

TASK FORCE ON MATERNAL HEALTH
MEETING NINE SUMMARY
July 15, 2021
1:00 pm – 4:00 pm
Virtual Meeting Conducted Over Zoom

Meeting Attendees

Co-Chairs:

Carolyn Harraway-Smith, Ste'Keira Shepperson, Velma Taormina

Task Force/Steering Committee:

Ami Goldstein, Belinda Pettiford, Cornell Wright, Doris Robinson, Erica Little, Frieda Norris, Jennifer Grady, Joan East, Katlyn Tanner, Kay Mitchell, Keisha Bentley-Edwards, Kella Hatcher, Mary Kimmel, Shelby Weeks, Starleen Scott Robbins, Susan Robinson, Tara Owens Shuler, Tina Sherman, Tish Singletary, Tomeka James Isaac

Interested Colleagues:

Amy Jo, Brittany McElroy, Cailey Rash, Carmen Strickland, Chiara Phillips, Chris Westveer, Courtney Floyd, Daniel Frayne, Dorothy Clienti, Ebony Tate, Erin Edmundson, Emily Hannon, Gerri Mattson, Imani Clark, Janalynn Beste, Jennifer Quesenberry, Jennifer Tang, Jessica Johnson, Jessica Noble, Kara Hinkley, Karen Burns, Kathleen Jones-Vessey, Kristin Resnik, Kristin Wing, Lily Stevens, Lindsay Broyhill, Lori Parsons, Marissa Bryant Franks, Maya Jackson, Megan Denson, Melissa Godwin, Mishawne Carrington, Nick Pearson, Pamela Cobb, Rebecca Severin, Sarah McCracken, Tina, Feir, Tracy Hamilton, Ushma Mehta, Walidah Karim

NCIOM Staff: Chloe Donohoe, James Coleman, Kathy Colville, Michelle Ries

WELCOME

***Ste'Keira Shepperson, Owner/Doula, Triangle Doulas of Color
James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine***

Task Force co-chair, Ms. Shepperson brought the meeting to order and gave opening remarks. Mr. Coleman thanked task members for joining and explained the agenda for the meeting.

SMALL-GROUP DISCUSSION: DRAFT RECOMMENDATIONS – IDENTIFYING NEEDED CHANGES AND GAPS

Meeting attendees split into two groups and discussed changes to draft recommendations.

**COMMUNITY HEALTH WORKERS IN NORTH CAROLINA: CREATING AN INFRASTRUCTURE FOR SUSTAINABILITY
*Tish Singletary, Branch Head, Division of Public Health, Community and Clinical Connections for Prevention and Health Branch, NC Department of Health and Human Services***

Ms. Singletary shared background information on the formation and progression of the North Carolina Community Health Workers' Program. Ms. Singletary reviewed the core competencies taught through

the course. Community Health Workers (CHWs) trained through NC's program have been deployed to respond to COVID-19. Ms. Singletary shared findings from a survey of CHWs about the clients they are working with. She also reviewed the certification requirements and process. Ms. Singletary's presentation brought up questions about specialized trainings for CHWs and the dissolution of the state-funded Maternal Health outreach worker program.

[Presentation link](#)

COMMUNITY HEALTH WORKER AND DOULA PERSPECTIVE – MATERNAL COMMUNITY HEALTH

***Courtney Floyd, Perinatal Community Health Worker, New Hanover Regional Medical Center
Cailey Rash, Community Doula, New Hanover Regional Medical Center***

Ms. Floyd and Ms. Rash introduced themselves and their roles at New Hanover Regional Medical Center. They discussed how they support moms and build their confidence throughout the birth experience. They also work with Labor and Delivery staff to remove stigma around doula involvement in the birth experience. Ms. Floyd and Ms. Rash responded to questions from the task force about collaboration with other home visiting programs, coverage areas, training for hospital staff, and operating room integration.

OVERVIEW OF NEW HANOVER REGIONAL MEDICAL CENTER MATERNAL COMMUNITY HEALTH WORKER INITIATIVE

Marissa Bryant Franks, MPA, CHES, Health Equity Outreach Coordinator, New Hanover Regional Medical Center

Ms. Franks shared about what the Community Health Worker-Doula program does, the program structure and objectives, and the outcomes, patients, and feedback from the program. She provided background about the development of the program out of New Hanover Regional Medical Center's Health Equity Department. The Community Health Worker-Doula program includes home visiting, goal setting, prenatal education and peer support, labor support, and linkage to programs and services. Ms. Franks reviewed the expected social and clinical outcomes from the program, the encounter schedule for the CHW and community doula, referral criteria, and the demographics and birth, post-partum, and breastfeeding outcomes of their program participants. She explained how the program assessed the community about prenatal education and support, which resulted in the creation of modules about breastfeed, postpartum depression, and what a doula is. The program collects data around cost savings and is estimated to save the hospital about \$2500 per participant. Ms. Franks shared some of the challenges and lessons learned, which included: building cohesion among providers and program staff, ongoing challenges associated with clinical practices/care standards, limited support available for mental health services. She also shared recommendations for the task force to consider, which included: standardized program model, racial equity and trauma informed training, increased support for rural-based agencies, regulated maternal and infant care standards, adoption of statewide doula support. The task force asked questions about the program's similarity to the previously discussed Maternal Outreach Workers' program, as well as about referring to outside postpartum depression programs.

[Presentation link](#)

DISCUSSION: COMMUNITY HEALTH WORKERS AND MATERNAL HEALTH

Facilitated by the Maternal Health Task Force Steering Committee and NCIOM staff

The breakout groups discussed the following questions:

1. What is the current state of maternal community health worker (CHW) programs across North Carolina? What are the facilitators and barriers for maternal CHW programs in our state?
2. What resources (funding amounts, funding sources, payment models, workforce development, training, certification educational materials, etc.), if any, are needed in North Carolina to support maternal CHWs and for a sustainable maternal CHW infrastructure?
3. What referral and dissemination processes are needed to ensure that pregnant and postpartum women in North Carolina, who would benefit from maternal community health worker services, can be connected with maternal community health worker programs in their communities?

OVERVIEW OF PLAN FOR YEAR 3 OF THE MATERNAL HEALTH TASK FORCE/NEXT STEPS

James Coleman, MPH, Research Specialist, North Carolina Institute of Medicine

Mr. Coleman discussed changes to the Maternal Health Task force following new guidance from the Health Resources and Services Administration (HRSA). The HRSA is requiring an earlier submission of the Maternal Health Strategic Plan, which will now be September 2021, have a 10 page limit, and will be used to share with Congressional leadership and maternal health stakeholders. Mr. Coleman explained how this will impact the task force. The plan is to ask task force members to meet for a minimum of 3 more times to develop action areas around the recommendations. The NCIOM will publish 3-4 issue briefs to include task force recommendations. Mr. Coleman explained how this is a unique opportunity, compared to other NCIOM task forces, to track progress of implementation. Task force members asked questions about creating communications materials outside of the report to further disperse the recommendations, and about other plans in place or underway relevant to maternal health. An updated version of the perinatal health strategic plan will be released in early Fall. Mr. Coleman reminded everyone about the next meeting and to complete the prioritization survey, which will inform the discussion at the next meeting.

[Presentation Link](#)

NEXT MEETING:

September 13th, 1-4pm