



*Perinatal Health Strategic Plan
Update*

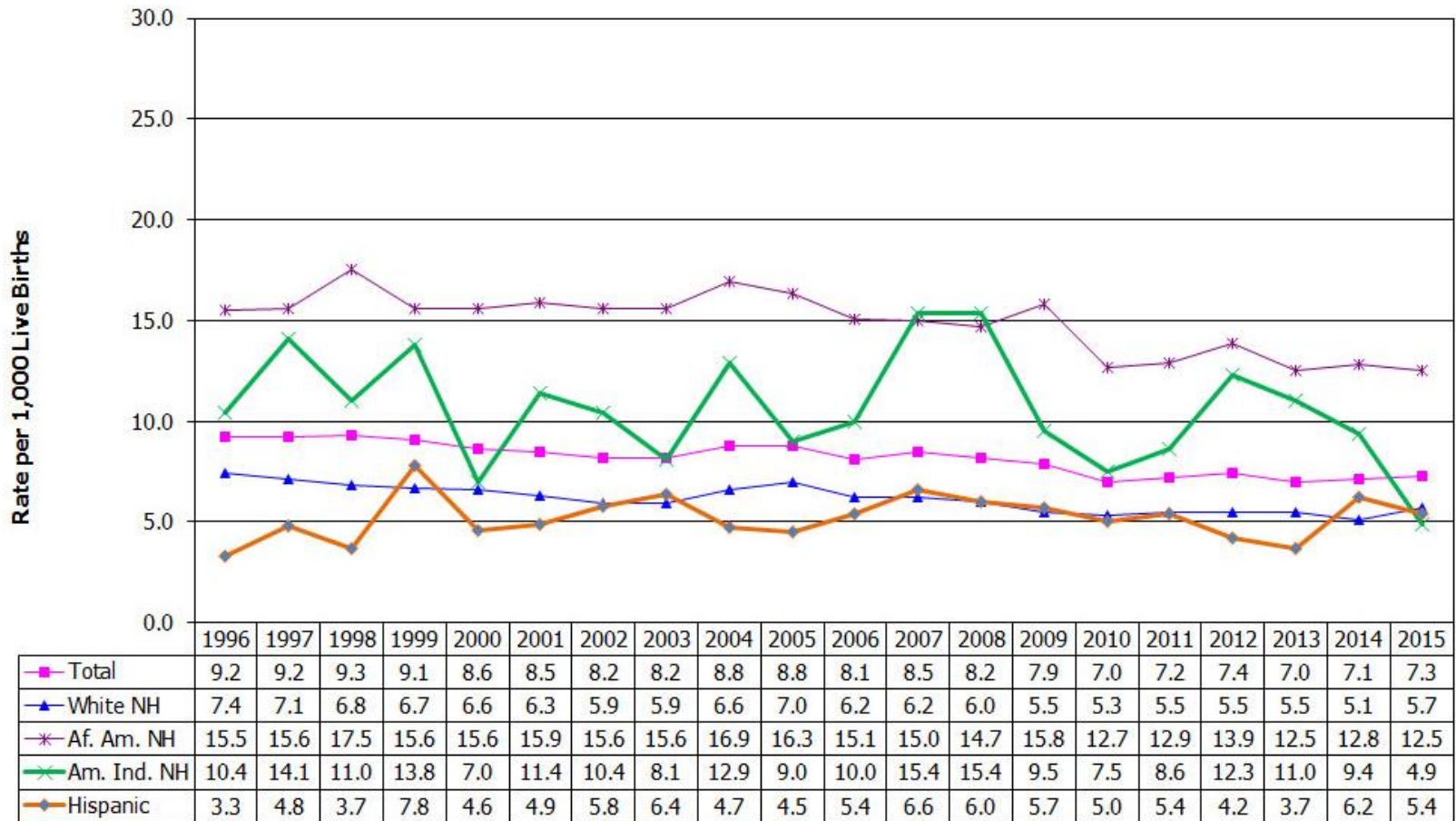


Background and process...

