

# **Competitive Grants to Local Health Departments for Improving Maternal and Child Health**

**Session Law 2021-180, Section 9G.1.(c)**



**Report to the  
Joint Legislative Oversight Committee on Health and  
Human Services**

**By  
North Carolina Department of Health and Human  
Services**

**July 20, 2023**

## Background

Session Law 2021-180, Section 9G.1 directs the Department of Health and Human Services to award competitive grants to Local Health Departments to address North Carolina's birth outcomes, overall health status of children in this State from ages birth to five, and the State's infant mortality rate. Section 9G.1.(c) directs the Department of Health and Human Services Secretary to, no later than July 1 of each year, as applicable, announce the recipients of competitive grant awards and allocate funds to the grant recipients for the respective grant period pursuant to the amounts designated under subsection (a). After awards have been granted, the Secretary is required to submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the grant awards that includes at least all the following:

- (1) The identity and a brief description of each grantee and each program or initiative offered by the grantee.
- (2) The amount of funding awarded to each grantee.
- (3) The number of persons served by each grantee, broken down by program or initiative.

This report fulfills the reporting requirements in Session Law (S.L.) 2021-180 and, as such, describes activities undertaken by the **Improving Community Outcomes for Maternal and Child Health (ICO4MCH) Program** and those LHDs funded to implement ICO4MCH during the 2022-2023 and 2023-2024 fiscal years following the last Request for Applications (RFA).

## Evaluation Plan

The goal of the evaluation plan is to determine the effectiveness of the **Improving Community Outcomes for Maternal and Child Health Initiative (ICO4MCH)** and to inform future investment and funding decisions. Data was collected from the grantee sites to document improvements in the short-term and intermediate outcomes and long-term outcomes will be evaluated using vital statistics data from the NC State Center for Health Statistics. Evaluation of ICO4MCH also helps to identify areas of improvement with implementing the evidence-based strategies (EBS) and helps to develop guidance to replicate successes of ICO4MCH. To support the ongoing work of ICO4MCH, a statewide evaluation team was developed during the 2016-17 funding cycle. Public and private stakeholders meet two to three times a year to provide guidance and technical assistance to ICO4MCH and the evaluation team from UNC Gillings School of Global Public Health (UNC SPH).

During the 2016-17 funding cycle, the statewide evaluation team determined a need for an additional evaluation question to assess if the EBS were being implemented in an equitable manner; therefore, the following question was added: *To what degree are grantees able to modify the implementation of EBS based on the results of ongoing equity assessments?*

## Outcomes

The intended outcomes of ICO4MCH are broken down into three categories:

- Long-term (3 to 5 years)
- Intermediate (1 to 3 years)
- Short-term (less than 1 year)

## Collective Impact

Collective Impact is an effective means of collaboration and is a proven approach for helping organizations work together. Grantees utilize this framework to implement ICO4MCH in their service area.

- Grantees contracted with the National Maternal and Child Health Workforce Development Center (UNC-Chapel Hill-Gillings School of Global Public Health) to provide implementation coaching to support the multi-faceted activities of ICO4MCH in their service areas. Each newly funded grantee was required to contract with one Implementation Coach. This requirement was optional for previously funded grantees. Support included: technical assistance, Community Action Team (CAT) development, implementation, and evaluation of multiple assessments with the CAT and leadership team.

## Implementation

ICO4MCH<sup>1</sup> implemented year two of the funding cycle June 1, 2020 – May 31, 2022 and completed the following actions:

- (1) Executed a contract with the UNC Gillings School of Global Public Health (SPH) to develop and implement a statewide evaluation to meet the requirements of the original legislation outlined in S.L. 2021-180, Section 9G.1.
  - A contract of \$76,093 was executed to conduct the evaluation activities in Year 2 of the funding cycle.
  - Dr. Christine Tucker continued to serve as Principal Investigator and implemented the multi-level evaluation with support from a masters prepared research assistant. Dr. Dorothy Cilenti is an Associate Professor and served as Principal Investigator of implementation science/coaching at the Department of Maternal and Child Health at the UNC SPH. She is also Executive Director of the National Maternal and Child Health (MCH) Workforce Development Center. Lindsey Yates, implementation coach and post-doctoral fellow at UNC SPH collaborates with and provides support to Dr. Cilenti and ICO4MCH local sites.
  - Collaboratively, the DPH Women Infant and Community Wellness Section (WICWS) and UNC SPH determined the analyses to be conducted.

