North Carolina's Perinatal Health Strategic Plan

2016–2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
www.ncdhhs.gov

NCPH
North Carolina Public Health

NORTH CAROLINA'S PERINATAL HEALTH STRATEGIC PLAN: 2016 – 2020

This plan is designed to address infant mortality, maternal health, maternal morbidity, and the health of men and women of childbearing age.

The Plan:

The framework selected by the Perinatal Health Strategic Planning Committee was adapted from the "12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life-Course Approach" developed by Lu, Kotelchuck, Hogan, Jones, Wright, and Halfon (http://www.unnaturalcauses.org/assets/uploads/file/ClosingTheGapBWBirthOutcome.pdf). Upon review of the framework, it was evident that these strategies were appropriate for all populations, not just African American families. This adapted framework was used to develop the strategies of this Plan. The action steps were developed by over 125 maternal and child health experts from across the state.

The 12-point plan includes:

Improve health care for women and men:
1. Provide interconception care to women with prior adverse pregnancy outcomes
2. Increase access to preconception care
3. Improve the quality of prenatal care
4. Expand healthcare access over the life course

Strengthen families and communities:
5. Strengthen father involvement in families
6. Enhance coordination and integration of family support services
7. Support coordination and cooperation to promote reproductive health within communities
8. Invest in community building and urban renewal

Addressing social and economic inequities:
9. Close the education gap
10. Reduce poverty among families
11. Support working mothers and families
12. Undo racism

Below are the planned strategies and action steps of the perinatal health strategic plan:

GOAL 1 - IMPROVING HEALTH CARE FOR WOMEN

Point 1. Provide interconception care to women with prior adverse pregnancy outcomes

1A. Support healthy pregnancy intervals through access to effective methods of contraception, including increased access to Long-Acting Reversible Contraception (LARC)
1. Provide payment for postpartum placement of LARC in hospital setting by addressing the billing issue
2. Expand training opportunities for clinicians on LARC provision specifically for family medicine and pediatricians, Nurse Practitioners, Certified Nurse Midwives, and other specialists
3. Expand LARC education opportunities related to counseling and referring patients for LARC for providers who do not provide LARC.
4. Use shared decision-making model, also known as interactive counseling, to educate patients about available contraception including the benefits and barriers of LARC.

1B. Provide care coordination/case management/home visiting services that includes promotion of resiliency, mental health screening, substance use intervention, tobacco cessation and prevention, reproductive life planning, chronic disease management and access to health care
1. Add prior adverse pregnancy outcomes as a risk factor for Medicaid, Tri-care and state health plan case management services. Expand to include other private insurance.
2. Improve access to community services for case management programs by providing orientation for clinicians in order to increase awareness of services and referral mechanisms.
3. Increase opportunities for insurance reimbursement for services offered through case management/home visiting programs
4. Provide evidence-based coverage for tobacco cessation treatment and counseling for all tobacco users who want to quit, including populations at greater risk for tobacco use (e.g., populations with mental health and/or substance use problems, low income and educational attainment, homeless, and those in the criminal justice system)

1C. Assure women are transitioned from different points of care and have access to postpartum/primary/well woman care including access to ongoing health insurance coverage and a medical home
1. Increase utilization of the postpartum clinic visit by offering dual appointment scheduling for mom and baby and/or dual home visit for mom and baby
2. Develop a plan to increase postpartum home visits
3. Improve mechanisms for maternity care providers to refer patients to medical homes by developing a patient handout (on-line/print) with medical home providers
4. Provide access to evidence-based tobacco cessation and treatment and tobacco free living to help tobacco users quit and stay quit in the postpartum period and when leaving tobacco free environments (e.g., hospitals, prisons, behavioral health facilities, and group homes)

1D. Provide outreach to all providers who care for children (pediatric and family practice clinics, community settings, etc.) to ensure women are receiving interconception care services services
1. Increase outreach to substance use treatment programs with interconception care and family planning services
2. Conduct outreach to pediatric clinics pertaining to interconception care. Educate providers on timing and methods of introduction of interconception care with the pediatric population and their families.
3. Incorporate interconception care into routine well-child care
4. Engage pediatric providers to provide evidence based tobacco treatment services, including education on a tobacco free living environments, remaining tobacco free in the postpartum period and protection from secondhand and thirdhand smoke.
5. Work with public and private decision-makers to make multi-unit housing, government buildings, grounds, child care facilities, and public places smoke-free/tobacco-free.
6. Engage community stakeholders and educate on the benefits of interconception care and its impact on the community by hosting town halls or town summits. Utilize methods identified during town summits to implement educational sessions and efforts.