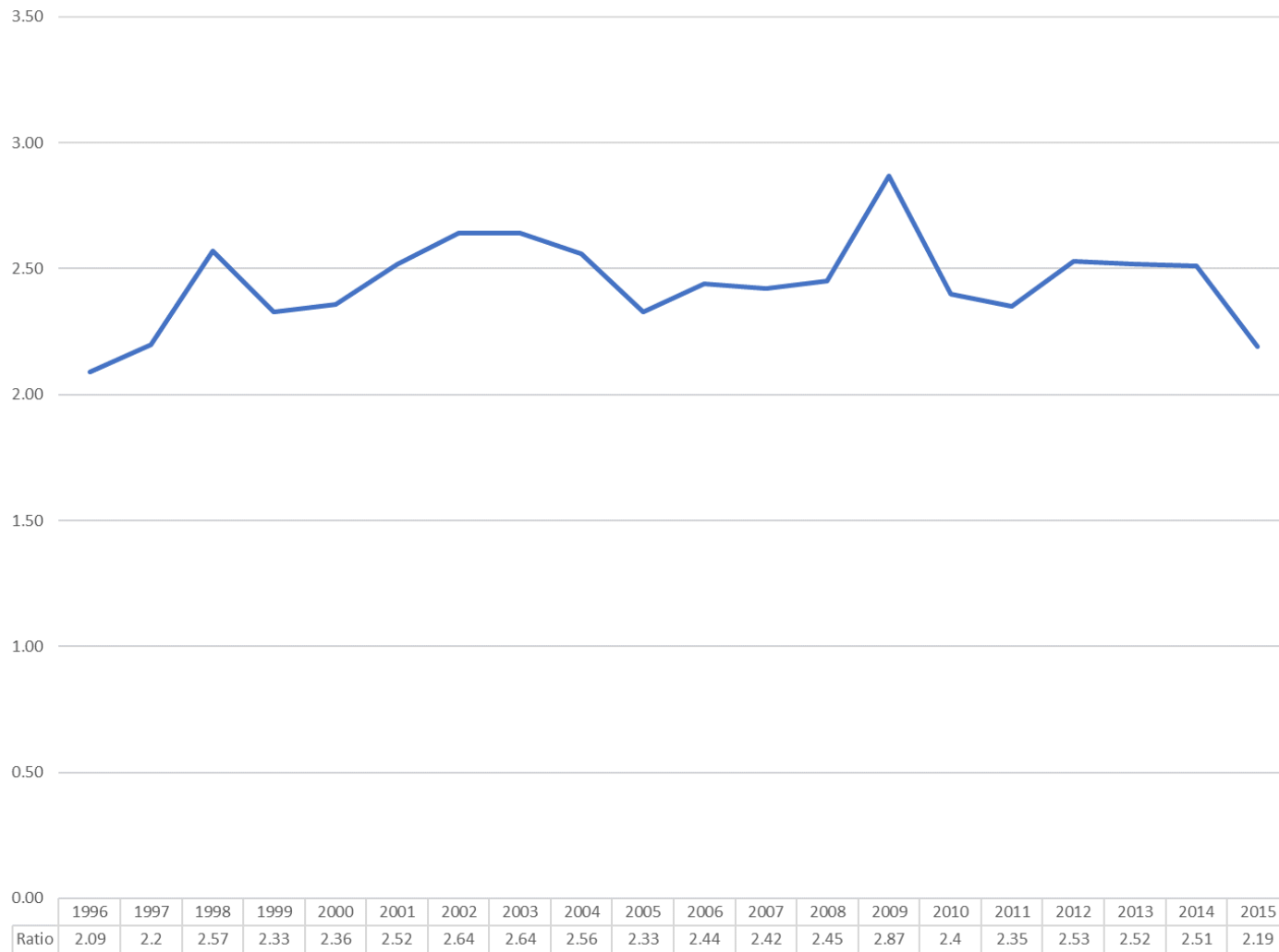
- **Perinatal Health Committee, Child Fatality Task Force**
- **Preconception Health Strategic Plan**
- **Equity in Birth Outcomes Council**
- **CoIIN (Collaborative Improvement and Innovation Network) to improve infant mortality**
- **Perinatal Health Strategic Plan**