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<sup>1</sup> Session Law 2015-241, Section 12E.11. (e) originally provided funding for up to three years for each local health department; however, in July 2017 the period of funding was reduced to a term of two years. Funded health departments were notified of the legislative change.

- In addition, bi-annual reports from each grantee and a comprehensive statewide annual report would be produced.

(2) Local health departments selected from the following evidence-based strategies:

Program Aims	Strategies
Improve Birth Outcomes	<ul style="list-style-type: none"> <li>• Reproductive Life Planning, utilizing a Reproductive Justice Framework</li> <li>• Preconception and Interconception Health</li> </ul>
Reduce Infant Mortality	<ul style="list-style-type: none"> <li>• Tobacco Cessation and Prevention</li> <li>• Ten Steps for Successful Breastfeeding with a focus on Steps 3 &amp; 10</li> </ul>
Improve Child Health, ages 0-5	<ul style="list-style-type: none"> <li>• Triple P (Positive Parenting Program)</li> <li>• Family Connects Newborn Home Visiting Program</li> </ul>

The criteria included the following:

- 1,000 or more births in 2019 in the county(ies) AND
- At least ONE of the following:
  - Combined 2017-2019 infant mortality rate must be 10.4 or higher per 1,000 live births and 20 or more infant deaths
  - Combined 2017-2019 infant mortality disparity ratio must be 2.5 or higher
  - Percent of children <5 years of age living in poverty must be 35.7% or higher (ACS 2015-2019 data); or
  - Percent of children <19 years of age who are uninsured must be 8.7% or higher (2019 SAHIE).

(3) DPH funded the following local health departments (LHDs) to implement ICO4MCH during 2021-2022 funding cycle. Each LHD was required to implement at least one evidence-based strategy per program aim during FY 2022.

County/Counties	Proposed Program for Each Major Aim	Annual Funding
Sandhills Collaborative Scotland Montgomery Hoke Richmond	<p><b>Improved birth outcomes</b>-Improving Preconception/Interconception Health</p> <p><b>Reduced infant mortality</b>-Ten Steps for Successful Breastfeeding</p>	\$500,000

	<b>Improved health among children ages-0-5-Positive Parenting Program (Triple P)</b>	
<b>High Country Collaborative</b> Appalachian Health District (Alleghany, Ashe, Watauga) Avery Wilkes	<b>Improved birth outcomes-</b> Reproductive Life Planning including increased access to and utilization of LARCs (long acting reversible contraceptives)  <b>Reduced infant mortality-</b> Tobacco Cessation and Prevention  <b>Improved health among children aged 0-5-Family Connects Newborn Home Visiting Program</b>	\$500,000
<b>Mecklenburg/Union Collaborative</b>	<b>Improved birth outcomes-</b> Improving Preconception and Interconception Health  <b>Reduced infant mortality-</b> Ten Steps for Successful Breastfeeding  <b>Improved health among children ages 0-5-Positive Parenting Program (Triple P)</b>	\$400,000
<b>Durham</b>	<b>Improved birth outcomes-</b> Reproductive Life Planning including increased access to and utilization of LARCs  <b>Reduced infant mortality-</b> Ten Steps for Successful Breastfeeding  <b>Improved health among children ages 0-5-Family Connects Newborn Home Visiting Program</b>	\$500,000
<b>Wake</b>	<b>Improved birth outcomes-</b> Reproductive Life Planning including increased access to and utilization of LARCs  <b>Reduced infant mortality</b> Ten Steps for Successful Breastfeeding	\$475,000

	<p><b>Improved health among children aged 0-5-</b> Family Connects Newborn Home Visiting) Program-Wake changed from FC to the Positive Parenting Program EBS effective June 1, 2022.</p>	
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**Improve Birth Outcomes:** Reproductive Life Planning (RLP)

During this timeframe, 3 grantees (7 LHDs-Durham, High Country Collaborative and Wake) implemented this evidence-based strategy (EBS).

