

# FISCAL RESEARCH DIVISION

A Staff Agency of the North Carolina General Assembly

## **Division of Public Health Women and Children's Health Section**

**Joint Appropriation Committee on Health  
and Human Services**

**March 14, 2019**

# Agenda

- Background
- DPH Women's and Children's Health Section
- Impact of Grants
- Supporting Local Services
- 2015 -2018 Significant Provisions
- Maternal and Child Health Programs Continuation Review
- 2018 Report on Use of \$1.575M for Evidence-Based Programs for Infant Mortality Reduction
- Questions



# NC Maternal and Child Health Indicators

- In 2017 NC infant mortality rate was 7.1 infant deaths (under 1 year of age) per 1,000 live births<sup>1</sup>
  - US rate was 5.9<sup>2</sup>
- Factors:
  - Prematurity/Low birth weight, birth defects, maternal conditions and perinatal conditions are contributing factors
  - Maternal complications include pre-existing chronic conditions like asthma, kidney, diabetes, heart disease or alcohol/drug addiction, as well as acute conditions like infections, complications of pregnancy, and post-surgical complications
  - In 2016 18.2 % of pregnant woman experienced barriers to obtaining prenatal care<sup>3</sup>, prenatal care can identify risk factors and address health concerns before they present a problem for the mother or the infant
  - Infant mortality disparities in NC – The 2017 mortality rate for African American infants is more than twice that of White Non-Hispanic infants (12.5 vs. 5)

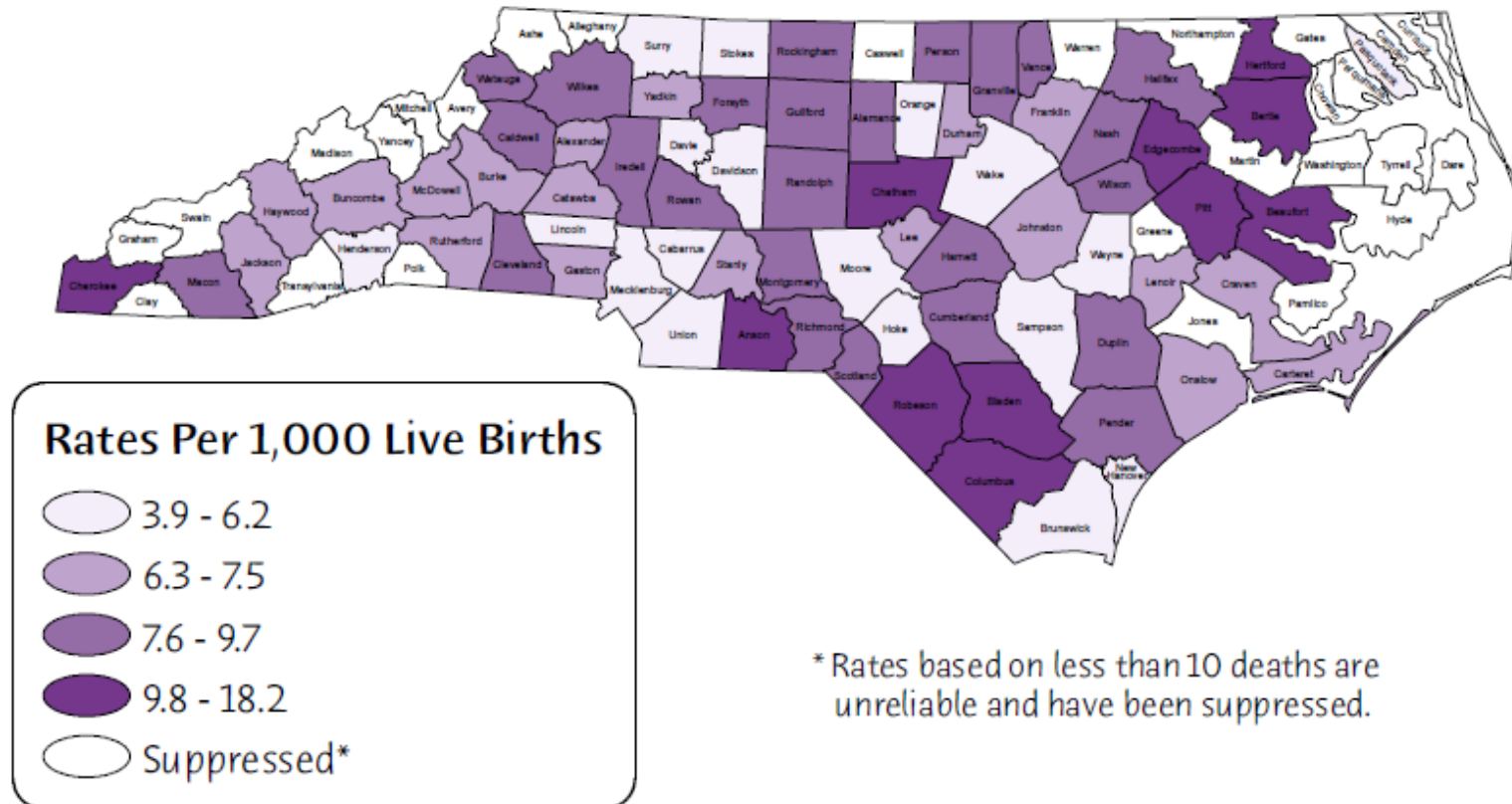
<sup>1</sup> <https://schs.dph.ncdhhs.gov/data/vital/ims/2017/table4.html>

