

NC Perinatal Health Strategic Plan

2022-2026 Mid-Plan Report



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Public Health

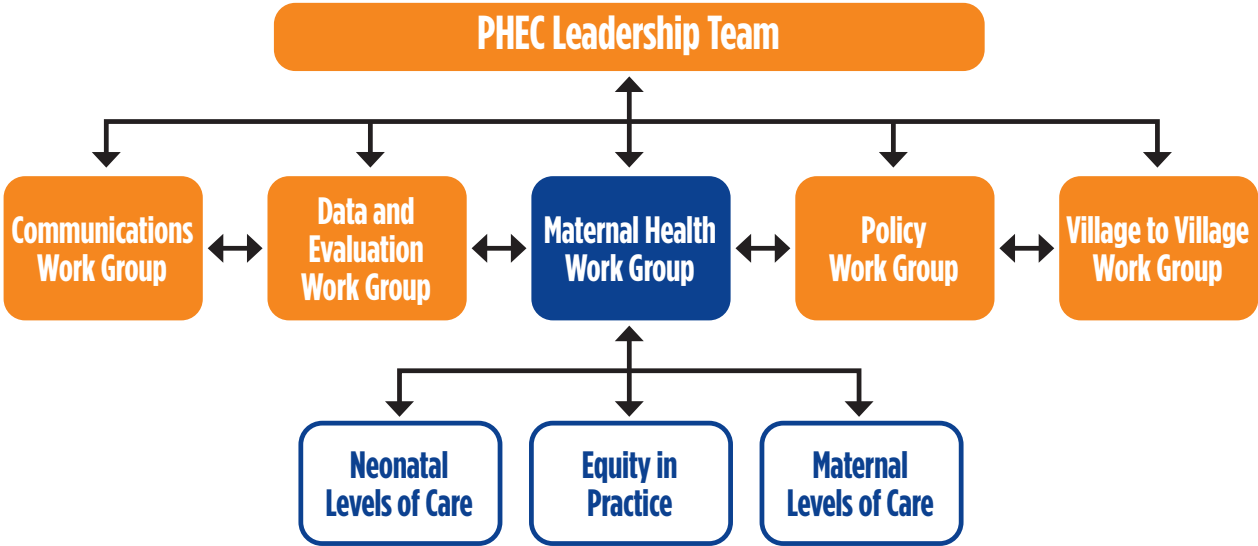
Perinatal Health Equity Collective (PHEC)

Who We Are: A network of co-creators that act as the backbone for the Perinatal Health Strategic Plan, an equity-driven roadmap to improving the health and wellness of people of reproductive age in North Carolina.

Our Values: Work to Transform Power; Embrace Complexity; Build Relational Trust

The NC Perinatal Health Equity Collective (PHEC) is comprised of over 500 public, nonprofit, and private industry partners, as well as people with lived experience from across the state who are committed to improving perinatal health outcomes. The PHEC sees itself as a network of co-creators acting as a backbone for the Perinatal Health Strategic Plan (PHSP), an equity-driven roadmap to improving the health and wellness of all people of reproductive age in North Carolina. In December 2022, the PHEC Leadership Team adopted three key liberatory design mindsets as guiding values for PHEC: Working to Transform Power, Embracing Complexity, and Building Relational Trust.

