



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH CAROLINA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership – North Carolina

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

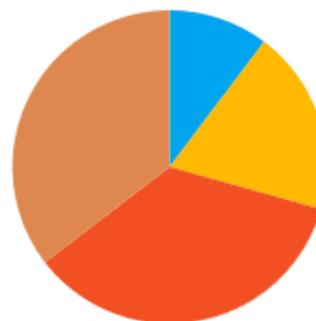
State Contacts

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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$17,374,299
State MCH Funds	\$32,310,857
Local MCH Funds	\$0
Other Funds	\$59,642,654
Program Income	\$59,973,895

FY 2014 Expenditures



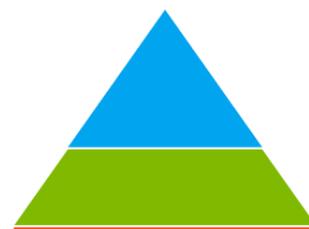
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$11,181,158	\$94,916,234
Enabling Services	\$4,184,220	\$52,433,011
Public Health Services and Systems	\$2,008,921	\$4,578,161

FY 2014 Expenditures Federal



FY 2014 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	118,983	\$38,125,465	22.6%
Infants < 1 Year	118,983	\$17,444,762	10.4%
Children 1-22 Years	199,140	\$65,506,215	38.9%
CSHCN	75,465	\$31,198,395	18.5%
Others *	128,876	\$16,100,078	9.6%
Total	641,447	\$168,374,915	100%

FY 2014 Expenditures



FY 2014 Individuals Served



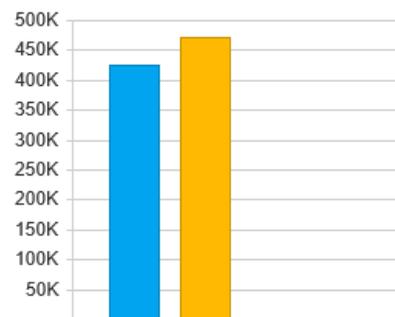
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 14	Smoking	Cross-Cutting/Life Course
NPM 15	Adequate Insurance	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	425,000
State Title V Social Media Hits:	471,300
State MCH Toll-Free Calls:	492
Other Toll-Free Calls:	0



Executive Summary

The Title V Program in NC is housed in the Women’s and Children’s Health Section (WCHS) in the NC Division of Public Health (NC DPH), with the Title V Director serving as Section Chief and the CYSHCN State Director serving as the C&Y Branch Head. WCHS is responsible for overseeing the administration of the programs carried out with allotments under Title V and for other programs including Title X, early intervention, nutrition services (including the state WIC program), and immunization. In addition to the C&Y Branch, the WCHS includes four other branches: Women’s Health (WHB), Early Intervention (EIB), Immunization (IB), and Nutrition Services (NSB).

Highest Ranked Priority Needs

During 2014, the WCHS embarked upon two strategic planning processes (Perinatal Health and C&Y Branch) which helped inform the State Action Plan. Both of these processes reinforced the Section’s commitment to ensuring that pregnant women, mothers, infants, and children with and without special health care needs receive preventive and primary care services that are family-centered, community-based, and coordinated. Based on the ongoing vision of the WCHS and NC DPH and the input from all the stakeholders who helped develop these strategic plans (families, health and human service agency partners at state and local levels, university partners, and WCHS staff members), the Section Management Team (SMT) decided upon the following priority needs and National Performance Measures (NPMs) to be used in the State Action Plan. As SMT considers each of these ten priority needs to be equally important, additional ranking of these needs did not occur.

NC Priority Needs and National Performance Measures by Primary Population Health Domain		
Domain	Priority Need	NPM
Women/Maternal Health	Improve the health of women of childbearing age with a special focus on health equity	1. Percent of women with a past year preventive medical visit
Perinatal/Infant Health	Reduce infant mortality with a special focus on social determinants of health	3. Percent of very low birth weight (VLBW) infants born in a hospital with a Level III+ Neonatal Intensive Care Unit (NICU) 4A. Percent of infants who are ever breastfed 4B. Percent of infants breastfed exclusively through 6 months
	Increase the number of newborns screened for genetic and hearing disorders and prevent birth defects	
Child Health	Prevent child deaths	6. Percent of children, ages, 10-71 months, receiving a developmental screening using a parent-completed screening tool
	Increase developmental screenings for children and adolescents	
Adolescent Health	Promote healthy schools and students who are ready to learn	10. Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year
CSHCN	Improve the health of children with special needs	11. Percent of children with and without special health care needs having a medical home
	Provide timely and comprehensive early intervention services for children with special developmental needs and their families.	
Cross-Cutting or Life Course	Increase access to care for women, children, and families, especially in uninsured populations and where disparities exist	14A. Percent of women who smoke during pregnancy
		14B. Percent of children who live in households where someone smokes
		15. Percent of children ages 0 through 17 who are adequately insured