<sup>2</sup> <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.html>

<sup>3</sup> <https://schs.dph.ncdhhs.gov/data/prams/2016/PNCBARR.html>



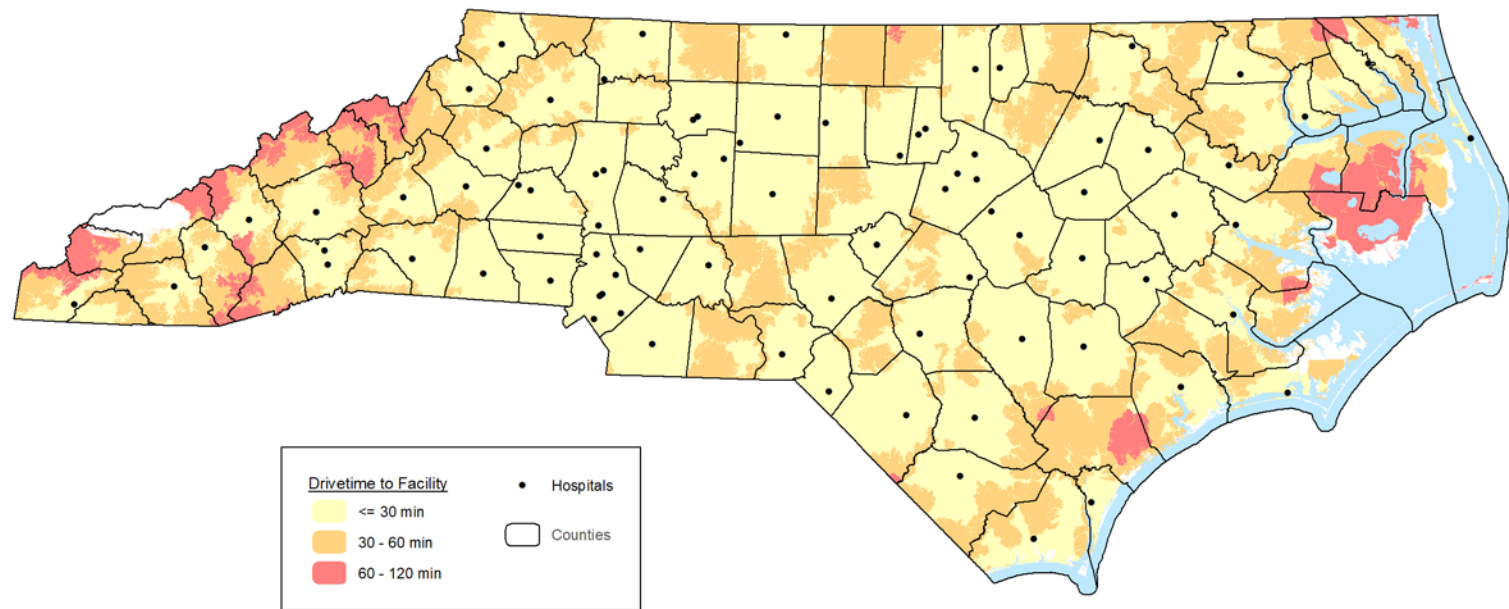
# North Carolina's Infant Mortality Rates by County 2013-2017