Perinatal Health Equity Collective

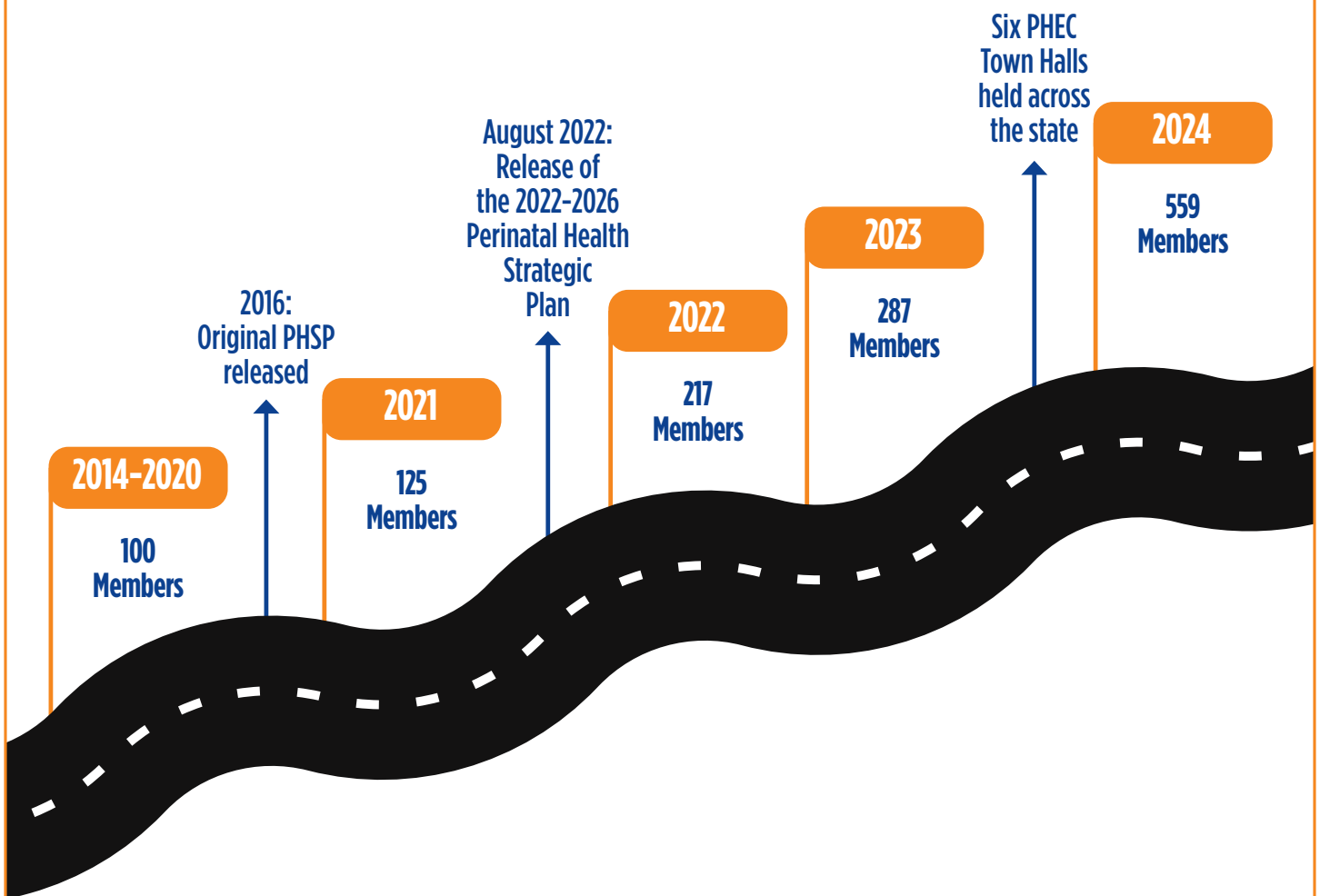


NC PHEC leads, guides and supports the implementation of the PHSP, a statewide guide to improve maternal and infant health, and the health of all people of reproductive age. The NCDHHS Division of Public Health (DPH) brought together 125 stakeholders from across the state to develop the 2022-2026 plan with three main goals (adapted from the [12-point plan Closing the Black-White Gap in Birth Outcomes: A Life-Course Approach](#)):

- 1) Addressing economic and social inequities
- 2) Strengthening families and communities
- 3) Improving health care for all people of childbearing age

Health equity and eliminating perinatal health inequities are at the heart of the PHSP. While engagement in PHEC has increased over time, especially since the release of the 2022-2026 PHSP, it will take a continued commitment to collective action, as well as centering the voice of those with lived experience, to achieve these ambitious goals.

Growth of PHEC Over the Years



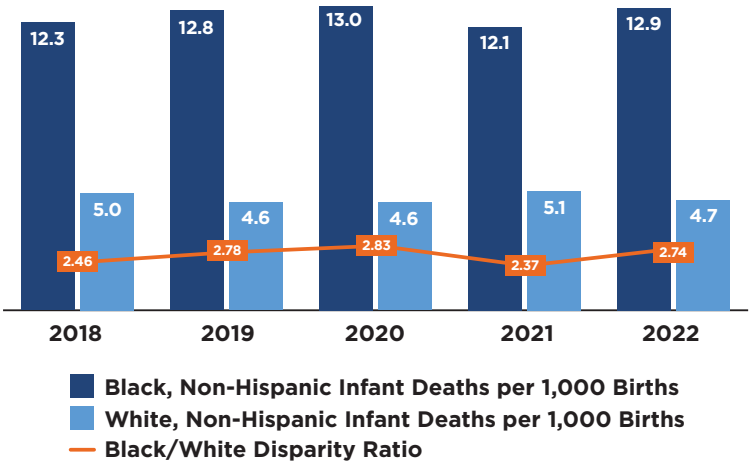
PHEC Indicator Data

One way to determine the success of the plan is by monitoring the trends in PHEC Data Indicators which includes four overarching measures as well as 34 other measures. Trend data for the overarching measures is shown below, and baseline and most recent data for the other indicators are found at the end of this report.

OVERARCHING INDICATOR 1:
Eliminate the Black/white disparity in infant mortality.

2026 GOAL 1.9

Resident Black and White Infant Mortality Rates and Black/White Disparity Ratio, NC, 2018-2022

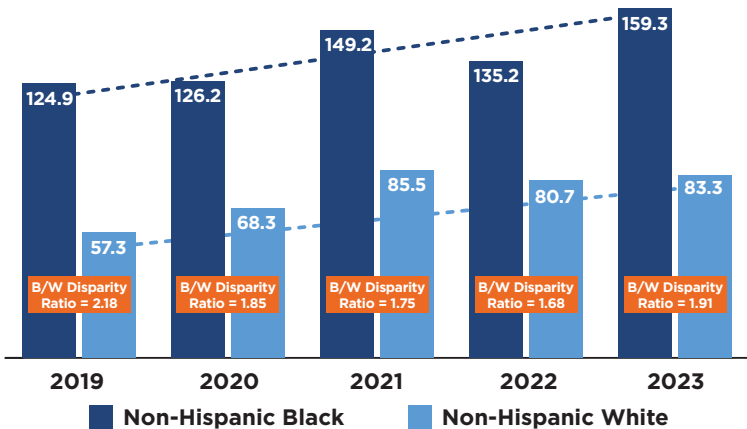


Source: Title V Office Analysis of NC Birth and Death Certificate data

OVERARCHING INDICATOR 2:
Eliminate the Black/white disparity in Severe Maternal Morbidity rate per 10,000 deliveries.