1E. Increase quality and frequency of risk assessment at the postpartum clinic visit.
1. Continue development and implementation of *Pregnancy Medical Home Care Pathway: Postpartum Care and Transition to Well-Woman Care* as the recommended check-list for risk assessment
2. Ensure providers have access to referral services if needs are identified during risk assessment

Point 2. Increase access to preconception health and health care to women and men

2A. Expand the college-based Preconception Peer Education (PPE) Program to reach additional women and men in colleges, universities, graduate schools, community colleges and adult learning programs.
1. Increase the number of new PPE program sites by 5 per year by procuring start-up funds through sorority and fraternity alumnae chapters
2. Implement the PPE program model through minority-based student-led groups at five NC community colleges
3. Obtain lessons learned from other states that have implemented the PPE program within non-African American populations to determine program design, successes, challenges, and barriers for possible adaptation in NC
4. Partner with other public health programs that have experience working within colleges, community colleges, and community settings that reach young adults in order to deliver the PPE program in 2 new institutions
5. Work with all tobacco control partners and colleges in NC to go 100% tobacco-free, as is allowed by law, and to provide evidence-based tobacco treatment services to all tobacco users
6. Obtain funding to expand March of Dimes free folic acid distribution program to colleges and universities via the PPE program and social media messages

2B. Integrate preconception health (PCH) care and messages into primary care for people of reproductive age.
1. Design, administer, and analyze survey for primary care providers to assess what PCH care and education they are currently providing. Use existing professional networks and conferences to administer the survey.
2. Disseminate PCH interventions and messaging through professional organizations on how to implement these messages in a 10-minute primary care visit
3. Identify and disseminate effective PCH social media messages (e.g. Show Your Love campaign, Tobacco-free living messages) that are targeted throughout the life course via ongoing and newly established PCH health campaigns
4. Provide PCH messaging through intergenerational conversations facilitated by ongoing family-centered, community-based programs
5. Provide reproductive life planning counseling and ensure that people have a reproductive life plan in place, particularly those women identified with medical conditions that put them at risk for maternal mortality/morbidity

2C. Integrate the use of evidence-based and evidence-informed curricula with adolescent and young adult populations in educational and community settings.
1. Implement evidence-informed preconception /reproductive life planning curricula in GED and workforce development programs by expanding pre-existing PCH trainings
2. Ensure compliance with the Healthy Youth Act and facilitate its full implementation via monitoring, reporting and general oversight
3. Implement *Healthy Before Pregnancy* curriculum in charter schools
4. Integrate PCH education into school-based health centers
5. Incorporate breastfeeding positive messaging into PCH trainings for high-school students
6. Educate young people about the dangers of all tobacco products, including menthol, and new and emerging electronic nicotine delivery systems with youth-attractive flavorings and promotional messages. Empower young people to carry out effective peer educational campaigns.

2D. Implement the *North Carolina Preconception Health Strategic Plan* and *Supplement*.
1. Identify key stakeholders and electronically distribute plan and supplement
2. Identify champions who can share plan and supplement
3. Identify other health promotion/educational campaigns that can integrate plan and supplement

Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery and postpartum care)

3A. Expand the use of evidence-based models of prenatal care
1. Establish 6 additional CenteringPregnancy® sites by procuring start-up funds and providing training. Focus on expanding this model to populations who are at higher risk for poor birth outcomes.
2. Evaluate outcomes for CenteringPregnancy® patients in North Carolina by developing evaluation measures

3. Increase continuity of care by promoting that the same provider sees the prenatal patient on a consistent basis
4. Use shared decision-making model to provide patient education on contraception during the third trimester of prenatal care

3B. Provide evidence-based clinical standards in prenatal care (e.g., early elective deliveries, cesarean rate, 17P, tobacco cessation, hypertensive disorders, gestational diabetes, mental health, substance abuse, intimate partner violence, perinatal mood disorders, etc.)

