

# NC Perinatal Health Strategic Plan

## Annual Data Indicator Update April 26, 2023

### Meeting Purpose

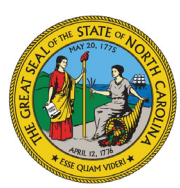
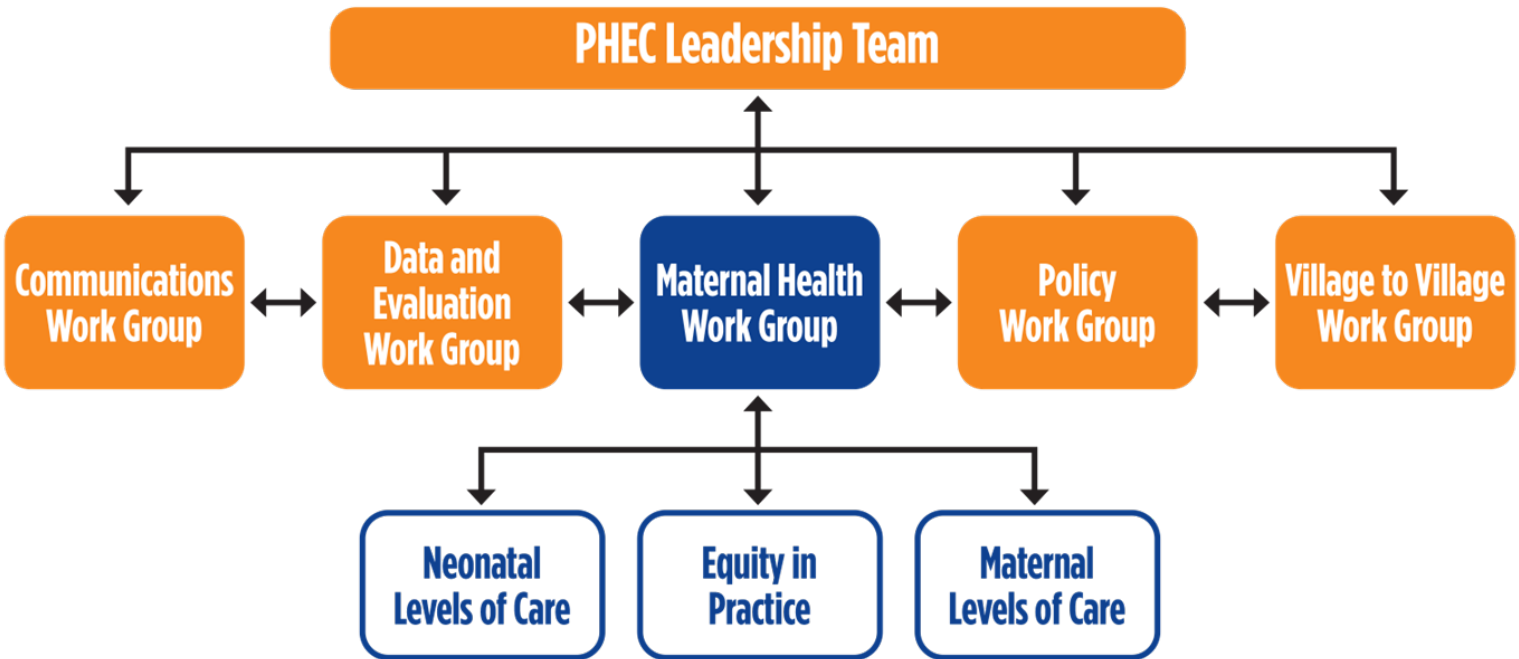
The Perinatal Health Equity Collective (PHEC) Data and Evaluation Work Group (DEWG) agreed to share updated Perinatal Health Strategic Plan (PHSP) indicator data at least annually with members of PHEC to ensure that we are all working toward the same goals and aligning our work. It is the hope of the PHEC DEWG that participants in today's meeting will:

- Better understand the overarching indicator data and data from specific points in the PHSP;
- Identify how the PHSP's data and strategies are connected to the work of their organization; and
- Define action steps to ensure that their work aligns with that of the PHEC.

### Data Considerations

To highlight inequities in health outcomes due to interpersonal, institutional, and systemic racism, every effort has been made to provide data for racial and ethnic population groups for each of the indicators. Racial/ethnic categories are defined by the data source and are not consistent across the indicators.

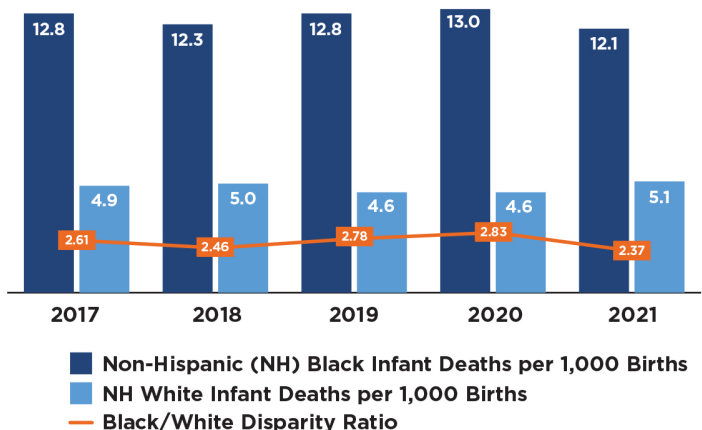
## NC Perinatal Health Equity Collective



# Overarching Indicators

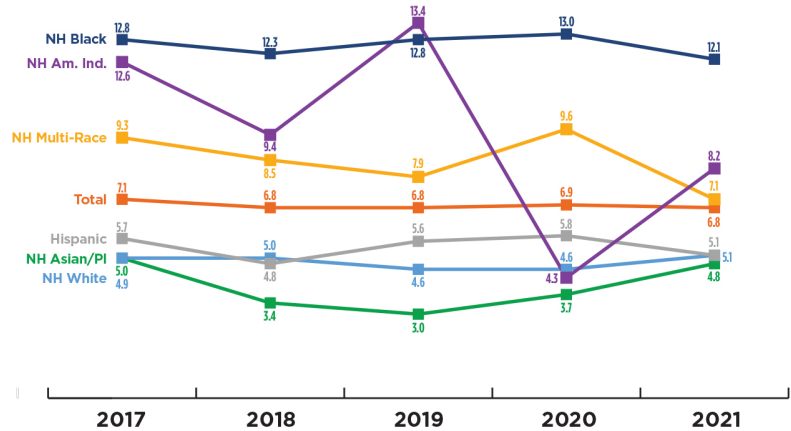
1) Eliminate the Black/white disparity in infant mortality (# of infant deaths for every 1,000 live births)

Resident Black and White Infant Mortality Rates and Black/White Disparity Ratio, NC, 2017-2021



Source: NC Vital Statistics/SCHS

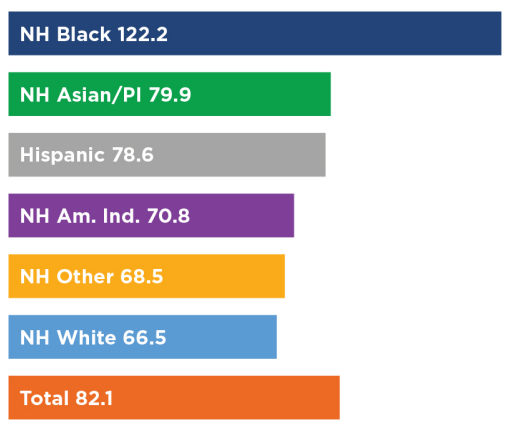
NC Resident Infant Mortality Rates by Race/Ethnicity, 2017 to 2021



Note: NH Amer. Ind. rates for 2020 are based on a small number of deaths (<10 deaths) and may be statistically unreliable - interpret with caution. Racial categories have changed from prior years and now reflect single race categories & multi-race. Comparisons with prior reports are not advised.

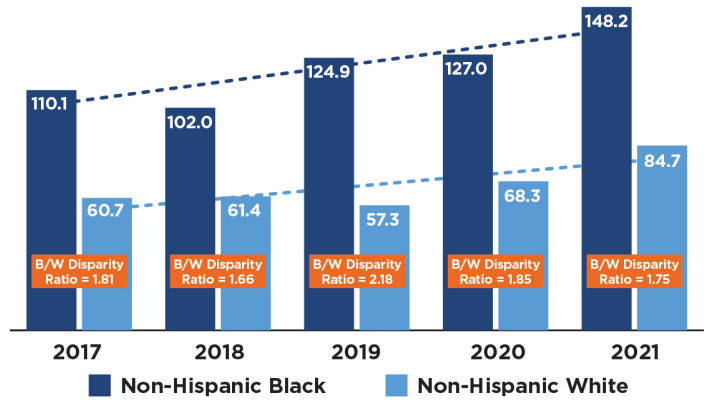
2) Eliminate the Black/white disparity in severe maternal morbidity (SMM)

Severe Maternal Morbidity Combined 2017-2021 Rate per 10,000 deliveries by Race/Ethnicity, NC



Source: NCDHHS, Division of Public Health, Inpatient Hospital Discharge database

Recent Trends in SMM Rates\* NH Black & NH White Birthing Persons, NC 2017-2021



\*Severe Maternal Morbidity rates per 10,000 deliveries.  
 Note: These figures are subject to changes as hospital discharge data are updated and/or AIM SMM specifications are modified.  
 Source: NCDHHS, Division of Public Health, Inpatient Hospital Discharge database, 2017-2021

# Overarching Indicators

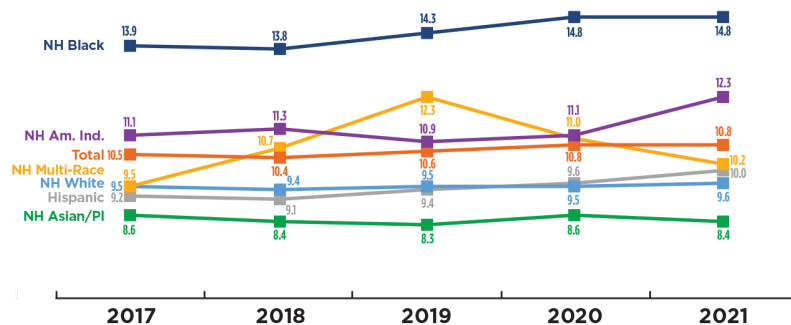
3) Decrease the percentage of preterm births to 8.3% or less for all racial/ethnic groups

Percent Preterm Births by Race/Ethnicity, North Carolina, 2021



Source: NC State Center for Health Statistics/Vital Statistics

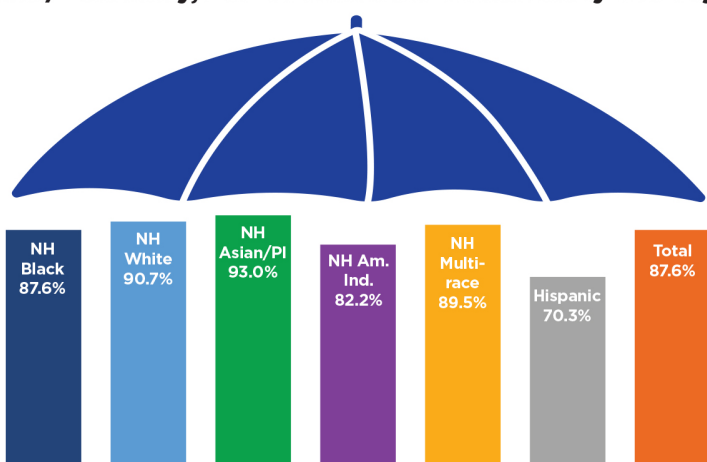
Percent Preterm Births by Race/Ethnicity, NC, 2017 to 2021