<https://schs.dph.ncdhhs.gov/data/vital/ims/2017/PCRandCountyRates.pdf>



# Drive Times to Hospitals with Labor and Delivery



Data from the 2018 Hospital License Renewal Applications submitted to the Division of Health Service Regulation by licensed acute care hospitals, current as of September 30, 2017.  
Data was cross referenced with a list provided by the North Carolina Healthcare Association of Hospitals with Labor and Delivery from 10/1/2016 – 9/30/2017 to identify additional locations.



# Division of Public Health

## Women's and Children's Health Section

- The Division of Public Health (DPH) provides population-based and individual services
- In addition to direct services DPH allocates State, federal, and other receipts to direct service entities, primarily the local health departments, non-profits, and private contractors
- Women's and Children's Health Section (WCH)
  - To assure, promote and protect the health and development of families with emphasis on women, infants, children and youth
  - Programs place an emphasis on the provision of preventive health services beginning in the pre-pregnancy period and extending throughout childhood



# Women's and Children's Health Base Budget

■ FTE:924

	2017-18 Certified	2018-19 Certified	2019-20 Base	2020-21 Base
<b>Requirements</b>	\$593,559,443	\$592,373,189	\$591,097,349	\$590,731,643
<b>Receipts</b>	\$533,128,699	\$531,963,032	\$532,006,520	\$531,625,930
<b>General Fund</b>	\$60,430,744	\$60,410,157	\$59,090,829	\$59,105,713



# Impact of Grant Funding

- 19 grants covering over 250 million \*
- Constraints: Requirements of Federal funds that may be targeted to specific outcomes, populations, or geographic areas
- Example: Title V Maternal and Child Health Block Grant requirements:
  - States must use at least 30% of Block Grant funds for primary and preventive health services for children
  - 30% children with special healthcare needs\*\*

\*Includes Maternal and Child Health block grant

\*\*DHHS CONTINUATION REVIEW OF PROGRAMS MATERNAL AND CHILD PROGRAMS FINAL REPORT





# DPH Women's and Children's Health

## I. Children and Youth Branch

- Child Health Promotion and Support for Primary Care
- Services for Children with Special Health Care Needs
- School Health
- Genetic and Newborn Metabolic and Hearing Screening and Follow-up
- Evidence-Based Parenting and Home Visiting Programs
- Child Fatality Task Force and Prevention Teams



# DPH Women's and Children's Health

## 2. Early Intervention Branch

- Infants and toddlers with developmental delays or disabilities (up to 3 years old)
- Focuses on early identification and early intervention for improved outcomes
- 16 Statewide Children's Developmental Services Agency (CDSA):
  - Establishes eligibility, evaluates, and develops a service plan with the family
  - Provide service coordination for each child and maintains a network of community based service providers to serve enrolled children
  - Insurance companies (private, employer, Medicaid) billed where applicable
- Entitlement under Part C of the federal Individuals with Disabilities Education Act (IDEA)



# DPH Women's and Children's Health

## 3. Immunization Branch

Promotes public health through the identification and elimination of vaccine-preventable diseases like polio, hepatitis B, measles, chickenpox, whooping cough, rubella (German measles), and mumps