1. Continue development and implementation of Pregnancy Medical Home Pathways through utilization of flow sheet/checklist of required (or recommended) clinical elements for prenatal care
2. Increase health care clinician training (public and private) on recommended clinical standards
3. Track specific measurements related to provision of recommended clinical care including data on maternal mortality and severe maternal morbidity by race & ethnicity
4. Implement maternity safety bundle (i.e. OB hemorrhage, hypertension management and prevention of thromboembolism for in- patient care; OB clinical checklist for providers)
5. Offer Pregnancy Medical Home providers training and/or technical assistance regarding the use of SBIRT (Screening, Brief Intervention, and Referral to Treatment) to identify, intervene, and refer pregnant women for substance use
6. Ensure all pregnant women with substance use who contact the local management entities-managed care organizations (LME-MCO) Access Line are considered emergent (within 2 hours) referrals
7. Implement You Quit, Two Quit to improve quality of tobacco cessation and prevention efforts among providers
8. Ensure all pregnant women receive appropriate gestational weight gain guidance

3C. Improve access to and utilization of first trimester prenatal care

1. Allow private providers to complete Medicaid pregnancy presumptive eligibility determination forms
2. Ensure that each health department is providing pregnancy testing and completion of Medicaid presumptive eligibility at the same visit
3. Decrease length of time for approving Medicaid for Pregnant Women (MPW) applications
4. Increase the number of private providers who will accept women with presumptive eligibility for Medicaid and with MPW
5. Improve first trimester access to care for undocumented pregnant women by using open access scheduling

3D. Provide care coordination/case management/home visiting services that includes promotion of resiliency, mental health screening, substance use intervention, tobacco cessation and prevention, reproductive life planning, chronic disease management, perinatal mood disorders, and access to health care

1. Improve access to community services for case management programs by providing orientation and ongoing technical assistance for providers in order to increase awareness of services and referral mechanisms

2. Provide care coordination for pregnant women with substance use disorder and/or mental health disorder through LME-MCO

3E. Ensure that all pregnant women and high-risk infants have access to the appropriate level of care through a well-established regional perinatal system

1. Decrease the percent of Very Low Birthweight (VLBW) and high-risk babies who are born at Level 1 and Level 2hospitals
2. Define, identify and promote centers of excellence for VBAC (vaginal birth after cesarean)
3. Assess the levels of neonatal and maternity care services for hospitals using the consensus recommendations of the American Academy of Pediatrics (AAP), the American College of Obstetricians and Gynecologists (ACOG), and the Society for Maternal-Fetal Medicine (SMFM)

3F. Promote access to comprehensive breastfeeding support services including medical lactation services

1. Expand breastfeeding peer counseling program to all counties in NC
2. Increase the number of International Board Certified Lactation Consultants (IBCLCs) per live birth, especially people of color, by increasing educational support (including mentoring) and financial support
3. Reimburse for the provision of medical lactation services by IBCLCs, MDs, CNMs, and NPs
4. Increase the number of facilities participating in NC Maternity Center Breastfeeding Friendly Designation or NC Breastfeeding-Friendly Child Care Designation Program or achieving a Baby Friendly Hospital Designation
5. Reduce infant formula utilization by increasing the initiation, duration, and exclusivity of breastfeeding

3G. Provide evidence-based culturally competent patient education and anticipatory guidance

1. Provide evidence-informed childbirth education information to expectant families that includes:
   - Letting labor begin on its own
   - Walking, moving & changing position in labor
   - Have continuous labor support
   - No routine intervention in labor
   - Upright position for pushing
   - Immediate skin-to-skin: skin-to-skin for the first hour or until the first feed (this is for all babies for thermal regulation)
   - Keep baby with you, it's good for breastfeeding "rooming in"