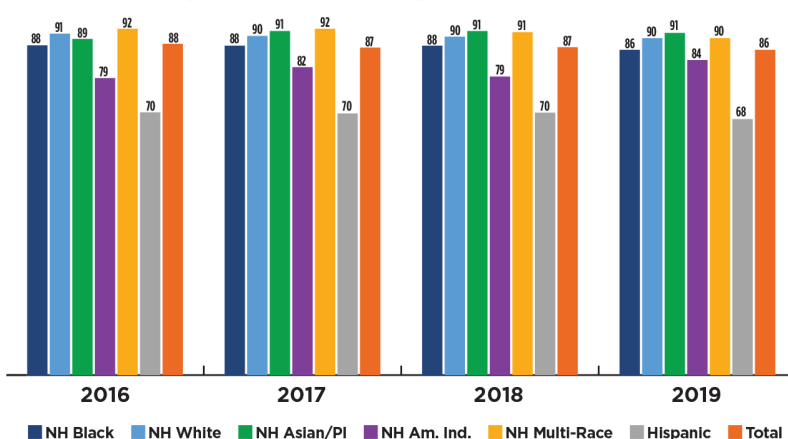
Source: NC Vital Statistics/SCHS

4) Increase health insurance rates to 90% or above for all racial/ethnic groups

Percent of Non-Elderly (0-64 years) People in North Carolina with Health Insurance by Race/Ethnicity, 2021 American Community Survey



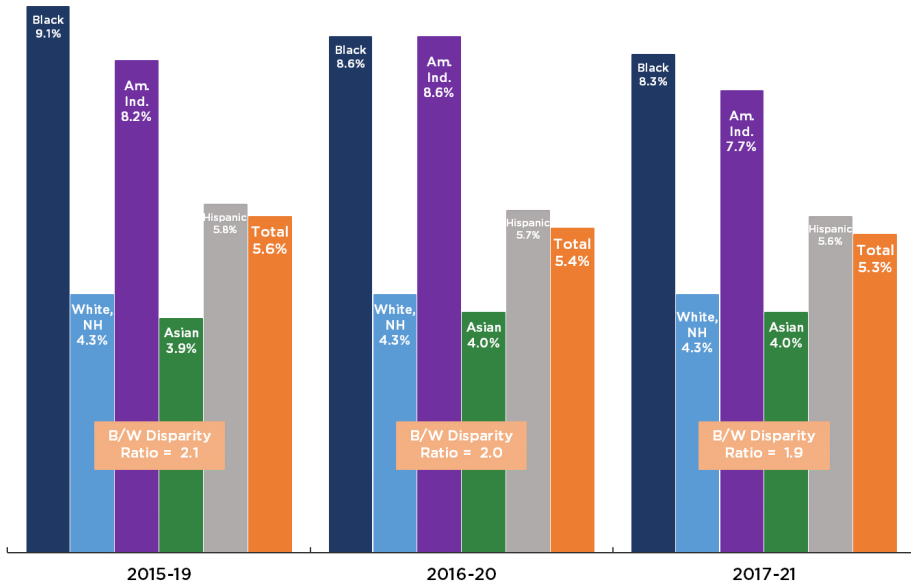
Percent of Non-Elderly (0 to 64 years) People in NC with Health Insurance by Race/Ethnicity, 2016 to 2019



Source: Kaiser Family Foundation estimates based on the 2008-2021 American Community Survey (ACS), 1-Year Estimates. 2020 ACS data are not available due to significant disruptions to data collection brought on by the coronavirus pandemic.

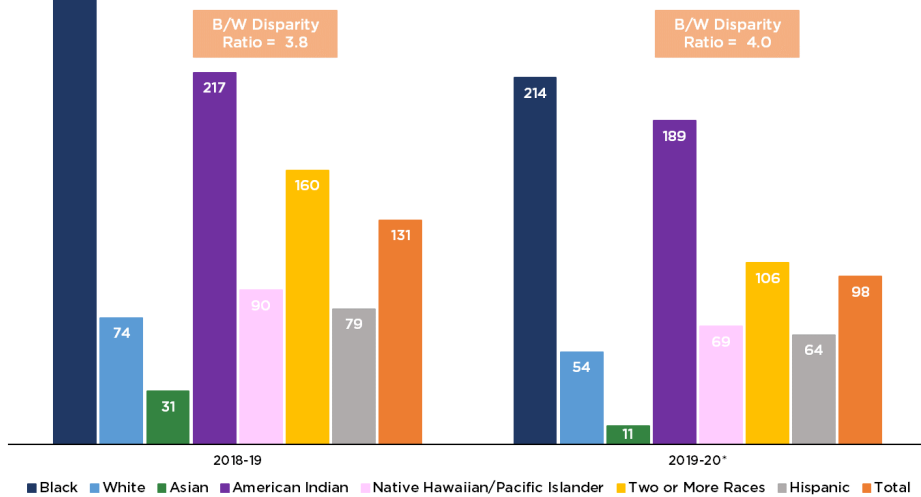
# Point 1 - Undo racism

## 1.1 Eliminate the Black/white disparity in unemployment



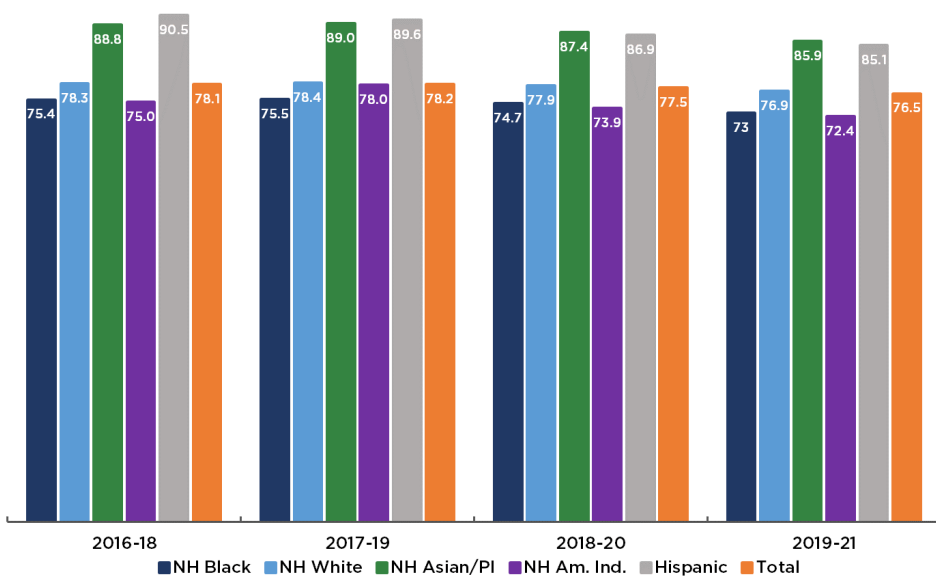
Source: American Community Survey

## 1.2 Eliminate the Black/white disparity in short-term suspensions (rate per 1,000 students)



Source: NC Department of Public Instruction Consolidated Data Report (2020-2021)  
 \*In response to the COVID-19 pandemic, starting in March of the 2019-2020 school year and continuing through the 2020-2021 school year, public school units across the state employed unprecedented methods to ensure continued student learning by utilizing various modes of instruction and student outreach. As such, caution should be taken when comparing data reported for the 2019-2020 to data reported for prior and subsequent years.

## 1.3 Increase life expectancy (years)



Source: NC Vital Statistics/SCHS

### PHEC Member Engagement Activities

- NC Child provides a data training on using data disaggregated by race and ethnicity and encourages agencies to use these data in program service delivery and policy advocacy.
- NC Reproductive Health Branch has used health equity tool and reproductive justice lens to update state and local Title X policies.
- NC Partnership for Children is actively reviewing its organizational culture and policies to identify ways to promote anti-racism.
- #ImpactEquityNC promotes the use of the NC Health Equity Impact Assessment as a tool to revise policies, programs, and practices to reduce racial health disparities.
- Perinatal Quality Collaborative of North Carolina (PQCNC) collects race/ethnicity data for all their initiatives and reports that data back to all participating teams.
- Guilford County Public Health has created a Health Equity Core Team that is developing plans for advancing health equity.
- NCDHHS' Division of Child Development and Early Education recently contracted to design and facilitate training across public institutions related to family engagement and leadership, including a focus on equity.

*Activities listed above were submitted by PHEC members present at 12/15/21 PHEC meeting.*



### Ideas for Alignment

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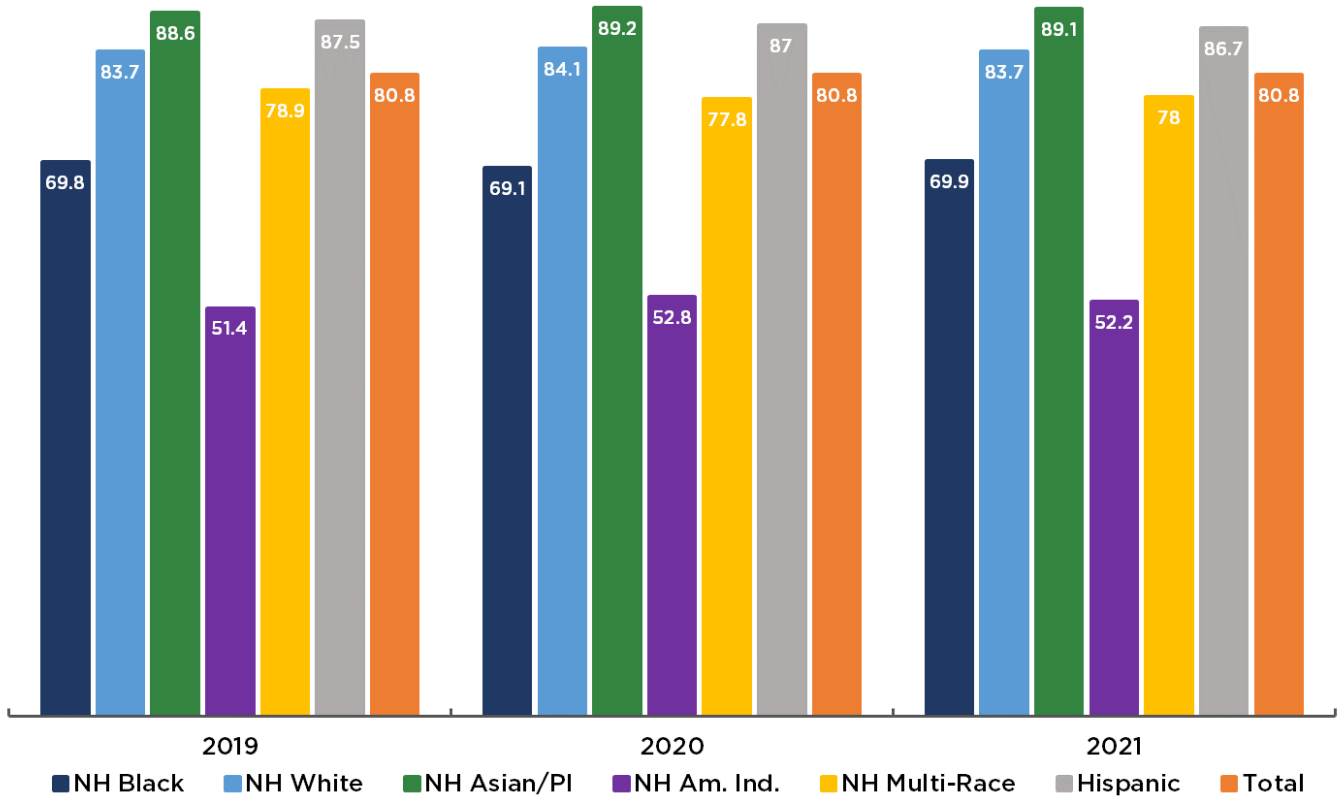
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- ### Strategies
- Implement or update policies within public service agencies at state and local levels to reduce institutional and structural racism
  - Implement training to ensure high-quality data collection and analysis on race, ethnicity, gender identity, and disability status across health systems
  - Increase the number of health systems using data on race and ethnicity to improve the delivery of health services and monitor equity
  - Provide training to all NCDHHS staff and ongoing professional development on equity that builds understanding of and competencies to advance health equity
  - Perinatal health care providers should participate in training around health equity, implicit bias, and cultural competency
  - Increase the number of counties that recognize racism as a public health crisis and use collaborative community dialog to develop plans to increase equity, safety, and well-being in communities
  - Develop and implement plans in the workplace to increase diversity, especially in leadership positions
  - Implement the Reentry Action Plan developed by the Department of Public Safety to foster successful reintegration into community, including job placement, for formerly incarcerated people