NC Infant Mortality Rates by Race, 1996-2015



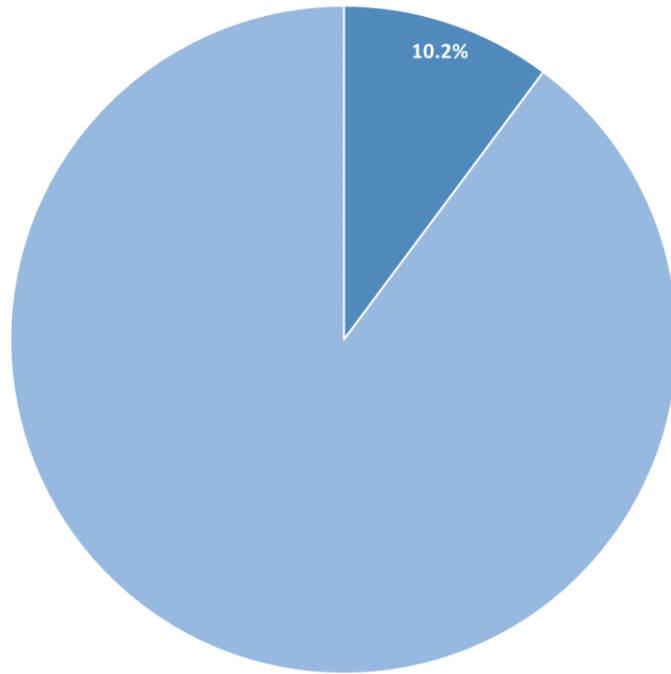
NC Resident Infant Mortality Disparity Ratio* 1996-2015



**Ratio of Non-Hispanic Black to Non-Hispanic White Infant Mortality Rates*
 Source: NC State Center for Health Statistics, Vital Statistics

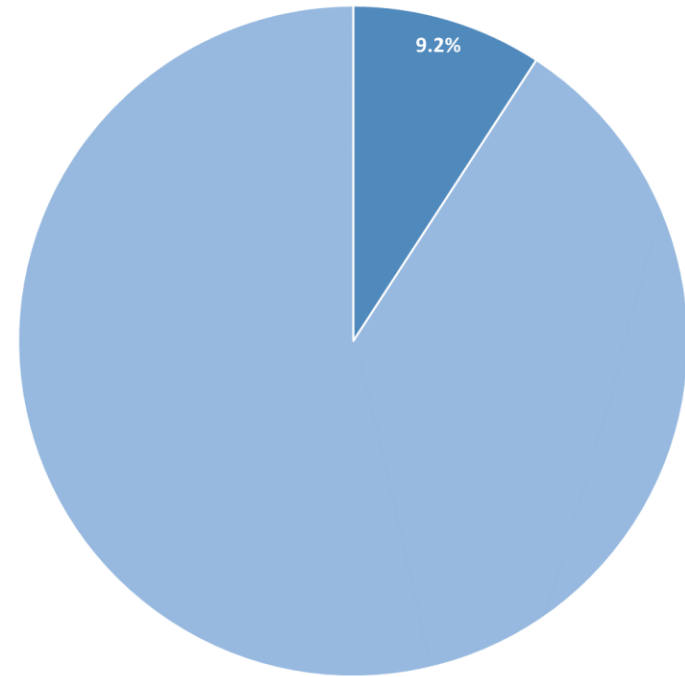


Too Many NC Babies are Born at Risk - 2015 Premature Births and Low Birth Weight Births



PREMATURE BIRTHS (< 37 weeks gestation)

N=12,309



LOW BIRTH WEIGHT (<= 2500 grams)