   *adapted from *Lamaze International Six Healthy Birth Practices*
2. Increase perinatal health literacy by ensuring that families are provided with appropriate educational resources and support
3. Increase the availability of continuing education for individuals providing patient education to ensure most current evidenced based practices are presented to patients and ensure that individuals are able to maintain certification
4. Increase community awareness and comprehension of reproductive health literacy

5. Convene community focus groups to test existing patient education materials and find out the best routes for accessing information by integrating focus groups with pre-existing forums
6. Educate clinicians on the latest, evidence-based information and guidance through continuing education, conferences, and graduate curricula updates. Utilize inter-professional techniques to effectively integrate and facilitate team learning.

Point 4. Expand healthcare access over the life course for all

4A. Promote access to and utilization of the adolescent well visit

1. Increase enrollment of adolescents in Health Check/Health Choice by working with community-based organizations
2. Educate adolescents and parents/caregivers about the importance of the adolescent well visit, health benefits, and perceived barriers through social media campaigns
3. Increase school-based healthcare access through legislative action and increased funding

4B. Promote access to and utilization of evidence-based preventive health services

1. Educate clinicians about evidence-based strategies through continuing education, conferences, and graduate curricula updates
2. Educate consumers about benefits of the Affordable Care Act (ACA) and evidence-based strategies through social media

4C. Increase access to and utilization of medical homes

1. Educate population about the concept of a medical home and services provided

4D. Provide affordable, comprehensive insurance coverage

1. Close the health care insurance gap for low income populations
2. Increase accessibility of health care services through safety net providers

4E. Promote access to and utilization of immunizations according to the American Committee on Immunization Practice guidelines

1. Launch a social media campaign on immunization benefits for people of reproductive age via pre-existing marketing channels
2. Assess current inventory and supply management needs for vaccines amongst safety net providers
3. Address immunization data gap for adults by monitoring immunization rates through statewide registry

4F. Provide evidence-based culturally competent patient education and anticipatory guidance

1. Compile evidence-based education for priority patient populations, e.g. African Americans, American Indians, LGBTQ, etc.
2. Compile evidence-based education for men
3. Convene community focus groups to test existing patient education materials and find out the best routes for accessing information by integrating focus groups with pre-existing forums

4. Educate clinicians on the latest, evidence-based information and guidance through continuing education, conferences, and graduate curricula updates

GOAL 2 - STRENGTHENING FAMILIES AND COMMUNITIES

Point 5. Strengthen father involvement in families

5A. Promote parenting and co-parenting skills and responsible strategies
1. Expand Triple P, NC Prevent Child Abuse parenting curriculum, etc. to five additional community agencies
2. Identify number of counties with an evidence-based parenting program
3. Increase support for evidence-based programs by providing funding and technical assistance.
4. Identify successful fatherhood programs and resources/contacts by collaborating with local fatherhood task forces

5B. Improve/develop guidelines for the inclusion of men in preconception, prenatal, and interconception health services
1. Incorporate PCH into the routine primary care of men
2. Promote preventative health education for boys, adolescents and men, to include mental health and substance use, and the impact it has on childbearing and parenting by incorporating education into school, faith-based community and other community programs

5C. Use evidence-based strategies to promote healthy family relationships
1. Broadly disseminate, through provider training, evidence-based programs that address healthy relationships/ families/parenting, including trauma-informed care
2. Educate providers on warning signs of conflict in relationships and previous trauma history and develop referral pathways

5D. Promote the role of fathers to change the culture
1. Link local and regional fatherhood task forces to the NC Fatherhood Council
2. Create/Implement messaging to build an evidence-based awareness campaign with messages tailored for fathers and male caregivers in NC by working with father-focused groups
3. Incorporate the role of fathers into the current First 2000 Days of Life media campaign
4. Support paid parental leave efforts

Point 6. Enhance coordination and integration of family support services

6A. Promote agency and community coordination in providing services
1. Improve the integration and collaboration of services and programs in the Division of Public Health/DHHS that impact women's and children's health by increasing cross communication, sharing what is known, and assessing strengths and challenges