# Point 2 - Support Working Parents and Families

**2.1 Increase the percentage of children ages 0 to 2 years whose families receive child care subsidies and are enrolled in 4- or 5-star centers**  
**Data pending.**

**2.2 At least 87.5% of infants from all racial/ethnic groups are breastfed at hospital discharge**



Source: NC Vital Statistics, Birth Certificate Data

### PHEC Member Engagement Activities

- Many PHEC partners advocate for paid family medical leave, earned paid sick leave, kin care, safe days for all caregivers, reasonable pregnancy accommodations in the workplace, and accessible high quality child care by educating legislators, conducting health impact assessments, etc. Some of these partners (not an exhaustive list) include NC Child, MomsRising, NC Coalition Against Domestic Violence, Nurse Family Partnership, and March of Dimes.
- Breastfeeding promotion and support is conducted by many organizations and programs including, but not limited to, Carolina Global Breastfeeding/Baby Friendly Initiatives, NCDHHS Breastfeeding Collaboration Group, NC Partnership for Children, NC Maternity Center Breastfeeding Friendly Designation Program, and Mahogany Milk.
- NC A & T and Johnson C. Smith Universities offer Pathway 2 programs to increase lactation consultants of color.
- The Tobacco Prevention and Control Branch, UNC Collaborative for Maternal and Infant Health - You Quit, Two Quit, and LHDs provide cessation services and education.
- Diaper Bank of NC *Delivering Dignity* campaign includes the On the Spot initiative to improve access to period products for menstruating individuals in the state.

*Activities listed above were submitted by PHEC members present at 12/15/21 PHEC meeting.*



### Ideas for Alignment

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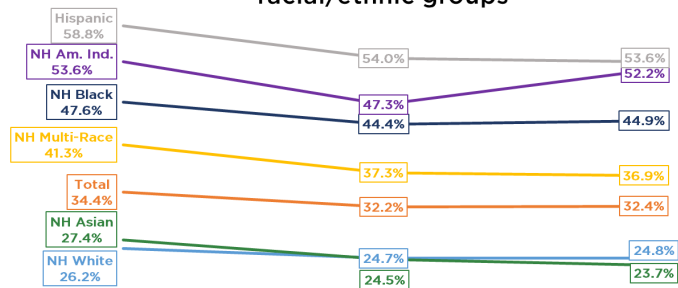
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- Strategies**
- Create and expand legislation to provide paid family medical leave, earned paid sick leave, kin care, and safe days for all caregivers
  - Increase accessible high quality childcare for all children (including infants, toddlers, and those with special health care needs) by expanding the availability of child care subsidies and by increasing the subsidy rate to more adequately meet the cost of care
  - Strengthen policies to support breastfeeding in the workplace and in childcare centers, and increase knowledge and uptake of breastfeeding friendly policies
  - Increase enrollment in Pathway 2 and Pathway 3 lactation training programs, and increase reimbursement for the breastfeeding support workforce
  - Create safe and healthy workplaces for people of reproductive age by passing legislation to ensure reasonable pregnancy accommodations
  - Work with employers to ensure tobacco cessation services are provided to all employees
  - Eliminate taxation on sanitary products including menstrual supplies, diapers, and breastfeeding supplies

# Point 3 - Reduce Poverty Among People of Reproductive Age and Families

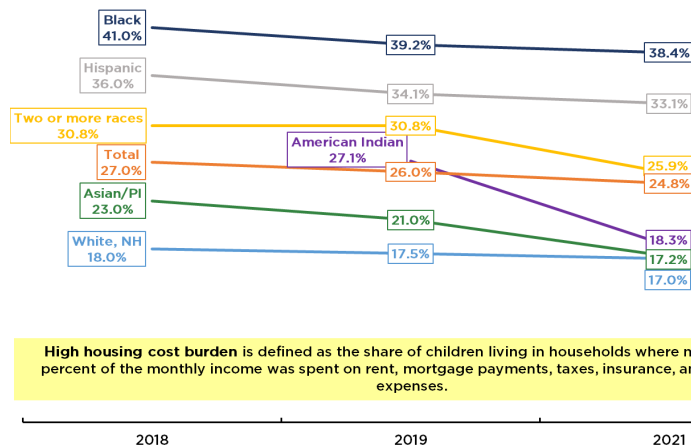
## 3.1 Decrease the percentage of individuals living at or below 200% of the federal poverty level for all racial/ethnic groups



Per 2023 US Federal Poverty Guidelines, in NC, 200% of the federal poverty level was \$60,000 for a family of four and \$29,160 for an individual.

Source: ACS 5-Year Estimates Public Use Microdata Sample

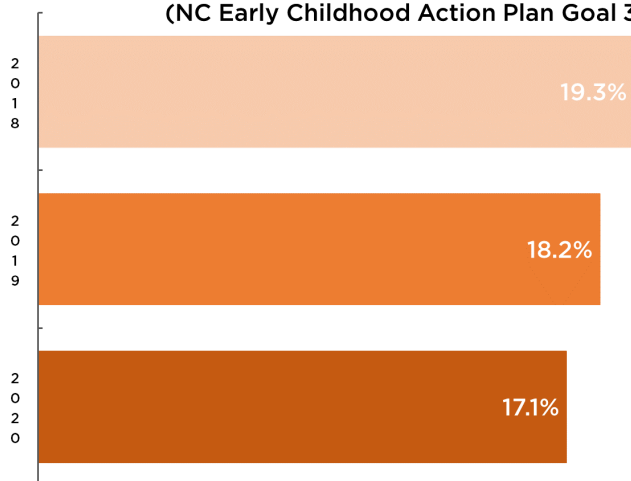
## 3.2 Reduce the proportion of children living in households with a high housing cost burden



High housing cost burden is defined as the share of children living in households where more than 30 percent of the monthly income was spent on rent, mortgage payments, taxes, insurance, and/or related expenses.

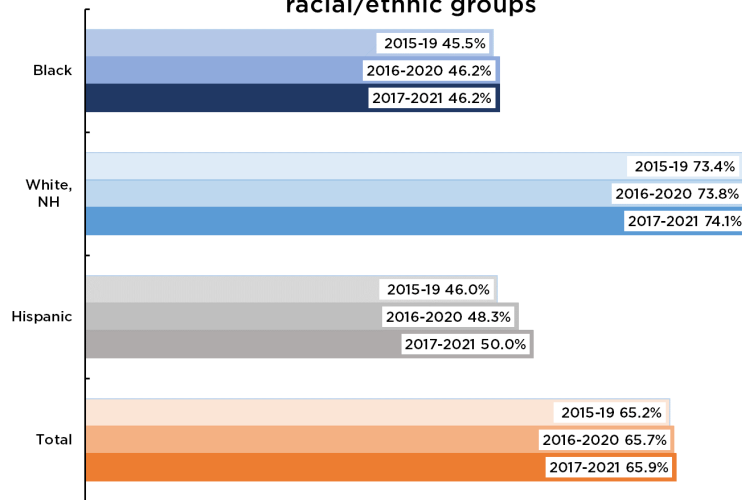
Source: KIDS COUNT tracking of ACS data. 2020 ACS data are not available due to significant disruptions to data collection brought on by the coronavirus pandemic. 2018 data are not available for the American Indian racial category as estimates were suppressed because the confidence interval is  $\geq 10$  percentage points, and the 2019 and 2021 data for this category are also unstable due to small sample sizes.

## 3.3 By 2025, decrease the percentage of children living in food insecure homes to 17.5% (NC Early Childhood Action Plan Goal 3)



Source: Feeding America. Data are not available by race/ethnicity.

## 3.4 Increase home ownership among all racial/ethnic groups



Source: ACS 5-Year Estimates Subject Tables S2502.

### PHEC Member Engagement Activities

- The Jordan Institute for Families at UNC is part of a team working on a Robert Wood Johnson Foundation project on Earned Income Tax Credit (EITC) uptake. The team also includes participants from UNC School of Government, Rural Forward NC, Together Transforming Lives, and the UNC School of Social Work. The project is led by a Statewide Steering Committee made up of community leaders from across the focus counties (Beaufort, Edgecombe, Halifax, McDowell, Nash, Robeson & Rockingham).
- The NC Justice Center has many ongoing projects on topics about consumer and housing, education and law, fair chance criminal justice, health advocacy, immigrant and refugee rights, and workers' rights to help eliminate poverty in NC.

