STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 31, 2018

SENT VIA ELECTRONIC MAIL

The Honorable Louis Pate, Chair
Senate Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 311, Legislative Office Building
Raleigh, NC 27603

The Honorable Ralph Hise, Chair
Senate Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 312, Legislative Office Building
Raleigh, NC 27603

The Honorable Joyce Krawiec, Chair
Senate Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 308, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2018-5, Section 11L.1.(bb) directs the Department of Health and Human Services, Division of Public Health, to report on the Maternal and Child Health Block Grant awarded during each year of the 2017-2019 fiscal biennium. The Division shall report on the counties selected to receive the allocation, the specific evidenced-based services provided, the number of women served, and any impact on the counties' infant mortality rate. This report is due to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Beth Lovette, Interim Director for the Division of Public Health, at 919-707-5000.

Sincerely,

Mark T. Benton

for Mandy Cohen, MD, MPH
Secretary

cc:

Beth Lovette	Denise Thomas	Marjorie Donaldson	Rod Davis	Theresa Matula
Joyce Jones	Mark Benton	Susan Perry-Manning	Leah Burns	Matt Gross
Lisa Wilks	Steve Owen	Katherine Restrepo	Erin Matteson	Zack Wortman
Jessica Meed	Mark Collins	Deborah Landry	reports@ncleg.net	

WWW.NCDHHS.GOV
TEL 919-855-4800 • FAX 919-715-4645
LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603
MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 31, 2018

SENT VIA ELECTRONIC MAIL

The Honorable William Brisson, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 405, Legislative Office Building
Raleigh, NC 27603

The Honorable Josh Dobson, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 301N, Legislative Office Building
Raleigh, NC 27603

The Honorable Chris Malone, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 1229, Legislative Building
Raleigh, NC 27601

The Honorable Gregory Murphy, Chair
House Appropriations Committee on
Health and Human Services
North Carolina General Assembly
Room 632, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2018-5, Section 11L.1.(bb) directs the Department of Health and Human Services, Division of Public Health, to report on the Maternal and Child Health Block Grant awarded during each year of the 2017-2019 fiscal biennium. The Division shall report on the counties selected to receive the allocation, the specific evidenced-based services provided, the number of women served, and any impact on the counties' infant mortality rate. This report is due to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Beth Lovette, Interim Director for the Division of Public Health, at 919-707-5000.

Sincerely,

Mark T. Benton

for Mandy Cohen, MD, MPH
Secretary

cc:

Beth Lovette	Denise Thomas	Marjorie Donaldson	Rod Davis	Theresa Matula
Joyce Jones	Mark Benton	Susan Perry-Manning	Leah Burns	Matt Gross
Lisa Wilks	Steve Owen	Katherine Restrepo	Erin Matteson	Zack Wortman
Jessica Meed	Mark Collins	Deborah Landry	reports@ncleg.net	

STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

December 31, 2018

SENT VIA ELECTRONIC MAIL

Mr. Mark Trogdon, Director
Fiscal Research Division
Suite 619, Legislative Office Building
Raleigh, NC 27603-5925

Dear Director Trogdon:

Session Law 2018-5, Section 11L.1.(bb) directs the Department of Health and Human Services, Division of Public Health, to report on the Maternal and Child Health Block Grant awarded during each year of the 2017-2019 fiscal biennium. The Division shall report on the counties selected to receive the allocation, the specific evidenced-based services provided, the number of women served, and any impact on the counties' infant mortality rate. This report is due to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions regarding this report, please contact Beth Lovette, Interim Director for the Division of Public Health, at 919-707-5000.

Sincerely,

Mark T. Benton

for Mandy Cohen, MD, MPH
Secretary

cc:

Beth Lovette	Denise Thomas	Marjorie Donaldson	Rod Davis	Theresa Matula
Joyce Jones	Mark Benton	Susan Perry-Manning	Leah Burns	Matt Gross
Lisa Wilks	Steve Owen	Katherine Restrepo	Erin Matteson	Zack Wortman
Jessica Meed	Mark Collins	Deborah Landry	reports@ncleg.net	

WWW.NCDHHS.GOV
TEL 919-855-4800 • FAX 919-715-4645
LOCATION: 101 BLAIR DRIVE • ADAMS BUILDING • RALEIGH, NC 27603
MAILING ADDRESS: 2001 MAIL SERVICE CENTER • RALEIGH, NC 27699-2001

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

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

Report to the

House Appropriations Committee on Health and Human Services

and

Senate Appropriations Committee on Health and Human Services

and

Fiscal Research Division

By

North Carolina Department of Health and Human Services

December 31, 2018

BACKGROUND

In state fiscal year (SFY) 2015-2016, the North Carolina General Assembly appropriated one million five hundred and seventy-five thousand dollars ($1,575,000) in the Maternal and Child Health Block Grant Plan to the Department of Health and Human Services' (DHHS) Division of Public Health (DPH) for each year of the 2015-2017 fiscal biennium to be used for evidence-based programs in North Carolina counties with the highest infant mortality rates. These funds were re-appropriated for the 2017-2019 fiscal biennium.