2026 GOAL 1.7

Recent Trends in SMM Rates* NH Black & NH White Birthing Persons, NC 2019-2023



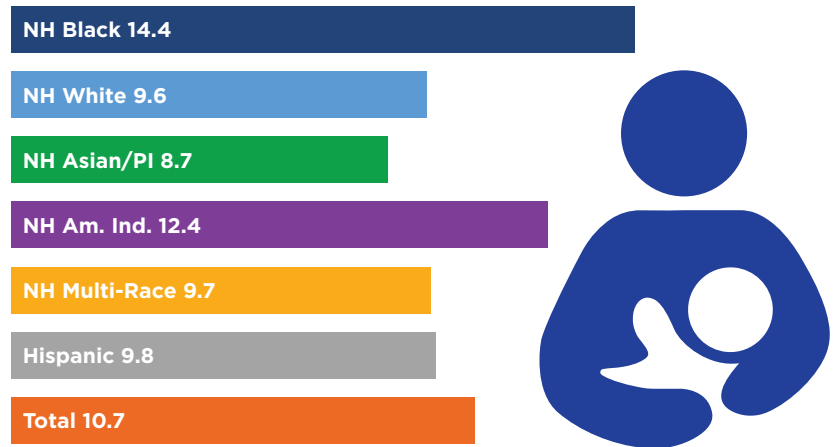
*Severe Maternal Morbidity (excluding transfusions) rates per 10,000 deliveries.
Note: These figures are subject to changes as hospital discharge data are updated and/or AIM SMM specifications are modified.
Source: Title V Office Analysis of NC Inpatient Hospital Discharge data

OVERARCHING INDICATOR 3:

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

2026 GOAL 8.3%

Percent Preterm Births by Race/Ethnicity, North Carolina, 2022



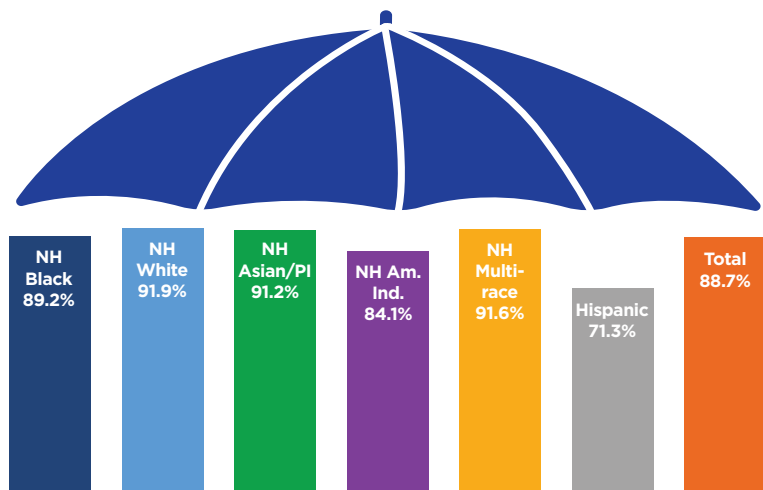
Source: Title V Office Analysis of NC Birth Certificate data

OVERARCHING INDICATOR 4:

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

2026 GOAL 90%

Percent of Non-Elderly (0-64 years) People in North Carolina with Health Insurance by Race/Ethnicity, 2022 American Community Survey



PHEC Impact Survey

In April 2024, members of the PHEC were invited to respond to the online PHEC Impact Survey so that we could better understand their level of engagement in PHEC, the value of PHEC, and to assess the design of PHEC and identify the strengths and gaps of our current programming. The survey was open from April 5 to May 6, and 169 members from at least 108 different organizations responded, showing the potential power of PHEC. The roles of the respondents were varied, with 18% stating that they were non-profit organization employees, 15% health care professionals, 14% from academic institutions, 11% state employees, 10% insurance or managed care organization employees, and 9% local health department employees. Only 2% of respondents identified as community members.

Key Feedback from the Survey Respondents



ROUTINELY attend PHEC meetings



of **RESPONDENTS** said updates on **PROGRAM** and **PROJECTS** during **PHEC** meetings is what makes them feel **ENGAGED**



Feel PHEC can **FURTHER SUPPORT** the work they do in NC by incorporating more **COMMUNITY ENGAGEMENT AND COLLABORATIONS**



Are **SATISFIED** with their current **INVOLVEMENT** with PHEC

Geographic Representation of the Survey Respondents

59 - STATEWIDE

20 - REGION 2 NORTHWESTERN

39 - REGION 4 NORTHEASTERN

9 - REGION 6 EASTERN

13 - REGION 1 WESTERN

16 - REGION 3 SOUTHWESTERN

13 - REGION 5 SOUTHEASTERN



OF THE RESPONDENTS ARE IN THE NORTHEASTERN REGION AND 33% WORK STATEWIDE

PHEC Activities that Promote Engagement per Survey Respondents



72% Updates on state and regional programs



70% Continued learning



70% Building relationships



49% Data updates



36% Representing my organization



30% Leverage PHSP to enhance own work



20% Work groups

Areas of Growth for PHEC as Identified by Survey Respondents

WHAT IS NEEDED TO STRENGTHEN MEMBERS' LEVEL OF ENGAGEMENT:

Desire for Increased Involvement:



38%

"I wasn't aware there were subcommittees I could join. I would love the opportunity to join one."