*Activities listed above were submitted by PHEC members present at 12/15/21 PHEC meeting.*



### Ideas for Alignment

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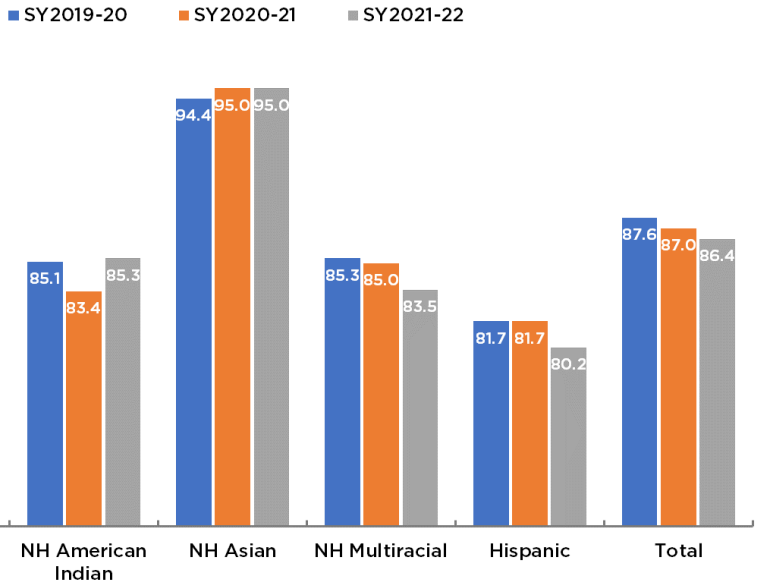
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### Strategies

- Improve data collection to comprehensively track how living in poor or near-poor homes and communities affects health outcomes over the life course
- Implement policies that ensure a livable wage and equity in compensation
- Implement policies to reduce poverty (e.g., promote financial literacy education, increase uptake of the federal Earned Income Tax Credit, and restore the state Earned Income Tax Credit)
- Maintain the COVID-19 enhancements to federal nutrition programs
- Increase funding for stable, safe, and affordable housing, especially during times of disaster and recovery

# Point 4 - Close the Education Gap

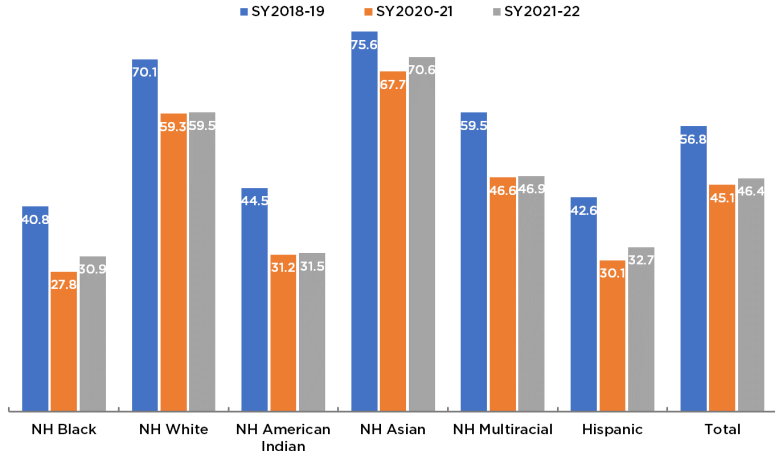
## 4.1 At least 95% of all high school students will graduate within four years across all racial/ethnic groups



4.2 Increase the percentage of income-eligible children enrolled in NC Pre-K statewide  
**Data pending.**

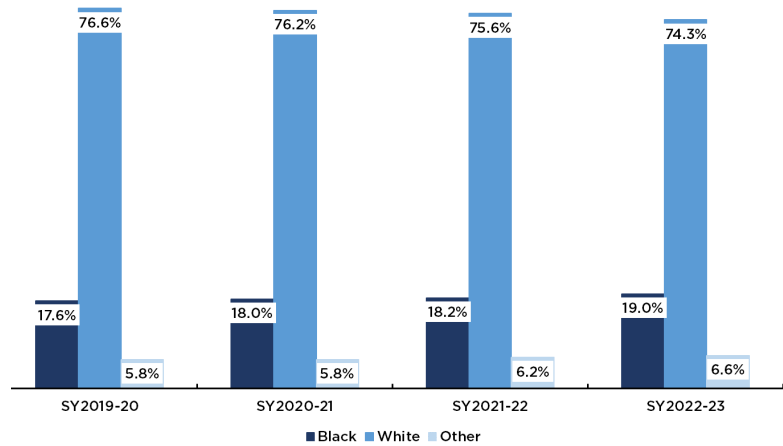
Source: NC Department of Public Instruction. Note: Percentages above 95% are cited as 95%.

## 4.3 At least 70% of students will be proficient in reading at the end of third grade



Source: NC DPI (Green Book). The US Department of Education and the NC General Assembly granted the NC DPI a waiver from administering statewide assessments in spring 2020 due to the COVID-19 pandemic. With no assessment data to report, there is not a Green Book for the 2019-20 school year.

## 4.4 Increase racial diversity among school administrators, teachers, and other professionals



Source: NC Department of Public Instruction

### PHEC Member Engagement Activities

- Mountain Area Health Education Center (MAHEC) works with some high school students on a summer camp to encourage health careers.
- Improving Community Outcomes for Maternal and Child Health (ICO4MCH) sites are focused on improving breastfeeding accommodations.
- Child First provides mental health consultation to support early childhood workforce providers around social emotional health in the children they care for.
- The NC Psychiatry Access Line (NC-PAL) is a free consultation and education program to help health care providers address the behavioral health needs of pediatric and perinatal patients.
- PHEC partners, such as NC Child and MomsRising, are advocating around high-quality early care and education.

Activities listed above were submitted by PHEC members present at 12/15/21 PHEC meeting.



### Ideas for Alignment

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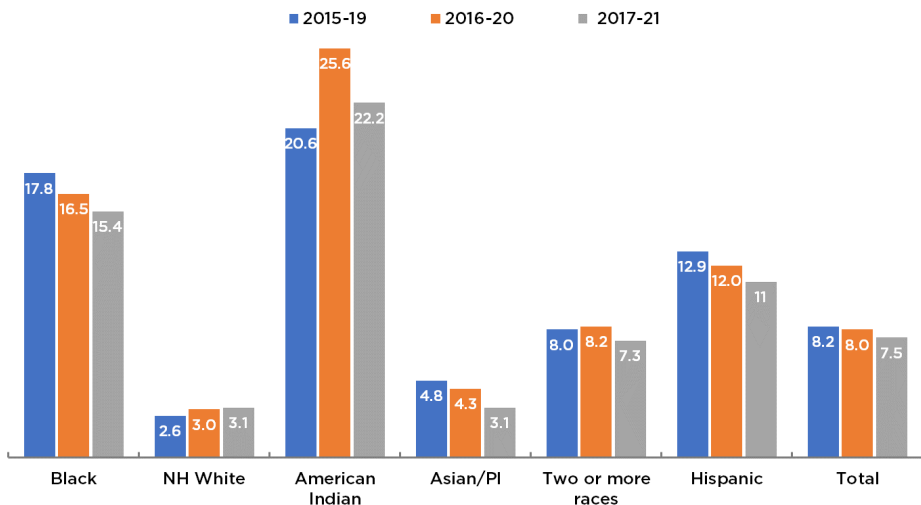
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- Strategies
- Increase high school and post-high school graduation rates, and promote and increase access to higher education, trade schools, and continuing education over the life course
  - Develop secondary and post-secondary education initiatives such as child care, parental leave, and breastfeeding accommodations to support educational goals during the childbearing years
  - Increase racial, ethnic, gender, and disability status diversity among school and child care leadership and staff and the institutions that train them
  - Implement training with the early childhood workforce around social emotional health in families
  - Ensure that child care teachers receive compensation and benefits (including health insurance) that match their skills and education
  - Disrupt the school-to-prison pipeline, beginning with preschool, by reducing the use of school suspensions and expulsions and increasing the use of counseling services

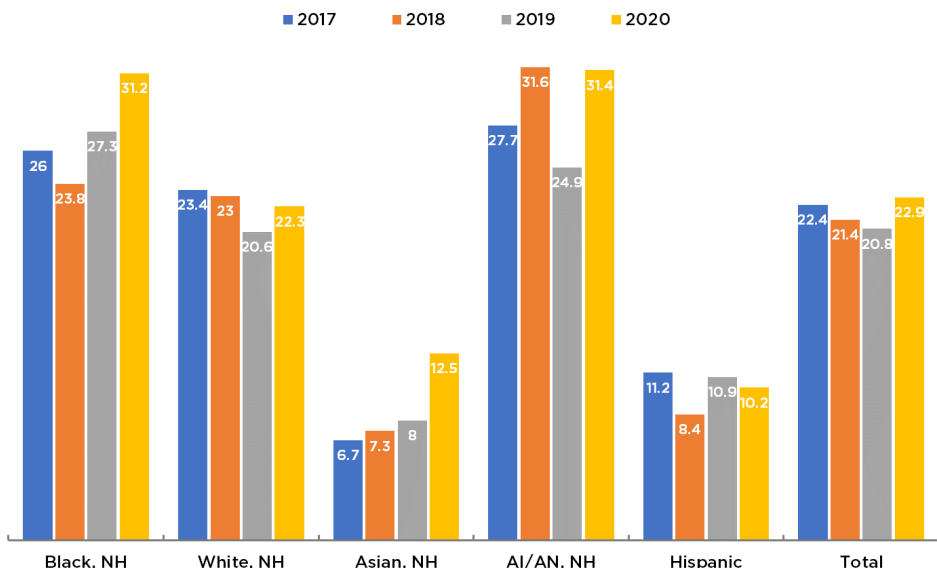
# Point 5 - Invest in Community Building

## 5.1 Eliminate racial/ethnic disparities in the percentages of children <18 living in areas of concentrated poverty\*



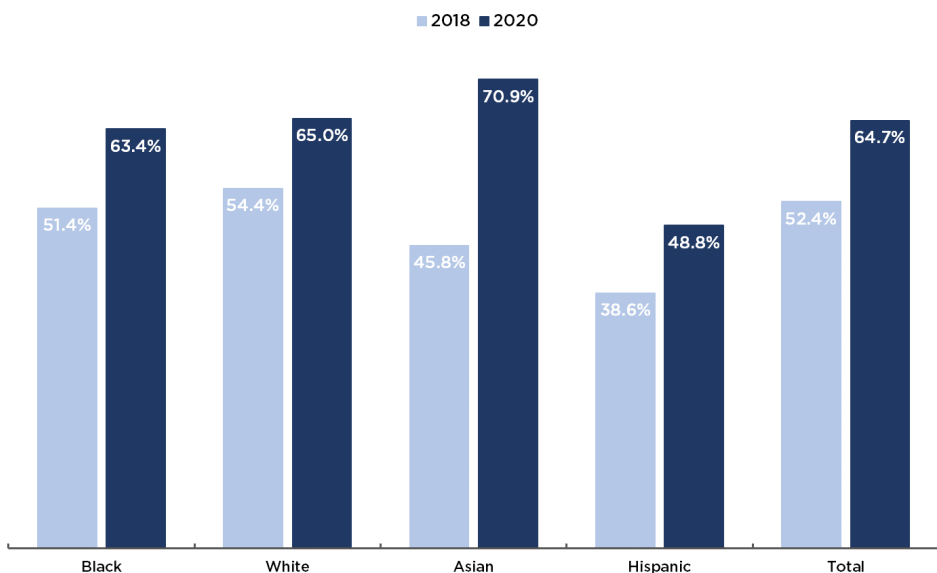
Source: KIDS COUNT\* tracking of ACS data.  
\*Concentrated poverty is defined as living in a census tract with ≥30% of the population living in poverty.