Session Law 2017-57, Section 11L.1. (bb) requires DPH to report on: (i) the counties selected to receive the allocation; (ii) the specific evidenced-based services provided; (iii) the number of women served; and (iv) any impact on the counties' infant mortality rate. The legislation requires DPH to report its findings to the House of Representatives Appropriations Committee on Health and Human Services, the Senate Appropriations Committee on Health and Human Services, and the Fiscal Research Division no later than December 31, 2018.

ACTIONS AND RESULTS TO DATE

In June 2017, the Division of Public Health allocated funding for the Infant Mortality Reduction program to local health departments (LHDs) in counties that experienced the highest infant mortality rates during the five-year period of 2010-2014. The 26 highest counties were selected., and the funding distribution was based on the number of infant deaths per county during the 5-year period. Counties that had 75 or more deaths received an allocation of $113,750; counties with 20 – 74 deaths received $60,000; and counties with fewer than 20 deaths received $35,000. Two local health departments, that declined funding in fiscal year 2015-2016 and 2016-2017 (Bladen and Northampton), were not allocated funding in fiscal year 2017-2018. In fiscal year 2016-2017, these declined funds were evenly distributed among the local health departments who previously received $60,000 and $35,000.

The following table lists the 24 local health departments who received funding in state fiscal year 2017-2018:

Local Health Department	Funding Amount
Alamance	$113,750
Albemarle Regional Health District	$38,500
Anson	$38,500
Beaufort	$63,500
Caldwell	$63,500
Cherokee	$38,500
Cleveland	$63,500
Columbus	$63,500
Forsyth	$113,750
Granville-Vance Health District	$63,500
Halifax	$63,500
Hertford	$38,500

Local Health Department	Funding Amount
Lee	$63,500
Lenoir	$63,500
Montgomery	$63,500
Pitt	$113,750
Richmond	$63,500
Robeson	$113,750
Rockingham	$63,500
Sampson	$63,500
Scotland	$63,500
Swain	$38,500
Warren	$38,500
Wilkes	$63,500

All local health departments were required to implement or expand upon at least one evidence-based strategy (EBS) that is proven to lower infant mortality rates. The following selected strategies have all proven to be an effective means to improve birth outcomes through addressing pregnancy intendedness, preterm birth, and/or infant death.

- 17P (alpha hydroxyprogesterone) injections are designed to help prevent a preterm birth for pregnant women who have had a previous preterm delivery.
- Through group prenatal care, CenteringPregnancy® has shown to have positive outcomes related to increased breastfeeding initiation and reduced preterm birth rates, both associated with decreased infant mortality.
- Reproductive life planning, inclusive of increased access to long acting reversible contraception (LARC), has demonstrated improvements in pregnancy intendedness, which is associated with improved birth outcomes.
- Nurse Family Partnership (NFP) has been shown to reduce child abuse and neglect and has also demonstrated reductions in prenatal smoking among mothers, which significantly contributes to infant mortality.
- Improved infant safe sleep practices have resulted in reductions in Sudden Infant Death Syndrome (SIDS) and other sleep related deaths of infants.
- Smoking during and after pregnancy is associated with fetal and infant risks including low birth weight, preterm delivery, and sudden infant death syndrome. Successful treatment of tobacco dependence can have a significant impact on pregnancy-related outcomes.

These strategies were selected based on their ability to have the greatest impact within the communities served. These strategies have proven to be effective through local health department implementation, particularly for those where the capacity for execution already existed. The evidence-based strategies from which local health departments could select are summarized below.

