Background and process...

• Perinatal Health Committee, Child Fatality Task Force

• Preconception Health Strategic Plan

• Equity in Birth Outcomes Council

• CoIIN (Collaborative Improvement and Innovation Network) to improve infant mortality

• Perinatal Health Strategic Plan
### NC Infant Mortality Rates by Race, 1996-2015

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**Legend:**
- **Total**
- White NH
- Af. Am. NH
- Am. Ind. NH
- Hispanic
North Carolina
Infant Mortality Rates
2011-2015

Mortality Rates per 1,000 Live Births
- 1.4 - 5.5
- 5.6 - 8.5
- 8.6 - 13.6
- 13.7 - 20.4

North Carolina Resident Data
NC Resident Infant Mortality Disparity Ratio*
1996-2015

*Ratio of Non-Hispanic Black to Non-Hispanic White Infant Mortality Rates
Source: NC State Center for Health Statistics, Vital Statistics
Too Many NC Babies are Born at Risk - 2015 Premature Births and Low Birth Weight Births

PREMATURE BIRTHS (< 37 weeks gestation)  
N=12,309

LOW BIRTH WEIGHT (<= 2500 grams)  
N=11,119

Source: NC State Center for Health Statistics, Vital Statistics
Poverty by Race & Ethnicity
North Carolina and United States, 2015

Population below the Federal Poverty Line - $24,036/year for a family of four (2 children under 18) in 2015
Life Course Approach

Early Programming

Cumulative Pathways

Life Trajectory Affected by Inequity

Risk Factors

Protective Factors

Optimal Life Trajectory

Health potential

Life Course

0 5ys Puberty Pregnancy Life Course

NC
CREATING HEALTH EQUITY

Inputs may need to be different to achieve equal outcomes

This is Equality

This is Equity

MDCH, Health Equity Learning Labs 2013, provided by Hogan, V., Rowley, D., Berthiaume, R. and Thompson, Y, University of North Carolina at Chapel Hill. Adapted from http://indianfunnypicture.com/search/equality+doesn%27t+mean+justice
Socio-Ecological Model

- **Individual**: Knowledge, attitudes and skills
- **Interpersonal**: Families, friends and social networks
- **Organizational**: Organizations and social institutions
- **Community**: Relationships between organizations
- **Public Policy**
The Plan

The Goals:

• Improving Health Care for Women and Men
• Strengthening Families & Communities
• Addressing Social & Economic Inequities

Focus – infant mortality, maternal health, maternal mortality, and the health of men and women of childbearing age
Goal 1 – Improve Health Care for Women and Men

Point 1. Provide interconception care to women with prior adverse pregnancy outcomes

• 1A. Support healthy pregnancy intervals through access to **effective methods of contraception**, including increased access to **Long-Acting Reversible Contraception (LARC)**

• 1B. Provide **care coordination/case management/home visiting services** that includes promotion of resiliency, mental health screening, substance use intervention, tobacco cessation and prevention, reproductive life planning, chronic disease management and access to health care

• 1C. Assure women are **transitioned from different points of care** and have access to postpartum/primary/well woman care including access to ongoing health insurance coverage and a medical home

• 1D. Provide **outreach to all providers who care for children** (pediatric and family practice clinics, community settings, etc.) to ensure women are receiving interconception care services

• 1E. Increase **quality and frequency of risk assessment** at the postpartum clinic visit.
Goal 1 – Improve Health Care for Women and Men

Point 2. Increase access to preconception health and health care to women and men

• 2A. Expand the college-based Preconception Peer Education (PPE) Program to reach additional women and men in colleges, universities, graduate schools, community colleges and adult learning programs.

• 2B. Integrate preconception health care and messages into primary care for women of reproductive age

• 2C. Integrate the use of evidence-based curriculum with adolescent and young adult population in educational and community settings

• 2D. Implement the North Carolina Preconception Health Strategic Plan and Supplement
Goal 1 – Improve Health Care for Women and Men

Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery and postpartum care)

• 3A. Expand the use of evidence-based models of prenatal care
• 3B. Provide evidence-based clinical standards in prenatal care (e.g., early elective deliveries, cesarean rate, 17P, tobacco cessation, hypertensive disorders, gestational diabetes, mental health, substance abuse, intimate partner violence, perinatal mood disorders, etc.)
• 3C. Improve access to and utilization of first trimester prenatal care
• 3D. Provide care coordination/case management/home visiting services that includes promotion of resiliency, mental health screening, substance use intervention, tobacco cessation and prevention, reproductive life planning, chronic disease management, perinatal mood disorders, and access to health care
Goal 1 – Improve Health Care for Women and Men

Point 3. Improve the quality of maternal care (includes prenatal, labor, delivery and postpartum care), cont.