2. Create a DHHS plan to provide coordinated services across the across the life course continuum
3. Share the lessons learned, plans and information collected through the increased communication and planning in #1 and #2 with the larger public health community in North Carolina to model innovation and set the pace for local groups
4. Improve transitions of care/improved communication among clinical case managers

6B. Decrease fragmentation in the service delivery system to reduce burden on families

1. Identify existing gap analysis models and review them for use in North Carolina with a focus on services and supports for families
2. Support a pilot project/learning collaborative with agencies to conduct a gap analysis of their services for families
3. Share findings of the learning collaborative along with recommendations for other agencies and counties to conduct their own analysis
4. Utilize technology to better drive connectivity and sharing of information with and about families to improve service systems and utilization of resources
5. Convene a stakeholder meeting to map out and understand the various systems that families must navigate

6C. Improve family and community driven service provision

1. Conduct listening sessions with women, families and communities to learn more about how current systems are working for them and what might work better. Apply what is learned to system improvements.
2. Review the evidence base for the use of community health workers and assess if and how they are being utilized in North Carolina. Encourage agencies and non-profits that are working in the same communities to consider pooling their resources/staff to hire from within high-need communities and potentially better coordinate efforts.
3. Provide training to home visitors and people who are providing services to families and communities around cultural competency in order to prevent internalized racism/oppression and focusing on resilience and community building vs "I know best."
   - Explore the Smart Start training model.
   - Assess current curriculum and training provided.
   - Develop online, reading and other materials to support ongoing learning.
   - Find resources to support retreats

Point 7. Support coordination and cooperation to promote reproductive health within communities

7A. Promote reproductive life planning

1. Use evidence-based reproductive life planning tools
2. Expand provider and consumer education and outreach by increasing the number of reproductive life planning trainings available to a variety of groups including faith communities, clinicians, case workers, and others
3. Advocate for incentives to create reproductive life plans
4. Use standardized evidence-based contraceptive counseling across NC's perinatal case management programs

7B. Expand community stakeholder involvement and community engagement in service design and implementation
1. Increase education and community support by presenting existing preconception health high school curricula to local decision makers
2. Work with agencies and providers to develop and utilize community advisory groups inclusive of community members and consumers of services when developing and implementing services and programs.

7C. Promote utilization of breastfeeding friendly policies and services in local communities
1. Increase the number of facilities participating in NC Maternity Center Breastfeeding Friendly Designation or NC Breastfeeding-Friendly Child Care Designation Program or achieving a Baby Friendly Hospital Designation
2. Advocate among the business community to adopt breastfeeding-friendly policies and practices by supporting use of breastfeeding-friendly designations

7D. Promote utilization of evidence-based strategies to prevent all forms of violence and promote coordinated community response
1. Increase awareness of the impact of toxic stress and exposure to violence on children's health and development.
2. Broadly disseminate, through provider training, evidence-based programs that address healthy relationships/ families/parenting, including trauma-informed care
3. Educate providers on warning signs of conflict in relationships and previous trauma history and develop referral pathways
4. Increase the number of nurses with Sexual Assault Nurse Examiner (SANE) qualifications

Point 8. Invest in community building

8A. Create and improve transportation systems and infrastructure
1. Establish collaborative relationships with Council of Governments, Department of Transportation, Division of Social Services and City Planning to develop a report to describe transportation issues and recommendations for young families in NC
2. Assess access to prenatal and family planning services based on the report from the Institute of Medicine to learn more about the distance of primary care services and specialty services in and around rural areas. Review data and talk with women/men to assess if and why some women travel further for their care instead of visiting local providers (potential trust/discrimination issues).
3. Convene a daylong meeting to review all of the information above along with any policies or procedures that may be impacting access to care (e.g. being able to bring a family member / baby along for an important visit) and develop a list of recommendations to improve services and ease of use
4. Collectively advocate for changes in bus routes, bus stops, location of recreational facilities, availability of transportation services, etc. based on the recommendations made by the meeting described above