- The following table provides a summary of activities under the Reproductive Life Planning EBS.

	<b>High Country Collaborative</b>	<b>Wake County</b>	<b>Durham County</b>	<b>Total ICO4MCH</b>
# of LARCs obtained at the LHD	356	1,844	1,224	3,424
# men & women of childbearing age reached	889	4,388	6,587	11,864
# community members reached by outreach and education events	0	0	341	341
# trained staff and health care providers	1	56	0	57

- Durham County established new collaborations with Welcome Baby and MAAME (Mobilizing African American Mothers through Empowerment), shared information about RLP and health department services with women and families at drive-through baby showers, collaborated with the local Boys & Girls Club, and a Discovery Charter was started that taught RLP education to individuals of reproductive age. A partnership was also established with Lincoln Community Health Center to provide LARCs to low-income women without Medicaid.
- High Country Collaborative (HCC) trained one LHD provider on administrative trainings relevant to RLP. During the first two quarters, HCC met with community partners and developed a plan with SHIFT NC to offer training programs to local providers. They also reconnected with Avery Health Department to discuss current needs and RLP goals. HCC continued to offer same-day LARC access across the HCC LHD locations in Q1 and Q2.
- Wake County trained 56 providers on reproductive justice and counseling approaches relevant to RLP, 11 LHD providers on IUD and/or implant insertion or removal and three LHD providers on administrative efforts relevant to RLP. Some of Wake's accomplishments included the completion of the Upstream training in Q1 and the hiring of a Community Health Worker in Q3 who will support RLP efforts and support the Implementation Team in developing partnerships. In Q4 they focused on building internal

support among new public health staff and leadership as they reopen regional center clinics and expand the Upstream model to those sites. Additionally, Wake County's public health information technology team continued to work with Upstream to solve issues related to data integration and reporting. Wake County staff also met with a representative from Sister Song to learn more about the availability of Reproductive Justice 101 and 102 trainings to offer in the next funding cycle.

### **Reduce Infant Mortality: Tobacco Cessation and Prevention**

One grantee (4 LHDs-High Country Collaborative) implemented this EBS.

- High Country Collaborative (HCC) held two 5As (Ask, Advise, Assess, Assist, Arrange) evidence-based smoking cessation counseling, Certified Tobacco Treatment Specialist, and other trainings during this timeframe. A total of 88 participants were trained including local health department staff, clinicians, non-clinicians and community partners.
- Grantees completed the research and planning process for Breathe Well Baby, a program based on the Baby and Me Tobacco Free model. The goal is to support pregnant individuals and their families in smoking cessation through behavioral coaching and a Family Bucks rewards system to incentivize participation and improve maternal and fetal health.
- Grantee created a task force to begin planning their approach to vaping prevention/cessation needs in local area schools.
- HCC collaborated with the Regional Tobacco Prevention and Control Manager and another community partner on supplying three counties (Alleghany, Ashe and Wilkes) with tobacco prevention curriculum, implementing the Coordinated Approach to Child Health (CATCH) My Breath model, and installing vaping detectors to deter use on school campus. To ensure sustainability of this work, the grantee added a stipulation in vaping detector funding that the curriculum must continue to be implemented.
- Finally, the grantee had 11 LHD staff trained as Certified Tobacco Treatment Specialists (CTTS).

### **Reduce Infant Mortality: Ten Steps for Successful Breastfeeding**

Four grantees (8 LHDs-Durham, Mecklenburg and Sandhills Collaborative, and Wake) implemented this EBS.

- Grantees worked with a total of 54 businesses, worksites, schools, and organizations to become breastfeeding friendly spaces to accommodate breastfeeding women (patrons or employees).
- Across all 4 sites, 540 training sessions were held and 762 staff were trained as breastfeeding peer counselor and related trainings across the ICO4MCH counties.
- One grantee site (Mecklenburg-Union Collaborative) reached 1030



women during their prenatal visits while implementing the Patient Decision Aid program. This evidence-based model uses patient friendly tools to share health and health care information with patients and aids in individual decision making.

