

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**

June 8, 2022

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**. This report describes activities undertaken during the funding cycle that started on June 1, 2017 and ended on May 31, 2018, the funding cycle that started on June 1, 2018 and ended on May 31, 2020, and the list of awardees for the funding cycle that started on June 1, 2020 and will end on May 31, 2022.

Evaluation Plan

The goal of the evaluation plan is to determine 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. 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 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 SPH (UNC Gillings School of Global Public Health).

During the 2016-17 funding cycle, the statewide evaluation team determined a need for an 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 to provide implementation coaching to support the multi-faceted activities of ICO4MCH in their service areas. Each grantee was assigned 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

June 1, 2016 began a three-year funding cycle for the ICO4MCH.¹ During the 2016-2017 funding cycle, DPH 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. 2015-241, Section 12E.11. (b)(2).
 - Dr. Christine Tucker was identified as the Principal Investigator to develop and implement the multi-level evaluation with support from a masters prepared Research Assistant, and Dr. Dorothy Cilenti, an Associate Professor in the Department of Maternal and Child Health at the UNC SPH and Executive Director of the National Maternal and Child Health (MCH) Workforce Development Center.
 - A contract of \$74,780 was executed to conduct the evaluation activities for Year One.
 - Collaboratively, the DPH Women's and Children's Health Section (WCHS)

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.

and SPH determined the analyses to be conducted.

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

(2) As part of the Request for Applications (RFA) process, local health departments were able to select from the following evidence-based strategies.

Program Aims	Strategies
<u>Improve Birth Outcomes</u>	• Reproductive Life Planning, utilizing a Reproductive Justice Framework • Preconception and Interconception Health
<u>Reduce Infant Mortality</u>	• Tobacco Cessation and Prevention • Ten Steps for Successful Breastfeeding with a focus on Steps 3 & 10
<u>Improve Child Health, ages 0-5</u>	• Triple P (Positive Parenting Program) • Family Connects Newborn Home Visiting Program • Clinical Efforts to Address Secondhand Smoke Exposure (CEASE)

The criteria included the following:

- 1,000 or more birth in 2017 in the county(ies) AND
- At least ONE of the following:
 - Combined 2015-2017 infant mortality rate must be 10.8 or higher per 1,000 live birth and 20 or more infant deaths
 - Combined 2015-2017 infant mortality disparity ratio must be 2.4 or higher
 - Percent of children <5 years of age living in poverty must be 38.9% or higher (ACS 2013-2017 data); or
 - Percent of children <19 years of age are uninsured must be 7.4% or higher (2017 SAHIE).

(3) DPH funded the following local health departments (LHDs) to implement ICO4MCH during 2016-2017 and 2017-2018 funding cycle. Each LHD was required to implement one evidence-based strategy per program aim during the next two years.

County/Counties	Proposed Program for Each Major Aim	Amount of Funding for 2 years

Sandhills Collaborative • Cumberland • Montgomery • Hoke • Richmond	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Clinical Efforts to Address Secondhand Smoke Exposure (CEASE)</i>	\$1,000,000
High Country Collaborative • Appalachian Health District (Alleghany, Ashe, Watauga). • Avery • Wilkes	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Tobacco Cessation and Prevention</i> Improved health among children aged 0-5 <i>Positive Parenting Program (Triple P)</i>	\$998,118
Mecklenburg/Union Collaborative	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Triple P</i>	\$999,494
Durham County	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Smoking Cessation and Prevention</i> Improved health among children aged 0-5 <i>Triple P and Family Connects Newborn Home Visiting Program</i>	\$971,558
Robeson County	Improved birth outcomes <i>Reproductive Life Planning including increased access to</i>	\$780,830

and utilization of Long-Acting Reversible Contraceptives (LARCs)

Reduced infant mortality *Ten Steps for Successful Breastfeeding*

Improved health among children aged 0-5 *CEASE*

- (4) Following the release of a second Request for Applications (RFA), DPH funded the following local health departments (LHDs) to implement ICO4MCH during 2018-2019 and the 2019-2020 funding cycles. Again, each LHD was required to implement one evidence-based strategy per program aim.

