

Increase training and accountability for culturally competent care during childbirth and the perinatal period

Engage birthing facilities in quality improvement efforts to address racial and ethnic disparities in care

Collect and report data on maternal and infant outcomes by race and ethnicity. Support review of the causes behind every maternal and infant death.

Improve access to and utilization of first trimester prenatal care

Screen and treat women at-risk for preterm birth, with particular attention to Black mothers and culturally-affirming care

Advocate for Medicaid Expansion at the state level

Advocate to expand access to comprehensive prenatal care for women ineligible for Medicaid

Advocate to extend insurance coverage for group prenatal care, childbirth education and doula services

Expand prenatal, postpartum, and pediatric care coordination and patient navigation services

family-friendly workplace policies such as paid family and medical leave, paid sick days, and pregnancy and breastfeeding accommodations. Ensure that low-wage, part-time, and seasonal or occasional workers have access

Increase the number of culturally responsive counselors/social workers/nurses in public schools to meet the state benchmark, and appropriately compensate them

Integrate mental health providers with pediatric and other primary care practices

+ OBs

Improve access to low-cost or free safe and reliable transportation to prenatal, postpartum, and pediatric care

Invest in and expand access to policies and programs that support families' basic needs like access to safe and affordable housing and healthy and affordable food

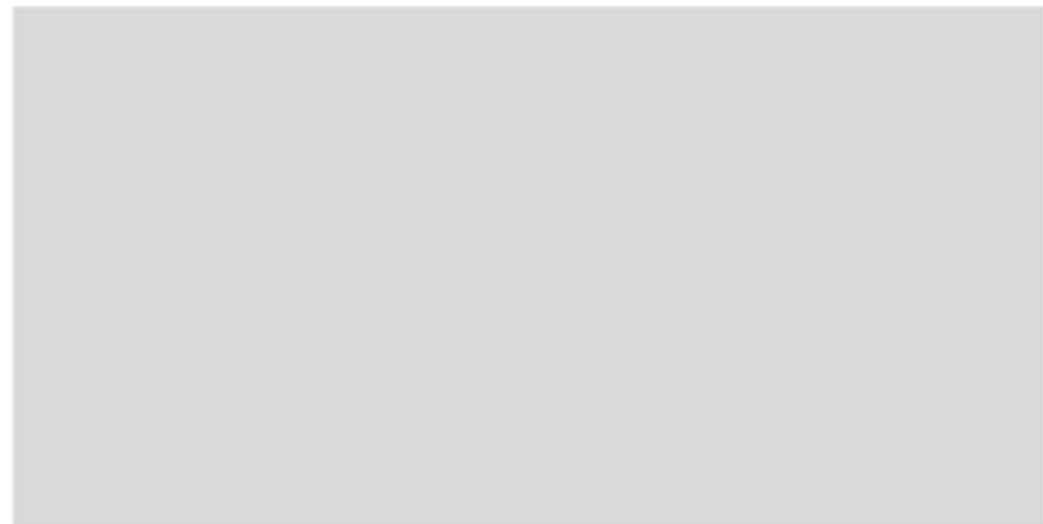
HIGHEST PRIORITY

High Effort  
Med-High Effort  
Med Effort

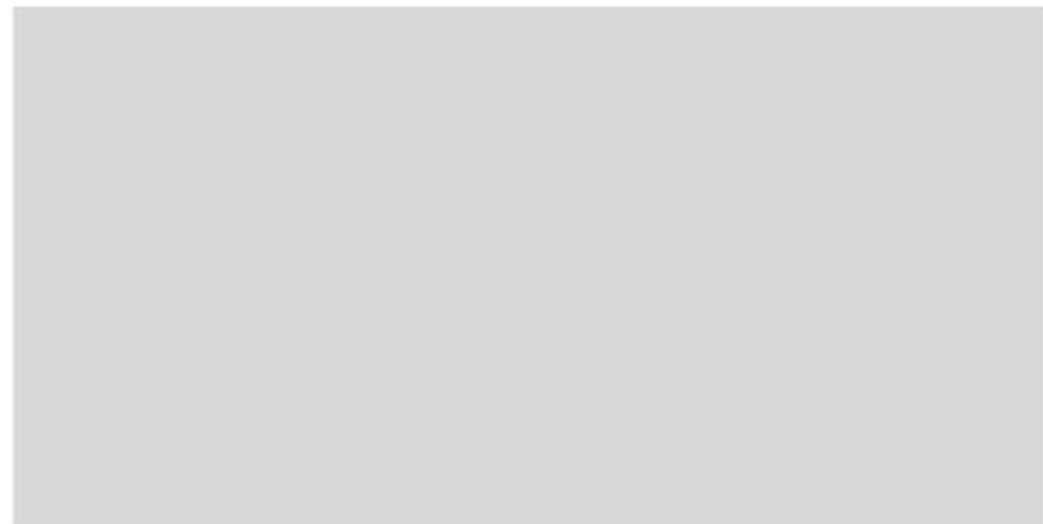
Med Value

Med-High Value

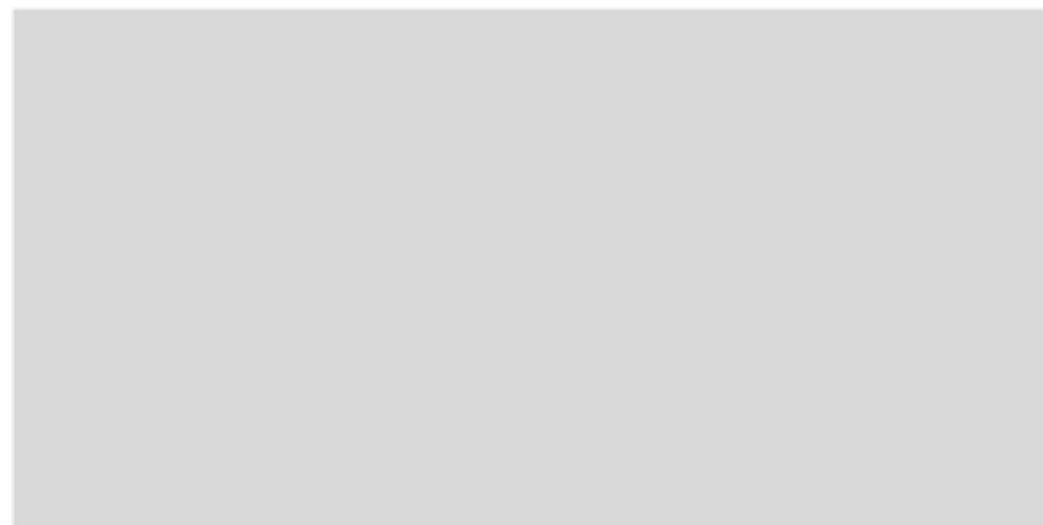
High Value



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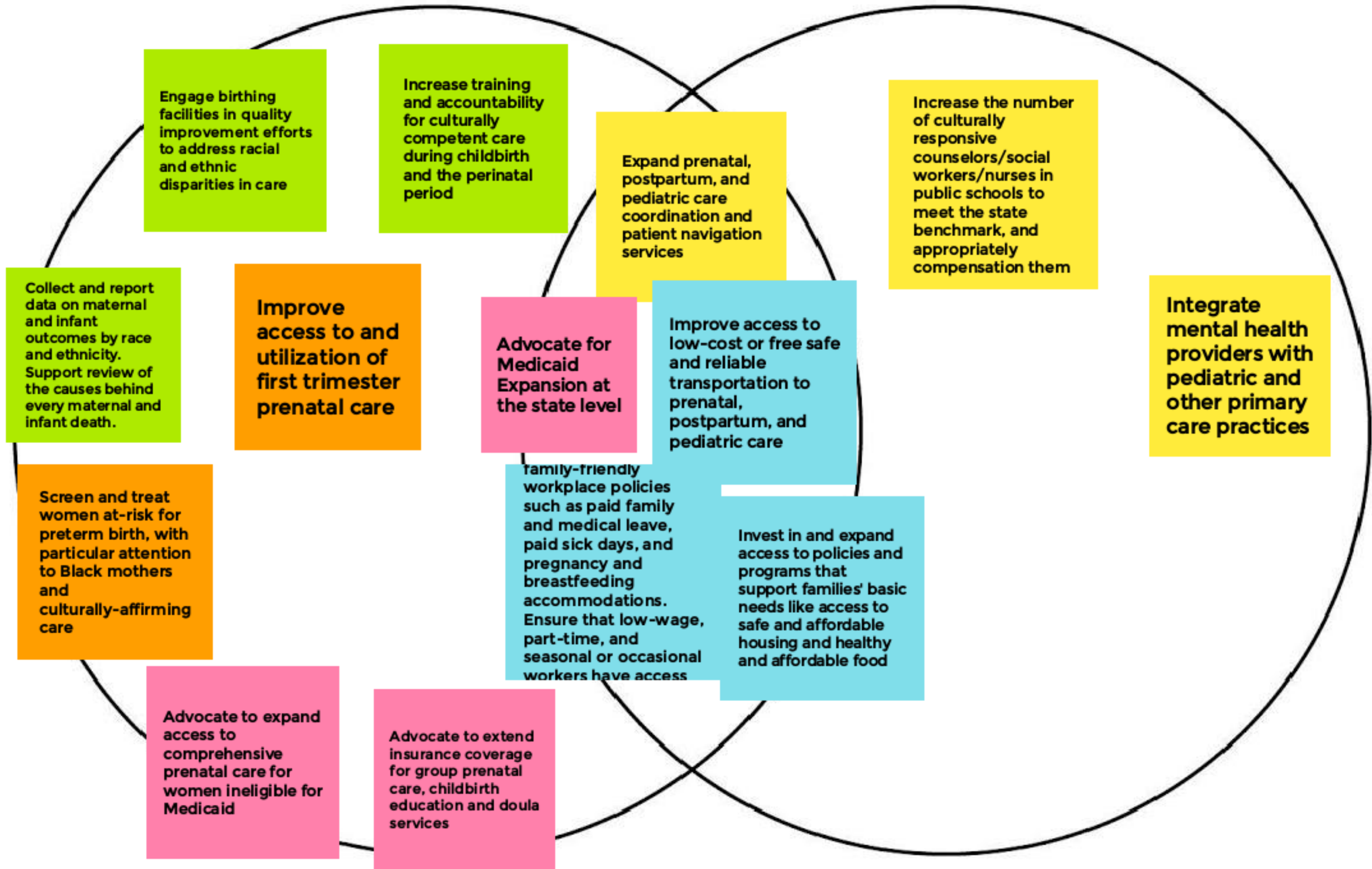
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Healthy Babies

