

**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 Program** and those LHDs funded to implement ICO4MCH during the 2024-2025 fiscal year.

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 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 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 the drivers of health within each aim to fully understand the health challenges that exist and how to address them. Engagement activities through a community health impact assessment tool are done at least annually with lead LHD partner staff, persons 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 during June 1, 2024–May 31, 2025:

- Executed a contract in the amount of \$85,093 with the UNC Gillings School of Global Public Health (SPH) to implement a statewide evaluation to meet the requirements of the original legislation.
- 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, Associate Dean for Practice and Professor (UNC SPH MCH), serves as Principal Investigator for Implementation Science/Coaching and is Executive Director of the National MCH Workforce Development Center.
- Lindsey Yates, Implementation Coach and Associate Professor (UNC SPH). collaborates with and supports 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 selected from the following evidence-based strategies (EBS):

Program Aims	Strategies
Improve Birth Outcomes	<ul style="list-style-type: none"> • Reproductive Life Planning • Preconception and Interconception Health • Mothers and Babies • Doula Services
Reduce Infant Mortality	<ul style="list-style-type: none"> • 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
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Each local health department (LHD) must satisfy the following criteria to receive ICO4MCH funding:

- 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 (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 2025.

County/Counties	Program for Each Major Aim	Annual Funding
Sandhills Collaborative Scotland Montgomery Hoke Richmond	Improve birth outcomes Doula Services Reduce infant mortality Ten Steps for Successful Breastfeeding Improve Child Health, ages-0-5 Positive Parenting Program (Triple P)	\$450,000
Guilford-Forsyth Collaborative	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)	\$475,000

Mecklenburg	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 Doula Services Reduce infant mortality Ten Steps for Successful Breastfeeding Improve Child Health ages 0-5 Positive Parenting Program (Triple P)	\$500,000

Improve Birth Outcomes: Improving Preconception and Interconception Health

Three LHDs, serving four counties (Durham, Guilford, Forsyth and Mecklenburg), implemented this EBS.

- Partnered with North Carolina Central University (NCCU) to identify, recruit and train college students as peer educators under the Preconception Peer Educator (PPE) program; trained eight new peer educators and supported two on-campus events led by 16 PPEs.
- Partnered with North Carolina Agricultural and Technical State University (NCA&TSU) to train 14 students and two advisors through the PPE program; participants conducted 16 on-campus events, reaching over 200 students.
- Partnered with Johnson C. Smith University and University of North Carolina at Charlotte to host the “What’s in Your Birth Control?” event on contraceptive options and their health implications and supported two additional community events focused on preconception health.

- Conducted 21 outreach and educational events, reaching 411 individuals, with a focus on healthy eating and related behaviors, active listening skills, and enhanced mental wellness.
- Conducted a community baby shower where 60 attendees were provided with perinatal support resources.

Improve Birth Outcomes-Doula Services

Two LHDs, serving five counties (Hoke, Montgomery, Richmond, Scotland, and Wake), implemented this EBS.

- The birth doula serves as the liaison and advocate to the birthing woman and her family during prenatal care, labor, birth, and the postpartum period.
- Provided outreach and education on doula services at 15 events, reaching approximately 2,000 attendees.
- Trained 10 community members and 14 LHD staff as doulas.
- Eleven doulas actively provided services during the report period.

Reduce Infant Mortality: Ten Steps for Successful Breastfeeding, Steps 3 and 10

All five LHDs, serving nine counties (Durham, Forsyth, Guilford, Hoke, Mecklenburg, Montgomery, Richmond, Scotland and Wake), implemented this EBS.

- Conducted 80 educational events focused on the importance of breastfeeding, reaching 1,904 people.
- Conducted 48 breastfeeding and lactation training sessions, reaching 1,007 staff members.
- Developed an article detailing the components of a lactation-friendly space and encouraging businesses to adopt supportive practices.
- Trained two staff members in the *Making It Work* initiative.
- Established partnerships with a local department of social services and a county school system to support lactation-friendly environments.
- Collaborated with a local Parks and Recreation facilities to identify and designate five new public lactation rooms.
- Created and launched a new lactation space at a NASCAR Speedway facility.

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

Four LHDs, serving eight counties (Guilford, Forsyth, Mecklenburg, Hoke, Scotland, Richmond, Montgomery, and Wake), implemented this EBS.

- Conducted 49 Triple P educational sessions in physician offices.
- Delivered 31 in-home educational sessions using Triple P levels 2 and 3.
- Trained 31 practitioners, with 29 receiving accreditations.
- Hosted a Triple P Practitioner Conference with 150 attendees engaged in refresher and information sessions on topics including self-care and engaging with the faith-based communities.
- Partnered with a local Parks and Recreation Department to install Triple P signs with parenting tips and a QR code for additional information in designated parks.
- Deployed digital advertisements during Family Support Awareness Month and Child Abuse Prevention Month to engage parents on child-related concerns.

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

One LHD (Durham) implemented this EBS.

- Nurses completed 577 home visits, with 18 families receiving follow-up visits.
- Conducted Mothers and Babies group sessions interested parents, including a Spanish-speaking group during the report period.
- Completed a Community Health Impact Assessment for the Family Connects program.

Collective Impact

ICO4MCH continues to use a Collective Impact framework to shape program implementation efforts. Project sites and grantees maintained a Community Action Team (CAT) that met regularly to provide partner and community input on activities.

- A total of 23 CAT meetings were held across sites, with 492 attendees.
- Of the 492 CAT members who attended a meeting, 43% (n=210) were LHD staff and 46% (n=226) were external partners.

Infant mortality and improved birth outcomes are multifactorial, complex health issues rooted in many factors. As a result, it is difficult to isolate the specific impact of these evidence-based programs within each county.

The \$2.5 million appropriation is only one source of funding for the state’s broader efforts to address infant mortality and improve birth outcomes. Program impact should therefore be considered within the full context of the counties’ resources, particularly as many counties have been experiencing other reductions related to their maternal and infant health funding and staffing

challenges.

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, compared to rates from 2018-2020.

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
Forsyth	8.4	2.83	7.9	2.33
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>				