# Competitive Grants to Local Health Departments for Improving Maternal and Child Health

## Session Law 2015-241, Section 12E.11.(e)

## Report to the

## Joint Legislative Oversight Committee on Health and Human Services

**By**

## North Carolina Department of Health and Human Services

## April 1, 2016

## Background

*Session Law 2015-241, Section 12E.11.(e) states that, by April 1, 2016, the Department, in consultation with the School of Global Public Health, shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the request for application process to allow local health departments to apply for and receive State funds on a competitive basis (for improving maternal and child health). The report shall include the counties awarded, the amount of the award, the types of programs to be funded, and the evaluation process to be used in determining county performance.*

This report fulfills the reporting requirement in Session Law (S.L.) 2015-241, Section 12E.11.(e). The report describes activities undertaken prior to the competitive grants application process (October, 2015 – January 15, 2016) and during the competitive grants application process (January 15, 2016 – April 1, 2016).

The Department of Health and Human Services' (DHHS) Division of Public Health (DPH) has chosen the following name for this initiative: **Improving Community Outcomes for Maternal and Child Health.**

## Pre-Application Phase

In preparation for the competitive grant process for State Fiscal Year (SFY) 2016-2017, DPH completed the following actions:

**Established a working relationship with the UNC Gillings School of Global Public Health (SOPH) in planning to meet the requirements of S.L. 2015-241, Section 12E.11.(b)(2).**

- Dr. Dorothy Cilenti was identified as the key person involved for the SOPH, based on her familiarity with evidence-based practices in Maternal and Child Health (MCH) improvement, and based on her knowledge of our state's Local Health Departments (LHDs) and their capacity for addressing MCH issues. Dr. Cilenti is a former LHD Director in North Carolina. Dr. Cilenti provided presentations on maternal and child health indicators and outcomes in North Carolina to the Joint Legislative Oversight Committee on Health and Human Services in the spring of 2015.
- Dr. Cilenti has provided important technical assistance to DPH and LHDs throughout this process and as described below.
- DPH engaged the leadership (officers) of the North Carolina Association of Local Health Directors (ALHD) following passage of S.L. 2015-241 as part of the early stages of planning for implementation of the legislation. This was followed by engagement of local health directors during ALHD committee meetings and full association meetings in the fall of 2015.

**Developed and implemented a plan to provide resources to LHDs to help them prepare for the competitive grant program in SFY 2016-2017.**

- Each county was offered funding ($20,000 per planning grant) for SFY 2015-2016 to increase their capacity to plan effective MCH improvement activities in their communities. 61 counties accepted these planning funds.

- Counties accepting these funds were invited to a DPH-sponsored MCH Action Institute (January 6-7, 2016) in which they were trained in collective impact techniques that can be applied to community-wide MCH improvement strategies and planning with key partners in the community. LHD staff and their respective community partners attended.
- A menu of evidence-based programs was developed that LHDs selected from to address each of the 3 goals outlined in the legislation [Section 12E.11.(b)(1)]. The 3 goal areas identified in the legislation are improved birth outcomes, improved overall health status of children ages birth to five, and lowered infant mortality rates.
- The selected evidence-based programs met certain criteria that were required in the legislation [Section 12E.11.(c)]. They also had other characteristics that would facilitate short-term improvements in the 3 goal areas (i.e., would promote practical and realistic implementation in a short amount of time and be readily supported by existing DPH programs), and that took into consideration the relative costs of the range of evidence-based interventions that are available to address the 3 goal areas.
- A chart was developed for LHDs to determine eligibility to apply for competitive grants – local MCH indicators to help focus competitive grant funding on the areas of greatest need in the state.
- A Data Book containing a variety of MCH and demographic data sources was developed as a resource to be used by counties to develop local data to support their proposed interventions.
- These collective characteristics resulted in a menu of programs that:
    - Includes exclusively evidence-based programs (required in legislation)
    - Is based on maternal and infant health indicators in the counties (required in legislation)
    - Supports awarding grants to LHDs dedicated to providing services on a countywide basis (required in legislation)
    - Can be evaluated and supported at the state level using existing resources
    - Provides options that can be used to address more than one goal area (for example, smoking cessation and prevention interventions address all 3 goal areas identified in the legislation)

**Developed a Request for Applications (RFA) to solicit proposals from LHDs for SFY 2016-2017 implementation.**

- The RFA was released on January 15, 2016.

## Application Phase

Following the release of the RFA, DPH supported the LHDs eligible to apply through technical assistance, and also continued to provide support and technical assistance to all LHDs as they work towards effective collective impact strategies in their counties.

The Division received 8 applications from the RFA, from the following counties and groups of counties:

- Alamance
- Allegheny/Ashe/Watauga/Wilkes/Avery
- Cumberland/Montgomery/Hoke/Richmond

- Durham
- Mecklenburg/Union
- Onslow
- Robeson
- Wake

The applicants were required to address all three aims stated in the legislation, by selecting from a menu of evidence-based programs for each aim. The following table indicates the programs the applicants chose from this menu.