- ICO4MCH grantees established 8 new partnerships with local organizations and held 113 outreach and educational events providing breastfeeding education to 5,976 individuals.
- Public schools across four grantee counties have been trained on the Breastfeeding Friendly Business model and are now partnering with courthouses to put private nursing spaces in place.

**Improve Health Among Children Ages 0 – 5:** Positive Parenting Program (Triple P)

Two grantees (6 LHDs-Mecklenburg-Union and Sandhills Collaboratives) implemented this EBS.

The following table provides a summary of activities for this EBS:

	<b>Mecklenburg-Union Collaborative</b>	<b>Sandhills Collaborative</b>	<b>Total ICO4MCH</b>
# families (caregivers) served	1,864	13	1,877
# children 0-5 served	3,308	15	3,323
# outreach and education provided to parents and staff	600	191	791
# new accredited and active practitioners	132	5	137
# coaching and peer support contacts	138	378	516

**Improving Birth Outcomes:** Improving Preconception and Interconception Health

Two grantees (6 LHDs-Mecklenburg/Union and Sandhills Collaboratives) implemented this EBS.

- Sandhills Collaborative grantee site provided 2,225 primary care pre-pregnancy visits and engaged in encouraging conversations about health and wellness and contraceptives with patients.
- Both grantees completed RLP assessments using the Centers for Disease Control and Prevention’s Steps to a Healthier Me and Baby to Be tool with 8,172 women and 1,731 men of reproductive age. Provider trainings were conducted on reproductive justice and RLP counseling.

- Mecklenburg-Union and Sandhills Collaboratives held 97 outreach events on preconception and interconception health reaching 2,021 women of reproductive age. Workshops were held and grantee staff received positive feedback via pre- and post-test responses from attendees noting planned behavior change.
- Grantees continued their success by hosting 9 hybrid events during Black Maternal Health Week including mindfulness workshops, an awareness walk, and roundtable discussions in collaboration with their local Community Resource Center.
- Grantees ran social media campaigns focused on preconception health via Facebook and Instagram. The two social media platforms had a total of 1,871 views over a three-month period.
- Grantees received Mothers and Babies training, an evidence-based intervention that prevents postpartum depression and its long-term effects on pregnant people, new parents, and children and helps them manage stress. The Mothers and Babies Program is led by Dr. Darius Tandon of the Center for Community Health at Northwestern University.
- Grantees delivered Mothers and Babies group and individual sessions to 156 women. Referrals were provided and achieved a 72% connection rate.

**Improve Health Among Children Ages 0 – 5:** Family Connects Newborn Home Visiting Program

Three grantees (3 LHDs-Durham, High Country Collaborative and Wake) implemented this EBS.

The following table provides a summary of activities for this EBS:

<b>Family Connects (FC) Program Activity</b>	<b>Durham County</b>	<b>High Country Collaborative</b>	<b>Wake County</b>
# home visits completed	449	157	*
# families with referrals completed	24	81	*
# referrals with services received by post-visit contact	34	140	*

\*Wake County did not implement the Family Connects (FC) Program due to challenges experienced in establishing an initial contract with the FC national office, unexpected increase in program costs, and barriers hiring staff in light of the COVID-19 pandemic. Their funds were not expended for this activity. Wake County has switched to Triple P in the new funding period.

Following the release of a third Request for Applications (RFA), DPH funded the following local health departments (LHDs) to implement ICO4MCH during the 2022-2023 and 2023-2024 fiscal years.

