



STATE OF NORTH CAROLINA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROY COOPER
GOVERNOR

MANDY COHEN, MD, MPH
SECRETARY

October 11, 2018

SENT VIA ELECTRONIC MAIL

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

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

The Honorable Donny Lambeth, Chair
Joint Legislative Oversight Committee on
Health and Human Services
North Carolina General Assembly
Room 303, Legislative Office Building
Raleigh, NC 27603

Dear Chairmen:

Session Law 2017-57, Section 11E.3.(c) directs the Department of Health and Human Services to report to the Joint Legislative Oversight Committee on Health and Human Services on the competitive grants awarded to local health departments for the purpose of improving maternal and child health. Pursuant to the provisions of law, the Department is pleased to submit the attached report.

Should you have any questions, please contact Beth Lovette, Interim Director for the Division of Public Health, at Beth.Lovette@dhhs.nc.gov, or 919-707-5000.

Sincerely,

 Mandy Cohen, MD, MPH
Secretary

cc:	Kody Kinsley	Marjorie Donaldson	Katherine Restrepo	Theresa Matula
	Rod Davis	Joyce Jones	Susan Perry-Manning	Leah Burns
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AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

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

Session Law 2017-57, Section 11E.3. (c)



**Report to the
Joint Legislative Oversight Committee on Health and
Human Services**

**By
North Carolina Department of Health and Human
Services**

October 11, 2018

Background

Session Law 2017-57, Section 11E.3. (c) directs the Department of Health and Human Services' Secretary to, no later than July 1 of each year, as applicable, announce the recipients of the competitive grant awards and allocate funds to the grant recipients for the respective grant period pursuant to the amounts designated under subsection (a) of this section. After awards have been granted, the Secretary shall submit a report to the Joint Legislative Oversight Committee on Health and Human Services on the grant awards that includes at least all of the following:

- (1) The identity and a brief description of each grantee and each program or initiative offered by the grantee.*
- (2) The amount of funding awarded to each grantee.*
- (3) The number of persons served by each grantee, broken down by program or initiative.*

This report fulfills the reporting requirement in Session Law (S.L.) 2017-57, Section 12E.3. (c). The report describes activities undertaken during State Fiscal Year (SFY) 2016 - 2017 (June 1, 2016 – May 31, 2017) and the SFY 2019 – 2020 awardees. 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 Initiative (ICO4MCH).**

Implementation

State Fiscal Year (SFY) 2016 - 2017 began a two-year funding cycle for the ICO4MCH.¹ During SFY 2016 -2017, DPH completed the following actions:

- (1) Executed a contract with the UNC Gillings School of Global Public Health (SPH) to develop and implement a statewide evaluation to meet the requirements of the original legislation outlined in S.L. 2015-241, Section 12E.11. (b)(2).**
 - Dr. Christine Tucker was identified as the Principal Investigator to develop and implement the multi-level evaluation with support from a masters prepared Research Assistant, and Dr. Dorothy Cilenti, an Associate Professor in the Department of Maternal and Child Health at the UNC SPH and Executive Director of the National Maternal and Child Health (MCH) Workforce Development Center.
 - A contract of \$74,780 was executed to conduct the evaluation activities for Year One.
 - Collaboratively, the DPH Women's and Children's Health Section (WCHS)

¹ Session Law 2015-241, Section 12E.11. (e) originally provided funding for up to three years for each local health department; however, in July 2017 the period of funding was reduced to a term of two years. Funded health departments were notified of the legislative change.

and SPH determined the analyses to be conducted.

- In addition to specific reports for each grantee, a comprehensive statewide bi-annual and annual report would be produced.

(2) Following the release of a Request for Applications (RFA) January 15, 2016, funded the following local health departments (LHDs) to implement ICO4MCH.

- **Sandhills Collaborative:** Cumberland County Health Department, Hoke County Health Department, Montgomery County Health Department, and Richmond County Health and Human Services Department, who is the lead health department.
- **High Country Collaborative:** Appalachian District Health Department (Alleghany, Ashe, and Watauga Counties), Avery County (part of Toe River Health District), and Wilkes County Health Department. Appalachian District Health Department is the lead health department.
- **Durham County Department of Public Health**
- **Robeson County Department of Public Health**
- **Mecklenburg County Health Department and Union County Consolidated Human Services Agency, Division of Public Health.** Mecklenburg County Health Department is the lead health department.

The lead health department is the fiscal agent for the funding.

Beginning in SFY 2017, DPH provided funding to the following local health departments, implementing one evidence-based strategy per program aim.