## 5.2 Eliminate the racial/ethnic disparities in violent deaths (rate per 100,000 people)



Source: NC Violent Death Reporting System (dashboard)

## 5.3 Increase the percentage of registered voters who voted across all racial/ethnic groups



Source: U.S. Census, Current Population Survey via Kaiser Family Foundation State Health Facts

### PHEC Member Engagement Activities

- NC DPH/Chronic Disease and Injury Section receives CDC funding for built environments and active transportation.
- NC Healthy Opportunity Pilots to test and evaluate the impact of providing select evidence-based, non-medical interventions related to housing, food, transportation and interpersonal safety and toxic stress to high-needs Medicaid enrollees.
- NC A&T Community Lactation Clinic informing patients/clients /community about nutrition education resources and programs during prenatal lactation classes and postpartum visits.
- NC Children’s Environmental Health Branch working on lead in early childhood education centers.
- NC Black Alliance has increasing voter participation as one of their goals.
- NC Child Fatality Task Force recommendation for legislation to launch and fund a statewide firearm safe storage education and awareness initiative.
- Durham Chapter of the Black Youth Project 100 (BYP100) hosted a community-wide 5 D’s of Community De-Escalation Training.
- NC’s Broadband Vision - Closing the Digital Divide is a plan to increase affordable, high-speed internet across the state by 2025.

*Activities listed above were submitted by PHEC members present at 2/23/22 PHEC meeting.*



### Ideas for Alignment

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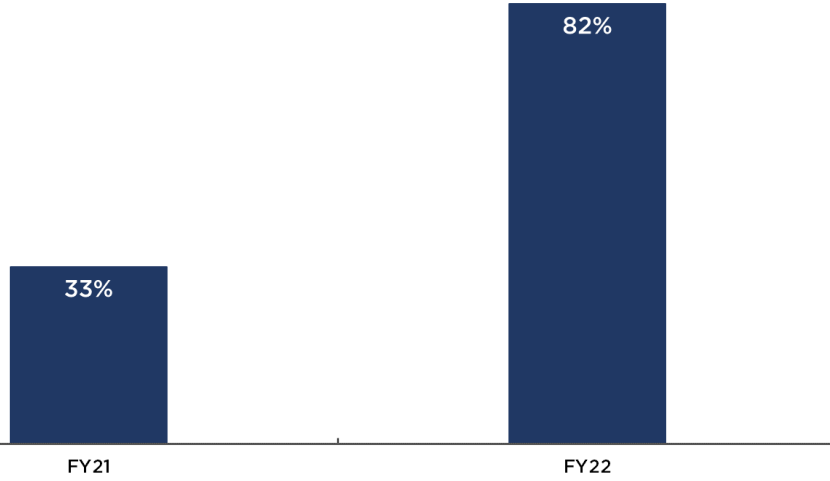
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- ### Strategies
- Lower barriers to broadband internet deployment
  - Educate community leaders and low-income households on affordable broadband options
  - Increase access to stable, safe, and affordable housing
  - Increase access to nutrition education and healthy foods by referring families to local WIC clinics and other nutrition food assistance and nutrition education resources (e.g., Supplemental Nutrition Assistance Program (SNAP), National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), School Nutrition Program (SNP))
  - Incorporate active transportation infrastructure (e.g., sidewalks, bicycle routes, public transit) into jurisdictional planning
  - Reduce exposures to environmental toxins including, but not limited to, lead, agricultural pesticides, flame retardants, and Per- and Polyfluoroalkyl Substances (PFAS)
  - Support civic participation through building community networks and increasing voter participation and engagement with policymakers at the local and state levels
  - Invest in programs and resources to mitigate and reduce forms of community violence including intimate partner violence, police brutality and over-policing, gun violence, and human trafficking




# Point 6 – Support Coordination and Cooperation to Promote Reproductive Justice Within Communities

**6.1 By 2025, 75% of Local Health Departments will have staff complete training on the reproductive justice framework and/or reproductive life planning**



Source: NC DPH/WICWS/Reproductive Health Branch internal reports from Local Health Departments

 Ideas for Alignment

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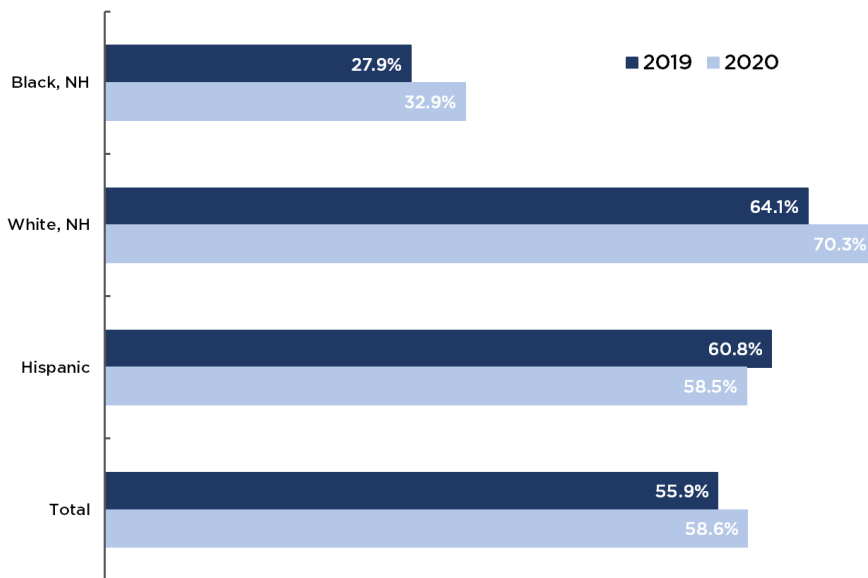
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## PHEC Member Engagement Activities

- The Ready for Life NC Campaign from the March of Dimes is dedicated to educating communities on the importance of having a reproductive life plan for all individuals.
- NC March of Dimes Community Health Champions program trains individuals to provide reproductive life planning resources in navigating health systems and securing primary care.
- NC Tobacco Prevention and Control Branch is working to help teens get through puberty without using tobacco.
- Healthy Beginnings program sites conduct assessments with minority pregnant and postpartum women to include their reproductive life plan and birth control plans.
- NC Sickle Cell Syndrome Program is working to enhance its framework and assessment questions related to reproductive life planning and integrate them into the program’s Client Strengths and Needs.
- Preconception Peer Health Education Training Program is being implemented at various NC colleges and community colleges.
- Momma’s Village Fayetteville provides clinical lactation support to the community to make lactation support available to more families.
- Sister Song Durham leads Mothering in Abundance, a free, 6-month long cohort of mothering people in Durham who participate in monthly leadership development trainings and community building events.

*Activities listed above were submitted by PHEC members present at 2/23/22 PHEC meeting.*

## 6.2 Increase the percentage of women who say their pregnancy was intended



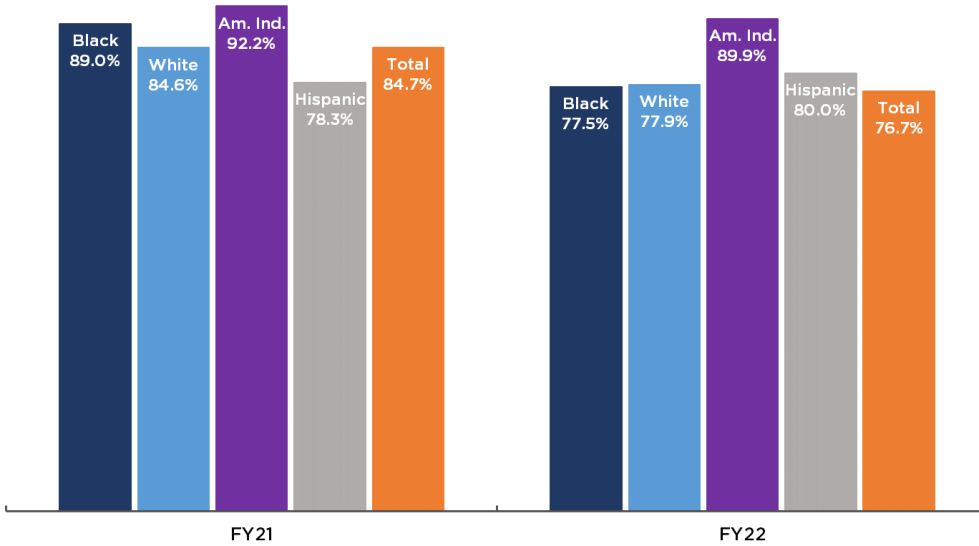
Source: NC Pregnancy Risk Assessment Monitoring System (PRAMS)/SCHS

### Strategies


- Increase implementation sites for programs that offer evidence-based and community-informed reproductive life planning, including Teen Pregnancy Prevention Initiatives (TPPI), Healthy Beginnings, and fatherhood initiatives
- Develop and implement programs in schools and community settings about puberty, reproductive health care, healthy relationships, and selecting a provider for youths and their parents/caregivers
- Work with state partners to implement reproductive life planning and reproductive justice trainings for health care providers, school staff, and others
- Increase businesses, faith entities, and public buildings that qualify as breastfeeding friendly, and normalize breastfeeding in public spaces

# Point 7 - Enhance Coordination and Integration of Family Support Services

## 7.1 Increase the percentage of people served through NCCARE360 who have an accepted referral



Source: NCDHHS/NCCARE360. Note: Race/ethnicity designation is not known for approximately 25% of people served through NCCARE360 during these time periods.

 Ideas for Alignment

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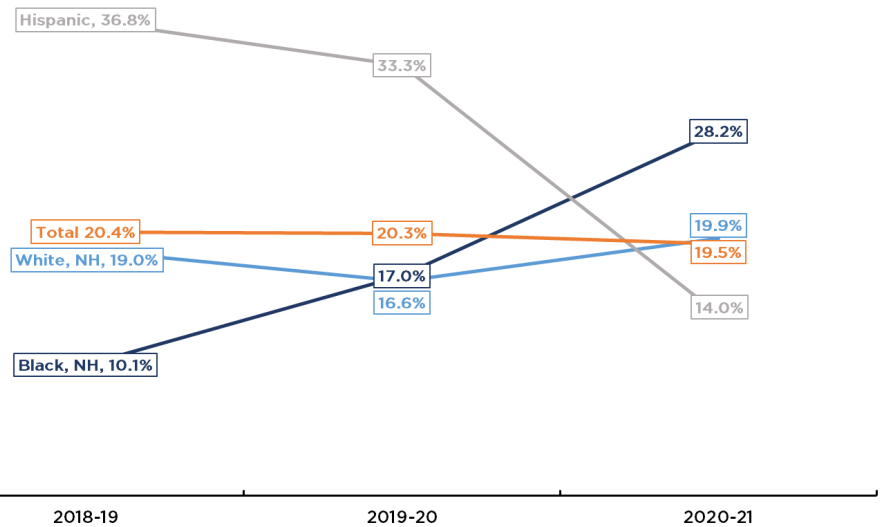
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### PHEC Member Engagement Activities

- PQCNC is working with NC Medicaid to increase reimbursement for screening with the CMHRP form/tool to three times during pregnancy – ideally once per trimester.
- ACCURE4Moms is a UNC project assessing the impact of prenatal, birth, and postpartum community-based doula services (including Momma’s Village Fayetteville and Sistas Caring 4 Sistas).
- PQCNC has been addressing Opioid Use Disorder through initiatives around the care of both moms and babies.
- Healthy Beginnings requires all program sites to have a Community Advisory Board (CAB) with a minimum of two program participants (current or past enrollees) as members.
- NC Division of Child and Family Well-Being/Whole Child Health Section Family Partners.
- NC Baby Love Plus employs Family Outreach Worker as a critical member of the care team who has contact with each participant.
- Community Health Workers facilitate referrals to programs such as Nurse Family Partnership.

