

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

Session Law 2023-134, Section 9H.1.(c)



Report to the

**Joint Legislative Oversight Committee on Health
and Human Services**

By

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

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Background

Session Law 2023-134, Section 9H.1. directs the Department of Health and Human Services' Division of Public Health (DPH) to award competitive grants to Local Health Departments (LHDs) 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 9H.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 2023-134 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).

Purpose

The purpose of the Improving Community Outcomes for Maternal and Child Health (ICO4MCH) program is to implement evidence-based strategies (EBS) that address and lower infant mortality rates, improve birth outcomes, and enhance the overall health status of children ages birth to 5. ICO4MCH program efforts focus on three program aims that align with evidence-based strategies that LHDs must implement to improve maternal and child health outcomes. LHDs must apply competitively every two years to receive the funding for this program.

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 has been developed. 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?*

Each funded ICO4MCH project examines the social determinants of health within each aim to fully understand the health inequities that exist and how to address them. Health Equity Impact Assessment (HEIA) engagement activities are done at least annually with lead LHD partner staff, persons with lived experience, and community partners to review and analyze social determinants of health and outcomes data from one evidence-based strategy being implemented during the fiscal year. Upon completion of the HEIA, feedback from HEIA participants and data is used to make modifications to the EBS being implemented.

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. LHDs utilize this framework to implement ICO4MCH in their service area.

- LHDs 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 is now required to contract with one implementation coach. Support included: technical assistance, Community Action Team (CAT) development, implementation, and evaluation of multiple assessments with the CAT and leadership team.

Implementation

ICO4MCH¹ implemented year three of the funding cycle: June 1, 2022 – May 31, 2023, 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.

¹ 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.

- 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 master’s 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 and UNC SPH determined the analyses to be conducted.

In addition, biannual reports from each grantee are submitted.

(2) LHDs were selected from the following evidence-based strategies (EBS):

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

The criteria to apply included the following:

- 1,000 or more births in 2021 in the county(ies) AND
- At least ONE of the following:
 - Combined 2019-2021 infant mortality rate must be 10.2 or higher per 1,000 live birth and 20 or more infant deaths;
 - Combined 2019-2021 infant mortality disparity ratio must be 2.6 or higher;
 - Percent of children <5 years of age living in poverty must be 32% or higher (ACS 2017-2021 data); or
 - Percent of children <19 years of age are uninsured must be 8.3% or higher (2020 SAHIE).

(3) Following the RFA process, DPH funded the LHDs listed below in the table to

- implement ICO4MCH during 2022-2023 funding cycle.
- (4) Each LHD was required to implement at least one EBS per program aim during FY 2023.

County/Counties	Proposed Program for Each Major Aim	Annual Funding
Sandhills Collaborative Scotland Montgomery Hoke Richmond	<p>Improved birth outcomes Improving Preconception and Interconception Health</p> <p>Reduced infant mortality-Ten Steps for Successful Breastfeeding</p> <p>Improved health among children ages-0-5-Positive Parenting Program (Triple P)</p>	\$450,000
Guilford	<p>Improved birth outcomes Improving Preconception and Interconception Health</p> <p>Reduced infant mortality-Ten Steps for Successful Breastfeeding</p> <p>Improved health among children aged 0-5 Family Connects Newborn Home Visiting Program</p>	\$475,000
Mecklenburg-Union Collaborative	<p>Improved birth outcomes Improving Preconception and Interconception Health</p> <p>Reduced infant mortality-Ten Steps for Successful Breastfeeding</p> <p>Improved health among children ages 0-5-Positive Parenting Program (Triple P)</p>	\$500,000

<p>Durham</p>	<p>Improved birth outcomes Reproductive Life Planning including increased access to and utilization of long-acting contraceptives (LARCs)</p> <p>Reduced infant mortality-Ten Steps for Successful Breastfeeding</p> <p>Improved health among children ages 0-5-Family Connects Newborn Home Visiting Program</p>	<p>\$450,000</p>
<p>Wake</p>	<p>Improved birth outcomes Reproductive Life Planning, including increased access to and utilization of LARCs.</p> <p>Reduced infant mortality Ten Steps for Successful Breastfeeding</p> <p>Improved health among children aged 0-5. Positive Parenting Program (Triple P)</p>	<p>\$500,000</p>

Improve Birth Outcomes: Reproductive Life Planning

During this timeframe, two LHDs -Durham and Wake implemented this EBS.