	Improve healthy behaviors in women and children and among families incorporating the life course approach	
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Emergent Needs

In the development of these strategic plans, many emergent and ongoing needs were identified. An overarching need is to promote health equity, as racial/ethnic disparities persist in many health outcomes. Medicaid reform is a priority goal of the state, but exactly how this reform moves forward is still to be seen as the plans recently released by the NC House and Senate are very different. Providing affordable and accessible health care to the uninsured remains a priority need. The strategies and points developed in the C&Y Branch and Perinatal Health Strategic Plans highlight additional areas of emergent and ongoing needs.

C&Y Branch Strategic Plan	
A.	Support the quality of health services (hospitals, private clinics, audiologists, etc.)
B.	Support the quality of health providers (physicians, nurses, audiologists, speech language pathologists, genetic counselors, social workers, mental health providers, etc.)
C.	Support access to quality care (community-based; clinic hours & locations; transportation; interpreter services; providers, etc.)
D.	Increase family support and resiliency
E.	Increase and sustain parent/community/provider education and awareness
F.	Increase and sustain Family/Community/Provider Strengthening and Engagement
Perinatal Health Strategic Plan	
1.	Provide interconception care to women with prior adverse pregnancy outcomes
2.	Increase access to preconception health and health care to women and men
3.	Improve the quality of maternal care (includes prenatal, labor, delivery and postpartum care)
4.	Expand healthcare access over the life course for women and men
5.	Strengthen father involvement in families
6.	Enhance coordination and integration of family support services
7.	Create reproductive social capital in all communities
8.	Invest in community building
9.	Close the education gap
10.	Reduce poverty among families
11.	Support working mothers and families
12.	Undo racism

Accomplishments/Plans by Population Domain

Women/Maternal Health

Accomplishments

The infant mortality rate and teen pregnancy rates were at all-time lows in 2013. Local Health Departments (LHDs) provided prenatal care, pregnancy care management services, high risk maternity services, and family planning services, including long active reversible contraception. Teen Pregnancy Prevention Initiatives (TPPI) provided adolescent pregnancy prevention programs and adolescent parenting programs in several counties. Folic acid education and the multivitamin distribution program continued. Show Your Love,

a health education brochure in English and Spanish for women with, or at risk for, cardiovascular disease and includes information about healthy weight was developed and distributed.

Plans

Increasing the percent of women with a past year preventive medical visit is a critical piece of the work of the WHB, particularly through its work with LHDs, but also through Healthy Beginnings (infant mortality reduction program), Pregnancy Care Management services, Preconception Peer Educator program, TPPI, and other programs. Investing in these same programs will also help increase the percent of women who receive first trimester prenatal care, decrease the percent of women who have unintended pregnancies, increase the percent of women of childbearing age taking folic acid, and help pregnant women gain within the Institute of Medicine Recommended Weight Gain Ranges.

Perinatal/Infant Health

Accomplishments

As part of the Collaborative Improvement and Innovation Network (CoIIN) to Reduce Infant Mortality, the WHB piloted the CDC's Perinatal Hospital Level of Care Assessment Tool (LOCATe) to obtain a standardized assessment of each birthing hospital's neonatal and maternal level of care and held a Perinatal Levels of Care meeting to review results of the survey and share birth outcome data. Critical congenital heart disease (CCHD) educational materials from two other states were adapted and a new CCHD section on the Branch Newborn Screening Program web site was created. A major Early Hearing Detection and Intervention program accomplishment in FY14 was its linkage of WCSWeb Hearing Link to electronic birth certificates, reducing duplication and increasing the efficiency of the client follow up process.

Plans

The PHSP and the work being done through the Infant Mortality CoIIN Collaboratory are the driving forces for the WHB and its work in this particular domain. One of the CoIIN focus areas selected by NC is perinatal regionalization – ensuring that babies are born in the appropriate level of care facility. The NC team is working to pilot revised questions that the NC Division of Health Services Regulations utilizes in determining levels of care and to ensure that the questions are answered appropriately, with the ultimate goal to follow the latest American Academy of Pediatrics (AAP) guidelines. Plans are underway for statewide expansion of the Breastfeeding Peer Counselor Program to all Local Agency WIC Programs. Pending legislative approval, screening for Severe Combined Immunodeficiency Disorder (SCID) will be added to the screening panel in FY16.