Need for Information and Education:



34%

"More practical information about program sustainability."

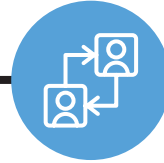
Challenges with Time and Scheduling:



23%

"A magic wand for more time in the day."

Support for Continued Engagement:



27%

"Continued connection with the organizations that support PHEC."

Specific Interests and Needs:



13%

"More discussion of the importance of oral health during pregnancy and the maternal-child connection."

HOW PHEC CAN FURTHER SUPPORT THE WORK MEMBERS DO IN NC:

Community Engagement and Collaboration:



50%

"Support pathways for collaboration, lift up experiences on the ground to shape and inform state policy."

Data and Information Sharing:



30%

"Share information that helps us to identify areas that could use our services."

Professional Development and Networking:



20%

"Continuing to learn and network with people."

PHEC Accomplishments

Community Town Halls

PHEC Community Town Halls were held in each of the six Perinatal Care Regions in early fall 2023. Their purpose was to gather participants for a time of fellowship and conversation to discuss community health needs for women and babies before, during, and after birth and learn

more about the PHSP. The Town Halls were conducted under the guidance of the PHEC's Village to Village Work Group, and, in particular, under the leadership of Leila Lewis. Overall, an estimated 248 people attended: 150 in person and 98 virtually through Zoom, excluding facilitators and staff. Of all those who registered to attend, 45% indicated that they were not previously aware of the PHSP. Participants were given a formal introduction to the plan and given time to read through the plan and ask questions about it. They watched videos of two examples of applications of the plan. Interactive discussions followed with participants being encouraged to respond to three challenge questions specific to the goals and points of the PHSP:

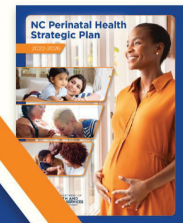
- 1) Where do you see yourself in the PHSP?
- 2) Where do you see your work in the PHSP?
- 3) Where do you see your community in the PHSP?

Overall, the Town Halls were well received by the participants as they thought their input was heard, the group facilitation effective, they became more knowledgeable about the work of PHEC and the PHSP, and they felt more connected to the work happening in their Perinatal Care Region. The participants indicated that they were likely to use the plan as a citable resource for a future opportunity within the next year, with 64% stating they thought they would do so within the next three months. Participants also identified the following three items that would be helpful for them to continue to leverage the plan: Resource Hub; Implementation Toolkit; and Updated Data.

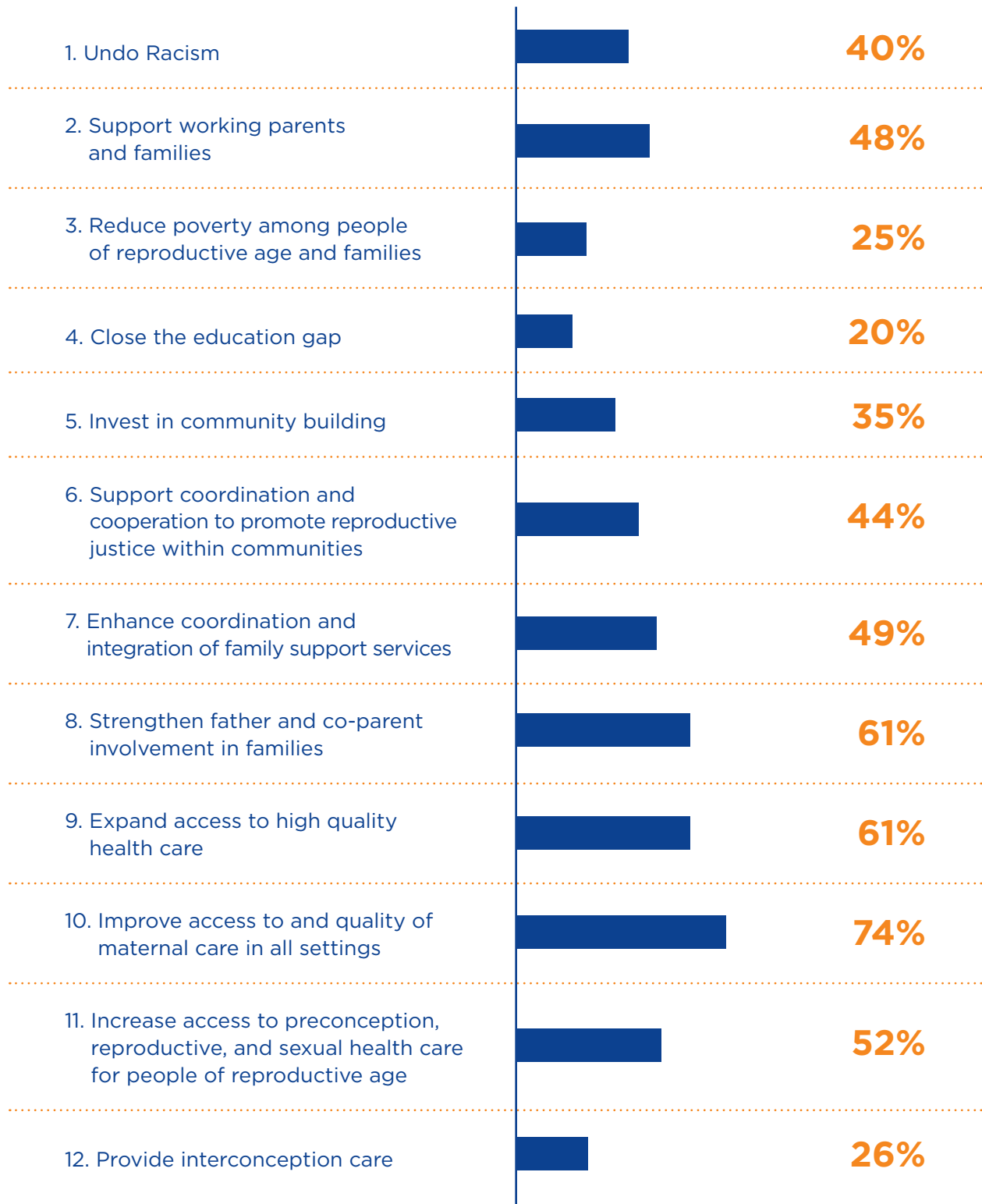
All participants of the Town Halls were invited to join as PHEC partners and bi-monthly meeting attendance has increased in the year since they were held.

