Lessons In Partnership

Providing Leadership to Regionalize New Haven’s Perinatal Health Systems

Elements for Change

- Vision
- Identifying Key Partners
- Effective Communication of Roles
- Commitment to Build Trusting Relationships
- Understand What’s at Stake
- Agree on your end points
Public Health Challenges

- New Haven – pop. 123,000
- Regional pop. Approx. 500,000
- 169 Towns
- 98 Health Departments
- Lack of continuity of data collection
- CT-2nd Highest Per Capita Income
- High IMR in 80’s—20.0 Per 1000


- **Driving Issue** – “Access To Care”
  - A master’s thesis led to TCF Commissioning a report on state of Infant Health
  - Commission on Infant Health Established
    - Maternal Child Health Division at NHHD
    - MANOS
    - 10 years of outreach and case management
    - Decline in Infant Mortality by 1997 (Why -- ?)
    - Introduction of FIMR in 1997
    - Healthy Start Replaces the Infant Commission in 1997
Along Came A Spider
“PPOR”

- “AH HA” Moments in New Orleans
- PPOR opened Pandora’s Box and provided access to a Tool Box
- Phase I – Problems
  - Exposed weakness of internal systems
  - We did not know as a community what we learned as partners in New Orleans, “Houston - We have a Problem”.
  - We could turn on each other, to each other, continue pretending, give up or quit, or to make a greater commitment to addressing the challenges.

The Problems & Barriers

- We did not fully understand the problem
  - Role Confusion among Public Health and TCF leaders
  - Direct Services vs. Public Health Surveillance
  - Disconnect between role and function
  - Lack of access to data
    - Absence of qualified staff to analyze it
    - HD as a place to look for data was inconsistent
    - State data with two-year lag time
    - Fragmentation among community partners
  - Old Problems and New Faces
Linking Data to Action

- **FIMR and PPOR data suggests:**
  - Infant mortality alone was not a good indicator
    - confirmed importance of understanding feto-infant mortality
    - Introducing Dr. Vijaya Hogan & Dr. Magda Peck to community as essential
    - Healthy Start/PPOR linkages are important
    - Access to Care and Care Coordination are essential component to effective care for women

Data Becomes Information

- Numbers of perinatal deaths too small
- No credible, reliable, timely data source
- Several independent FIMS in region
- Bad data in-bad data out
- 169 towns in CT
- One public Hospital serves region
- One Tertiary care hospital in the region
- No system of County government
- 98 full and part-time health departments
- 123,000 in New Haven, but 500,000 in region
Putting the Pieces Together for Evidence Based Practice

Best Practice Results

- Obtained Data
- Relationship Established with DPH and Vital Records
- Hired Physician and Epidemiologist to fill internal gaps in capacity
- Strengthen Alignment with Health Start and Perinatal Partnership
- Seeking Regional Solutions to Old Problems

TCF & Healthy Start
Best Practice Methods

- HD Assumed Role as Leader and Partner
- Established Internal Leadership Team at HD
- Recognized Competence and Performance Gaps
- Identified Staffing Needs and Took Action
- Control of Local Birth & Death Data at HD
- Seeking Regional Solutions for FIMR & PPOR

Take Away Messages

- Building Partnerships is a Process
- Maintain Open Communication
- Internal Needs Assessment is crucial
- Understand risk/rewards and capacity
- Identify Key Partners (Win-Win is more than lip-service)
- Develop willingness & courage to act on information and challenges
- Remain Open to Opportunities
- Resources = more than money