Preventive Health Services



# VISUALIZE THE VOTE

Collect longitudinal data consistently on breastfeeding and disaggregate data by race, ethnicity, insurance status.

Promote awareness of the importance of well-child visits

Increase access to pediatricians, oral health providers and pediatric specialists, particularly in rural areas

Support professional development to increase primary care providers' knowledge in prevention, management and treatment of frequently occurring, mild to moderate early childhood mental health conditions

Expand prenatal support groups and group prenatal care for women and young moms

Assess, coordinate and standardize delivery care at delivery hospitals for risk-appropriate care

COMBINED: Expand access to relational prenatal and postpartum supports, including birth and postpartum doulas, group prenatal care, and prenatal and postpartum support groups

Improve service coordination and partnerships among stakeholders to comprehensively address the health needs of Low English Proficiency populations

Increase funding to community-based organizations that work with immigrant and refugee communities in the area of healthcare

Implement diagnostic and assessment tools in healthcare that are free of linguistic, racial, and cultural bias

Promote access to birth and postpartum doulas

Ensure 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

Standardize culturally-appropriate screening and treatment for perinatal mental health and substance use

Consider adding "in particular young moms" to some of these strategies related to mental health. OR a strategy that addresses the particular needs of these moms.

Strengthen economic supports for families through policies that raise incomes, increase employment opportunities, and build wealth

Educate clinicians and staff about racial and ethnic disparities in maternal outcomes, the importance of shared decision-making, cultural competency, and implicit bias in care

Build a pipeline of health providers of color, especially doctors and nurses in reproductive health, obstetrics, and pediatrics

Equip and promote the pediatric medical home as an access point for referrals to wraparound supports

**Engage birthing facilities in quality improvement efforts to address racial and ethnic disparities in care**

What are the barriers to implementation?

**Systematic racism, biased care providers**

What will help facilitate implementation?

**Meaning for conversation between healthcare leadership and marginalized patients.**

What, if any, efforts are already underway in Durham?

**Duke Health system is working to become a Baby-Friendly Hospital. UNC already has. (this work is supposed to have an equity component, making sure that every client receives the highest quality care).**

Increase training and accountability for culturally competent care during childbirth and the perinatal period

What are the barriers to implementation?

Training is only meaningful to those who are ready to be receptive.

comfortable) reporting by moms still requires appropriate education of moms to breakdown the stigma of important conditions like perinatal and postpartum depression for

What will help facilitate implementation?

Helping parents know their rights so that they can better self-advocate.