| Program Aim | Evidence-Based Programs | Applicants That Selected This Evidence-Based Program |
|---|---|---|
| **Improved Birth Outcomes** | Long acting reversible contraceptives (LARCs) | • Alamance<br>• Allegheny/Ashe/Watauga/Wilkes/Avery<br>• Cumberland/Montgomery/Hoke/Richmond<br>• Durham<br>• Mecklenburg/Union<br>• Robeson<br>• Wake |
| | Tobacco Use Screening, Counseling and Documentation | • Alamance |
| | Cognitive Behavioral Intervention (CBT) and Interpersonal Psychotherapy (IPT) | • Onslow |
| **Reduced Infant Mortality** | Ten Steps for Successful Breastfeeding | • Alamance<br>• Cumberland/Montgomery/Hoke/Richmond<br>• Mecklenburg/Union<br>• Onslow<br>• Robeson |
| | Smoking Cessation and Prevention | • Allegheny/Ashe/Watauga/Wilkes/Avery<br>• Durham<br>• Wake |
| | Perinatal Regionalization – risk appropriate care | Not Applicable |
| **Improved Health Among Children Aged 0-5** | Triple P (Positive Parenting Program) | • Alamance<br>• Allegheny/Ashe/Watauga/Wilkes/Avery<br>• Durham<br>• Mecklenburg/Union<br>• Onslow<br>• Wake |
| | Family Connects Home Visiting | • Durham |
| | CEASE (Clinical Effort Against Secondhand Smoke Exposure) | • Cumberland/Montgomery/Hoke/Richmond<br>• Robeson |

Following an extensive review of the proposals, DPH recommended funding the following projects. The evidence-based interventions selected by each awardee are also provided, along with the total recommended funding level.

| County/Counties | Proposed Program for Each Major Aim | Approximate Amount of Funding for Total of 3 Years* |
|---|---|---|
| Cumberland/Montgomery/ Hoke/Richmond | Improved birth outcomes - LARCs<br><br>Reduced infant mortality – Breastfeeding Success<br><br>Improved health among children aged 0-5 – CEASE | $1,500,000 |
| Allegheny/Ashe/Watauga/ Wilkes/Avery | Improved birth outcomes- LARCs<br><br>Reduced infant mortality – Smoking cessation and prevention<br><br>Improved health among children aged 0-5 – Triple P | $1,497,179 |
| Mecklenburg/Union | Improved birth outcomes - LARCs<br><br>Reduced infant mortality - Breastfeeding Success<br><br>Improved health among children aged 0-5 - Triple P | $1,499,239 |
| Durham | Improved birth outcomes- LARCs<br><br>Reduced infant mortality– Smoking cessation and prevention<br><br>Improved health among children aged 0-5 - Family Connects Home Visiting and Triple P | $1,457,335 |
| Robeson | Improved birth outcomes- LARCs<br><br>Reduced infant mortality - Breastfeeding Success<br><br>Improved health among children aged 0-5 - CEASE | $1,171,247 |

*Funding will be provided to these LHDs beginning June 1, 2016. Actual amounts awarded may vary slightly when final contracts are executed.

## Evaluation Plan

The goal of the evaluation plan is to determine effectiveness of the **Improving Community Outcomes in Maternal and Child Health Initiative (Initiative)** and to inform future investment/funding decisions. Data will be collected from the grantees sites to document improvements in the short-term and intermediate outcomes. Long-term outcomes will be evaluated using vital statistics data. Evaluation of the Initiative will also help to identify areas of improvement in implementing the evidence-based strategies (EBS). Evaluation of the grantee sites can also help to develop guidance to replicate successful parts of the initiative.

Effectiveness of the Initiative is achieving the long-term (3 to 5 years) goals of improving birth outcomes, reducing infant mortality and improving the health status of children ages 0-5.

Among each of the funded areas in the Initiative, an improvement rate goal will be calculated for each of the three selected EBS in each grantee site, based on baseline data collected within the first quarter of funding (no later than August 31, 2016).

The primary grantee activities include: 1) identifying appropriate data collection tools and systems, including adaptation of existing tools and creating new tools; 2) conducting data analyses; and 3) communicating findings to stakeholders in an appropriate format.

Grantees will be evaluated pursuant to the following questions:

1. Are grantees able to effectively utilize implementation resources to implement EBS with fidelity throughout the target area?

2. Are grantees able to use funding to expand, and not supplant, services to reach more individuals, providers and communities?

3. To what degree do grantees build and leverage engagement of community partners and consumers using the collective impact framework?

4. Are grantees facilitating alignment of multisector stakeholders and organizations to promote implementation of EBS?

5. To what degree do grantees demonstrate improvement on the measures associated with the specific EBS?

**Outputs**

Primary grantee outputs are: 1) evaluation reports; 2) new and adapted data collection tools and systems; and 3) lessons learned regarding best practices of the EBS and the integrated approach to collective impact work.

## Outcomes

The intended outcomes of the Initiative are broken down into three categories:

- Long-term (3 to 5 years)
- Intermediate (1 to 3 years)
- Short-term (less than 1 year)

Long-term outcomes that cut across the EBS and the three aims of the Initiative include:

- Decrease infant mortality rates for all racial and ethnic groups
- Decrease unintended pregnancy rates
- Increase birth spacing rates
- Decrease preterm birth rates
- Decrease low (<2500 g) and very low (<1500 g) birthweight rates
- Decrease deaths to children ages 1 to 5
- Decrease number of substantiated cases of child abuse and neglect

To quantify the short-term and intermediate outcomes of the Initiative, grantees will provide baseline, quarterly, bi-annual and annual data. Short-term and intermediate outcomes are linked to the specific evidence-based program selected. For the most part, the tools to collect information for these programs already exist and can be used with little or no modification.

The DPH Women's and Children's Health Section (WCHS) will contract with the SOPH for assistance in evaluating the Initiative. WCHS and SOPH will collectively determine the analyses to be conducted.

Additional key dates of the Initiative are:

- The evaluation protocol will be finalized by June 1, 2016, when funding begins.
- Training for funded grantees will occur within the first quarter of SFY 2016-2017.
- Reports will be submitted as requested in the contract that each grantee signs. Annual evaluations will be available within three months of each fiscal year (September 30th of 2017 and 2018). A final evaluation report will be available within six months after the conclusion of the first funding period (November 30, 2019).