

# PNMC

## Perinatal Network of Monroe County

### *2010 Annual Report*

Perinatal Network of Monroe County  
339 East Avenue Suite 203  
Rochester, New York 14604  
Phone: 585.546.4930 Fax: 585.546.3021  
[www.pnmc-hsr.org](http://www.pnmc-hsr.org)

Perinatal Network of Monroe County  
339 East Ave, Suite 203  
Rochester, New York 14604

Non-profit org.  
US Postage  
Paid  
Rochester, NY  
Permit No. 427



## *Perinatal Network of Monroe County Board of Directors*

### Officers

Deb Peartree, President  
*Monroe Plan for Medical Care*  
Kevin Berg, Vice President  
*Visiting Nurse Service*  
Jeannette Flynn-Weiss, Secretary  
*MVP Health Care*  
Lisa S. Smith, Treasurer  
*Eagles Wings Consulting LLC*

### Members

Bridget M. Baumer  
*Hillside Work Scholarship Connection*  
Linda Chaudron  
*University of Rochester Medical Center*  
Shirl Clark  
*Monroe County Office of Faith Based and Community Initiatives*  
Michael Dedee  
*Monroe County Department of Public Health*  
Margaret H. Kearney  
*University of Rochester School of Nursing*  
Chris Scott  
*Wegman's Food Markets/Work Scholarship Connection*  
Wade Norwood  
*Finger Lakes Health Systems Agency*  
Jeanine Vendetta  
*Jewish Community Federation of Greater Rochester*  
Lois Williams -Norman  
*Monroe Community College*

---

### *Staff*

Patricia Brantingham, Executive Director  
  
Sherita Bullock, Community Relations Manager  
Anita Irene Marrero, CPPSN Program Manager  
Anita McCarthy, Healthy Start Project Director  
Ashley Bush, Health Educator  
Jacqueline Procope-Isaacs, Project Assistant  
Jennifer A. Z. van Remmen, Communications Assistant

## *Agency News*

### *Staffing Changes*

Sandy Berg, clinical supervisor for the Healthy Start program, retired January 31, 2010 (again!). She has the great joy of helping to care for her new baby granddaughter as well as having time for her garden and travel. PNMC is grateful that Sandy agreed to continue to provide quality assurance reviews for the Healthy Start centers on a contract basis, so we continue to reap the benefit of her experience and expertise.

The Health Educator position was left vacant in Feb. when Luz Morales resigned her position. We have hired Ashley Bush to fill that position. Ashley has been a teacher, a health educator, and a project coordinator. She brings intelligence and energy to her new role. We look forward to increasing the impact of PNMC in the community as Ashley focuses on new opportunities to provide both information and motivation for improved perinatal health.

---

### *Agency Funding*

PNMC funding continued to grow in 2009 –10. Our core funding from HRSA for the Healthy Start program was approved for a new grant period (2010—2014) at \$500,000 per year; the NYS Department of Health grant was approved for the final year of the current grant period (2006—2011) at \$170,488. A new round of State funding is planned; applications will be submitted in the coming year. Rochester Primary Care Network renewed funding for the Comienzo Sano/Healthy Start program at Clinton Family Health Center through March 2011. The Greater Rochester Health Foundation grant for the Staying in the Range project will end as planned on September 30, 2010; the two-year project funding was \$83,445. And we are nearing the end of the third year of a five-year contract with the University of Rochester Medical Center for the community based participatory research project on breastfeeding.

New this year, PNMC was chosen by the Monroe County Department of Public Health to take the lead in developing a plan for a comprehensive system of risk assessment and referral for Medicaid-eligible women. PNMC will receive up to \$200,000 for the planning phase of the project; we anticipate participating in the subsequent implementation phase as well.

## *Healthy Mom Healthy Baby*

The Perinatal Network of Monroe County will be working with the Monroe County Department of Public Health on a new initiative entitled the Healthy Mom-Healthy Baby Prenatal and Postpartum Home Visiting Program.

Monroe County is one of six counties chosen by New York State to create and pilot a comprehensive system of risk identification and referral. Each county is to develop a plan by Oct. 1, 2010 and then implement it over the next four years.

The foundation of the program is to be a universal screen by prenatal care providers of Medicaid-eligible women that is used to identify needs and link at-risk women to appropriate services, including home visiting. There are five required components of the program:

- **Early identification of risk:** Use of a standardized risk form by prenatal care providers; plans should include a mechanism to encourage providers to complete the form in the first trimester.
- **Coordination and referral:** Assess needs and coordinate referral to an appropriate service.
- **Infrastructure:** Infrastructure and process to use the information to make referrals and to analyze aggregate data for systems improvement.
- **Outreach:** Reach out to women and their infants who are at high risk of poor maternal child health outcomes and who might not otherwise visit services.
- **Home visiting services:** Provide social support, health education, and assistance in obtaining needed services.

In the current planning phase, the first steps are to document the risk identification and referral processes currently used by prenatal care providers; to identify all perinatal support programs and their target populations, program components, and capacity; to identify available systems infrastructure; and to identify local outreach programs that might be integrated into the project or serve as models for new outreach capacity.

PNMC is working in close partnership with the Monroe County Department of Public Health to design a project that builds on the strengths and collaborative culture of the Rochester community.

## *Health Status Report*

The Perinatal Network commissioned the Finger Lakes Health Systems Agency to conduct an investigation into the health status of women of childbearing age in Monroe County, with a particular emphasis on the nine zip codes in the City of Rochester that constitute the target geography for our Healthy Start program. Although our focus is on the child bearing years, we recognize that health develops throughout life. The study includes data that extend beyond traditional measures of perinatal health to include the social, environmental, behavioral, and biological determinants of health. These data inform a deeper understanding of the dynamics of health development by exploring the determinants that support or suppress health trajectories for various groups within the community.

FLHSA gathered data about a range of health indicators for women of child-bearing age. Data were collected from a variety of sources, including national demographic databases, state and county health/hospitalization information, and from community databases, including the 2006 Monroe County Adult Health Survey, the 2004-2007 Children's Institute Parent Appraisal of Children's Experiences (PACE) Survey, and the Monroe County Sheriff's Department.

The most striking, albeit not surprising, findings relate to the impact of race and educational attainment on health status. For example, when adjusted for race and educational attainment, the difference between the Healthy Start area and suburban Monroe County (where women are generally in very good health) in low birth weight rates virtually disappeared. In other words, the majority of the difference between low birth weight rates for these study areas is explained by mother's race and educational attainment. Low birth weight is a telling proxy for life course health.

If we are to improve perinatal health (and by extension, life-long health) we must learn how to mitigate the mechanisms by which race and educational attainment affect health. Our challenge is to engage parents, schools, medical providers, business, the faith community, and the human service community in the life course health development discussion so that we all can address the environmental, behavioral, and biological determinants of our children's health trajectory.