8B. Support capacity building in areas of concentrated disadvantage

1. Use existing method of GIS mapping and other data resources such as Emergency Management to identify communities at high-risk for poor birth and child health outcomes (hot spot) to describe and prioritize their needs
2. Establish collaborative partnership with community housing program (housing authority) and others to assess housing needs, impact on health (particularly young adults and young families), and push for local planning and funding strategies to improve safety and healthy housing options for families, including housing opportunities outside of neighborhoods of concentrated poverty
   - Review model programs from other states and programs that are doing this work – e.g. Healthy Start and Best Babies Zones
3. Make free Wi-Fi available within disadvantaged housing to enable residents to apply for jobs, connect to resources in community and connect their children to online school resources
4. Take inventory of communities in NC implementing promise zone like initiatives (taking multigenerational approaches to ensure the child's success). Share their work, successes and challenges via a report or webinar or conference presentation so other communities can learn from their work. Collaborate with projects to provide support / expertise as needed to make sure that key services such as reproductive life planning are included / considered.

8C. Improve environments to support healthy living

1. Promote smoke-free/tobacco-free public housing and multi-unit housing through policy change and tax incentives
2. Increase community gardens and support permaculture in low income neighborhoods
3. Educate and inform decision makers to adopt the following evidence-based interventions:
   - Local regulations that make local government buildings, grounds, and public places tobacco free.
   - Smoke-free multi-unit housing that also bans e-cigarettes, including public housing, affordable housing and as resources allow, market rate housing.
   - Tobacco-free community colleges and colleges.
   - Local tobacco-free mental health and substance abuse facilities along with evidence-based tobacco treatment provided by counselors
   - Tobacco-free child care centers for those who serve the 0-5 population
4. Educate the public and decision-makers about how menthol added to tobacco products and promoted to populations impacts tobacco addiction, disease, and premature death for those populations that use menthol tobacco products
5. Collaborate with environmental justice coalitions to promote access to safe water, clean air, and chemically toxic-free environment
6. Continue partnering with local and state initiatives to educate communities about healthy living, including exercise and nutrition
7. Collaborate with initiatives that focus on regular access to healthy foods and food security

8D. Create and promote local employment opportunities that provide at least a livable wage
1. Support and encourage businesses that seek to provide jobs (with benefits, paid sick leave) as well as services in areas of concentrated disadvantage
2. Collaborate with partners and organizations that advocate for living wage, community development, and community reinvestment

8E. Support civic participation through building community networks
1. Partner with existing groups to make sure that MCH populations are registered to vote, know where to vote, have identification for voting, know how to access information about candidates and have transportation to the polls
2. Bring the policy issues to the kitchen table – make politics both state and local understandable to busy, over extended young adults and families
3. Provide information and education to MCH clients about the policy decision-making process, how local governments work and how they can collectively share their issues and concerns

GOAL 3 - ADDRESSING SOCIAL AND ECONOMIC INEQUITIES

Point 9. Close the education gap

9A. Promote and increase access to higher education
1. Promote enrollment of youth in foster care settings in post-secondary education
2. Compile research on the effect of early college attendance on the achievement gap and racial/geographical disparities in post-secondary enrollment and completion rates; collaborate with key stakeholders to locate data and create document to share findings
3. Increase the number of high quality student and family centered counseling services in middle and high schools by enhancing the cultural and geographic humility-capacity of counselors to work with students/families from all cultures and regions of the state
4. Partner with NC Area Health Education Center's (NC AHEC) Health Careers and Diversity Council and other key stakeholders to develop an action plan to promote awareness of health careers and academic preparation for secondary education among guidance counselors, students and parents

9B. Increase high school and post high school graduation rates
1. Increase the number of high quality student and family centered counseling services (middle and high schools) by enhancing the cultural and geographic humility-capacity of counselors to work with students/families from diverse cultures and regions across the state
2. Implement policies and promote model programs that address barriers to school attendance for high school and college pregnant and parenting students

9C. Expand race/ethnic/gender diversity representation in schools (administrators, faculty, and staff)
1. Promote the teaching profession as a viable career option to underrepresented groups, non-traditional audiences (lateral entry programs) and populations through the

development of social marketing and media campaigns and related efforts to identify and recruit new teachers