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

	Wake County	Durham County	Total ICO4MCH
# of LARCs obtained at the LHD	747	521	1,268
# community members reached by outreach and educational events	2,114	553	764
# staff and health care providers trained	8	0	8

- Durham County continued to collaborate with Lincoln Community Health Center to provide long-acting reversible contraception (LARCs), engaging community partners on outreach and education. Durham County worked to incorporate the reproductive justice (RJ) framework in their clinics by using the teach-back method and tiered counseling approach. In Quarter 3, they hosted a webinar titled “State of Emergency: The Maternal Health Crisis”, highlighting the injustices Black and Brown women face and how they can be addressed through principles of RJ. Durham was added to the NCCARE360 database for referrals on RJ/RLP education.
- In Quarter 1, Wake County worked with Upstream to finalize the mechanism for sharing data related to the implementation of the upstream model through their IMAT dashboard. In Quarter 2, Wake County faced challenges pertaining to the expansion of Upstream to regional center clinics due to the lack of a full-time medical director, and the loss of an Upstream implementation coach. Therefore, they shifted their focus to staffing to ensure the proper leadership was in place to support the implementation of Upstream in regional centers clinics. In Quarter 3, the Wake County MCH nurse home visitors and the MCH health educator completed Upstream training, which included RJ and non-coercive contraceptive care counseling modules. Wake County incorporated RJ frameworks through Upstream training modules, patient education materials, and customer satisfaction surveys. They also expanded training beyond the clinical staff to ensure all LHD providers have RJ knowledge to equitably deliver services.

Improve Birth Outcomes: Improving Preconception and Interconception Health

Three LHDs, covering seven counties, (Guilford, Mecklenburg-Union, and Sandhills Collaborative) implemented this EBS.

- Sandhills Collaborative provided 2,758 primary care pre-pregnancy visits and engaged in encouraging conversations about health, wellness, and contraceptives with patients.
- LHDs assessed 1,779 women and 353 men of reproductive age on RLP. There were 18 provider trainings conducted on RJ and RLP counseling.
- LHDs reached 1400 people of childbearing age during outreach events on preconception and interconception health.
- LHDs trained 26 staff during the implementation of the Mothers and Babies Program. The Mothers and Babies Program training is an evidence-based intervention that aims to prevent postpartum depression and its long-term effects on pregnant women, new parents, and children and helps them manage stress. LHDs delivered 40 group and 293 individual sessions of the program to 77 women. Attendees received 14 referrals and 57% (8) of those were completed by the end of the reporting period.
- The Mecklenburg-Union Collaborative held one Preconception Peer Education (PPE) training with three students in FY23. They also hosted two events with UNC-Charlotte and Johnson C. Smith University. Guilford County held three PPE

trainings with 29 students and had 37 active peer educators. These PPEs hosted 13 events at UNC-Greensboro and NC Agricultural and Technical State University.

- LHDs implemented social media campaigns focused on preconception health via Facebook and Instagram. The two social media platforms had a total of 5,345 views over a three-month period.

Reduce Infant Mortality: Ten Steps for Successful Breastfeeding

Five LHDs, covering nine counties (Durham, Guilford, Mecklenburg-Union Collaborative, Sandhills Collaborative, and Wake), implemented this EBS.

- LHDs worked with 53 businesses, worksites, schools, and organizations to become breastfeeding friendly spaces to accommodate breastfeeding women (patrons and employees).
- 777 staff were trained as breastfeeding peer counselors and related trainings.
- In Quarter 1, Mecklenburg-Union Collaborative hosted seven events, three of which were events dedicated to creating a space for families to learn from peers, share their journeys, learn about human milk, and consult with a lactation professional. In Quarter 3, they provided training to staff around relationships between postpartum depression, childhood behaviors, and breastfeeding intention, initiation, and duration.
- LHDs established 29 new partnerships with local organizations and held 424 outreach and educational events providing breastfeeding education to 13,252 individuals.
- LHDs established 165 lactation spaces and are pursuing new public lactation spaces in childcare centers, building relationships with federal buildings, and partnering with local Walmart stores to provide lactation spaces.