- Goals:
  - Remove cost as a barrier to age-appropriate immunizations
  - Work with family's primary provider



# DPH Women's and Children's Health

## 4. Nutrition Services Branch

- Special Supplemental Nutrition Program for Women, Infants and Children (WIC) - provides counseling, referrals, and food assistance to pregnant and postpartum women, infants, and children up to age 5
- Breastfeeding Promotion and Support - provides technical assistance and resources to promote and support women's decisions to breastfeed their infants
- Child and Adult Care Food Program:
  - Federally funded program which is administered and funded by the United States Department of Agriculture (USDA)
  - Reimbursement for meals served in adult and child care settings
  - Nutrition standards for food served



# DPH Women's and Children's Health

## 5. Women's Health Branch

- Administers programs and services that protect the health and well-being of infants and of women during their child-bearing years
- Allocates funding and provides oversight to local health departments and community agencies for an array women's health services, including family planning, prenatal care, teen pregnancy prevention, sickle cell program, maternity care management, and numerous perinatal health programs
- 67 of 85 Local health departments provide complete prenatal services

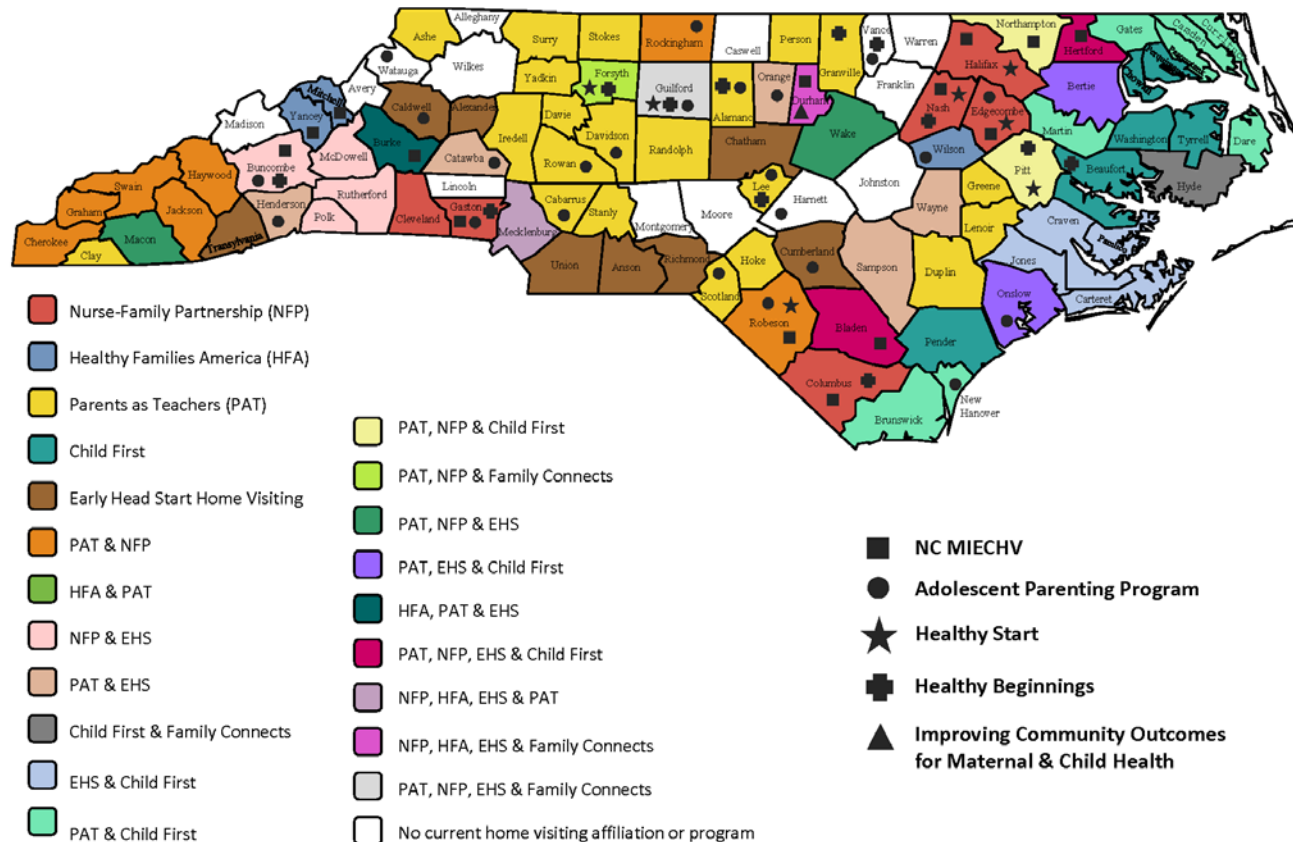


# Supporting Local Services

- Distributed 2,264,972 doses of vaccines (totaling \$126 million) to providers in the local communities (FY 2017-18)
- Services provided through Local Health Departments FY 2017-18:
  - Provided prenatal services for 57,883 individuals in 67 counties
  - Served an average of 223,231 women, infants and children each month through local WIC agencies
  - Served 68,543 individuals through Positive Parenting Programs
- Local agencies choose mode of delivery
- Supports private- public partnerships



# Example: Evidence Based Home Visiting Programs



Nov 30, 2018

North Carolina Division of Public Health



**FISCAL RESEARCH DIVISION**

A Non-Partisan Staff Agency of the North Carolina General Assembly