- 3E. Ensure that all pregnant women and high-risk infants have access to the appropriate level of care through a well-established regional perinatal system
- 3F. Promote access to comprehensive breastfeeding support services including medical lactation services
- 3G. Provide evidence-based culturally competent patient education and anticipatory guidance
Goal 1 – Improving Health Care for Women and Men

Point 4. Expand healthcare access over the life course for all

• 4A. Promote access to and utilization of the adolescent well visit
• 4B. Promote access to and utilization of evidence-based preventive health services
• 4C. Increase access to and utilization of medical homes
• 4D. Provide affordable, comprehensive insurance coverage
• 4E. Promote access to and utilization of immunizations according to the American Committee on Immunization Practice guidelines
• 4F. Provide evidence-based culturally competent patient education and anticipatory guidance
**GOAL 2 - Strengthen Families and Communities**

**Point 5. Strengthen father involvement in families**
- 5A. Promote *parenting and co-parenting skills* and responsible strategies
- 5B. Improve/develop guidelines for the *inclusion of men in preconception, prenatal, and interconception health services*
- 5C. Use *evidence-based strategies to promote healthy family relationships*
- 5D. Promote the *role of fathers to change the culture*
GOAL 2 - Strengthen Families and Communities

Point 6. Enhance coordination and integration of family support services

- 6A. Promote *agency and community coordination* in providing services
- 6B. Decrease fragmentation in the service delivery system to *reduce burden on families*
- 6C. Improve *family and community driven service provision*
GOAL 2 - Strengthen Families and Communities

Point 7. Support coordination and cooperation to promote reproductive health within communities

• 7A. Promote reproductive life planning
• 7B. Expand community stakeholder involvement and community engagement in service design and implementation
• 7C. Promote utilization of breastfeeding friendly policies and services in local communities
• 7D. Promote utilization of evidence-based strategies to prevent all forms of violence and promote coordinated community response
Point 8. Invest in community building

- 8A. Create and improve *transportation systems* and *infrastructure*
- 8B. Support *capacity building* in areas of *concentrated disadvantage*
- 8C. Improve environments to *support healthy living*
- 8D. Create and promote local employment opportunities that provide at least a *livable wage*
- 8E. Improve *civic participation* through building community networks
GOAL 3 - Address Social and Economic Inequities

Point 9 – Close the education gap

• 9A. Promote and increase access to higher education
• 9B. Increase high school and post high school graduation rates
• 9C. Expand race/ethnic/gender diversity representation in schools (administrators, faculty, and staff)
• 9D. Promote and increase access to early childhood education
• 9E. Disrupt the school to prison pipeline, beginning with preschool
GOAL 3 - Address Social and Economic Inequities

Point 10 – Reduce poverty among families

- 10A. Learn, collaborate, and partner with organizations, agencies, and institutes that focus on poverty reduction
- 10B. Formulate and/or enhance ways that data can be collected to comprehensively track on how living in poor or near poor homes and communities affects health outcomes over the life course
- 10C. Recommend and support legislation of a livable wage and equity in compensation
- 10D. Standardize poverty reduction strategies into systems, services, and programs
Point 11 – Support working mothers and families

- 11A. Create and expand *paid parental and sick leave policies*
- 11B. Increase affordable, available, and accessible *high quality child care*
- 11C. Increase *support for breastfeeding*
- 11D. Create *safe work place and incarceration environments* for women
GOAL 3 - Address Social and Economic Inequities

Point 12 – Undo racism

• 12A. Infuse and incorporate equity in the delivery of health services
• 12B. Promote high quality training about institutional and structural racism and its impact on poor communities and communities of color
• 12C. Modify and change policies and practices to address institutional and structural racism
• 12D. Promote community and systems dialog and discussion on racism
Next Steps

The plan was formally released on March 24, 2016 by Secretary Rick Brajer and Deputy Secretary Randall Williams.

The plan was posted on the Women’s Health Branch website in Fall 2016, and plans are underway to build an interactive site.

There is a Perinatal Health Strategic Plan Team that is shepherding the plan.

Interested in joining in the fun? PHSPquestions@dhhs.nc.gov
Original Perinatal Health Strategic Planning Committee

Belinda Pettiford, Chair, DPH, DHHS
Sarah Ahmad, DPH, DHHS
Angela Aina, UNC CMIH
Sydney Atkinson, DPH, DHHS
Vienna Barger, DPH, DHHS
Laila Bell, NC Child
Kate Berrien, CCNC
Rebecca Sink, CCNC
Sheila Bunch, East Carolina University
Tonya Daniel, DPH, DHHS
Janice Freedman, NC Healthy Start Foundation
Kimberly Harper, Vidant Health

Elizabeth Hudgins, NC Pediatric Society
Kathleen Jones-Vessey, DPH, DHHS
Carol Koeble, NC Hospital Association
Kathy Lamb, DPH, DHHS
Alvina Long Valentin, DPH, DHHS
Erin McClain, UNC CMIH
Sarah McCracken Cobb, DPH, DHHS
Kweli Rashied-Henry, NC March of Dimes
Judy Ruffin, DPH, DHHS
Royland Smith, Forsyth County Health Dept.
Sarah Verbiest, UNC CMIH
Shelby Weeks, DPH, DHHS

Many thanks for their leadership and guidance!
Questions for us about the plan?
Perinatal Health Strategic Plan

http://whb.ncpublichealth.com/
Questions for YOU!

1. What work are you doing that is similar to work outlined in this plan?
2. How do you or your organization see yourself fitting into these goals and points?
3. If you were not held back by funding, staff, regulations, etc., what strategies and action steps would you add to those points?
4. What barriers would hold you back from accomplishing this?