County/Countries	Proposed Program for Each Major Aim	Amount of Funding for 2 years
Sandhills Collaborative <ul style="list-style-type: none"> • Cumberland • Montgomery • Hoke • Richmond 	Improved birth outcomes Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs) Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 – Clinical Efforts to Address Secondhand Smoke Exposure (CEASE)	\$1,000,000

High Country Collaborative <ul style="list-style-type: none"> Appalachian Health District (Alleghany, Ashe, Watauga) Avery Wilkes 	Improved birth outcomes Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs) Reduced infant mortality Smoking Cessation and Prevention Improved health among children aged 0-5 Positive Parenting Program (Triple P)	\$998,118
Mecklenburg/Union Collaborative	Improved birth outcomes Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs) Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 Triple P	\$999,494
Durham County	Improved birth outcomes Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs) Reduced infant mortality Smoking Cessation and Prevention Improved health among children aged 0-5 Triple P <u>and</u> Family Connects Newborn Home Visiting Program	\$971,558
Robeson County	Improved birth outcomes Reproductive Life Planning including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs) Reduced infant mortality Ten Steps for Successful Breastfeeding Improved health among children aged 0-5 CEASE	\$780,830

Evaluation Plan

The goal of the evaluation plan is to determine effectiveness of the **Improving Community Outcomes for Maternal and Child Health Initiative (ICO4MCH)** and to inform future investment and funding decisions. Data will be collected from the grantee sites to document improvements in the short-term and intermediate outcomes. Long-term outcomes will be evaluated using vital statistics data. Evaluation of ICO4MCH will also help to identify areas of improvement in implementing the evidence-based strategies (EBS) as well as help to develop guidance to replicate successes of ICO4MCH. To support the work of ICO4MCH, a statewide evaluation team was developed during SFY 2017. Public and private stakeholders meet two to three times a year to provide guidance and technical assistance to ICO4MCH and the evaluation team from UNC SPH.

The primary goal of the evaluation is to determine the effectiveness of ICO4MCH and inform future funding decisions. During SFY 2017, the statewide evaluation team determined a need for an evaluation question to assess if the EBS were being implemented in an equitable manner; therefore, the following question was added: ***To what degree are grantees able to modify the implementation of EBS based on the results of ongoing equity assessments.***

Outcomes

The intended outcomes of ICO4MCH are broken down into three categories:

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

To quantify the short-term and intermediate outcomes of ICO4MCH, grantees provided baseline data and continue to provide quarterly data. Short-term and intermediate outcomes are linked to the specific EBS selected. Tools to collect this information were modified or developed, as needed, to increase clarity and quality of reporting. Initial data for the long-term outcomes will be reported in the annual SFY 2020 report (August 2020) which will include outcomes through SFY 2019.

Short-Term Outcomes

Key Takeaways

- Several grantees made key systems-level changes in their Long-Acting Reversible Contraception (LARC) policies and practices, such as beginning to offer same-day insertion and increasing the number of health care providers trained in LARC insertion.
- The funding from ICO4MCH allowed the Sandhills Collaborative and the High Country Collaborative to contract with the QuitlineNC, to create greater access for smoking cessation services in seven counties.

- Grantees assembled strong teams, who have gained respect and built rapport among internal health department staff, community partners, and community experts, through the utilization of the Collective Impact framework.

Collective Impact

Collective Impact is an effective means of collaboration and is a proven approach for helping organizations work together. Grantees utilize this framework to implement ICO4MCH in their service area.

- Grantees contracted with the National Maternal and Child Health Workforce Development Center to provide implementation coaching to support the multi-faceted activities of ICO4MCH in their service areas. Each grantee was assigned one Implementation Coach. Support included: technical assistance, Community Action Team (CAT) development, implementation and evaluation of multiple assessments with the CAT and leadership team.
- Grantees conducted a total of 98 CAT meetings during Year One, involving more than 1,325 attendees. (*NOTE: This is a duplicated count. Attendance is taken at each CAT.*)

Improve Birth Outcomes: Reproductive Life Planning, including increased access to and utilization of Long-Acting Reversible Contraceptives (LARCs)

All grantees (13 LHDs) are implementing this EBS.

- Four out of five grantees exceeded the goal of a 10% increase in access to LARC utilization in Year One.
- More than 7,700 men and women of childbearing age were reached through education and outreach events.
- Grantees trained over 350 local health department staff and health care providers (HCP) on reproductive life planning, family planning methods, tiered counseling, and insertion techniques.
- The following table provides a summary of this EBS.