# Women's and Children's Health Section

## Significant Budget & Special Provisions

### SL 2015-241, The Appropriations Act,

- **Sec. 12E.11 Local Health Departments - Improve Birth Outcomes** – Establish a competitive grants process for Local Health Departments to increase access to prenatal care and improve birth outcomes
  - \$2.5 Million R
  - Directed the DHHS to work with UNC-Gillings School of Global Public Health to establish an evaluation protocol
  - Goals: 1) lower infant mortality rates; (2) Improve birth outcomes; (3) Improve the overall health status of children ages birth to five
  - Directed the DHHS to complete continuation reviews for The Office of Minority Health and Maternal and Child Health
- **Sec. 12I.1** \$1.575 million of Maternal Child Health Block Grant to be used for evidence-based programs in counties with the highest infant mortality rates. DHHS to report by Dec 31, 2016
- **Sec. 12E.13** Directs that no State funds shall be allocated to renew or extend existing contracts for such these services with any provider that performs abortions





# Women's and Children's Health

## Significant Budget & Special Provisions

- **SL 2015-241, The Appropriations Act, (cont.)**
  - Nurse Family Partnership Program \$900K R
  - Perinatal Quality Collaborative of North Carolina (PQCNC)  
FY 2015-16 \$465,000 NR FY 2016-17 \$635,000 NR
  - Newborn Screening FY 2015-16 \$440,00 NR
  - East Carolina University High Risk Maternity Clinic \$375,000 R
- **SL 2016-94 The Appropriations Act,**
  - Establishes 2 positions to support efforts to reduce infant mortality
  - Children's Developmental Services Agencies (CDSAs) \$1.3 million NR



# Women's and Children's Health Section

## Significant Budget & Special Provisions

### **SL 2017-57, The Appropriations Act,**

- Continues Competitive Grants for Local Health Departments to Improve Maternal and Child Health \$2.5 Million R for each year of the biennium
- Provided \$690,594 R to allocate 8 New FTE between 2 Children's Developmental Service Agencies
- \$2 million R for the Nurse Family Partnership Program
- \$500K R for smoking cessation including You Quit Two Quit
- \$1.3 million NR Carolina Pregnancy Care Fellowship – durable medical equipment
- Budgeted \$3.9 million in WIC Program receipts to transition WIC from a paper food instrument to an electronic benefits transfer (EBT) process