County/Counties	Proposed Program for Each Major Aim	Amount of Funding for 2 years
Sandhills Collaborative • Cumberland • Montgomery • Hoke • Richmond	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 – <i>Clinical Efforts to Address Secondhand Smoke Exposure (CEASE)</i>	\$1,000,000
High Country Collaborative • Appalachian Health District (Alleghany, Ashe, Watauga) • Avery • Wilkes	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Smoking Cessation and Prevention</i> Improved health among children aged 0-5 <i>Positive Parenting Program (Triple P)</i>	\$1,000,000
Mecklenburg/Union Collaborative	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i>	\$940,000

	Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Triple P</i>	
Durham County	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Smoking Cessation and Prevention</i> Improved health among children aged 0-5 <i>Family Connects Newborn Home Visiting Program</i>	\$880,000
Robeson – Scotland Collaborative	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>CEASE</i>	\$930,000

Improve Birth Outcomes: Reproductive Life Planning

During this timeframe, all grantees, 12 Local Health Departments (LHDs), implemented this Evidence-based Strategy (EBS).

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

	Sandhills Collaborative	High Country Collaborative	Mecklenburg-Union Collaborative	Durham County	Robeson – Scotland Collaborative	Total ICO4MCH
# of LARCs obtained at the LHD*	1542	697	2610	1175	325	6349
# of men & women of childbearing age reached	6731	490	2355	3252	967	13795

by outreach and education						
# of trained staff and Health Care Providers	173	58	158	117	101	607

**This includes all family planning funding within local health departments. *Scotland participated for 2 of the 4 years.*

Reduce Infant Mortality: Tobacco Cessation and Prevention

Two grantees (4 LHDs – Durham and 2 of the High Country Collaborative sites) implemented this EBS.

- Grantees held 5As (Ask, Advise, Assess, Assist, Arrange) evidence-based smoking cessation counseling method, Certified Tobacco Treatment Specialist, and other trainings during this timeframe. There was a total of 367 participants that included health department and non-health department staff inclusive of clinicians and non-clinicians.
- Grantees surpassed the goal of a 20% increase in the number of public policies for smoke-free or tobacco-free workplaces and other indoor public places within their service areas.
- Durham secured support in media promotion from a local black owned business, Dames' Chicken and Waffles, for the 10-year anniversary of Smoke Free Restaurants.
- High Country Collaborative partnered with Ashe County Schools on an e-cigarette prevention campaign. They held a poster competition for middle school students to develop their own messages against e-cigarettes.

Reduce Infant Mortality: Ten Steps for Successful Breastfeeding

Three grantees (8 LHDs) implemented this EBS.

- Grantees worked with 54 total businesses, worksites, schools, and organizations to become breastfeeding friendly spaces to accommodate breastfeeding women (patrons or employees).
- Grantees held 540 trainings and 1,224 staff were trained on breastfeeding in ICO4MCH counties.
- 4,467 people received education and support for breastfeeding at 122 ICO4MCH sponsored events.
- ICO4MCH grantees partnered with 14 new churches and 3 childcare centers. Out of the 14 churches, 9 established breastfeeding rooms and 3 hosted breastfeeding education classes within their communities.
- Breastfeeding friendly spaces were established in 14 Richmond County Schools and in 14 Hoke County Schools for use by faculty and students. Breastfeeding friendly spaces were established at an Early College in both Hoke and Montgomery counties.

- Mecklenburg Collaborative expanded implementation of the patient decision aids to a new community-based clinic for a total of 3 clinics. Five additional providers were trained for a total of 8 health care providers using the decision aids during prenatal care visits.

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

Three grantees (8 LHDs) implemented this EBS.

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

	High Country Collaborative	Mecklenburg-Union Collaborative	Durham	Total ICO4MCH
# of families (caregivers) served¹	595	624	146*	1365
# of children 0-5 served²	1038	3539	276*	4853

1. Caregivers/Families Served In- Person

2. Children 0-5 Served In -Person

*Durham participated in 2 of the 4 years.

Improve Health Among Children Ages 0 – 5: Clinical Efforts Against Secondhand Smoke Exposure (CEASE)

Two grantees (5 LHDs) implemented this EBS.

