

Department of Health and Human Services
Division of Public Health
Women's & Children's Health Section
Women's Health Branch

Perinatal Health Strategic Plan

Perinatal Health Strategic Plan

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

- **Framework is based on the “12-Point Plan to Close the Black-White Gap in Birth Outcomes: A Life-Course Approach” developed by Lu, Kotelchuck, Hogan, Jones, Wright, and Haflon**
 - **Much broader focus than just infant mortality – includes maternal health, maternal mortality, and the health of men and women of childbearing age**
 - **Must be data driven and focused on the best evidence available**
 - **Must be infused throughout with issues of health equity and social determinants of health**
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Important Concepts

Health Equity

Refers to the attainment of the highest level of health for all people.

Social Determinants of Health

The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at national, state, and local levels.

Health Disparity

Differences in health risks or status between different population groups. Groups may refer to geography, income, sex, gender, disability, immigration status, race, and ethnicity (among others).

Health Inequity

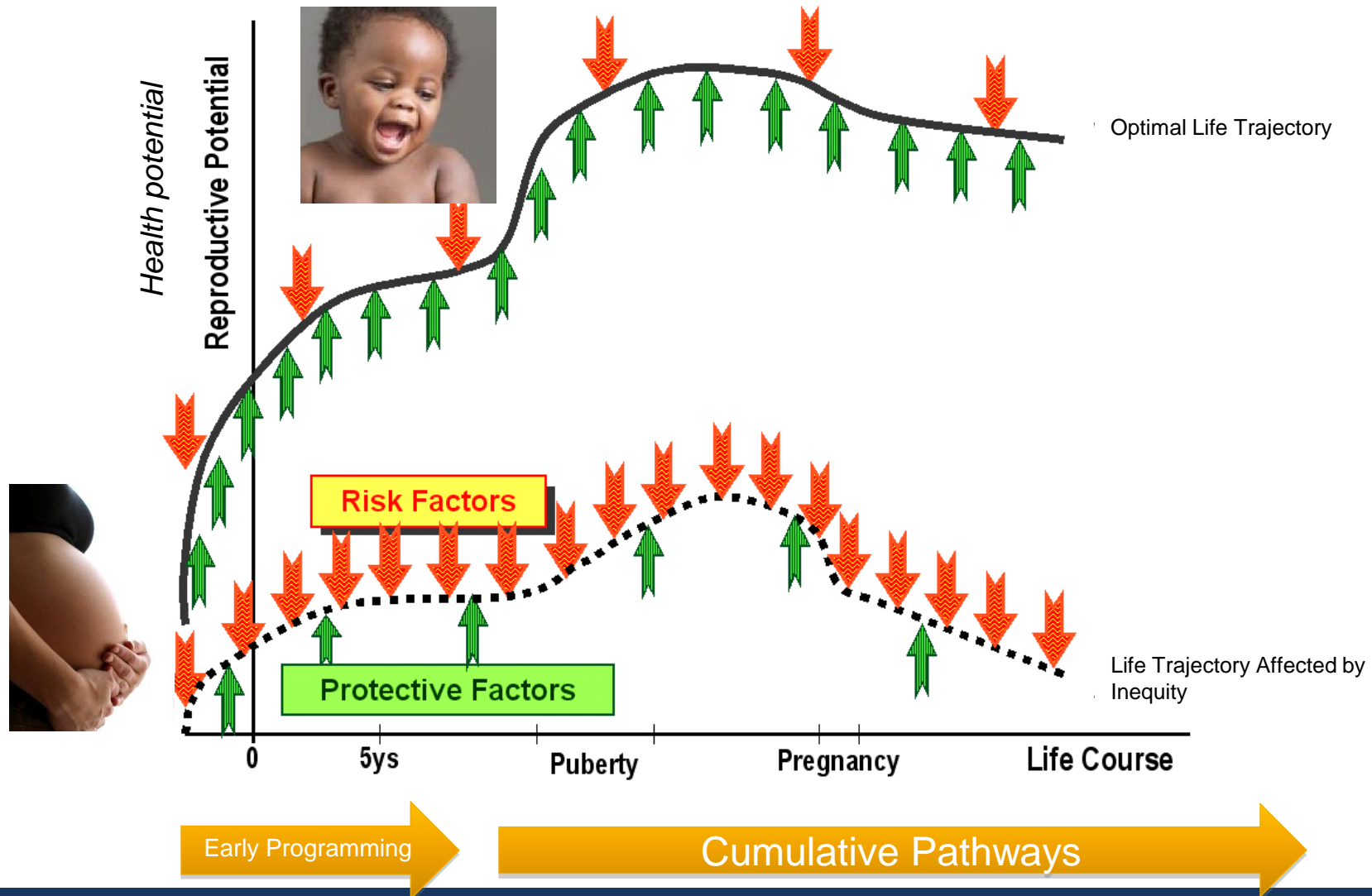
Preventable differences in health risk or status between different population groups. Inequities refer to differences in the root causes of health that are avoidable, unnecessary, and unjust.

