corporation clinics and hospitals where screening will become a routine part of primary care, much like a blood pressure test or a cholesterol reading.

On July 8, 2005, the commissioner proposed that all laboratories in the city be compelled to pass along to the health department the results of tests that measure blood sugar levels (A1c tests) related to diabetes management. New York is the first health department in the country to propose such a mandate. Securing this information will provide health officials with the most extensive system in the nation for tracking the extent of the diabetes problem in the city and will help the health department coordinate intervention programs. Diabetes is the fourth leading cause of death in NYC. Over 750,000 adult New Yorkers have diabetes.

Finally, on August 18, 2005, Dr. Frieden asked all city restaurants to voluntarily rid their kitchens of trans fats to help make New York's restaurants the healthiest in the nation. Research indicates that trans fats are linked to two current nemeses: heart disease and obesity. The public health policies above have set the context for our work to manage chronic diseases among women of childbearing age.

As public health practitioners, we fully understand that solely engaging in clinical hand-to-hand combat will not bring about the lasting changes in the battle to improve the public's health. We simply must identify and address the underlying structural causes of poor birth outcomes in this city. The national disaster brought on by Hurricane Katrina washed away the political cover that hid the deep race and class divisions in the city of New Orleans.

National media outlets beamed around the world the deplorable conditions of poor people in general and the descendants of African slaves in particular who live in New Orleans trapped in poverty and mismanagement. This natural disaster illustrates that disasters do not treat everyone alike.

The problems and conditions of poor people are not just located in New Orleans. Every major city throughout the USA has this problem. The U.S. Census Bureau reported this week that the poverty rate rose again last year, with 1.1 million more Americans living in poverty in 2004 than a year earlier. There are 37 million people who live in poverty in the US today. Here in NYC, the South Bronx in 2004 had the fourth highest poverty rate in the nation, trailing three counties on the Texas-Mexico border.

The need for a fully funded urban policy is self evident. The policy must address and resolve why 48% of Black men in most urban cities are unemployed and put them and their mates to work in real jobs. Congress must immediately increase the minimum wage to eight dollars an hour. The policy must assure that the public school systems in every city produce young people who can read and write and are prepared to work within an information-centered economy. The policy should allocate resources to grow the affordable housing stock in cities and small working class towns across the country.

The plan must halt the growing gentrification of poor and working class neighborhoods in large cities, concentrating the poor within two and three communities where urban pioneers have no immediate invasion plans. All Americans who need health insurance should have it! The plan must foster home ownership cooperatives and small business development among poor and working class inhabitants of the cities. An urban infusion of finance capital, financial literacy and planning and the development of working class financial assets must be made available to these families to fuel their business and home ownership ventures.

While I support the self-help efforts of the church community, the Hip Hop movement and celebrities, we cannot allow the United States government to abdicate its responsibilities to the people who built this country through free labor. The poor in America must become a significant part of the social fabric of this nation. Returning to normalcy in New Orleans and other major cities across the U.S. is not sufficient. Back to normal is a living hell for most poor people.

One woman survivor of the hurricane in New Orleans stated, “***I had nothing before the hurricane, now I have even less.***” The oppressed people of Louisiana, Mississippi and Alabama need more than short term, piece meal solutions (\$2000 debit cards) to the natural disaster. They need well thought out programs to address these peoples’ long-term needs to exit poverty as the hurricane’s impact subsides.

You get the picture: we are talking about major investments and the political will to make it happen in Congress. To realize our public health and urban agendas, the MCH community in NYC must exercise leadership. I define leadership as the self-conscious capacity to provide vision and values and produce structures, programs and practice that satisfy human needs and aspirations while transforming people and society in the process. The essence of leadership is simply to take the assets you are given (people, structures and programs) today and make them more valuable tomorrow. While politics is the art of the possible, leadership is the art of making the impossible come true.

We must take advantage of the current instability within the Bush administration, reeling from the political damage caused by the slow and incompetent response to the hurricane, and encourage Senators Schumer or Clinton to write urban policy legislation and introduce it before Congress immediately.

Besides the clinical, policy and practice efforts outlined above, the MCH community must understand that non-scientific variables are important to achieving our mission. I call this reality having a ***hand and spirit*** perspective to our work. The nation has witnessed on television how people who lost everything along the gulf coast, continue to hold onto their dignity, display courage, rely on their faith and express hope that their condition will change.

We call this reality, ***feeling the strengths of your own spirit***. When a people’s property and belongings are gone, they rely on an undying spirit that defines their humanity and strength to survive and push on. Our sisters and brothers in New Orleans have picked up and are now carrying the old rugged cross and believe that one day it will be exchanged for a crown.

MCH leaders and workers should take advantage of these cultural folkways and utilize these strengths in our day-to-day work with families. More and more we should allow our customers to play significant roles in their own development through nurturing self-help groups, organizing leadership training classes and when possible, hire former clients as workers.

This plan is now in your hands, colleagues. If we implement the tasks as planned, the MCH industry throughout NYC will strengthen its infrastructure and new knowledge and practice will be created that could improve birth outcomes and the health of mothers. By no means are we communicating that the road ahead will be easy. However, if we stay committed to confronting and transforming reality, we will be able to overcome the obstacles that could block the achievement of our performance objectives.

This plan cannot be achieved by just deploying downstate resources. We must mobilize statewide resources and organizations to help institutionalize our advocacy agenda, and research and practice findings as permanent components of the MCH system of care throughout New York State.

This plan is FCN's best effort to predict the forces of industry change within the maternal and child health business. However, it is not enough to see or predict what might happen next, we must dedicate ourselves to executing the actions steps above to be better positioned to survive and thrive in the new industry climate defined above. We will prevail.

*Precious Lord, Take My Hand  
Lead Me On, Let Me Stand  
I'M Tired, I'M Weak, I'M Lone  
Through The Storm, Through the Night  
Lead Me On To the Light  
Take My Hand Precious Lord, Lead Me Home*

*Yours in struggle & hope,*

*Mario Drummonds, MS, LCSW, MBA  
Northern Manhattan Perinatal Partnership  
Central Harlem Healthy Start*