



The 2010 Fiscal Year Evaluation of the Infant Mortality Reduction Initiative

Executive Summary

The Infant Mortality Reduction Initiative (IMRI) was established in 2001 by the New York City Council which provides funding through the Department of Health and Mental Hygiene's Bureau of Maternal, Infant and Reproductive Health. The Initiative promotes women's health before, during and after pregnancy and works to improve outcomes for infants in order to reduce infant mortality and narrow racial/ethnic disparities in these areas.

The Federation of County Networks (FCN) provides capacity-building, training, coordination and leadership for the Initiative as a whole and represents the Initiative in working with the Bureau of Maternal, Infant and Reproductive Health. Four Regional Perinatal Coordinating Bodies (RPCB) conduct technical assistance, training and coordination activities to support the Initiative within their regions. These activities include regional coalition building, conferences, and special topic trainings. A fifth Regional Perinatal Coordinating Body – Caribbean Women Health Association – works to increase awareness and improve services to meet the needs of immigrant women of childbearing age. The core interventions – outreach & referrals, workshops, and case management – are delivered by community-based organizations (CBO) in each region along with the Regional Perinatal Coordinating Bodies.

During the 2010 Fiscal Year (July, 2009 – June, 2010):

Fewer people were reached through outreach, but more people were served.

In Fiscal Year 2010, the Initiative combined outreach and referrals into a single activity. As a result:

- **The number of people reached declined from 5,110 to 1,234.** However, few of those reached through earlier efforts were identified as having any needs.
- **The percentage of people who received referrals increased from 15% to 84%.** The actual number of people receiving referrals increased from 630 to 1,040 – a 65% increase. People were referred for services within the same agency (46%), but most often to other agencies (54%).
- **The percentage of people who received services increased from 9% to 62%.** This represents an increase from 379 to 764 people – or more than twice as many people received services as before.
- **The percentage of people with identified needs increased from 43% to 84%.** Two-thirds of those with needs had basic needs such as food, shelter, and clothing and almost half (44%) had health needs such as insurance or general health problems. Few had factors which placed them at risk of a problem pregnancy such as obesity, high blood pressure, or an earlier problem pregnancy.

Accord

16 Main Street
Accord, NY 12404
845-626-2126

Memphis

1402 Harbert Avenue
Memphis, TN 38104
901-725-1334
Fax 901-725-007

Raleigh

4224 Prelude Street
Raleigh, NC 27616
919-341-0397

Sacramento

24 East Main Street
Winters, CA 95694
530-795-3618
Fax 530-795-3619

San Diego

2772 Wilma Street
National City, CA 91950
619-267-3313
Fax 619-267-3323

The number of people attending workshops increased by a third – from 8,210 to 11,198.

- **Although most of the topics were related to childbearing, few addressed major causes of infant mortality.** For example, many adolescents attend sex education workshops while other people learn about HIV prevention, child nutrition, domestic violence, or parenting older children. While each of these topics contain information that is important to know, little of it will reduce infant mortality.
- **People give high ratings to the workshops.** Almost everyone either said the workshops were good (58%) or excellent (35%).

While approximately the same number of people received case management, the services they received increased.

- **The number of people receiving case management increased 5% from 381 to 401.**
- **The average number of needs identified increased from 2.2 to 2.6.** Three-quarters had basic needs and a third needed health services.
- **The number of clients receiving referrals increased 57% from 191 to 300; the number of referrals made doubled from 326 to 669.** Sixty-six percent of the referrals resulted in a service received.
- **The number of client goals set increased 46% from 740 to 1,080.** A third of the goals set were for basic needs while a quarter were for health services and another quarter for children's services.
- **The percentage of goals achieved increased from 36% to 59%.**
- **The percentage of clients completing case management increased from 29% to 41%.** A third of the clients achieved all of their goals in less than 9 visits. The number of clients dropping out decreased from 47% to 38%.

CONCLUSION

Either through outreach and referrals or through case management, the Infant Mortality Reduction Initiative appears to connect young women of color to services consistent with the goal of reducing disparities that increase the likelihood of infant mortality among infants born to these women. Both the number of women receiving services and the number of services they received increased during the 2010 Fiscal Year.

Targeting services to those most at risk of a problem pregnancy might increase further the impact of the Initiative on infant mortality. It is known that children born to women who have had problems with a previous pregnancy or suffer certain health problems such as obesity or high blood pressure are more likely to be victims of infant mortality. Many of these problems need to be addressed before a woman becomes pregnant. Yet there is little evidence that the Initiative is reaching these women.