*Activities listed above were submitted by PHEC members present at 2/23/22 PHEC meeting.*

## 7.2 Increase the percentage of children ages 12-17 who receive services needed to transition to adult health care, and close the racial disparity



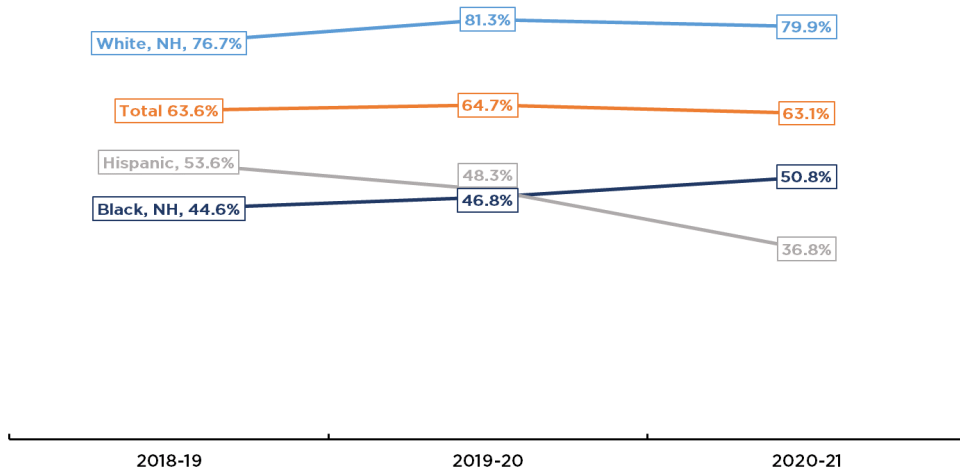
Source: National Survey of Children’s Health. Note: Data for Black and Hispanic categories have large margins of error and should be interpreted with caution.

### Strategies

- Increase enrollment of community agencies and providers into NCCARE360
- Increase the use of NCCARE360 by Care Management for High-Risk Pregnant Women (CMHRP)
- Decrease fragmentation in service delivery by automatically transitioning postpartum people on Pregnancy Medicaid to Medicaid, if eligible, or to the Be Smart Family Planning Medicaid Program
- Complete a feasibility study on adding Medicaid coverage for antepartum, intrapartum, and postpartum doula services
- Increase the number of Prepaid Health Plans (PHPs) that cover doula services
- Increase the number of patient and family advisory councils within DPH agencies, and increase patient and community members on advisory boards of contracted partners
- Elevate the role of community health workers in addressing the social drivers of health
- Develop a statewide structure for maternal home visiting to ensure equitable access for all pregnant and postpartum women.
- Promote the use of the Breastfeeding Attrition Prediction Tool-Breastfeeding Control (BAPT-BFC), and/or another applicable screening tool, by maternal health providers to identify mothers at risk for not meeting their breastfeeding goal
- Expand efforts to prevent infant deaths related to unsafe sleep environments

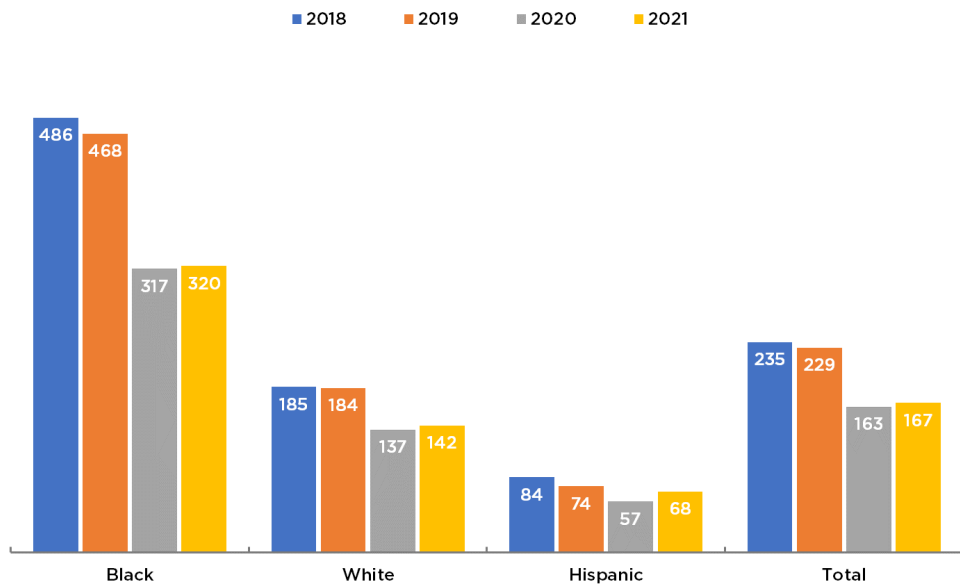
# Point 8 - Strengthen Father and Co-Parent Involvement in Families

## 8.1 Increase the percentage of children ages 0-17 living with parents who received day-to-day emotional support with parenting or raising children from their spouse or domestic partner



Source: National Survey of Children's Health. Note: Data for 2019-20 Black and all years of Hispanic categories have large margins of error and should be interpreted with caution.

## 8.2 Eliminate the Black/white disparity in the incarceration rate (per 100,000)



Source: NC Department of Adult Correction and American Community Survey

### PHEC Member Engagement Activities

- Teen Pregnancy Prevention Initiatives with the Women, Infant, and Community Wellness Section in NC DPH.
- Day 2 Day Dads works to strengthen child-family engagement among fathers.
- NC Baby Love Plus uses the 24/7 Dad curriculum for fathers/male partners and also Partners for a Healthy Baby
- Improving Community Outcomes for Maternal and Child Health (ICO4MCH) sites implement Triple P and Family Connects.

Activities listed above were submitted by PHEC members present at 2/23/22 PHEC meeting



### Ideas for Alignment

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My next step for collective impact is to:

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- Strategies**
- Increase implementation sites for evidence-based parenting programs to strengthen parenting skills (e.g., Family Connects, Triple P, CenteringParenting, Nurturing Parenting)
  - Improve/develop guidelines for the inclusion of males and other caregivers in preconception, prenatal, interconception, postpartum, and early childhood health and human services
  - Institute gender equity in policies, and use evidence-based strategies to promote healthy family relationships (e.g., normalizing the use of paid family leave and kin care leave by fathers, installing changing tables in men's restrooms)
  - Increase implementation sites for evidence-based fatherhood programs to promote fatherhood engagement within the family (e.g., 24/7 Dad and Dads2Dad)

# Point 9 - Expand Access to High Quality Health Care

## PHEC Member Engagement Activities

- Mountain Area Health Education Center is a member of the IMPLICIT Network, a family medicine maternal child health learning collaborative focused on improving birth outcomes and promoting the health of women, birthing people, infants, and families through innovative models of care, quality improvement and professional development for current and future physicians.
- NCDHHS' Historically Marginalized Populations Work Group helped with COVID-19 vaccine distribution.
- NC Healthcare Association, local health departments (LHDs), and PQCNC all working to increase patient and family engagement at hospitals and clinics.
- NC Reproductive Health Branch working with LHDs to increase alternative hours for family planning services and on a media campaign to increase male uptake of family planning services.
- The Be Smart NC Medicaid Family Planning Program created a Family Planning Male Outreach Team.

Activities listed above were submitted by PHEC members present at 4/27/22 PHEC meeting.

### Ideas for Alignment

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My next step for collective impact is to:

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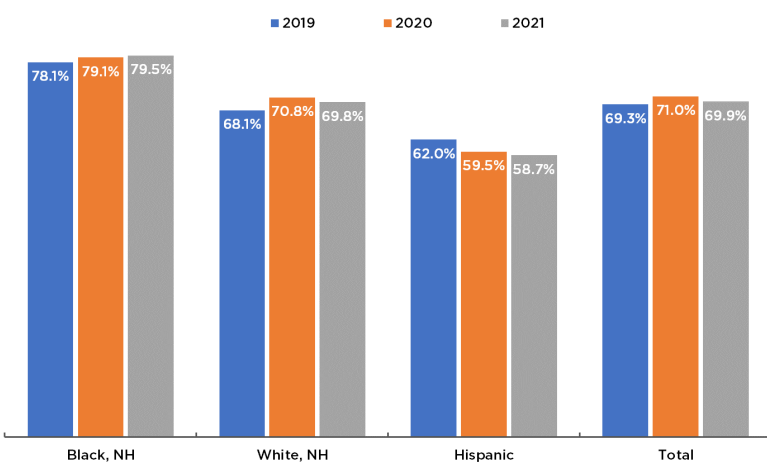


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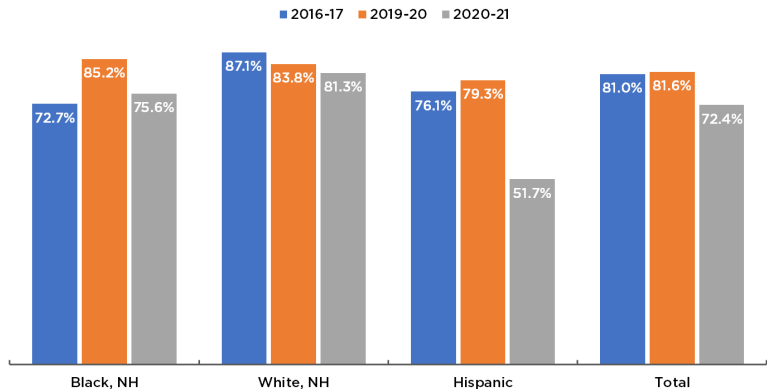
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### 9.1 At least 84% of people ages 18-44 will have received a routine checkup in the past year



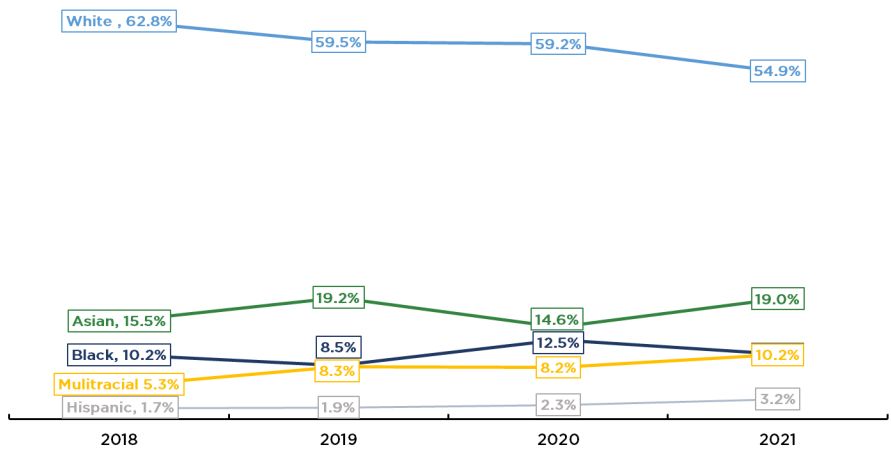
Source: NC Behavioral Risk Factor Surveillance System/SCHS

### 9.2 Increase the percentage of adolescents ages 12 through 17 who have a preventive medical visit in the past year



Source: National Survey of Children's Health. Note: Data for Black and Hispanic categories have large margins of error and should be interpreted with caution. Due to changes in item(s) between survey years, this measure could not be combined and is not available for 2017-18 or 2018-19. Per NSCH documentation, 2019 and beyond are comparable to 2016-17.