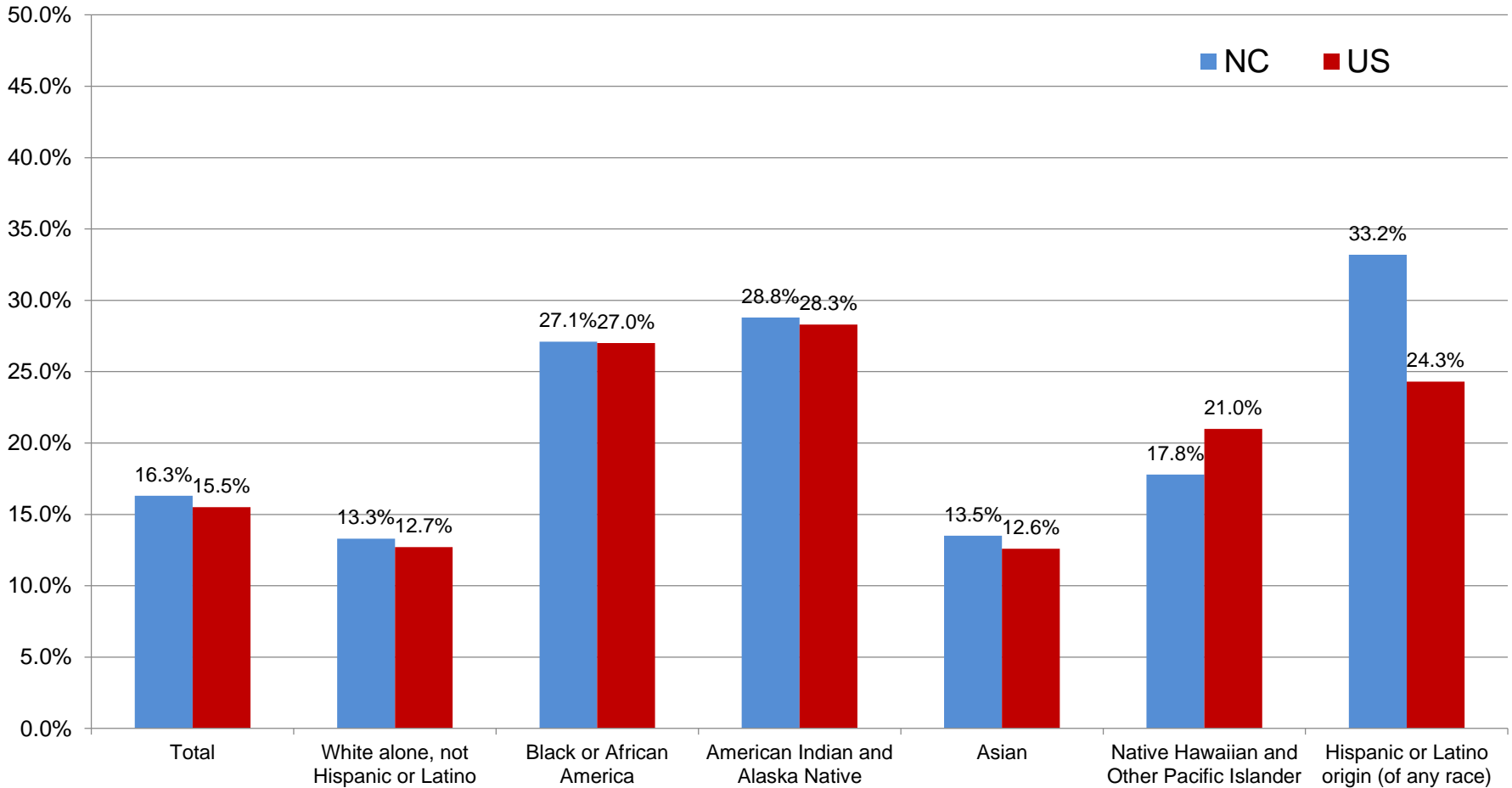
N=11,119

Source: NC State Center for Health Statistics, Vital Statistics



Poverty by Race & Ethnicity

North Carolina and United States, 2015

