North Carolina

Maternal and Child Health Block Grant 2011

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children and families. Title V provides funding to state maternal and child health (MCH) programs, which serve 35 million women and children in the U.S. To learn more about Title V, visit [www.amchp.org](http://www.amchp.org).

MCH Block Grant Funds to North Carolina

<table>
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<tr>
<th>FY 2010</th>
<th>FY 2011</th>
<th>Difference in Federal Funds*</th>
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<td>$16,584,224</td>
<td>$16,434,955</td>
<td>-$149,269</td>
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Title V Administrative Agency:  
Division of Public Health, NC Department of Health and Human Services  
Estimated State Funds, FY 2010: $59,694,226

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of North Carolina’s Families

Children with Special Needs — Children’s Special Health Services provides care through a network of professionals in clinics, hospitals, schools and community agencies. All aspects of patient care are addressed, including assessment, treatment and follow-up. The program provides cardiology, neurology, neuromuscular, oral-facial, orthopedic, myelodysplasia, speech and language, and hearing services. The program also reimburses limited services for eligible children.

First Step Campaign — This campaign promotes the NC Family Health Resource Line and encourages women to seek prenatal care. The campaign uses a multimedia approach to focus public attention on the importance of preconception health, prenatal care and appropriate parenting skills. Callers receive information on healthy pregnancies, domestic violence, substance abuse prevention and treatment, housing, transportation, and car seats. The hotline employs bilingual staff and a substance abuse specialist and has a TTY line.

Infant Mortality Reduction - The goal of the Healthy Beginnings Program is to address the nearly two-fold disparity between white and minority infant mortality in North Carolina by targeting areas with significant minority infant mortality. Grants are given to local health departments and private non-profit organizations to support local community-based minority infant mortality reduction efforts. Planning grants are also awarded to these entities periodically to support the development of a community-based infrastructure that addresses minority infant mortality reduction. A community-based approach addressing infant mortality was mandated with a specific focus on the formulation and implementation of innovative strategies to improve birth outcomes and involvement from a variety of community organizations.

Care Coordination — North Carolina provides care coordination to mothers and families through several programs, including Child Service Coordination (CSC), Maternity Care Coordination (MCC), and Healthy Start Baby Love Plus. The purpose of the CSC program is to provide access to preventive and specialized support services for children and their families through collaboration. Children are eligible for the CSC program if they are at risk for, or have a diagnosis of a developmental delay or disability, chronic illness, or social/emotional disorder. MCC is the cornerstone of the state’s attempts to eliminate barriers to prenatal care service provision and are provided by a nurse or a social worker whose primary role is to help clients access and effectively utilize services that address medical, nutritional, psychosocial and resource needs. The purpose of the Healthy Start Baby Love Plus Initiative is to reduce infant mortality and morbidity. This is to be achieved by complementing maternal and child health activities and introducing new interventions that will give each pregnant woman the opportunity to have a maternity care coordinator.
People Served by the North Carolina MCH Program*

Title V population-based preventive and systems building services benefit all women and children in the state. In addition, the MCH Block Grant provided direct services to the following individuals:

- 61,861 pregnant women
- 134,248 infants under one
- 109,542 children and adolescents
- 51,124 children with special health care needs
- 126,191 others
- **482,966 total served**

*2008 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Health Needs in North Carolina

- Improve the health of women of childbearing age
- Eliminate vaccine-preventable diseases
- Increase access to care for women, children, and families
- Improve the health of children with special needs
- Reduce infant mortality
- Prevent child deaths
- Increase the number of newborns screened for genetic and hearing disorders and prevent birth defects
- Improve healthy behaviors in women and children and among families
- Promote healthy schools and students who are ready to learn
- Provide timely and comprehensive early intervention services for children with special developmental needs and their families.

For more information, contact:

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Grants to North Carolina*

**Hemophilia Diagnostic and Treatment Centers**
University of North Carolina at Chapel Hill
Chapel Hill, NC
$316,175

**Genetics Services**
Piedmont Health Services and Sickle Cell Agency
Greensboro, NC
$185,000

**Children's Oral Healthcare Access Program**
NC Department Of Health & Human Services
Raleigh, NC
$158,516

**Sickle Cell Treatment Demonstration Program**
Stedman-Wade Health Services, Inc.
Wade, NC
$317,304

*These grants were awarded in FY 2008. For a complete list of Title V Grantees: https://perfdata.hrsa.gov/mchb/TVISReports/Snapshot/SnapShotMenu.aspx