2. Identify new revenue sources (e.g., tobacco products tax) and obtain legislative approval to design and implement funding mechanisms that underwrite and increase teacher/staff compensation

9D. Promote and increase access to early childhood education

1. Raise awareness of the developmental and financial impacts of high quality early learning programs
2. Increase the availability of early childhood programming to those who qualify (e.g., Early Head Start, etc.)
3. Support the recommendations outlined in NC Institute of Medicine Essentials for Childhood report
4. Support the recommendations of the NC Early Childhood Foundation's NC Pathways to Grade-Level Reading Project
5. Promote the NC Pathways to Grade-Level Reading Measures of Success Framework

9E. Disrupt the school to prison pipeline, beginning with pre-school

1. Raise awareness of implicit bias
2. Support policies that require training on implicit bias for education staff
3. Advocate for disaggregated data collection and reporting for school suspension
4. Promoting the use of EB positive social behavior and discipline strategies in all school settings
5. Provide developmentally appropriate services to justice involved youth by raising the age of juvenile jurisdiction from 16 to 18

Point 10. Reduce poverty among families

10A. Learn, collaborate, and partner with organizations, agencies, and institutes that focus on poverty reduction

1. Collaborate and partner with the following organizations and agencies that are already engaged and/or leading poverty reduction initiatives and activities across the state such as NC Community Action Association and NC Child

10B. Formulate and/or enhance ways that data can be collected to comprehensively track on how living in poor or near poor homes and communities affects health outcomes over the life course

1. Collaborate and partner with the following organizations and agencies that are already engaged and/or leading poverty reduction initiatives and activities across the state such as NC Community Action Association and NC Child

10C. Recommend and support legislation of a livable wage and equity in compensation

1. Collaborate and partner with the following organizations and agencies that are already engaged and/or leading poverty reduction initiatives and activities across the state such as NC Community Action Association and NC Child

10D. Standardize poverty reduction strategies into systems, services, and programs
1. Expand effective financial literacy curriculums in services and programs for families by integrating consistent use of evidence-based financial literacy curriculum, e.g., Bridges Out of Poverty
2. Collaborate with organizations/advocates that work to stop predatory lending to low-income families and to repeal the NC food tax

Point 11. Support working mothers and families

11A. Create and expand paid parental and sick leave policies
1. Identify research that other states have done to create policies through key informant interviews (including work done by National Partnership for Women and Families and through university business schools)
2. Promote the evidence base around policies to promote paid parental (mothers, fathers, partners) leave and sick leave (disability insurance/act)
3. Create and expand safe work place environments and accommodations for pregnant and breastfeeding women; develop policy recommendations around safe work environments and identify models of excellence

11B. Increase affordable, available, and accessible high quality child care
1. Identify and publish geographic gaps to inform policies and guide future funding decisions of high quality child care centers
2. Identify and engage in ongoing efforts with other state and national partners to expand access to high quality child care for low wage working families

11C. Increase support for breastfeeding
1. Promote expansion and regulation for the Business Case for Breastfeeding model by integrating policies and best practice standards in labor laws and work place policies
2. Train a diverse workforce to support breastfeeding (e.g., clinical, peer support); identify resources for scholarships to train diverse resources; incorporate training and resources in state programs; promote linkages between community health workers and clinical professionals; credentialing
3. Locate resources to compensate a diverse workforce to support breastfeeding; compile research on funding models in other states; develop and submit request to support increase in reimbursement

11D. Create safe work place and incarceration environments for women
1. Make all public workplaces in North Carolina smoke free
2. Provide tobacco cessation services through employee health benefits packages
3. Improve the quality of perinatal care for incarcerated women
4. Work with employers and payers to offer evidence-based tobacco cessation services for their employees or members at no cost (ACA requirement)

Point 12. Undo racism

12A. Infuse and incorporate equity in the delivery of health services
1. Support and fund a fully functioning NC Office of Minority Health and Health Disparities to promote and implement this plan in all local health departments, rural services, and CBOs receiving any funds from NC DHHS
2. Engage and employ consumers of our programs, services, and initiatives in the planning, design, and implementation of health delivery services
3. Collaborate with stakeholders working specifically on addressing disparities in perinatal health to build on community health assessment process to identify needs and goals
4. Build and strengthen trust in communities by engaging community health workers that are from the community that is being served
5. Promote use of the NC Health Equity Impact Assessment