Child Health

Accomplishments

The NC Early Childhood Advisory Council was reestablished in 2014, showing a commitment to developing a new early childhood system-building initiative. Trainings were provided to at LHDs on the use of two evidence-based parent-completed developmental screening tools.

Plans

An early childhood system of care ensures comprehensive, coordinated, individualized, family-driven services and supports for young children and families. Resources from the Early Childhood Comprehensive Systems (ECCS) grant will be used to support these systems improvement strategies. LHDs will continue to use Bright Futures to guide their work, particularly around developmental screening. The Triple P Program will continue, although it has several challenges moving forward which include securing additional funding, partnering with the Division of Social Services who supports other childhood initiatives, and expanding to NC's significant military community. The C&Y Branch will also continue to provide leadership for the Child Fatality Task Force and state Child Fatality Prevention Team, and will support the NC Child Care Health and Safety Resource Center.

Adolescent Health

Accomplishments

DPH held its 32nd Annual School Nurse Conference which was attended by at least 50% of the state's 1,200 school nurses. Nine classes of the Youth Mental Health First Aid course were conducted statewide. Teen Triple P was implemented in selected areas of the state.

Plans

Adolescents are served across the C&Y Branch in all programs and represent almost half of the school age population. The Branch houses the State and Regional School Health Nurse Consultants who are responsible for planning, training, and consulting all the school nurse positions located in LHDs, schools, and hospitals throughout the state. School health programs are coordinated across different state agencies through a matrix model, which focuses on the development, and implementation of a comprehensive school health system of care. The Branch is establishing an Adolescent Health Resource Center which will coordinate health initiatives, expand the use of evidence-based programs, practices, and policies, and provide adolescent health resources for youth, parents, and providers. A Charter School Health Program Consultant position has been developed and recruitment is underway.

CSHCN

Accomplishments

The importance of the medical home approach and strategies for partnering with and linking all children (especially CYSHCN) to medical homes was shared with LHDs via two regional trainings reaching 250 LHD staff, two live webinars reaching 120 LHD staff, and one archived webinar. The C&Y Branch Family Partnerships model ensures that parents of CSHCN have a voice in how the C&Y Branch services are offered and encourages them to participate in Branch trainings and presentations. The Innovative Approaches (IA) Latino Parent Advisory Council in Cabarrus, Stanly, and Rowan counties engaged Latino families of CYSHCN in the development of a local support group.

Plans

The C&Y Branch has intentionally restructured personnel so that services and supports for CYSHCN are better integrated into all aspects of Branch programs and initiatives. Promoting the medical home concept is a core message within all Branch programs. The Care Coordination for Children program, a population management program for children ages 0-5 years continues. The C&Y Branch currently supports five LHDs (serving nine counties) to assess and improve the local systems of care for CYSHCN through its IA Initiative which will expand to more counties in 2016. The toll-free Help Line for CYSHCN which provides information (e.g., health insurance, transition services, educational services, etc.) and links families and providers to local and state services will continue.

Cross-Cutting/Life Course

Accomplishments

In FY14, NC participated in the COIIN to Reduce Infant Mortality with 12 other southern states. The aim was to decrease the rate of tobacco smoking among pregnant women by 3% by December 31, 2013, and NC met this goal. Educational exhibits were held in FY14 at 23 separate events regarding access to NC child health insurance resources. Staff members also participated in 44 outreach events that targeted CYSHCN, minorities, and limited English proficient individuals and made 14 presentations at conferences and meetings.

Plans

Life course theory is a fundamental concept shaping both the C&Y Branch and the Perinatal Health Strategic Plans. Putting the theory into concrete action remains difficult, but the WCHS continues to strive to do so. NC has a robust partnership of state and LHD partners, universities, and community-based organizations involved in efforts to decrease tobacco use and exposure. Efforts center on prevention, education, counseling, and care coordination. The C&Y Branch has many efforts focused on increasing the percent of children age 0 through 17 who are adequately insured. The C&Y Branch will continue to develop, obtain reviews and disseminate all the materials for both Health Check (Medicaid for Children) and Health Choice (NC CHIP) to providers and families across the state. While most of the funding for childhood immunizations does not come from Title V, the WCHS as a whole supports the work of the IB to raise immunization rates across the lifespan. The C&Y Branch will continue to work closely with the IB to increase access to vaccines for CYSHCN since their routine health is sometimes lost while dealing with specialty care.