

Insights

What's Behind NYC's Drastic Decrease in Infant Mortality Rates?

The saying, “if you can make it here you can make it anywhere,” of New York City, holds true for even its youngest members. New York City’s infant mortality rate—4.6 deaths per 1,000 live births in the first year of life—is nearly 30 percent lower than the U.S. rate. What’s the city’s secret? A multi-pronged, multi-sector approach that taps into the power of collaboration.

“You can’t case manage yourself out of this problem, nor will one program bring about transformation,” says [Northern Manhattan Perinatal Partnership \(NMPP\)](#) CEO and Executive Director Mario Drummonds. “You need to work at a community and policy level and take a broader systems approach. This will bring us to our goal—to eliminate infant mortality.”

Drummonds’ agency coordinates a network of health outreach, education, case management and advocacy initiatives to improve the health of women, children and families in New York’s most disadvantaged communities. NMPP was responsible for developing a community plan that reduced Central Harlem’s infant mortality rate from 27.7 in 1990 to 6.1 in 2008.

While New York City’s latest (2013 data) infant mortality rate is at a historic low—due in large part to the efforts of community-based organizations like NMPP—disparities persist. The infant mortality rate for Black infants was 8.3 in 2013, versus a rate of 3.0 per 1,000 live births among White infants. Infant mortality rates were also higher for Puerto Ricans (4.8) and other Hispanics/Latinas (4.3). Infant mortality rates also varied by socioeconomic status, with areas with higher poverty reporting 1.9 times greater rates at 5.2 compared to 2.8 per 1,000 live births in areas with low poverty.

“Communities with the most infant deaths also have the poorest access to affordable housing, quality healthcare, nutrition and education,” says Megan Lessard, evaluator at NMPP’s Healthy Start program. “We must continue to target the social inequality at the center of this epidemic.”

Cross-sector collaboration is a significant part of NMPP’s strategy to address the economic and social determinants of infant mortality. Since 2001, the organization has led a campaign to secure over \$100 million in tax-levy funding to address infant death in 10 neighborhoods throughout the city. Through the Infant Mortality Reduction Initiative (IMRI), funded by the New York City Council, NMPP collaborates with other community-based organizations, government agencies, providers and hospitals and other stakeholders to reduce infant mortality and close the

racial-economic divide. NMPP is one of the IMRI's five regional perinatal coordinating bodies (RPCBs) that provide direct services to women, infants and children and technical support to other community-based organizations.

NMPP is also one of many organizations that make up the New York team participating in the [Collaborative Improvement and Innovation Network to Reduce Infant Mortality \(Infant Mortality ColIN\)](#), led by NICHQ. IM ColIN is a federally funded, multiyear national movement engaging federal, state and local leaders, public and private agencies, professionals and communities to employ quality improvement, innovation and collaborative learning to reduce infant mortality and improve birth outcomes.

Drummonds and Lessard offer the following advice to help organizations working to reduce infant mortality rates.

1. **Take an inventory of current operations.** What is your mission? Who is your target? Do you need more capacity—and in which areas? Is staff trained in the same approach? What are your partnerships—currently and potentially—such as hospitals, other community-based organizations, government bodies and others? Discuss and document your answers to build a business plan for your organization.
2. **Work on multiple levels.** “Reducing infant mortality is not only a clinical or case management issue. You must also create plans and work on a political, media, hospital/provider and community-based level,” says Drummonds. For example, NMPP launched a massive media campaign early on that caught the attention of the mayor, which led to funding from the city council. It also started the education process for women and the community. “Talk to your city council. Talk to your mayor. They are the ones who are going to fund these initiatives. Talk to the media, church leaders, and other community organizations that may not have anything to do with infant mortality but do connect with potential constituents,” says Drummonds.
3. **Expand the focus beyond the clinical needs of pregnant women.** “We focus on the whole woman, taking into account her risk factors, and pregnancy status,” says Lessard. She explained that in addition to pregnant women, NMPP provides services to women of child-bearing age who have not yet had a baby (preconceptional), as well as women who have had a baby and are not pregnant (interconceptional).
4. **Increase capacity by hiring qualified staff.** NMPP focuses on policy, programmatic and clinical capacity building. “We make sure that all of our case managers were trained and executing on the same approach,” says Drummonds.
5. **Segment your potential constituents and develop targeted messaging.** Women’s needs vary by where they live, their lifestyle and many other factors. “We ran focus groups for each segment and asked the participants what messages resonate with them,” says Drummonds.
6. **Collaborate, collaborate, collaborate.** NMPP participates in consortiums where everyone in the targeted communities who are working on reducing infant mortality get together to share their experiences from the field. “This brings us all together and lets us hear and share information from the front line,” says Drummonds. “It helps us keep up with changes—and things are always changing—allowing us to improve our programs and messaging.”

7. **Offer educational series to women, versus a single workshop.** “When women attend multiple workshops, on different days, they develop a supportive community with each other, which invariably helps change behaviors,” says Lessard. “The psycho-social component is very important.”
8. **Monitor and evaluate.** As the adage says, ‘you can’t improve what you don’t measure.’ This and the fact that the environment is constantly changing means that it is crucial to have measures in place to consistently monitor and evaluate progress.

“Eliminating infant mortality will require that we work on multiple levels, and collaborate,” says Drummonds. “No one organization can provide all the services needed. We need to also think of the influencers; the people who are in contact with our constituents. They may not provide direct services, but their influence and referrals have a direct impact. As we have seen in New York City, when we all work together, we create lasting results.”