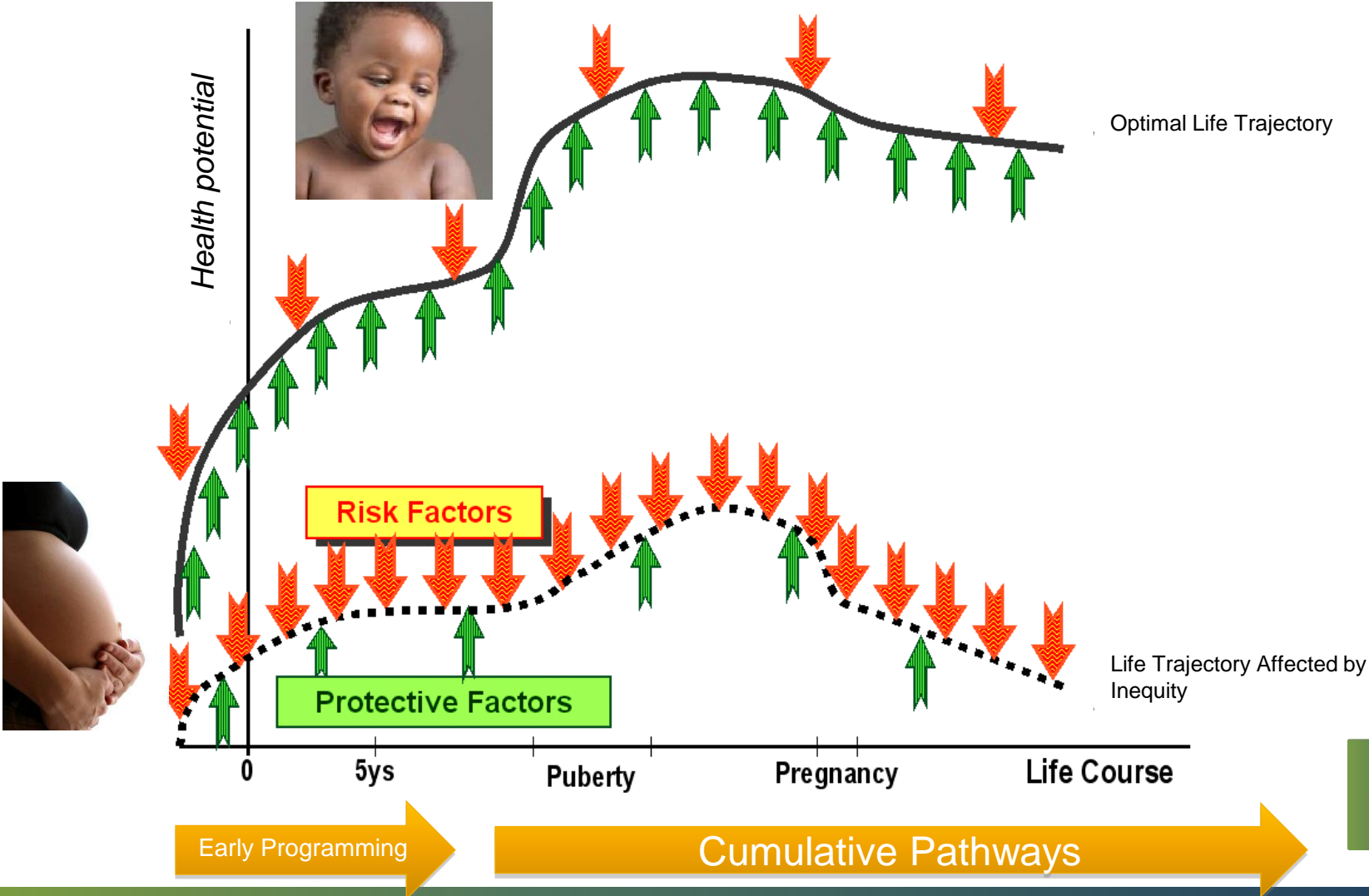


Population below the Federal Poverty Line - \$24,036/year for a family of four (2 children under 18) in 2015