LEARN. DISCUSS. LEVERAGE.

Perinatal Health
Strategic Plan Town Hall



PERCENTAGE OF PHEC IMPACT SURVEY RESPONDENTS WORKING UNDER EACH POINT OF THE PHSP



Success Stories of Selected PHSP Strategies

POSTPARTUM MEDICAID EXTENSION

NC Medicaid postpartum health care coverage increased from 60 days to 12 months for eligible beneficiaries in North Carolina on April 1, 2022. The American Rescue Plan Act of 2021 gave states the option to increase postpartum coverage to 12 months, and the extension was included in the state budget which was approved in November 2021. The option for the 12-month extension of postpartum coverage is available to states for five years, through March 2027. Beneficiaries will remain eligible for ongoing postpartum health care coverage regardless of any changes in income or household/family unit that might otherwise affect eligibility.

MEDICAID EXPANSION

NCDHHS launched Medicaid Expansion on December 1, 2023. Medicaid Expansion increased the eligible population to adults aged 19-64 who have incomes up to 138% of the federal poverty level. Approximately 273,000 people, most of whom had been receiving Medicaid for family planning coverage alone, were covered on the first day of enrollment. As of July 12, 2024, there were 503,967 people enrolled under expansion. NCDHHS projects that the state's enrollment under expansion will reach 600,000 within two years.

CERTIFIED NURSE-MIDWIVES

A part of NC Senate Bill 20, which was passed in June 2023, removed the physician supervision requirement of certified nurse-midwife practice. This practice change for North Carolina's 400+ midwives became effective October 1, 2023. Midwives with fewer than 24 months and 4,000 hours of practice are required to having a collaborative provider agreement in place, and a collaborative provider can either be a physician with a minimum of four years and 8,000 practice hours or a certified nurse-midwife meeting the same requirements.

PAID FAMILY LEAVE

NC Senate Bill 20 also entitles permanent State employees to take up to eight weeks of paid leave after giving birth to a child or up to four weeks of paid leave after any other qualifying event (when State employee becomes a parent to a child).

PHEC ACTION TEAMS

With the 2016-2020 version of the PHSP, an environmental scan was completed to further understand what work was being done across the state around the PHSP strategies. With the 2022-2026 version of the PHSP, the PHEC Leadership Team identified strategies of the PHSP that could be moved forward with PHEC support. In collaboration with the North Carolina Institute of Medicine (NCIOM), three action teams were created: Neonatal Levels of Care (NLOC), Maternal Levels of Care (MLOC), and Equity in Practice. Subject matter experts and people with lived experience were chosen to participate in these time-limited teams.

Between December 2022 to February 2024, NCIOM convened two action teams, bringing together experts and thought partners from across North Carolina to identify strategies for adopting maternal and neonatal risk-appropriate levels of care that align with national standards. Currently, North Carolina has outdated NLOC guidelines that do not align with national standards and lacks MLOC guidelines altogether. This absence means there are no formal processes and procedures to ensure that birthing people across the state receive care at facilities best equipped for their needs and level of risk. Action team discussions focused on the implementation of MLOC and NLOC to ensure equitable and high-quality care for all birthing individuals across the state. Key findings and recommendations from these action team processes highlight the considerations and actions necessary to successfully implement a risk appropriate system of perinatal care for North Carolina.

Using person-centered design practices, DPH and NCIOM staff met with the Village to Village Work Group to develop the scope of work for the Equity in Practice Action Team. They encouraged the Action Team to work on strategy 10H of the PHSP - Improve maternal care for incarcerated pregnant people by eliminating the use of shackling and ensuring adequate prenatal and postpartum care, nutrition, and breastfeeding support. The Action Team was able to make recommendations to the NC Perinatal Health and Incarceration Work Group on how to further promote the Dignity for Women who are Incarcerated Act (HB 608) and proposed edits to their [website](#).

