NORTH CAROLINA

"Our fight to reduce infant mortality and morbidity is far from over. Without the support, we will lose ground in our struggle to allow children to begin their lives healthy and full of promise."

–Representaive Robert C. Hunter, Lead Legislator
Southern Regional Project on Infant Mortality, July 1991

For both whites and minorities, North Carolina's low birth weight and infant mortality rates have consistently exceeded national rates. Within the last 10 years, the state's percentage of low weight births has risen, while the infant mortality rate has declined. The fall in the infant mortality rate reflects declining risk of death in all but the smallest birth weight category (under 500 grams) and substantial reductions in death from respiratory conditions, SIDS, and birth defects.[48] Great improvements have been made in reducing birth weight-specific infant mortality. However, the state's worsening birth weight distribution is cause for concern. Increases in multiple births and maternal smoking have contributed to the increasing percentage of low birth weight infants in North Carolina. In 2001, the percent of low birth weight infants was 8.9, compared to 8.7 in 1996. The maternal smoking rate in 2002 was 14.0 percent, among the highest in the South. These disconcerting risk factors may be the result of the decrease in the number of pregnant women seeking prenatal care within the first trimester (84.4 percent in 2002, compared to 85.0 percent in 1999).

North Carolina has made substantial progress in reducing infant mortality, despite its national standing. In 1993, State Law, General Statute 143B-179.5 established the Governor's Interagency Coordinating Council (NC-ICC). The NC-ICC met quarterly to advise and guide the Departments of Health and Human Services (DHHS), Environment and Natural Resources, the Public Schools of North Carolina, and other agencies regarding services for children with special needs from birth to age 5. In 2000, Governor Jim Hunt appropriated $150,000 to the DHHS, Division of Public Health to help enhance its effort to promote the use of folic acid. That same year, the Division of Public Health also received a federal Healthy Start Baby Love Plus Grant. With annual funding of $500,000, the focus was on minority infant mortality in Gates, Halifax, Hertford, Nash, and Northampton counties. On October 9, 2001, Governor Michael F. Easley signed Executive Order No. 13 appointing the Governor's Task Force for Healthy Carolinians. The Task Force comprises 38 members representing health-care providers, businesses, academic institutions, religious organizations, councils, commissions, community groups, and legislators.

State Facts 2001*

Infant Mortality Rate	8.5
Preterm Birth Rate	13.5
Low Birth Weight Infants	8.9
Prenatal Care in First Trimester	84.4
Pregnancy/Maternal Smoking	14.3
Teenage Birth Rate (age 15-19)	55.2
Birth Rate to Unmarried Women (age 15-44)	34.3

*Rates are calculated per 1,000 live births, except for low birth weight, prenatal care, and maternal smoking, which are calculated in percent.

Another effort was on reducing the number of unintended pregnancies that often resulted in poor birth outcomes. Almost half of all pregnancies in North Carolina are unintended. In addition, almost 130,000 women between the ages of 19 and 44 are in families with incomes at or below 185 percent of the federal poverty level, ineligible for Medicaid, and at risk for unintended pregnancy.[49] North Carolina applied to the federal Medicaid agency to expand eligibility for family planning services to populations at high risk for unintended pregnancies and was approved by the General Assembly.

A wide range of programs and services are offered by various divisions of the DHHS in promoting maternal and infant health through local health departments. These programs and services

include all, but are not limited to, the following: the Child Fatality Task Force & Local Child Fatality Prevention Teams; Comprehensive Adolescent Health Care Projects; Parenting Education Services; Pediatric Primary Care Program; Medical Nutrition Therapy for Children and Adolescents; North Carolina Hemophilia Assistance Plan; Genetic Counseling Services; Maternal Serum Alpha Fetoprotein Screening; and Intensive Home Visiting Programs. Other available programs also include:

Baby Love Program: implemented in October 1987, designed to help reduce North Carolina's high infant mortality rate by improving access to healthcare and the service delivery system for low-income pregnant women and children. Through Baby Love, pregnant women receive comprehensive care from the beginning stages of pregnancy through the postpartum period. Trained nurses and social workers known as Maternity Care Coordinators (MCC) are located in all 100 North Carolina counties to assist pregnant women in obtaining medical care and an array of social support services, such as transportation, housing, job training, and daycare. In FY 2001, MCC services were provided to 24,487 pregnant women. In addition to MCC services, Maternal Outreach Workers, special-trained home visitors, worked one-on-one with at-risk families to provide social support, encourage healthy behaviors, and ensure that families are linked with available community resources. Originally funded by the Kate B. Reynolds Healthcare Trust and Medicaid, the Baby Love Maternal Outreach Worker Program has expanded from 21 pilot projects to 58 programs located in various agencies across the state. The Division of Medical Assistance and the Division of Public Health, Women's and Children's Health Section, jointly administer the Baby Love Program in cooperation with the Office of Research, Demonstrations, and Rural Health Development.