- CEASE was a new EBS in North Carolina. Grantees spent the majority of their time during Year One training and learning the components of the EBS, receiving technical support, and developing relationships with selected family and children health clinics (internal and external to the local health department), and determining who would be implementing CEASE.
- The goal of CEASE is to screen parents and caregivers at every visit for primary, secondary, and tertiary tobacco-smoke exposure, provide referrals for smoking-tobacco cessation and counseling services, and offer nicotine replacement therapy.
- A total of 1,197 children ages 0-5 were screened in the Sandhills Collaborative.
- A total of 685 children ages 0-5 were screened in the Robeson-Scotland Collaborative.
- The Sandhills Collaborative utilized the “No Judgements, Just Help” advertising campaign posters in their CEASE clinics to encourage disclosure of tobacco use.
- Robeson Collaborative held educational sessions at local faith-based organizations and presented information on vaping and vaping accessories, and Robeson and Scotland County Health Departments collaborated with public schools to develop a curriculum to address vaping.

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

One grantee (1 LHD: Durham) implemented this EBS.

- Durham exceeded the goal of 75% for nurse fidelity to home visitor protocol.

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

Family Connects Program Activity	Durham County
# of home visits completed	362
# of follow-up calls completed	111
# of referrals with services received by Post-Visit Contact	57

- (5) Following the release of a third Request for Applications (RFA), DPH funded the following local health departments (LHDs) to implement ICO4MCH during the 2020-2021 and 2021-2022 funding cycles-.

County/Counties	Proposed Program for Each Major Aim	Amount of Funding for 2 years
Sandhills Collaborative • Cumberland • Montgomery • Hoke • Richmond	Improved birth outcomes <i>Improving Preconception and Interconception Health</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Positive Parenting Program (Triple P)</i>	\$1,000,000
High Country Collaborative • Appalachian Health District (Alleghany, Ashe, Watauga) • Avery • Wilkes	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Tobacco Cessation and Prevention</i>	\$1,000,000

	Improved health among children aged 0-5 <i>Family Connects Newborn Home Visiting Program</i>	
Mecklenburg/Union Collaborative	Improved birth outcomes <i>Improved Preconception and Interconception Health</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Triple P</i>	\$800,000
Durham County	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Family Connects Newborn Home Visiting Program</i>	\$1,000,000
Wake County	Improved birth outcomes <i>Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)</i> Reduced infant mortality <i>Ten Steps for Successful Breastfeeding</i> Improved health among children aged 0-5 <i>Family Connects Newborn Home Visiting Program</i>	\$950,000

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 2017-2019 time frame.

<i>County</i>	<i>Infant Mortality Rate 2017-2019</i>	<i>Infant Mortality Disparity Ratio (Black/White) 2017-2019</i>
<i>ICO4MCH Counties</i>	6.4	2.63
<i>Non-ICO4MCH Counties</i>	7.1	2.57
<i>Alleghany</i>	7.4	*
<i>Ashe</i>	3.2	*
<i>Avery</i>	2.5	*
<i>Cumberland</i>	7.5	2.41
<i>Durham</i>	6.1	5.42
<i>Hoke</i>	9.6	4.33
<i>Mecklenburg</i>	5.4	2.82
<i>Montgomery</i>	9.7	
<i>Richmond</i>	10.1	2.24
<i>Robeson</i>	12.1	2.52
<i>Union</i>	3.9	*
<i>Watauga</i>	12.2	*
<i>Wilkes</i>	7.4	*

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

The next report on Competitive Grants to Local Health Departments for Improving Maternal and Child Health will include the outcome of activities implemented during 2020-2022 funding cycle. A new RFA for funding for the next 2 years was released on October 26, 2021, which had an application deadline of December 21, 2021.

As anticipated by DPH, LHDs' ICO4MCH efforts were impacted by the COVID-19 pandemic during this timeframe. Additionally, LHDs report that it continues to be challenging for them to implement activities and to retain staff, due to the limited window of 2-year funding. Requests have been made by LHDs to extend the RFA cycle back to a 3-year cycle instead of the current 2-year funding cycle to align with other funding opportunities released by DPH.