DOULAS

The work of these three action teams ended in April 2024. A short-term action team focused on the Medicaid reimbursement of doula services started in May 2024, building off the work of a [Doula Landscape analysis](#), two statewide Doula Summits, and advocacy work from various policy groups and doulas themselves.

Looking Forward

The perinatal health landscape is continually changing and evolving. A new version of the PHSP will begin to be updated in 2025 and will likely include emerging issues that have been highlighted at PHEC meetings, such as restrictions in reproductive health, congenital syphilis and others. We anticipate the continued growth of the PHEC as we work to implement many of the suggestions from the PHEC Impact Survey. Anyone who is interested in joining PHEC can email PHSPQuestions@dhhs.nc.gov.

Baseline and Most Recent Data for PHEC Indicators

Note: A green arrow (↘ or ↗) means that the indicator is moving in the right direction (improving). A red arrow (↙ or ↖) means that the indicator is moving in the wrong direction (not improving). The arrows do not indicate the magnitude of the improvement or worsening of the indicator.

Goal 1 – Address Economic and Social Inequities

POINT 1 - UNDO RACISM

1.1 Eliminate the Black/white disparity in unemployment

	2015-2019	2018-2022	
Black	9.1%	7.9%	↘
White, Non-Hispanic	4.3%	4.0%	↘
American Indian	8.2%	6.6%	↘
Asian	3.9%	3.8%	↘
Two or More Races	8.7%	7.0%	↘
Hispanic	5.8%	5.3%	↘
Total	5.6%	5.1%	↘
Black/White Disparity Ratio	2.12	1.98	↘

Data Source: ACS/US Census Bureau Table S2301

1.2 Eliminate the Black/white disparity in short-term suspensions (rate per 1000 enrolled)

	2018-19	2022-23	
Black	282	336	↗
White	74	93	↗
American Indian	217	331	↗
Asian	31	23	↘
Native Hawaiian/Pacific Islander	90	134	↗
Two or more races	160	206	↗
Hispanic	79	112	↗
Total	131	165	↗
Black/White Disparity Ratio	3.8	3.6	↘

Data Source: NC DPI Consolidated Data Report

1.3 Increase life expectancy (years)

(Average over 3 years)	2016-18	2020-22	
Non-Hispanic (NH) Black	75.4	72.1	↘
NH White	78.3	76.4	↘
NH American Indian	75.0	70.5	↘
NH Asian/Pacific Islander	88.8	85.8	↘
Hispanic	90.5	84.5	↘
Total	78.1	75.9	↘

Data Source: NC Vital Statistics/State Center for Health Statistics

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 3-, 4-, or 5-star centers

This indicator has been retired due to a lack of available data by race/ethnicity.

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

	2019	2022	
NH Black	69.8%	72.2%	↗
NH White	83.7%	83.8%	↗
NH American Indian	51.4%	58.7%	↗
NH Asian/Pacific Islander	88.6%	87.6%	↘
NH Multi-Race	78.9%	80.3%	↗
Hispanic	87.5%	86.1%	↘
Total	80.8%	81.5%	↗

Data Source: Title V Office analysis of NC Birth Certificate data

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

	2015-19	2018-22	
NH Black	47.6%	44.1%	↘
NH White	26.2%	24.3%	↘
NH American Indian	53.6%	53.4%	↘
NH Asian/Pacific Islander	27.4%	22.1%	↘
NH Multi-Race	41.3%	36.3%	↘
Hispanic	58.8%	51.2%	↘
Total	34.4%	31.7%	↘

Data Source: ACS/US Census Bureau

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

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

	2018	2022	
Black	40.8%	39.3%	↘
White, NH	18.1%	17.3%	↘
American Indian	N/A	21.2%	
Asian/PI	23.4%	17.6%	↘
Hispanic	36.2%	33.5%	↘
Two or more races	30.8%	27.6%	↘
Total	26.9%	25.6%	↘

Data Source: Kids Count tracking of ACS data

3.3 By 2025, decrease the percentage of children living in food insecure homes to 17.5%

	2018	2021	
Total	19.3%	19.6%	↗

Data Source: Feeding America

3.4 Increase home ownership among all racial/ethnic groups

	2015-19	2018-22	
Total	65.2%	66.2%	↗
Black	45.5%	46.3%	↗
White, NH	73.4%	74.4%	↗
Hispanic	46.0%	51.0%	↗

Data Source: ACS 5-Year Estimates Subject Tables S2502

POINT 4 - CLOSE THE EDUCATION GAP

4.1 At least 95% of all high school students will graduate within 4 years across all racial/ethnic groups

	SY2019-20	SY2022-23	
Black	85.2%	84.0%	↘
White	90.8%	89.9%	↘
American Indian	85.1%	80.3%	↘
Asian	94.4%	94.7%	↗
Multiracial	85.3%	83.5%	↘
Hispanic	81.7%	81.1%	↘
Total	87.6%	86.5%	↘

Data Source: NC Department of Public Instruction

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

4.2 Increase the percentage of income-eligible children enrolled in NC Pre-K statewide

	2017-18	2021-22	
Total	47.9%	54.3%	↗

Data Source: NC Division of Child Development and Early Education; Racial/ethnic data are not available.