Social Determinants of Health (SDOH)



Image Source: Healthy People 2020 website - <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Life Course Approach



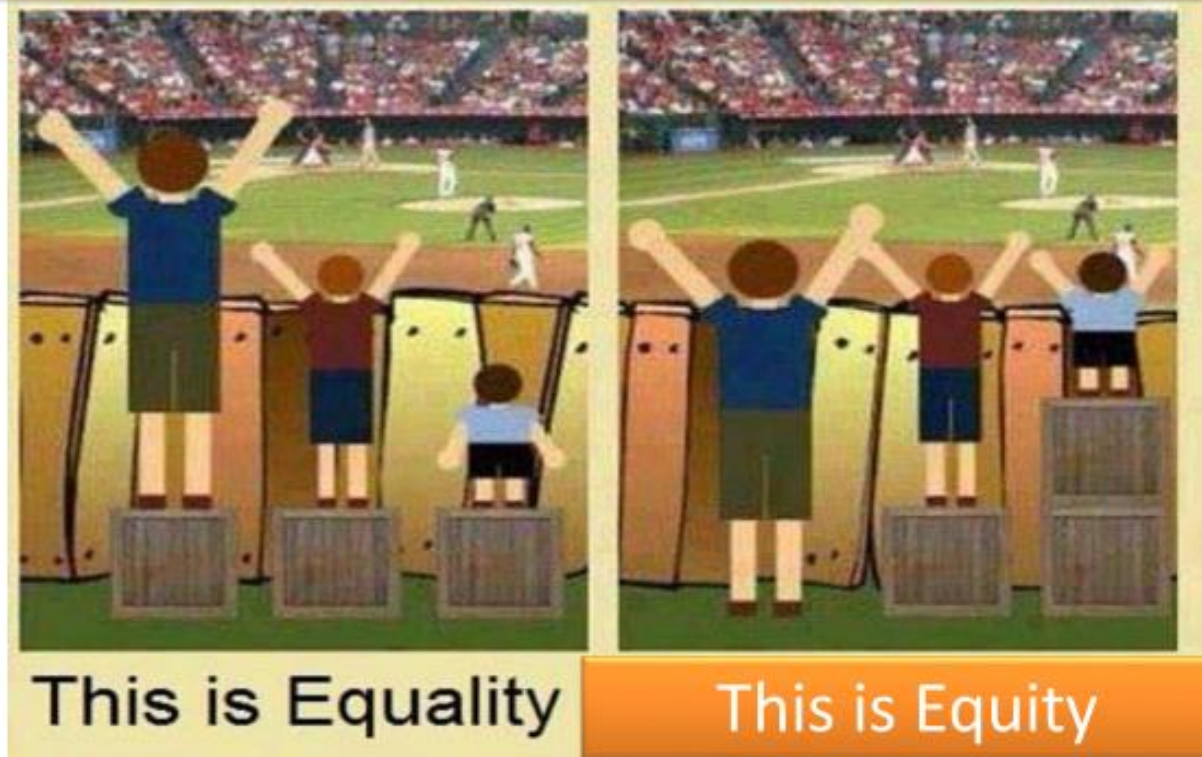
Socio-Ecological Model



Health equity is more than the absence of health disparities

CREATING HEALTH EQUITY

Inputs may need to be different to achieve equal outcomes



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>

Health equity is every individual having access to the resources and opportunities that promote good health.

The Perinatal Health Strategic Plan

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

Time Frame: 2016 to 2020

Timeline

2014

- Women's Health Branch hosted North Carolina stakeholders at the McKimmon Center to introduce the NC Perinatal Health Strategic Plan
- Participants collaboratively identified relevant strategies per point.
- Cross-systems agencies volunteered to serve on the NC Perinatal Health Strategic Plan (PHSP) Team "The Team"

Timeline

2015

- The newly expanded Team agreed to meet on bi-monthly to determine next steps for strategic implementation of The Plan;
- Engaging new stakeholders' and their methods for addressing the 12-Point Plan

Timeline

2016

- Developed three active Work Groups:
 - Data and Evaluation
 - Communications
 - Community and Consumer Engagement
- Data and Evaluation Work Group developed 1st iteration of the Environmental Scan Survey, question: **"Who is doing the work in North Carolina?"**

Timeline

2018

- Expanded Work Groups:
 - Policy Work Group
- **Hired the first Program Coordinator for the Plan!!**

The Perinatal Health Strategic Plan Team



SCHOOL OF MEDICINE

Center for
Maternal and
Infant Health

MomsRising.org | MamásConPoder.org

NC Child
The Voice for North Carolina's Children



CAROLINA
GLOBAL
BREASTFEEDING
INSTITUTE



North Carolina
Public Health Association



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

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 – Improve 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**.