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

Four LHDs, covering 8 counties (Mecklenburg-Union Collaborative, Guilford, Sandhills Collaborative, and Wake), implemented this EBS.

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

	Mecklenburg- Union Collaborative	Sandhills Collaborative	Guilford	Wake	Total ICO4MCH
# families (caregivers) served	2,610	4	0	0	2,614
# children 0-5 served	2,813	2,712	85	111	6,489

# outreach and education provided to parents and staff	2,728	624	192	0	3,544
# new accredited and active practitioners	58	21	22	0	101
# coaching and peer support contacts	135	512	49	0	696

- LHDs conducted outreach and education in childcare centers, community resource centers, Partnerships for Children, health departments, Department of Social Services (DSS) offices, faith-based organizations, Head Start/Early Head Starts, mental health organizations, schools, physician offices, etc. A total of 845 organizations were reached.

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

Durham County implemented this EBS. The following table provides a summary of activities for this EBS:

Family Connects Program Activity	Durham County
# home visits completed	894
# families with referrals completed	44
# referrals with services received by post-visit contact	120

Following the release of a fourth Request for Applications (RFA), DPH will fund the following LHDs to implement ICO4MCH during the 2024-2025 and 2025-2026 fiscal years.

County/Counties	Proposed Program for Each Major Aim	Amount of Funding (2 years)
Sandhills Collaborative Scotland County Montgomery County Hoke County Richmond County	Improved birth outcomes Doula Services Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 Positive Parenting Program (Triple P)	\$900,000 (\$450,000 annual funding)
Guilford County	Improved birth outcomes Improving Preconception and Interconception Health Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 Positive Parenting Program (Triple P)	\$1,000,000 (\$500,000 annual funding)
Mecklenburg-Union Collaborative	Improved birth outcomes Improved Preconception and Interconception Health Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 Positive Parenting Program (Triple P)	\$900,000 (\$450,000 annual funding)
Durham County	Improved birth outcomes Improved Preconception and Interconception Health Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 Family Connects Newborn Home Visiting Program	\$900,000 (\$450,000 annual funding)
Wake County	Improved birth outcomes Doula Services Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 Positive Parenting Program (Triple P)	\$900,000 (\$450,000 annual funding)

Infant mortality and improved birth outcomes are multifactorial, complex health issues 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 1,000 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. The 2022 infant mortality rates should be available in Spring 2024.

COUNTY/AREA	INFANT MORTALITY RATE 2016-18	INFANT MORTALITY DISPARITY RATIO (BLACK/WHITE) 2016-18	INFANT MORTALITY RATE 2019-2021	INFANT MORTALITY DISPARITY RATIO (BLACK/WHITE) 2019-2021
NORTH CAROLINA	7.0	2.63	6.8	2.65
ICO4MCH COUNTIES	5.8	3.26	5.7	3.55
NON-ICO4MCH COUNTIES	7.6	2.49	7.4	2.49
DURHAM	5.6	4.00	6.4	3.75
GUILFORD	8.9	4.01	8.2	2.53
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

***RATES BASED ON SMALL NUMBERS (FEWER THAN 10 DEATHS) ARE UNSTABLE AND SHOULD BE INTERPRETED WITH CAUTION.**

The LHDs continue to work to meet the needs of their participants. However, LHDs continue to experience high staff turnover rates, which is due to the short timeframe allowed for program implementation.

During this timeframe, they offered virtual health education classes that allowed for increased participation and removed transportation barriers for many. They are also working on system upgrades to allow for hybrid sessions, moving forward.

The next report on Competitive Grants to Local Health Departments for improving Maternal and Child Health will include the outcome of activities implemented during 2023-2024 funding cycle.