12B. Promote high quality training about institutional and structural racism and its impact on poor communities and communities of color
1. Partner with NC Racial Equity Institute/Open Source/People's Institute, etc. to expand their training across the state by providing funding, support, and access to partner database
2. Partner with NC AHEC to include health equity training within the standard curriculum for medical, nursing, and other healthcare professional students

12C. Modify and change policies and practices to address institutional and structural racism
1. Collaborate with and fund outside consulting services that have a strong record in systems change and implementing health equity such as *Community Catalyst*
2. Formally collaborate/partner with entities such as the North Carolina Chapter of the National Diversity Council and NC AHEC in diversifying healthcare leadership in local areas to reflect the communities they service
3. Promote policies that enforce collecting health disparities data and developing data dashboards to be implemented in all hospitals in NC by partnering with the NC Hospital Association

12D. Promote community and systems dialog and discussion on racism
1. Collaborate with and incorporate dramatic arts in the dissemination of "issues" to encourage dialogue across systems
2. Partner with existing organizations and collaboratives that are working to address racism to create opportunities for discussion across systems

Special thanks to the initial **Perinatal Health Strategic Planning Committee** for their leadership, commitment, and guidance in the development of this Strategic Plan.

Belinda Pettiford, Chair
North Carolina Division of Public Health (NC DPH)
Department of Health and Human Services (DHHS)

Sarah Ahmad, NC DPH, DHHS
Angela Aina, UNC Center for Maternal and Infant Health (UNC CMIH)
Sydney Atkinson, NC DPH, DHHS
Vienna Barger, NC DPH, DHHS
Laila Bell, NC Child
Kate Berrien, Community Care of North Carolina
Rebecca Sink, Community Care of North Carolina
Sheila Bunch, East Carolina University
Tonya Daniel, NC DPH, DHHS
Janice Freedman, North Carolina Healthy Start Foundation
Kimberly Harper, Vidant Health
Elizabeth Hudgins, North Carolina Pediatric Society
Kathleen Jones-Vessey, NC DPH, DHHS
Carol Koeble, North Carolina Hospital Association
Kathy Lamb, NC DPH, DHHS
Alvina Long Valentin, NC DPH, DHHS
Erin McClain, UNC CMIH
Sarah McCracken Cobb, NC DPH, DHHS
Kweli Rashied-Henry, North Carolina Chapter of the March of Dimes
Judy Ruffin, NC DPH, DHHS
Royland Smith, Forsyth County Department of Public Health
Sarah Verbiest, UNC CMIH
Shelby Weeks, NC DPH, DHHS

OUR PARTNERS

Child Fatality Task Force
Our Children, Our Future, Our RESPONSIBILITY

CAROLINA GLOBAL BREASTFEEDING INSTITUTE

Community Care OF NORTH CAROLINA

Duke UNIVERSITY
DukeHealth

HEALTHY PLACES BY DESIGN

HEALTHY START

MAHEC

MomsRising.org
MamásConPoder.org

NORTH CAROLINA PRECONCEPTION HEALTH CAMPAIGN

MARCH OF DIMES

MIDWIVES of North Carolina
North Carolina Affiliate of American College of Nurse-Midwives

NC Child
The Voice for North Carolina's Children

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

NORTH CAROLINA For Community Health PUBLIC HEALTH ASSOCIATION

Nurse-Family Partnership
Helping First-Time Parents Succeed®

PQCNC

RHCC
Your Health Care Guardian

UNC
SCHOOL OF MEDICINE
Center for Maternal and Infant Health

yes! YOUTH EMPOWERED SOLUTIONS
Creating Community Change

JOIN OUR TEAM!

NC Department of Health and Human Services • Division of Public Health • Women's Health Branch
whb.ncpublichealth.com • NCDHHS is an equal opportunity employer and provider. • 10/2018