Source: US Census Bureau , 2011-2015 American Community Survey 5-Year Estimates

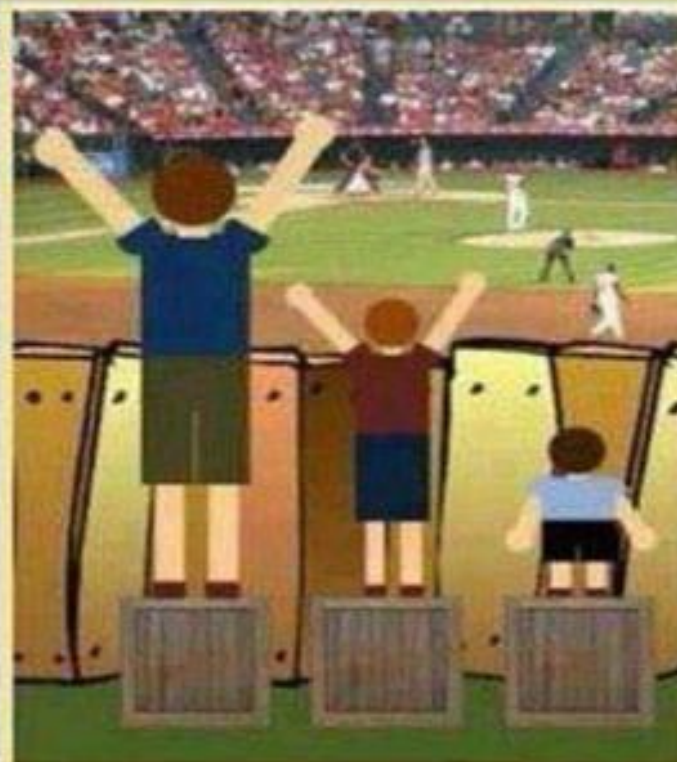


Life Course Approach

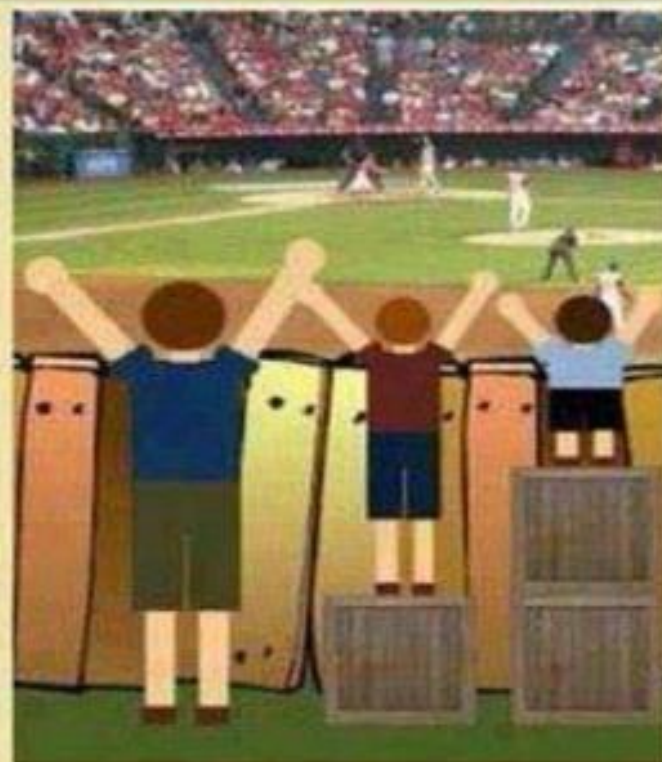


CREATING HEALTH EQUITY

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



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***

GOAL 2 - Strengthen Families and Communities

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 pre-school

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

GOAL 3 - Address Social and Economic Inequities

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

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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?