### 9.3 Increase the percentage of NC medical school graduates who identify as Black, American Indian, or Hispanic

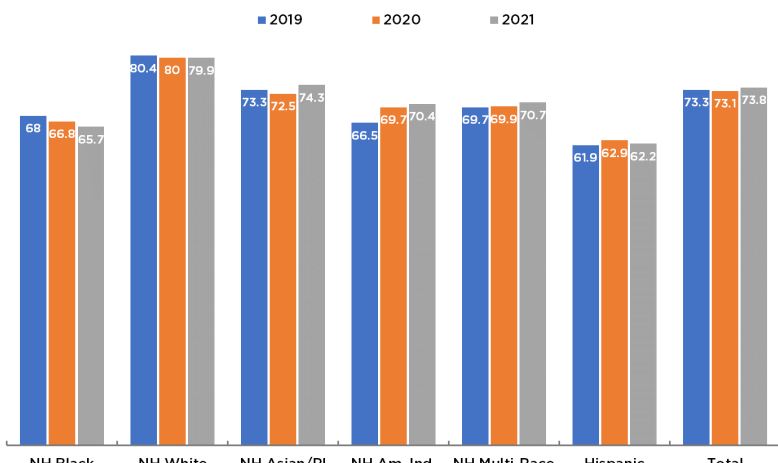


Source: Association of American Medical Colleges via Kaiser Family Foundation. Percent of Am. Indian/Alaskan Native was <1% for all four years.

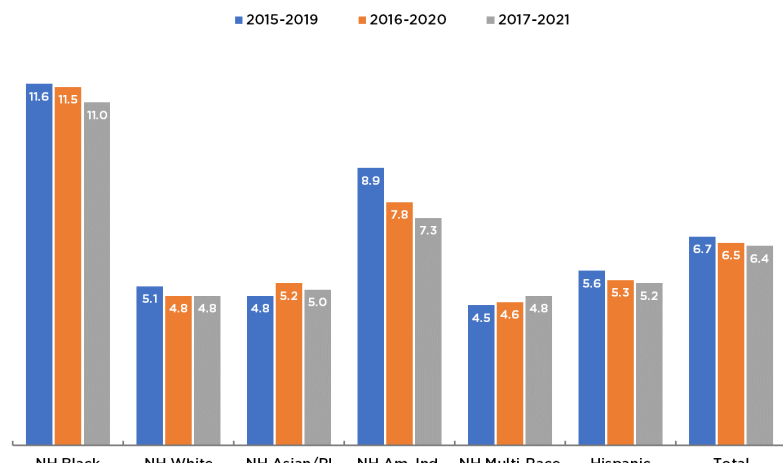
- #### Strategies
- Expand Medicaid to provide affordable, comprehensive health, behavioral health, and dental insurance coverage, including mobile health and telehealth, for all
  - Increase access to and utilization of the comprehensive adolescent well visit, including time for confidential reproductive health conversations between provider and patient
  - Increase flexibility in office hours of providers to include evenings and weekends, and ensure that care is affordable
  - Increase the uptake of vaccinations
  - Implement more community-informed education, including a social media campaign aimed at men, to increase use of preventive health care
  - Create and engage patient and family advisory councils that have influence in decisions at hospitals and clinics
  - Increase access to and utilization of medical and dental homes
  - Expand access to family centered SUD treatment, including services for opioid use disorders
  - Implement the NC Area Health Education Centers (AHEC) Scholars program to recruit and train students of color and students from rural backgrounds to become providers in underserved areas
  - Expand the use of health innovations such as mobile health, telehealth, and linked electronic health records (EHR), and maintain gains made in this area during the COVID-19 pandemic
  - Make it easier for families and people of reproductive age to receive mental, physical, and behavioral health supports, including breastfeeding support, during times of disaster and recovery
  - Increase the use of Medicaid Transportation to ensure appointments are accessible

# Point 10 – Improve Access to and Quality of Maternal Care

## 10.1 Increase the percentage of infants born to people receiving prenatal care in their first trimester



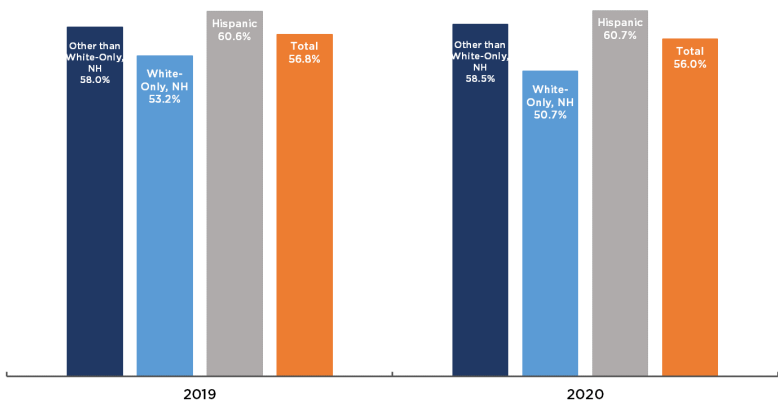
## 10.2 Eliminate the Black/white disparity in fetal mortality rate (per 1,000 deliveries)



Source: NC Vital Statistics/SCHS

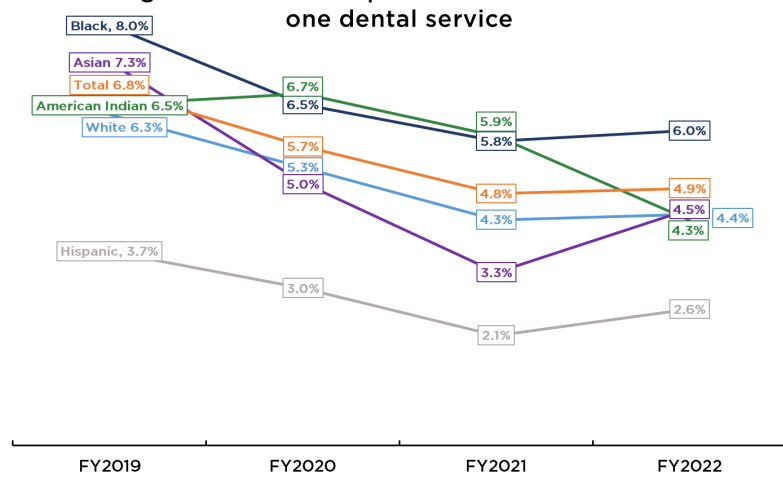
Source: NC Vital Statistics/SCHS

## 10.3 Increase the percentage of WIC-eligible families that receive WIC services



Source: USDA Food and Nutrition Service. Note: "Other than White-only, not Hispanic" includes all infants, children, and pregnant or postpartum women who are not Hispanic/Latino and who report either multiple races or a race other than White.

## 10.4 Increase the percentage of Medicaid for Pregnant Women recipients who receive at least one dental service



Source: NC Medicaid



## Ideas for Alignment

My next step for collective impact is to:

## PHEC Member Engagement Activities

- UNC Sheps Center has done Medicaid Data Analysis on closed Labor Units.
- Maternal Health Innovation supports a Community Health Worker-Doula model at Novant New Hanover Regional Medical Center and YWCA-High Point and promotes the use of the Levels of Care Assessment Tool (LOCATe) promotion.
- The 4th Trimester Project is working to promote Alliance for Innovation on Maternal Health (AIM) Bundles.
- Nurse Family Partnership improves access to early prenatal care.
- UNC CMIH promotes use of NC Perinatal Substance Use Project hotline through You Quit, Two Quit and Safe Sleep NC trainings and materials.

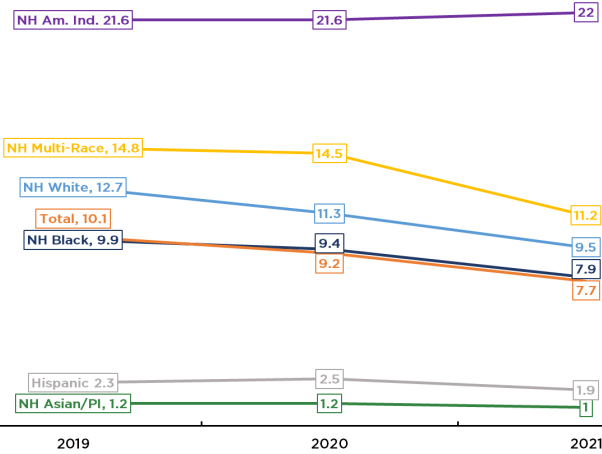
Activities listed above were submitted by PHEC members present at 4/27/22 PHEC meeting.

## Strategies

- Expand the use of evidence-based and evidence-informed models of perinatal care highlighted in the Maternal Health Innovation Program, including doula services, group prenatal care, group child visits, and community health workers
- Integrate the AIM bundles championed by the PQCNC into maternal care
- Improve access to and utilization of first trimester prenatal care and comprehensive postpartum care
- Expand access to prenatal care by passing legislation that allows the Children's Health Insurance Program (CHIP) to cover immigrants without documentation
- Pass legislation supporting full practice authority for certified nurse-midwives
- Adopt maternal and neonatal risk-appropriate levels of care that align with national standards
- Increase use of the Levels of Care Assessment Tool (LOCATe) by delivering/birthing hospitals
- Improve maternal care for incarcerated pregnant people by eliminating the use of shackling and ensuring adequate prenatal and postpartum care, nutrition, and breastfeeding support
- Improve WIC utilization in the first trimester by referring pregnant people to local WIC clinics
- Increase utilization of dental care by Medicaid for Pregnant Women recipients
- Promote access to comprehensive breastfeeding education and support services including medical lactation services
- Integrate the CDC's Hear Her campaign on post-birth warning signs into provider and patient education
- Increase use of the North Carolina Psychiatry Access Line (NCPAL)/NC Maternal Health MATTERS Line to improve access to maternal mental health services
- Develop an evidence-based assessment tool to aid NC health care facilities in assessing their capabilities for the provision of perinatal mental health care
- Increase use of the NC Perinatal Substance Use Project hotline to improve access to Substance Use Disorder (SUD) treatment for pregnant, postpartum, and parenting people
- Develop and implement a public health awareness campaign around maternal health for the general public
- Support the creation of a statewide 24-hour breastfeeding support hotline
- Develop education on trauma-informed breastfeeding support and consultation for maternal and pediatric care providers
- Establish a licensure board for the provision of lactation services provided by Lactation Consultants (IBCLCs) and Lactation Counselors (CLCs)