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

	SY2018-19	SY2022-23	
NH Black	40.8%	33.1%	↘
NH White	70.1%	60.4%	↘
NH American Indian	44.5%	36.1%	↘
NH Asian	75.6%	70.0%	↘
NH Multiracial	59.5%	48.7%	↘
Hispanic	42.6%	33.8%	↘
Total	56.8%	47.7%	↘

Data Source: NC DPI Green Book

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

	SY2019-20	SY2023-24	
Black	17.6%	19.4%	↗
Other	5.8%	10.6%	↗
Hispanic	N/A	N/A	

Data Source: NC DPI Public Schools Statistical Profile

Goal 2 – Strengthen Families and Communities

POINT 5 - INVEST IN COMMUNITY BUILDING

5.1 Eliminate racial/ethnic disparities in the percentages of children <18 living in areas of concentrated poverty (Census tract with >=30 percent poverty)

	2015-19	2018-22	
Black or African American	17.8%	15.2%	↘
NH White	2.6%	2.8%	↗
American Indian	20.6%	21.9%	↗
Asian/Pacific Islander	4.8%	2.3%	↘
Two or more races	8.0%	6.6%	↘
Hispanic	12.9%	10.5%	↘
Total	8.2%	7.2%	↘

Data Source: Kids Count tracking of ACS data

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

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

	2017	2021	
NH Black	26.0	35.9	↗
NH White	23.4	22.5	↘
NH American Indian/Alaskan Native	27.7	42.7	↗
NH Asian	6.7	8.1	↗
Hispanic	11.2	16.5	↗
Total	22.4	24.0	↗

Data Source: NC Violent Death Reporting System Annual Report

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

	2018	2022	
Black	51.8%	41.2%	↘
White	53.8%	49.3%	↘
American Indian	N/A	N/A	
Asian/Pacific Islander	45.5%	31.2%	↘
Hispanic	38.6%	31.1%	↘
Total	52.4%	45.7%	↘

Data Source: U.S. Census, CPS via Kaiser Family Foundation State Health Facts

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

	FY20-21	FY22-23	
Total	33.0%	92.0%	↗

Data Source: WICWS Reproductive Health Branch Internal Reports

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

	2019	2020	
NH Black	27.9%	32.9%	↗
NH White	64.1%	70.3%	↗
NH American Indian	N/A	N/A	
Hispanic	60.8%	58.5%	↘
Total	55.9%	58.6%	↗

Data Source: NC Pregnancy Risk Assessment Monitoring System/State Center for Health Statistics

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

POINT 7 - ENHANCE COORDINATION AND INTEGRATION OF FAMILY SUPPORT SERVICES

7.1 Increase the number of accepted referrals to services through NCCARE360

	FY21	FY23	
Black	89.0%	66.9%	↘
White	84.6%	73.7%	↘
American Indian	92.2%	50.9%	↘
Hispanic	78.3%	70.3%	↘
Total	84.7%	69.1%	↘

Data Source: NCDHHS/NCCARE360 (Note: In FY21, there were 21,689 clients with undisclosed race/ethnicity, and 4,781 clients in FY23.).

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

	2018-19	2021-2022	
NH Black	16.9%*	17.1%*	↗
NH White	16.6%	21.4%	↗
NH American Indian	N/A	N/A	
NH Asian	N/A	6.2%*	
Hispanic	27.6%*	20.0%*	↘
Total	19.0%	18.7%	↘

Data Source: National Survey of Children's Health (Measure 4.15)

*Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.

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

	2018-19	2020-21	
NH Black	44.6%	50.8%	↗
NH White	76.7%	79.9%	↗
NH American Indian	N/A	N/A	
NH Asian	37.8%*	39.4%*	↗
Hispanic	53.6%*	36.8%*	↘
Total	63.6%	63.1%	↘

Data Source: National Survey of Children's Health (Measure 6.15)

*Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

8.2 Eliminate the Black/white disparity in the incarceration rate (per 100,000) [Note that this is for people 13 and older.]

	2018	2022	
Black	486	356	↘
White	185	156	↘
American Indian	467	437	↘
Asian	19	15	↘
Hispanic	84	77	↘
Total	235	182	↘
Black/White Disparity Ratio	2.63	2.28	↘

Data Source: NC SCHS analysis of NC Department of Public Safety data (numerator) & special tabulation population estimates prepared by the US Census Bureau (denominator)

Goal 3 – Improve Health Care for All People of Reproductive Age

POINT 9 - EXPAND ACCESS TO HIGH QUALITY HEALTH CARE

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

	2019	2022	
NH Black	78.1%	79.3%	↗
NH White	68.1%	71.5%	↗
NH American Indian/Alaskan Native	N/A	72.5%	
Hispanic	62.0%	75.2%	↗
Total	69.3%	73.0%	↗

Data 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

	2019-20	2021-22	
NH Black	84.3%*	77.5%*	↘
NH White	83.8%	82.3%	↘
NH American Indian/Alaskan Native	N/A	N/A	
NH Asian	N/A	81.4%*	
Hispanic	79.7%*	53.7%*	↘
Total	81.7%	76.3%	↘

