

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 2023-2024 fiscal year 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 three 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 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 around 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)

Each funded ICO4MCH project examines drivers of health within each aim to fully understand the health challenges that exist and how to address them. Engagement activities through a

standardized impact assessment tool are done at least annually with lead LHD partner staff, individuals with lived experience, and community partners to review and analyze non-medical drivers of health and outcomes data from one evidence-based strategy being implemented during the fiscal year. Upon completion of the assessment tool, feedback from 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)

Implementation

ICO4MCH implemented the following for June 1, 2023–May 31, 2024:

- Executed a contract in the amount of \$76,093 with the UNC Gillings School of Global Public Health (SPH) to implement a statewide evaluation to meet the requirements of the legislation.
 - Additional funds in the amount of \$9,000 were awarded in a contract amendment (totaling \$85,093). Funds for the period of March 1, 2024 - May 31, 2024 were used to conduct focus groups with ICO4MCH sites. A total of 5 focus groups were conducted, one per ICO4MCH site.
 - 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 serves as Principal Investigator of Implementation Science/Coaching at the UNC SPH Department of Maternal and Child Health (MCH). She is also Executive Director of the National Maternal and Child Health Workforce Development Center. Lindsey Yates, Implementation Coach and Associate Professor 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.
 - Each grantee submitted biannual reports to ICO4MCH Program Manager.
- Each LHD was selected from the following evidence-based strategies (EBS):

Program Aims	Strategies
Improve Birth Outcomes	• Reproductive Life Planning • Preconception and Interconception Health
Reduce Infant Mortality	• Tobacco Cessation and Prevention • Ten Steps for Successful Breastfeeding with a focus on Steps 3 & 10

Improve Child Health, ages 0-5	• Triple P (Positive Parenting Program) • Family Connects Newborn Home Visiting Program

Each LHD must satisfy the following criteria to receive ICO4MCH funds:

- 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 births 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 (American Community Survey 2017-2021 data) or
 - Percent of children <19 years of age are uninsured must be 8.3% or higher (2020 Small Area Health Insurance Estimates).
- Each LHD was required to implement at least one EBS per program aim during FY 2024.

County/Counties	Proposed Program for Each Major Aim	Annual Funding
Sandhills Collaborative Scotland Montgomery Hoke Richmond	Improve Birth Outcomes Improving Preconception and Interconception Health Reduce Infant Mortality Ten Steps for Successful Breastfeeding Improve Child Health, ages 0-5 Positive Parenting Program (Triple P)	\$450,000
Guilford	Improve Birth Outcomes Improving Preconception and Interconception Health Reduce Infant Mortality Ten Steps for Successful Breastfeeding Improve Child Health, ages 0-5 Family Connects Newborn Home Visiting Program	\$475,000

Mecklenburg-Union Collaborative Mecklenburg Union	Improve Birth Outcomes Improving Preconception and Interconception Health Reduce Infant Mortality Ten Steps for Successful Breastfeeding Improve Child Health, ages 0-5 Positive Parenting Program (Triple P)	\$500,000
Durham	Improve Birth Outcomes Improving Preconception and Interconception Health Reduce Infant Mortality Ten Steps for Successful Breastfeeding Improve Child Health, ages 0-5 Family Connects Newborn Home Visiting Program	\$450,000
Wake	Improve Birth Outcomes Reproductive Life Planning, including increased access to and utilization of LARCs. Reduce Infant Mortality Ten Steps for Successful Breastfeeding Improve Child Health, ages 0-5 Positive Parenting Program (Triple P)	\$500,000

Improve Birth Outcomes: Reproductive Life Planning

During June 1, 2023 – May 31, 2024 one LHD implemented this EBS. Wake County Health and Human Services distributed 891 long-acting reversible contraceptives (LARCs) during this period.

- Wake County worked to expand their reach to its Regional Centers (clinics) but faced staff turnover challenges, leading to a pause in implementation. Staffing gaps were addressed in Quarter 2 and a new Medical Director was hired. Wake's ICO4MCH re-engaged with their Sunnybrook clinic with the help of the Preventative Health Director, who worked to assess capacity to resume Upstream partnership implementation. Upstream is an organization who works with health care organizations to ensure the full range of contraceptive services is available to patients wherever they go to obtain care, from primary care to family planning clinics.

Improve Birth Outcomes: Improving Preconception and Interconception Health

Three LHDs covering seven counties (Durham, Guilford, Mecklenburg and Sandhills Collaboratives), implemented this EBS.