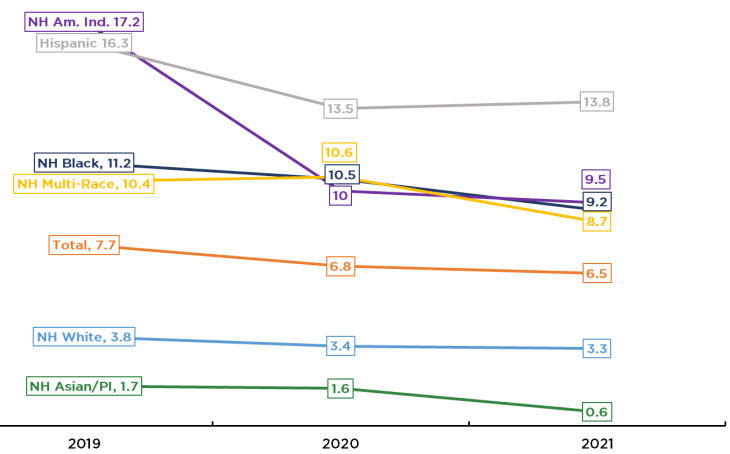
# Point 11 – Increase Access to Preconception, Reproductive, and Sexual Health Care for People of Reproductive Age

## 11.1 Decrease the percentage of people who smoke in the 3 months before pregnancy



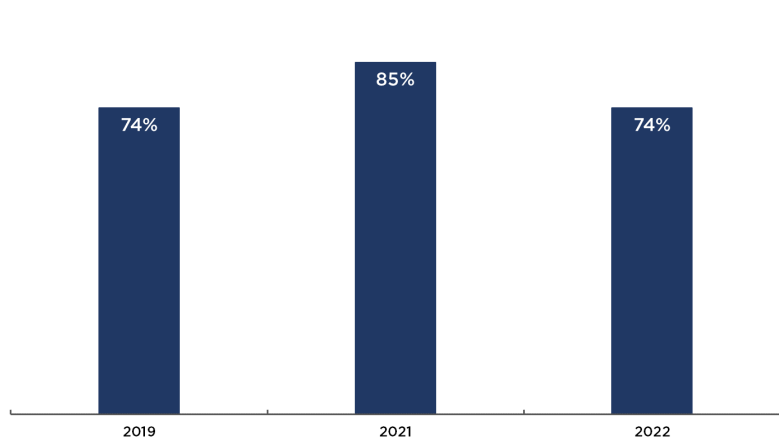
Source: NC Vital Statistics/SCHS

## 11.2 Decrease the birth rate for 15- to 17-year-olds (rate per 1,000)



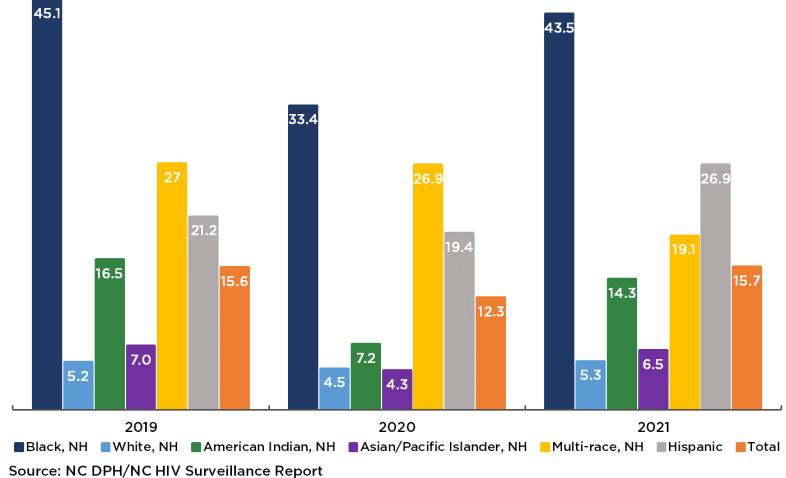
Source: NC Vital Statistics/SCHS

## 11.3 Increase the percentage of Local Health Departments offering same day insertion of both contraceptive implants and intrauterine devices



Source: NC Family Planning LHD Clinical Practice Survey. Survey was not done in 2020 due to COVID-19.

## 11.4 Reduce the newly diagnosed HIV annual rate to 7.8 (rate per 100,000 people)



Source: NC DPH/NC HIV Surveillance Report

### PHEC Member Engagement Activities

- Upstream USA provides training and technical assistance to health center partners to strengthen reproductive access and care.
- Be Smart – NC Medicaid Family Planning Program
- Preconception Peer Education programs ongoing in community colleges/universities. The Women, Infant, and Community Wellness Section has info on current programs. There is actually one local health district establishing one in a 4-H club.
- NC DPH Teen Pregnancy Prevention Initiatives Personal Responsibility Education Program (PREPare for Success) has a component providing reproductive health education through East Carolina University and NC Central University.
- State Title X program established a Reproductive Justice Coordinator to assist local agencies in this work.

Activities listed above were submitted by PHEC members present at 4/27/22 PHEC meeting.



### Ideas for Alignment

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My next step for collective impact is to:

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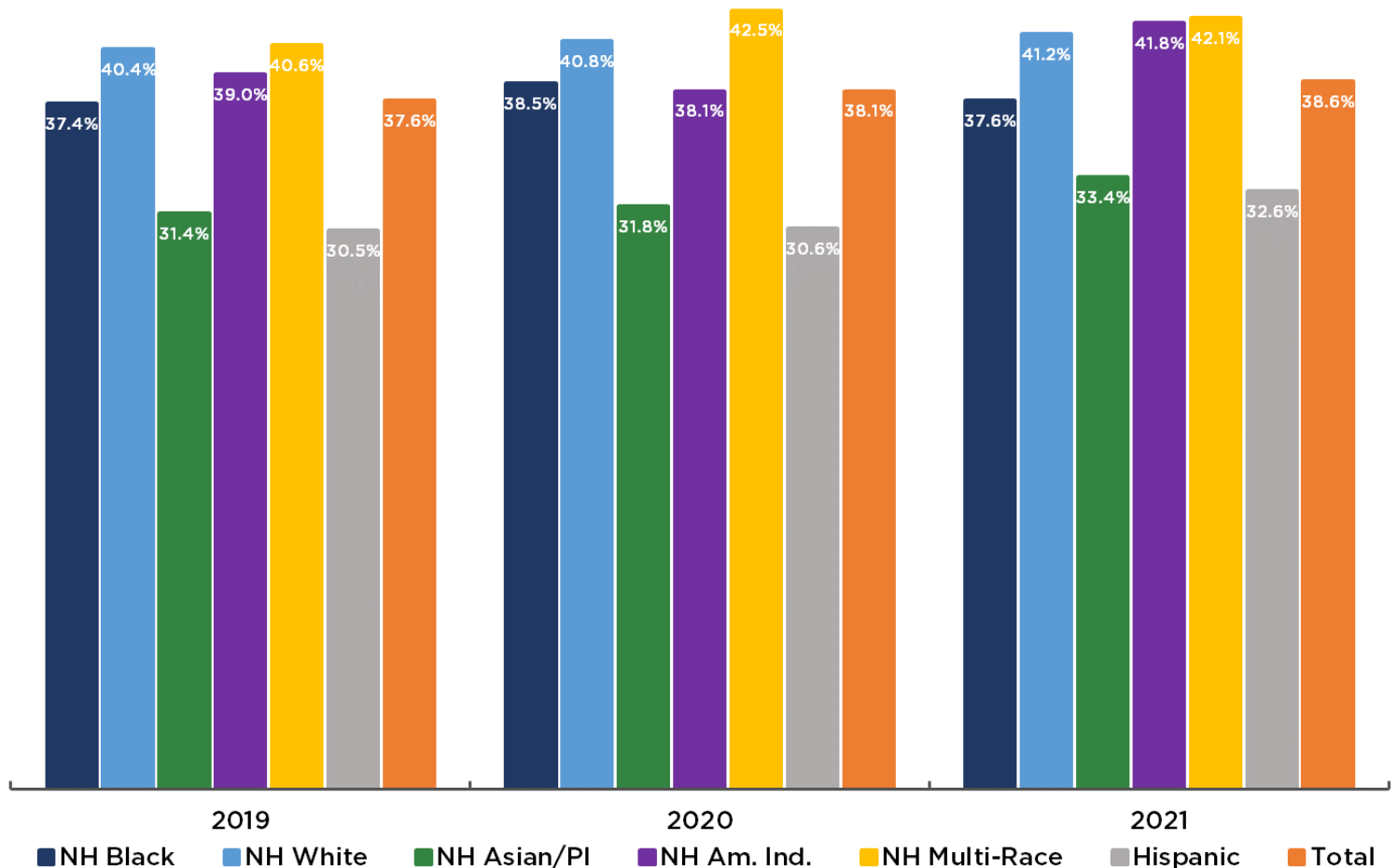
### Strategies

- Include preconception and reproductive health in health education programs to reach students of all genders in middle schools, high schools, colleges, universities, graduate schools, community colleges, and adult learning programs
- Increase Prepaid Health Plan (PHP)/payor implementation of preconception health screenings during primary care visits
- Increase the number of programs that provide adolescents with information on reproductive health and healthy relationships (e.g., PREPare for Success)
- Eliminate coercion and bias in service delivery and barriers to contraceptive access for people of reproductive age
- Implement the Be Smart Family Planning Medicaid Strategic Plan
- Increase access to reproductive life planning and referrals to resources in the NC Perinatal and Maternal Substance Use and CASAWORKS for Families Residential Initiatives
- Increase social media campaigns on preconception health awareness (e.g., Ready for Life and Show Your Love)
- Implement the "Get Real. Get Tested. Get Treatment." campaign to increase testing and treatment for sexually transmitted infections

# Point 12 - Provide Interconception Care

12.1 Increase the percentage of continuously enrolled Medicaid recipients who had a primary care visit within 12 months of delivery  
Data pending.

12.2 Reduce the proportion of pregnancies conceived within 18 months of previous birth



Source: NC Vital Statistics/SCHS



### Ideas for Alignment

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My next step for collective impact is to:

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### PHEC Member Engagement Activities

- PHEC members call for the support of the SAVE Act, which would align practice authority for midwives and nurse practitioners with the national standard, increasing opportunity for practices in rural areas without onerous “supervisory” language.
- The Be Smart Family Planning Medicaid Program Strategic Plan calls for provider recruitment.
- Outreach about the Postpartum Medicaid Expansion to individuals and families (which includes dental coverage).
- A 2023 PQCNC initiative is screening women for depression and anxiety.

*Activities listed above were submitted by PHEC members present at 4/27/22 PHEC meeting.*

### Strategies

- Increase the number of primary care providers across the state
- Increase the number of primary care providers who accept Medicaid
- Expand Medicaid coverage to 12 months for the postpartum period
- Expand Medicaid for Pregnant Women (MPW) dental coverage to at least 60 days postpartum
- Eliminate coercion in service delivery and barriers to contraceptive access for people of reproductive age, and implement patient-centered decision-making strategies
- Increase same-day access to all methods of contraception
- Increase pediatric sites partnering to implement efforts focused on maternal health such as depression and tobacco use screenings (e.g., IMPLICIT Network)
- Increase reimbursement for services that are recommended by the 4th Trimester Project, especially education on post-birth warning signs
- Increase care coordination through the implementation of the Provider Support Network, including the re-establishment of the Perinatal and Neonatal Outreach Coordinator program.
- Increase the number of provider trainings on the AIM postpartum bundle