Priority Strategies of PHSP

- Goal 1 - Improving Health Care for Women and Men
 - Point 1. Provide interconception care to women with prior adverse pregnancy outcomes
 - Strategy 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
 - Strategy 1B/3D. Provide ***care coordination/case management/ home visiting services which include*** resiliency, mental health screening, substance use, tobacco use, reproductive life planning, chronic disease management, and access to health care

Priority Strategies of PHSP

- Goal 1 - Improving Health Care for Women and Men

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

- Strategy 2B. Integrate ***preconception health (PCH) care*** and messages into primary care for women of reproductive age.

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

- Strategy 3B. Provide ***evidence-based clinical standards in prenatal care*** (e.g., early elective deliveries, cesarean rate, 17-P, tobacco cessation, hypertensive disorders, gestational diabetes, mental health, substance abuse, intimate partner violence, etc.)

Priority Strategies of PHSP

- Goal 2 - Strengthen families and communities

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

- Strategy 7A. Promote ***reproductive life planning***

Priority Strategies of PHSP

- Goal 3 – Addressing social and economic inequities

Point 9. Close the education gap

- Strategy 9D/E. Promote and increase ***access to early childhood education***/Disrupt the ***school to prison pipeline***, beginning with pre-school

Point 12. Undo racism

- Strategy 12B. Promote ***high quality training about institutional and structural racism*** and its impact on poor communities and communities of color

Data and Evaluations Work Group

Currently administering the updated Environmental Scan survey (June 2018-present) across the state with current stakeholders

- Results show needed updates to The Plan
 - Recommended updates include more nuanced inclusion of Public Health issues in the plan
 - Worked with a team of UNC students - Public Policy Capstone Systems Mapping Project Fall 2018
 - Submitted Spring 2019 UNC Public Policy Capstone Proposal, examining NC Fatherhood Initiatives
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Systems Mapping Project

Fall 2018: UNC Public Policy Capstone students conducted a "systems mapping" for The Plan.

Goal: To identify the environmental scan respondents currently working to support the priority areas of the Perinatal Health Strategic Plan.

Students developed maps of stakeholders and systems at work on each of these priority areas, highlighting the Social Determinants of Health model identified categories that align with the work of each respondent.

Communications Work Group

Communications Work Group submitted website update to Communications and awaiting updates from DPH webmaster website for the Plan; consistent branding and imagery for the Plan for materials; using emerging data in NC PHSP presentations as requested

North Carolina's Perinatal Health Strategic Plan 2016-2020



NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
www.ncdhhs.gov



Community and Consumer Engagement Work Group

Recruited consumers to convene a diverse group of North Carolinians to provide feedback regarding the strategies, publications and services.

SAVE THE DATE!

**CONSUMER WORK GROUP
FACE TO FACE MEETING**

12/1/2018 @ 11 A.M. - 3 P.M.

Lunch included!

Questions? Email
jasmine.getrouw@dhhs.nc.gov
Call or Text (919) 437-3312

YWCA GREENSBORO
17 EAST WENDOVER AVE, GREENSBORO, NC 274

Current Activities

- *Policy Work Group* works to advance policies found in the Perinatal Health Strategic Plan. They will do this through education and information sharing.

Linking the Plan to Your Work

- To locate a copy of the plan go to the NC Women's Health Branch website:
 - <https://whb.ncpublichealth.com/docs/PHSP-FINAL-website-10-31-16.pdf>
- An interactive web version is coming soon!
- If you'd like to participate in the PHSP Environmental Scan Survey, you can do so here:
<https://www.surveymonkey.com/r/PHSPlan2018>
- Interested in joining in the fun? Email us at:
PHSPquestions@dhhs.nc.gov

Align and Amplify efforts

- **Preconception Health Strategic Plan**
 - Focus includes pregnancy intendedness
 - Updated focus includes mental health, access to care, and life planning
- **Early Childhood Action Plan**
 - Focus ages 0-8
 - Healthy Babies goal – Babies across NC from all backgrounds will have a healthy start

Questions??

