

COMMUNITY COLLABORATION TO REDUCE INFANT MORTALITY IN NEW YORK CITY: A CITYWIDE EVALUATION PROCESS

Joyce Y. Hall, MPH
Executive Director, Federation of County Networks, Inc.
Marcia Bayne Smith, DSW
Department of Urban Studies, Queens College of the City University of New York

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PRESENTER DISCLOSURES

Joyce Y. Hall, MPH

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

“No relationships to disclose”

IMRI PROJECT GOALS

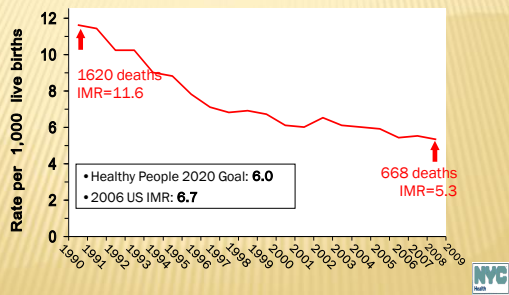
- ✘ To reduce disparities in the Infant Mortality Rate (IMR) in New York City in communities with disproportionately high rates
- ✘ To improve birth outcomes for infants in communities with high IMR

COMMUNITIES WITH HIGH INFANT MORTALITY RATES

- ✘ Bedford Stuyvesant
- ✘ Brownsville
- ✘ Central and East Harlem
- ✘ Flatbush
- ✘ Fort Greene
- ✘ Jamaica
- ✘ Lower East Side
- ✘ Morrisania
- ✘ Mott Haven
- ✘ Tremont

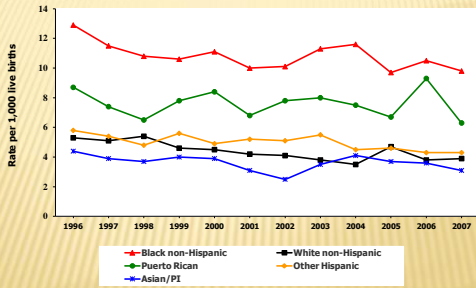


INFANT MORTALITY RATE IN NYC 1990-2009

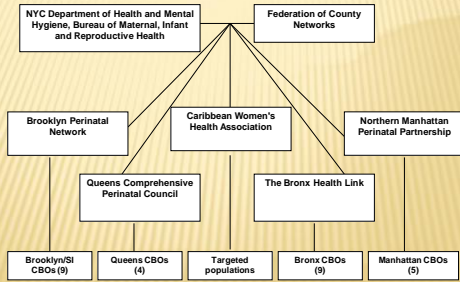


Source: Bureau of Vital Statistics; compiled by BMIRH

Infant Mortality by Race/Ethnicity NYC 1996-2007



INFANT MORTALITY REDUCTION INITIATIVE LEADERSHIP STRUCTURE & OPERATING FORMAT



EVALUATION PROCESS TIMELINE

- × FY 2002: IMRI Funding Allocated -\$5.0 Million and Core Interventions Implemented through RPCBs & CBOs
- × FY 2005: Evaluation Process discussions BMIRH, RPCBs & FCN
- × FY 2006-2007: Regional and FCN Evaluations & Revised & Standardize Data Collection Forms
- × FY 2008: Pilot Revised Forms in 8 CBOs, Convene Core Interventions Working Groups, Amend revised forms & Develop Trainings; Select Citywide Evaluator
- × FY2009-2011: Citywide Capacity-Building Core Interventions Trainings, Implement Citywide Evaluation Process

RESULTS: IMPROVED SERVICE QUALITY 2009 - 2010

Core Interventions Trainings - Capacity Building to 35 Agencies	Results
Outreach	
Number of People Reached - declined from 5,110 in 2009 To:	1,234
Percent of people identified with needs increased from 43% to:	84%
Among the 84%: those with basic needs: food, shelter, clothing	2/3
those with health needs	½
Percentage of people receiving referrals increased from 15% to	84%
Percentage of people receiving services increased from 9% to	62%
Case Management	
# of people receiving case management services 5% from 381 to	401
# of Needs identified increased from 2.2 in 2009 to:	2.6
Percent of goals achieved increased from 36% to	59%
Education Workshops increased (over 2009 by 1/3) from 8,210	11,198

PROGRAM OUTCOMES FOR 2010

Citywide Services Provided 2010	#	%
Outreach and Referrals Provided: Number of Clients reached		
Number of Clients who received referrals	1,397	(88%)
Clients who received services	1,064	(67%)
Community Educational Workshops held		
People attended workshops	7,946	
Case Management: Number of persons served in 2010		
Number of goals set by average Client	2.7	
Percent clients who set goals to meet basic needs	36%	
Percent clients who set health goals	25%	
Percent clients who set goals for children's services	29%	
Percent of goals achieved	53%	
Percent of clients who received some goals	57%	
Percent of clients who achieved all their goals	31%	

CONCLUSION

- ✘ FY 2009-2010:
 - + FCN made changes in its training and capacity building programs to prepare IMRI agencies to fully embrace and become involved in citywide evaluation.
 - + FCN had succeeded in not only hiring a citywide evaluator but also in bringing all IMRI agencies into the evaluation process.
- ✘ To accomplish its goals, FCN:
 - + Intensified its offerings of citywide trainings
 - + Provided strategic capacity building education programs to all IMRI agencies
 - + Rigorously coordinated the activities of the Citywide Evaluation Oversight Group.

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1. City Council, City of New York
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3. Caribbean Women's Health Association
4. Northern Manhattan Perinatal Partnership
5. Queens Comprehensive Perinatal Council
6. The Bronx Health Link
7. 35 IMRI Funded CBOs
8. Bureau of Maternal, Infant and Reproductive Health, NYC Department of Health and Mental Hygiene
9. Philliber Research Associates

CONTACT INFORMATION

Joyce Y. Hall, MPH
Executive Director
Federation of County Networks, Inc.
127 West 127th Street, Room 322
New York, New York 10027
(212) 932-3578
Jyhall.fedcountynetwork@verizon.net