Problem Pregnancy Services: administered by the Division of Social Services, Adult and Family Services Section, provides individuals with needed help and support in solving medical, social, educational, and psychological problems associated with unplanned pregnancies. Services include counseling and informing the client of voluntary choices available. Services also may include assistance in arranging for and utilizing other needed services, including residential care. The *State Maternity Home Fund,* a component of Problem Pregnancy Services, provides payment for up to six months of residential care and services. The fund pays for care and related medical services for any North Carolina resident expectant mother who is experiencing a difficult pregnancy. Funds may be provided regardless of age or marital status for the expectant mother who is unable to remain in her own home during the prenatal period.

Together We Grow: an early intervention program which comprises system of services provided by many different agencies and programs including the *Children's Developmental Services Agencies* and the *Family Support Network of North Carolina*, for children ages birth to 5 and their families. There are two parts of Together We Grow–the *Infant-Toddler Program,* for children ages birth to 3, and the *Preschool Program,* for children ages 3 to 5. The North Carolina Interagency Coordinating Council is an advisory group to both programs, and focuses on the birth to 5 age range. Together We Grow is administered by the DPH, Women's and Children's Health Section.

Adolescent Pregnancy Prevention Program (APPP): funds local, community-based teen pregnancy prevention projects throughout the state. Projects focus on preventing first and subsequent pregnancies among teens and are located in agencies such as health departments, schools, local councils on adolescent health, teen health clinics, churches, and other nonprofit agencies. The APPP usually funds about three to five new projects each year and is administered collaboratively by the DPH and the Division of Social Services.

Child and Adult Care Food Program (CACFP): began in 1990 as a federally funded program which is administered and funded by the USDA, Food and Nutrition Service (FNS). The CACFP provides reimbursement to qualified caregivers for meals and supplements served to participants. The types of facilities that are eligible for CACFP reimbursement are at-risk child care centers, family day care homes, at-risk after-school programs, homeless shelters, and adult day care centers. CACFP is administered by the DPH, Women's and Children's Health Section.

Pregnancy Nutrition Surveillance System (PNSS): supports the efforts of the DPH, Women's and Children's Health Section and the WIC program, by providing accurate and timely information on pregnancy risk factors and outcomes for low-income women. Through annual reports, PNSS data is made available for use by public health professionals and other interested groups in evaluating the health status of pregnant women, targeting high-risk groups, and planning interventions at both community and statewide levels. The PNSS also links data from the WIC program, public maternity clinics, birth certificates, and fetal death certificates

to the state of North Carolina and the Eastern Band of Cherokee Indians.

North Carolina Health Choice for Children Program: began October 1998 as North Carolina's new children's health insurance program available to children of families who are not eligible for Medicaid or who cannot afford health insurance. It provides the same coverage as that for children of state employees and teachers, plus vision, hearing, and dental benefits. Eligibility is determined by family income.

Public Health Task Force: established in 2003 to study public health in North Carolina and to devise an action plan to strengthen public health infrastructure, improve health outcomes, and eliminate health disparities. Membership on the Task Force includes legislators; community leaders; public health professionals from state agencies and universities; local health directors; other healthcare providers; and representatives from minority communities.

Tobacco Prevention and Control Branch: administered by the DPH, Chronic Disease and Injury Section, works to improve the health of North Carolinians and to reduce premature deaths and health problems due to tobacco use and second-hand smoke. Branch programs build capacity of diverse organizations and communities to carry out effective, culturally appropriate strategies. Ten local coalitions serving 23 counties are responsible for carrying out all of the following programs at the community level: Tobacco-Free Schools Programs; Preventing Youth Access to Tobacco Programs; Clean Indoor Air Programs; Programs to Support Tobacco Use Cessation; Media Literacy Programs; Spit Tobacco Use Prevention Initiative; Ethnic/Minority and Special Population Programs; and Youth Advocacy and Involvement Program.