Evidence-Based Strategy	Description
17P (alpha hydroxyprogesterone)	17P is a synthetic form of progesterone that has been shown to reduce the recurrence of preterm birth for women who have a history of preterm birth. The Local Health Department will identify, refer, and support women through education and resource referral and once identified, assist in coordination of services and encourage compliance to treatment plans.
CenteringPregnancy®	CenteringPregnancy® is a model of group prenatal care which incorporates three major components: assessment, education, and support. This model of group prenatal care promotes greater patient engagement, personal empowerment and community building, and has been shown to improve birth outcomes.
Reproductive Life Planning/Long Acting Reversible Contraception (LARC) Access	Increasing access to LARC methods provides reversible types of contraception that are highly effective for long periods of time, easy to use, and do not require any action on the part of the user.
Nurse Family Partnership (NFP)	Nurse-Family Partnership (NFP) is an evidence-based, home visiting program that helps transform the lives of vulnerable women pregnant with their first child. Each woman served by NFP is partnered with a registered nurse early in her pregnancy and receives ongoing nurse home visits that continue through her child's second birthday.
Infant Safe Sleep Practices	The American Academy of Pediatrics has issued an expansion of previous guidelines on safe sleep for babies that have been reviewed as evidence-based strategies to reduce the risk of Sudden Infant Death Syndrome (SIDS) and sleep-related deaths. The Local Health Department must designate staff to be trained on infant safe sleep practices to provide group and/or individual education sessions to parents and caregivers.
Tobacco Cessation and Prevention	The Local Health Department shall provide tobacco use screening (inclusive of electronic nicotine devices) and counseling to all adults and youth present at health care visits. Local Health Department staff shall be trained in the evidence-based 5A's (Ask, Advise, Assess, Assist, Arrange) method of tobacco cessation counseling. The Local Health Department shall designate staff to become certified tobacco treatment specialist to provide tobacco cessation counseling services to clients. Clients should be referred to QuitlineNC (1-877-QUIT-NOW) and/or appropriate community resources. The Local Health Department should counsel clients on, and engage in evidence-based policy support efforts, limiting secondhand smoke exposure.

The following is a summary of program activities, including the number of women served under each evidence-based strategy during the time-period of June 2017 to May 2018:

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

Infant mortality is a multifactorial problem for which there is no one solution. It is influenced by the health of a woman before, during, and between pregnancies. It is also further shaped by determinants of health, including the social, economic, geographical, and physical environments in which people are born, grow, live, work, and age.

The following table lists the baseline 2010-2014 infant mortality rates along with the 2013-2017 rates (per 1,000 live births) for the state and the 24 counties who received funding for the Infant Mortality Reduction program in 2017-2018.

- For 15 of the 24 counties funded (63%), the 2013-2017 rates were lower than the 2010-2014 rates (represented in green).
- One county had the same rate (represented in yellow).
- For 8 of the 24 counties funded (33%), the 2013-2017 rates were higher than the 2010-2014 rates (represented in red).

County	2010-2014 Infant Mortality Rates[1]	2013-2017 Infant Mortality Rates[1]
North Carolina	**7.1**	**7.1**
Montgomery	13.5	8.7
Robeson	12.0	11.6
Scotland	11.7	8.9
Halifax	10.9	9.7
Warren	10.7	8.7[2]

Caldwell	10.4	8.2
Swain	10.2	8.5[2]
Granville-Vance Health District (Vance County)	9.7	8.6
Rockingham	9.6	8.2
Lenoir	9.2	7.4
Wilkes	9.2	8.0
Sampson	8.9	5.7
Lee	8.8	7.5
Alamance	8.5	8.1
Forsyth	8.5	8.2
Columbus	10.9	10.9
Hertford	15.1	18.2
Albemarle Regional Health District (Bertie County)	10.8	14.8
Pitt	10.8	10.9
Beaufort	10.5	12.5
Cherokee	10.0	11.6
Anson	9.2	11.2
Cleveland	9.0	9.4
Richmond	8.7	9.3

[1]Source: North Carolina Center for Health Statistics (2010-2014, 2013-2017)
[2]Rates based on small numbers (fewer than 10) are unstable.

Limitations on the interpretation of infant mortality rates should be considered. The current reporting timeframe is not sufficient to determine impact on infant birth outcomes, including infant mortality, given all the complex associated factors. In addition, small numbers of infant deaths in some counties make some rates unstable. Further, assessing the effect of infant mortality requires the completion of pregnancy and the first year of life of the infant.

It should also be noted that during this timeframe, local health departments have experienced fluctuations in funding for maternal and child health services, which also impacts birth outcomes. Further, the $1.575M is only one source of funding for the state's infant mortality efforts, and the impact on infant mortality should be taken in the full context of the counties' resources.

Funding was allocated to continue to support these evidence-based programs in state fiscal year 2018-2019. Each of the evidence-based strategies are included as part of a statewide, collaborative Perinatal Health Strategic Plan being implemented by DHHS and its partners.