	Durham County	High Country Collaborative	Mecklenburg-Union Collaborative	Robeson Collaborative	Sandhills Collaborative	Total ICO4MCH
# of LARCS obtained at the LHD*	439	311	1,232	145	817	2,944
# of men & women of childbearing age reached by outreach and education	2,419	325	2,053	700	2,245	7,742
# of trained staff and HCP	60	17	103	29	134	356

**This includes all overall family planning funding within local health departments.*

Reduce Infant Mortality: Tobacco Cessation and Prevention

Two grantees (6 LHDs) are implementing this EBS.

- Grantees surpassed the goal of a 10% increase from baseline (SFY 2016) for the number of people accessing the cessation and counseling services of the QuitlineNC.
- Grantees trained more than 100 clinical and non-clinical professionals in the 5A's (Ask, Advise, Assess, Assist, Arrange) evidence-based smoking cessation counseling method.
- Grantees surpassed the goal of a 20% increase in the number of public policies for smoke-free or tobacco-free workplaces and other indoor public places within their service areas.
- The following table provides a summary of this EBS.

	Durham County	High Country Collaborative	Total ICO4MCH
# of QuitlineNC registered users	523	650	1,173
# of 5A's trainings with staff and HCP	45	73	118
# of public policies implemented	10	8	18

Reduce Infant Mortality: Ten Steps for Successful Breastfeeding

Three grantees (7 LHDs) are implementing this EBS.

- Grantees increased the number of businesses, worksites, and organizations that accommodate breastfeeding women (patrons or employees).

- The following table provides a summary of this EBS.

	Mecklenburg-Union Collaborative	Robeson County	Sandhills Collaborative	Total ICO4MCH
# of breastfeeding-friendly businesses	18	9	5	32

Improve Health Among Children Ages 0 – 5: Positive Parenting Program (Triple P)

Three grantees (8 LHDs) are implementing this EBS.

- Among the grantees that selected the Triple P EBS, ICO4MCH increased funding for expansion services, which included one additional full-time program coordinator. In addition, the grantees focused services on children ages 0 – 5 and increasing opportunities to accredited childcare/daycare facilities in their service areas.
- Grantees increased the number of families and children served by accredited practitioners.
- Grantees increased the number of Triple P Online (TPOL) users. A total of 23% those who received a code and registered their code completed one or more of the online modules.
- The following table provides a summary of this EBS.

	High Country Collaborative	Durham County	Mecklenburg-Union Collaborative	Total ICO4MCH
# of families served¹	213	146	47	406
# of children served²	437	276	2,787	3,500
# of people who received a TPOL code³	33	36	90	159
# of users who registered their TPOL code³	25	27	90	120

¹Quarter 1, numbers include all Triple P activities, not those only reaching children 0 – 5 (children 0 – 18).

²Quarter 1, numbers include all Triple P activities, not those only reaching children 0 – 5 (children 0 -18). Data from Mecklenburg-Union Collaborative for April - May did not include Union County; Union County began in June 2016. High Country Collaborative did not include Wilkes and Avery counties until June 2016.

³Data are for all children served, ages 0 – 17.

Improve Health Among Children Ages 0 – 5: Clinical Efforts Against Secondhand Smoke Exposure (CEASE)

Two grantees (5 LHDs) are implementing this EBS.

- CEASE is a new EBS in North Carolina. Grantees spent most of Year One training and learning the components of the EBS, receiving technical support, and developing

relationships with selected family and children health clinics (internal and external to the local health department), who would be implementing CEASE.

- The goal of CEASE is to screen parents and caregivers at every visit for primary, secondary, and tertiary tobacco-smoke exposure, provide referrals for smoking-tobacco cessation and counseling services, and offer nicotine replacement therapy. By May 31, 2017, five of the seven practices were implementing CEASE in their clinics.
- Grantees surpassed the goal of a 10% increase from baseline (SFY 2016) for the number of people accessing the cessation and counseling services of the QuitlineNC.
- The following table provides a summary of this EBS.

	Sandhills Collaborative	Robeson County	Total ICO4MCH
# of clinicians trained	5	3	8
# of parents/caregivers screened*	382	0	382
# of registered users of QuitlineNC	1,090	775	1,865

**Data are for all children served, age 0 – 21*

Improve Health Among Children Ages 0 – 5: Family Connects Newborn Home Visiting Program

One grantee (1 LHD) is implementing this EBS.

- Durham County surpassed the goal of completed home visits with more than 75% of families who agreed to participate in every quarter in Year One.
- In addition, successful follow-up was completed with an average of 62.3% of families who required one or more follow-ups during Year One.