Data Source: National Survey of Children's Health (NPM 10)

**Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution.*

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

9.3 Increase the percentage of (North Carolina) medical school graduates who identify as Black, Hispanic, or American Indian

	2018	2022	
Black	10.2%	11.8%	↗
American Indian/Alaskan Native	0.2%	0.4%	↗
Asian	15.5%	17.3%	↗
Multiracial	5.3%	8.7%	↗
Hispanic	1.7%	2.8%	↗

Data Source: Association of American Medical Colleges via Kaiser Family Foundation

POINT 10 - IMPROVE ACCESS TO AND QUALITY OF MATERNAL CARE IN ALL SETTINGS

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

	2019	2022	
NH Black	66.3%	66.5%	↗
NH White	80.4%	78.8%	↘
NH American Indian	66.5%	65.1%	↘
NH Asian/Pacific Islander	73.3%	71.5%	↘
NH Multi-Race	69.7%	68.5%	↘
Hispanic	61.9%	60.3%	↘
Total	73.3%	71.9%	↘

Data Source: Title V Office analysis of NC Birth Certificate data

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

	2015-2019	2018-2022	
NH Black	11.6	10.8	↘
NH White	5.1	4.6	↘
NH American Indian	8.9	6.3	↗
NH Asian/Pacific Islander	4.8	5.0	↘
NH Multi-Race	4.5	5.0	↗
Hispanic	5.6	5.1	↘
Total	6.7	6.2	↘
Black/White Disparity Ratio	2.27	2.35	↗

Data Source: Title V Office analysis of NC Fetal Death Certificate data

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

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

	2019	2021	
Other than White-Only, NH	58.0%	61.4%	↗
White-Only, NH	53.2%	63.1%	↗
Hispanic	60.6%	60.2%	↘
Total	56.8%	61.7%	↗

Data Source: US Department of Agriculture Food Nutrition Service

10.4 Increase the percentage of MPW recipients who receive at least one dental service

	FY19	FY22	
Black	8.0%	6.0%	↘
White	6.3%	4.4%	↘
American Indian	6.5%	4.3%	↘
Asian	7.3%	4.5%	↘
Hispanic	3.7%	2.6%	↘
Total	6.8%	4.9%	↘

Data Source: NC Medicaid Division of Health Benefits

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

	2019	2022	
NH Black	9.9%	6.3%	↘
NH White	12.7%	7.4%	↘
NH American Indian	21.6%	17.1%	↘
NH Asian/Pacific Islander	1.2%	0.6%	↘
NH Multi-Race	14.8%	8.7%	↘
Hispanic	2.3%	1.5%	↘
Total	10.1%	5.9%	↘

Data Source: Title V Office analysis of NC Birth Certificate data

KEY: ↘ Decrease in right direction ↗ Increase in right direction
 ↙ Decrease in wrong direction ↖ Increase in wrong direction

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

	2019	2022	
NH Black	11.2	9.0	↓
NH White	3.8	3.1	↓
NH American Indian	17.2	12.4	↓
NH Asian/Pacific Islander	1.7	N/A	
NH Multi-Race	10.4	8.6	↓
Hispanic	16.3	13.5	↓
Total	7.7	6.5	↓

Data Source: Title V Office analysis of NC Birth Certificate data (numerator) and special tabulation population estimates provided by the US Census Bureau (denominator)

11.3 Increase the percentage of LHDs offering same day insertion of both contraceptive implants and intrauterine devices

	2019	2022	
Total	74%	59%	↓

Data Source: NC Family Planning LHD Clinical Practice Survey

NOTE - Change in the wording of survey questions might have impacted trend data.

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

	2019	2022	
NH Black	45.0	41.0	↓
NH White	5.2	5.4	↑
NH American Indian	16.5	11.2	↓
NH Asian/Pacific Islander	7.0	5.5	↓
NH Multi-Race	N/A	32.1	
Hispanic	21.2	26.4	↑
Total	15.6	15.3	↓

Data Source: NC HIV Surveillance Report

KEY: ↓ Decrease in right direction ↑ Increase in right direction
 ↓ Decrease in wrong direction ↑ Increase in wrong direction

POINT 12 - PROVIDE INTERCONCEPTION CARE

12.1 Increase the percentage of women enrolled in Medicaid who had a postpartum visit between 1 and 12 weeks after delivery

	2019	2022	
Total	68.8%	60.8%	↘

Data Source: NC Medicaid

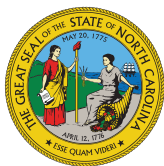
Note - Reliable racial/ethnic data for this indicator are not available. Postpartum related services are often documented using global billing codes, thus may not be adequately captured in claims and encounters data.

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

	2019	2022	
NH Black	36.2%	36.6%	↗
NH White	38.2%	40.0%	↗
NH American Indian	37.7%	37.2%	↘
NH Asian/Pacific Islander	29.3%	29.4%	↗
NH Multi-Race	38.4%	40.9%	↗
Hispanic	29.1%	30.0%	↗
Total	35.8%	36.8%	↗

Data Source: Title V Office analysis of NC Birth Certificate data

KEY: ↘ Decrease in right direction ↗ Increase in right direction
↙ Decrease in wrong direction ↖ Increase in wrong direction



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