# Women's and Children's Health Section

## Significant Budget & Special Provisions

### **SL 2017-57, The Appropriations Act, (Cont.)**

- Section: 11E.3 Continue local health department/competitive grant process improve maternal and child health. Directs the DHHS to report annually by Dec 1<sup>st</sup>

### **SL 2018-5, The Appropriations Act,**

- Provides \$250,000 R to expand 2 smoking cessation programs Quitline NC and You Quit Two Quit
- Increases fee to fully fund the State's Newborn Screening Program

### **SL 2018-93, DHHS Study/Maternal and Neonatal Care,**

- Directs the DHHS to study issues pertaining to high-quality, risk appropriate maternal, and neonatal care
- Interim report is due May 1, 2019; Final report is due is 2020



# 2016 Report on Maternal and Child Health Programs Continuation Review

- **SL 2015-241, The Appropriations Act**, required DHHS to conduct the continuation review and report the following:
  - A description of the fund, agency, division, or program mission, goals, and objectives, including statutorily required functions and functions performed without specific statutory authority
  - The performance measures
  - The extent to which objectives and performance measures have been achieved
  - A detailed accounting of all sources of funds for the fund, agency, division, or program
  - The consequences of discontinuing funding or of continuing funding for the Office
  - Recommendations for improving services or reducing costs or duplication
  - The identification of policy issues that should be brought to the attention of the General Assembly
  - Other information necessary to fully support the General Assembly's Continuation Review



# 2016 Maternal and Child Health Programs Continuation Review – Report

- Report detailed information on 12 DHHS maternal health programs and 20 DHHS child health programs
- Report did not identify any duplication or over-arching areas for improvements or efficiencies
  - Recommendations for improvement within individual programs
  - Example: Recommendation to increase fees to support Newborn Screening Program: SL 2018-5, Sec. 11E.1.(a) gave DHHS the ability to adjust fees to cover recommended screenings



# 2018 Report on Use of \$1.575M for Evidence-Based Programs for Infant Mortality Reduction

- **2017-57, Section 11L.1** DPH allocated funding for the Infant Mortality Reduction Program to local health departments (LHDs) with the highest infant mortality rates 2010-2014
- 26 counties with highest rates selected by DHHS
  - Counties with 75 or more deaths allocated \$113,750
  - Counties with 20 – 74 deaths allocated \$60,000
  - Counties with fewer than 20 deaths allocated \$35,000
- All recipients selected from six evidence based strategies
- Impact: current reporting timeframe is not sufficient to determine impact on infant birth outcomes

DHHS, Report on Use of \$1.575M for Evidence-Based Programs for Infant Mortality Reduction

Session Law 2017-57, Section 11L.1. (bb), Dec 31 2018



# 2018 Report on Use of \$1.575M for Evidence-Based Programs for Infant Mortality Reduction

Evidence-Based Strategy	#Local Health Departments Using Strategy	# Patients Received Services	# Patients Educated	# Staff Trained	# Home Visits Conducted
I7P	1	6 (40 injections)	8	0	N/A
CenteringPregnancy	4	176	176	26	N/A
Reproductive Life Planning/LARC Access	17	795	16,765	105	N/A
Nurse Family Partnership	6	395	N/A	3	2,791
Infant Safe Sleep Practices	14	2,409	1,225 (educational sessions)	13	N/A
Tobacco Cessation and Prevention	4	76 counseled; 274 QuitlineNC referrals	8,431 (screened)	7	N/A

DHHS, Report on Use of \$1.575M for Evidence-Based Programs for Infant Mortality Reduction Session Law 2017-57, Section 11L.1. (bb), Dec 31 2018



# Questions?

**Jessica T. Meed, Fiscal Analyst**  
**Fiscal Research Division**  
**Room 619, LOB**  
**919-733-4910**  
**[www.ncleg.net/fiscalresearch/](http://www.ncleg.net/fiscalresearch/)**