<b>County/COUNTIES</b>	<b>Proposed Program for Each Major Aim</b>	<b>Amount of Funding for 2 years</b>
Sandhills Collaborative	<b>Improved birth outcomes-</b> Improving Preconception and Interconception Health	\$1,000,000 (\$500,000 annual funding)
Scotland County		
Montgomery County		

Hoke County Richmond County	<p><b>Reduced infant mortality</b>-Ten Steps for Successful Breastfeeding</p> <p><b>Improved health among children aged 0-5</b>-Positive Parenting Program (Triple P)</p>	
Guilford County	<p><b>Improved birth outcomes</b>-Improving Preconception and Interconception Health</p> <p><b>Reduced infant mortality</b>-Ten Steps for Successful Breastfeeding</p>	\$950,000 (\$475,000 annual funding)
Mecklenburg/Union Collaborative	<p><b>Improved birth outcomes</b>-Improved Preconception and Interconception Health</p> <p><b>Reduced infant mortality</b>-Ten Steps for Successful Breastfeeding</p> <p><b>Improved health among children aged 0-5</b>-Positive Parenting Program (Triple P)</p>	\$1,000,000 (\$500,000 annual funding)
Durham County	<p><b>Improved birth outcomes</b>-Reproductive Life Planning</p> <p><b>Reduced infant mortality</b>-Ten Steps for Successful Breastfeeding</p> <p><b>Improved health among children aged 0-5</b>-Family Connects Newborn Home Visiting Program</p>	\$900,000 (\$450,000 annual funding)
Wake County	<p><b>Improved birth outcomes</b>-Reproductive Life Planning</p> <p><b>Reduced infant mortality</b>-Ten Steps for Successful Breastfeeding</p> <p><b>Improved health among children aged 0-5</b>-Family Connects Newborn Home Visiting Program*</p>	\$1,000,000 (\$500,000 annual funding)

The impact on infant mortality and improved birth outcomes is a multifactorial health issue rooted in many factors. It is difficult to determine the specific impact of these evidence-based programs alone within each county. The \$2.5 million is only one source of funding for the state’s infant mortality and improved birth outcomes efforts, and this impact should be determined in

the full context of the counties' resources, given many counties have been experiencing other reductions related to their maternal and infant health funding as well as challenges with staffing.

The following table lists the overall infant mortality rates (deaths per 1000 live births) and the Non-Hispanic Black/Non-Hispanic White disparity ratio for the ICO4MCH counties for the 2019-2021 timeframe in comparison to the 2016-2018 rates.

<b>COUNTY/AREA</b>	<b>INFANT MORTALITY RATE 2016-18</b>	<b>INFANT MORTALITY DISPARITY RATIO (BLACK/WHITE) 2016-18</b>	<b>INFANT MORTALITY RATE 2019-2021</b>	<b>INFANT MORTALITY DISPARITY RATIO (BLACK/WHITE) 2019-2021</b>
<b>NORTH CAROLINA</b>	7.0	2.63	6.8	2.65
<b>ICO4MCH COUNTIES</b>	5.8	3.26	5.7	3.55
<b>NON-ICO4MCH COUNTIES</b>	7.6	2.49	7.4	2.49
ALLEGHANY	3.5*	0	3.5*	0
ASHE	4.8*	0	4.6*	0
AVERY	4.8*	0	9.8*	0
DURHAM	5.6	4.00	6.4	3.75
HOKE	7.1	3.66*	7.9	7.89*
MECKLENBURG	5.6	3.57	5.4	3.01
MONTGOMERY	10.7*	1.87*	7.6*	0
RICHMOND	9.7	1.49*	13.0	3.96*
SCOTLAND	8.9	2.60*	9.9	5.38*
UNION	4.8	2.82	3.7	8.32*
WAKE	5.5	4.67	5.4	4.31
WATAUGA	11.6	0	4.3*	0
WILKES	6.9	3.79*	8.4	3.42*

\*Rates based on small numbers (fewer than 10 deaths) are unstable and should be interpreted with caution.

The impact of the COVID-19 pandemic continued to show up in the work of ICO4MCH grantees. Challenges experienced by grantees included not being able to deliver in-person Mothers and Babies health education and Triple P sessions and home visits with families (Family Connects). LHD sites hosted virtual meetings instead. They overcame challenges and were innovative in their approach in order to successfully carry out required program deliverables.

The next report on Competitive Grants to Local Health Departments for improving Maternal and Child Health will include the outcome of activities implemented during 2022-2023 funding cycle.