- ICO4MCH sites implementing this EBS reached a total of 3,225 people of childbearing age during preconception and interconception health events.
- 6,414 women of reproductive age created a reproductive life plan (RLP) assessment.
- 18 provider trainings were held focused on RLP counseling.
- 45 staff were trained on Mothers and Babies Program (MB) implementation. MB is an evidence-based intervention that aims to prevent postpartum depression and its long-term effects on pregnant women, new parents, and children and offers strategies that helps them manage stress.
- LHDs delivered 49 group and 291 individual MB sessions.
- Five (5) Preconception Peer Education (PPE) trainings were held with 81 students attending.
- 35 on-campus events were held with NC Agricultural and Technical State University, Central Piedmont Community College, and University of North Carolina at Greensboro with a focus on preconception health.
- Social media campaigns were implemented focused on preconception health using platforms including Facebook, Twitter, and Instagram. Preconception health focuses on care that is received before a person gets pregnant to improve their overall health and increase the likelihood for a positive pregnancy outcome.
- Preconception and interconception health messages and ads were placed on streaming platforms frequently viewed by women and men of reproductive age such as X (formerly Twitter), Facebook and Instagram. Also, ads were placed on virtual radio service platforms including Spotify, Apple Podcast, Apple Music, and Pandora. Billboards were also used as part of the preconception/interconception health marketing campaign with over 300,000 impressions.

Reduce Infant Mortality: Ten Steps for Successful Breastfeeding

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

The Ten Steps for Successful Breastfeeding is an evidence-based protocol used by Baby-Friendly USA. Steps 3 and 10, to “*inform all pregnant women about the benefits of and management of breastfeeding*” and “*foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or birth center*” are areas that grantees can support as they focus on broader strategies to increase initiation, duration, and support of breastfeeding. To accomplish this, local health departments train and collaborate with health care providers, and community and faith-based organizations to increase knowledge and skills to support breastfeeding women; and increase and create educational and promotional messages for use on social media platforms to reach pregnant and postpartum women across local communities. Additionally, grantees can select to implement one or more of these approaches: 1) the Making It Work: Empowering Employers and Mothers, 2) Breastfeeding-Friendly City Program, 3) Shared Decision-Making Using Patient Decision Aids, 4) Prenatal Breastfeeding Education: Ready, Set, BABY, or 5) Establish Public Lactation

Rooms.

- ICO4MCH funded sites worked with 55 businesses, worksites, schools, Walmart stores, libraries, and organizations to become breastfeeding friendly spaces to accommodate breastfeeding women (patrons and employees).
- 1,907 staff were trained as breastfeeding peer counselors.
- Community health workers and other partners distributed breastfeeding-friendly curriculum bundles to preschools.
- 32 outreach and education events were held reaching 3,002 people of reproductive age.
- Durham County hosted a community baby shower to train and prepare working mothers to return to work.
- Conducted two “Making It Work” trainings that provided education on how employers can become breastfeeding-friendly and ways to accommodate breastfeeding employees.
- Established 30 new partnerships with local organizations and held 1,953 outreach and educational events providing breastfeeding education to 10,484 individuals.
- Program staff promoted the use of the Mamava Pod, a freestanding private lactation room for breastfeeding and pumping mothers to utilize at work and in public spaces.

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

Four LHDs, covering 8 counties (Mecklenburg Collaborative, Guilford, Sandhills Collaborative, and Wake), implemented this EBS. The Positive Parenting Program or Triple P provides resources and strategies for parents to use and establish foundational behavioral boundaries and instill and build their child’s confidence and equip parents to successfully navigate the parenting pathway from birth to adolescence. Triple P can be implemented in person, led by trained practitioners (facilitators) or parents and caregivers can sign up for and take online modules of varying lengths depending on the age of the child.

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

	Mecklenburg- Collaborative	Sandhills Collaborative	Guilford	Wake	Total ICO4MCH
# families* served	3,132	29	331	0	3,492
# children 0-5 served	3,706	32	104	0	3,842
# outreach and education activities provided to parents and staff	1,707	2,532	252	4	4,495

# of parents with children ages 0-5 who completed Module 1** of Triple P online	219	129	151	163	662
# of staff trained to become Triple P practitioners	30	6	9	32	68
# newly accredited*** and active practitioners	147	6	32	16	201
# coaching and peer assisted support contacts	148	566	96	9	819

*Triple P defines families served as parents, co-parents, foster parents, grandparents or other adult caretakers. Children are counted separately.

