Summary of the Maternal, Infant, and Child Health Program in Newark, NJ

Mission:  
To improve health outcomes for mothers, infants, and children in Newark NJ by providing access to quality healthcare services, education, community support and fostering healthier families and stronger communities.

Goals:

  1. Reduce maternal and infant morbidity and mortality rates in Newark.

  2. Increase access to prenatal and postnatal care and support for women and their families.

  3. Promote healthy child development through education and low cost resources.

Objectives:

  1. To ensure that 75% of pregnant women in the target population of Newark receive timely prenatal care.

  2. To increase the percentage of children in Newark  receiving vaccinations by 20% within two years.

  3. To provide educational workshops on maternal and child health topics to at least 400 families annually.

Intervention:

The program will implement a community-based home visiting and in clinic initiative, where trained health workers provide personalized support and education to expectant and new mothers. This intervention aims to improve health literacy, enhance access to services, and support healthy pregnancies and parenting practices to the targeted population.

Important Resources:

Key resources include partnerships with local health clinics, hospitals, community organizations and access to federal and state maternal and child health funding. Additionally, relevant training programs for health workers and educational materials for families will be developed.

Implementation:

The program will be rolled out in phases, starting with a pilot in highest needed neighborhoods. Recruitment of health workers, training and collaboration with local community organizations will also occur in this initial phase. Utilizing an ongoing evaluation system will ensure that the program remains responsive and relevant to the community needs.

Marketing:

To raise awareness, the program will utilize a mixed marketing strategy to include social media campaigns, community workshops and collaboration with local leaders and community organizations, medical offices and local clinics. Outreach efforts will focus on reaching underserved populations through culturally relevant messaging and multi lingual materials.

Program Reflection

What I Like Most:

 I like the community based approach of my program, which emphasizes personalized support and education tailored to the unique needs of the diverse families in Newark. This hands on local level strategy will enable trust and ensure engagement, ultimately leading to better health outcomes for the targeted population.

Major Challenge:

One major challenge will be securing ongoing funding and resources to sustain the program long-term. Ensuring that the program can continue to operate and expand its services will require long term advocacy and relationship building with funding agencies

Scholarly Source

Source:

Khan Z, Vowles Z, Cristina Fernandez Turienzo, et al. Targeted health and social care interventions for women and infants who are disproportionately impacted by health inequalities in high-income countries: a systematic review. International Journal for Equity in Health. 2023;22(1). doi:https://doi.org/10.1186/s12939-023-01948-w

[Gretchen Rausch](https://canvas.liberty.edu/courses/692922/users/1505423)

Oct 13 9:41am

**Reply from Gretchen Rausch**

Simone thank you for your discussion on your plan!

New Jersey has the fourth highest maternal mortality rate in the country with 46 per 100,000 live births.1 Providing better lifestyles for women and children is a passion of mine as well and I believe as public health workers, we must advocate for individuals who need the most assistance. You must start by determining the social determinants of health, such as poverty, education, and access to transportation. Creating a program that supports low-income families, provide transportation to healthcare facilities, and offer educational resources can help bridge gaps in care. Once women feel safe and comfortable with the program, I believe you will see an increase in the number of people attending. Creating a bond and trust is a huge priority when implementing programs because if they don't trust you or the process, it is almost a lost cause. As far as your marketing strategy, some of these communities do not have access to smart phones or internet to access social media so just ensure you're using the best technique for getting information out there. I also agree that the biggest hurdle could be maintaining funds to keep the program going, that is true for any program implementation. You just have to make sure you get the best people on board to support the program financially. It is a good idea to invest in efficient data collection and research helps identify at-risk populations and tailor interventions accordingly. Collaborative efforts between governments, non-governmental organizations, and communities are vital in creating sustainable changes.

Hebrews 13:16 says, "And do not forget to do good and to share with others, for with such sacrifices God is pleased."2We as public health advocates have a special passion for helping others and if we have the ability to do so, we must.

1. “New Jersey.” *Georgetown Institute of Women Peace and Security*, 2024, giwps.georgetown.edu/states/new-jersey/. Accessed 13 Oct. 2024.

2. BibleStudyTools Staff. “Bible Verses about Helping Others.” *Bible Study Tools*, Salem Web Network, 4 Feb. 2015, www.biblestudytools.com/topical-verses/bible-verses-about-helping-others/. Accessed 13 Oct. 2024.

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**SF**

[Simone Fletcher](https://canvas.liberty.edu/courses/692922/users/1682666)

Oct 13 7:37pm

**Reply from Simone Fletcher**

Thank you for your thoughtful response Gretchen, I completely agree with your insights regarding the critical importance of addressing social determinants of health in my maternal and child health program. Recognizing factors such as poverty, education, and transportation access is an essential component for developing effective interventions. Your emphasis on building trust and creating a safe environment for participants is particularly important and it is noted, without trust, it is indeed challenging to engage families that need this health program. John 16: 21 tells us that “a woman has worry when her time has come but forget her anguish and feels joy because her baby has come.” 1My program should ensure that this is the story for all women in Newark.

I appreciate your suggestions on providing transportation and educational resources to low-income families, as these initiatives can significantly reduce barriers to accessing care. As a matter of fact I will incorporate these elements in my program. It is vitally to ensure that my marketing strategies are inclusive and consider the varied access to technology within these communities. Utilizing community events, flyers, and local partnerships can help us reach those who may not have access to smartphones or the internet and finding ways to expand on what I already have included in my plan.

Moreover, your point about investing in efficient data collection cannot be overstated. Understanding the specific needs of the at risk population group will allow me to tailor my interventions effectively. Collaboration between government agencies, NGOs, and local communities will be key to sustaining my efforts and ensuring that I can continue to make a meaningful impact.

Your quote from Hebrews 13:16 beautifully encapsulates our mission as public health advocates. It’s a privilege to be in a position to help others, and I’m committed to doing so with compassion and dedication. Thank you for your valuable input!

1. John 16:21 NIV - - Bible Gateway. www.biblegateway.com. https://www.biblegateway.com/passage/?search=John%2016%3A21&version=NIV