** Module 1 outlines the core principles of the Positive Parenting Program.

***Staff interested in becoming a Triple P practitioner (facilitator), must complete an initial training comprised of multiple modules and role-playing activities. Once completed, they are considered a trained practitioner. Accredited practitioners must complete pre-accreditation activities including checklist and skill-building practice sessions with peers and pass an exam before full certification is achieved.

****Coaching activities involve seasoned practitioners providing guidance and advice to newly trained practitioners on Triple P implementation, data collection and marketing. Peer assisted support contacts involve practitioners participating in case conferences where peers discuss Triple P cases, share feedback and learn strategies that could be successfully infused in program implementation.

- ICO4MCH local health departments that implement Triple P conducted outreach activities including tabling at health fairs, community and baby showers and other events to educate expectant and parenting families about Triple P. Practitioners also reach out to county Department of Social Services offices, Local Partnerships for Children (part of the Smart Start network) and other child-serving organizations, pediatric practices and other entities to inform and promote the program. A total of 318 organizations, 1,285 staff and 3,206 parents were reached via outreach efforts.

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

Durham County implemented this EBS. Family Connects Durham is a community-wide nurse home visiting program for parents of newborns, regardless of income or socioeconomic status. The program's mission is to increase child well-being by bridging the gap between parent needs and community resources. Registered nurses conduct a home visit approximately 3 weeks after a child's

birth. Activities include completion of a child health check, answering parents' questions, and linking them to community resources to support a child's start to a healthy future.

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

Family Connects Program Activity	Durham County
# home visits completed	659
# families with referrals completed	154
# referrals with services received by post-visit contact	171

Collective Impact

ICO4MCH uses a Collective Impact framework to shape program implementation. Project sites/grantees maintain a Community Action Team (CAT) that meets regularly with the goal of providing partner and community input on ICO4MCH activities. CATs are made up of local health department (LHD) and partner agency staff, community health workers (CHW), and community members.

- The sites hosted 23 CAT meetings during this reporting timeframe with over 450 CAT attendees
- The sites attended 35 collective impact trainings with 80 attendees.

The UNC Evaluation Team conducted focus groups and surveys with grantees' CATs to evaluate the collective impact process and accomplishments related to grantees' work. Some of the primary findings from the focus groups were:

- Sites were proud of their progress in building community trust. Collaboration and new partnerships with community-based organizations have led to this increase in trust, reduced siloed work, and contributed to overall collective impact.
- Sites were proud of achieving modifications from their HEIAs, where community input was collected, so ICO4MCH can prioritize the community's needs.
- Sites are passionate about going beyond just delivering the evidence-based strategies (EBS), especially to address disparities and health challenges in maternal and child health in communities. In addition to engaging males more in MCH efforts.

The current Request for Application (RFA) was for a two-year period. Recently, the RFA funding cycle was changed to a three-year period. A new RFA will be issued in Fall 2026.

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 2021-2023 timeframe in comparison to the 2018-2020 rates.

COUNTY/AREA	INFANT MORTALITY RATE 2018-2020	INFANT MORTALITY DISPARITY RATIO (BLACK/WHITE) 2018-2020	INFANT MORTALITY RATE 2021-2023	INFANT MORTALITY DISPARITY RATIO (BLACK/WHITE) 2021-2023
NORTH CAROLINA	6.8	2.70	6.8	2.67
ICO4MCH COUNTIES	6.2	3.90	5.6	3.12
NON-ICO4MCH COUNTIES	7.2	2.44	7.5	2.74
DURHAM	6.5	5.90	5.2	3.23
GUILFORD	8.5	3.34	8.5	3.29
HOKE	9.8	7.85*	7.1	4.16*
MECKLENBURG	5.5	2.94	5.0	3.60
MONTGOMERY	10.9*	1.09*	6.5*	N/A
RICHMOND	10.5	3.18*	13.7	2.24*
SCOTLAND	8.8	2.75*	8.7	3.87*
UNION	4.2	4.24	4.3	3.32*
WAKE	5.6	4.96	4.9	2.40
<i>*RATES BASED ON SMALL NUMBERS (FEWER THAN 10 DEATHS) ARE UNSTABLE AND SHOULD BE INTERPRETED WITH CAUTION.</i>				