A mechanism to follow-up with parents after birth to understand their experience and identify opps for improvement.

Tying accountability measures to funding.

What, if any, efforts are already underway in Durham?

**Collect and report data on maternal and infant outcomes by race and ethnicity. Support review of the causes behind every maternal and infant death.**

What are the barriers to implementation?

Maintaining confidentiality.

Participant engagement (is this data taken voluntarily or without knowledge?)

What will help facilitate implementation?

Early engagement with moms (during pregnancy) with incentives to connect, stay connected, and report...free workshops, baby supplies, coupons, giftcards,

What, if any, efforts are already underway in Durham?

**Improve access to and utilization of first trimester prenatal care**

**What are the barriers to implementation?**

**Not everyone has paid time off from work to attend prenatal visits.**

Late presentation to care is sometimes linked to late awareness of a pregnancy, especially if the pregnancy was not planned.

Not everyone has a work schedule that allows for attending prenatal visits during the work day which often overlaps with clinic hours.

In the case of an unplanned pregnancy, sometimes prenatal care is not sought until the pregnant person is both aware of the pregnancy and has decided what they want to do.

**What will help facilitate implementation?**

Promote healthcare providers that are safe and supportive people to discuss thoughts, concerns, feelings, options around unplanned pregnancies.

Providing transportation prenatal care. Providing quality childcare or a welcoming environment for other children during prenatal visits.

Provide funding for people who experience loss of wages when they need to take time off from work for healthcare visits.

Campaign about family-friendly workplace practices, including paid sick time for things like prenatal care.

Policies that provide paid time off from work for healthcare visits, especially for part time and non-salaried employees.

**What, if any, efforts are already underway in Durham?**




Screen and treat women at-risk for preterm birth, with particular attention to Black mothers and culturally-affirming care

## What are the barriers to implementation?

Outreach to women and teens in community.

Lack of awareness of preventative treatments for preterm birth.

Lack of awareness that many strategies for preterm birth prevention must be initiated earlier in the pregnancy.

  
The term "At-Risk" may create stress and limit the connection especially for moms of color with so many other worries. How do we encourage positive engagement here?

## What will help facilitate implementation?

Increase community awareness of preterm birth and preventative treatments/ strategies. Preterm birth prevention must often be initiated earlier in the pregnancy.

## What, if any, efforts are already underway in Durham?

Duke has a Prematurity Prevention Clinic.

**Advocate for  
Medicaid  
Expansion at  
the state level**

What are the barriers  
to implementation?

**Lack of  
leadership in  
legislature.**

**Shifting  
political  
agendas from  
year to year**

What will help facilitate  
implementation?

**Funding for  
additional capacity  
for  
community-rooted  
orgs that lift up the  
voices of those most  
affected by the  
medicaid gap.**

What, if any, efforts are  
already underway in  
Durham?

**Durham  
for All**

**NC Medicare For All  
Coalition.  
<https://www.ncm4a.org>**

**Advocate to expand access to comprehensive prenatal care for women ineligible for Medicaid**

**What are the barriers to implementation?**

**There really aren't any barriers to advocating for these policies. We should probably think about what the barriers are to these actually being passed/implemented.**

**What will help facilitate implementation?**

**Create a One-sheeter that can be distributed widely, complete with appropriate data and our plea/request for change**

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family-friendly workplace policies such as paid family and medical leave, paid sick days, and pregnancy and breastfeeding accommodations. Ensure that low-wage, part-time, and seasonal or occasional workers have access

# What are the barriers to implementation?

✓  
**cost!  
many of these are costly**

Covid, many employers are overstressed.

Workplace accommodation for workers is included in the Affordable Care Act (ACA) for hourly workers and is needed for breastfeeding to be successful following return to work

Policies are not equitably implemented, especially around language equity.

# What will help facilitate implementation?

✓  
**Require that these policies be required practice by law.**

**Share examples of model businesses making it work**

The US Business Case for Breastfeeding is promulgated. <https://www.womenshealth.gov/breastfeeding>

Someone paid to reach out to one business at a time, starting with the largest employers in Durham.

Financial incentives for lactation Spaces. (example \$100 for a Durham business owner to remodel a small space into a lactation space, awarded to those who write a lactation policy)

**Reaching out to the Chamber of Commerce**

The written and signed policy and proclamation is shared via all local media outlets, including newspapers, radio, and television as well as social media,

The community's elected and appointed leadership has a written statement supporting family-friendly workplace policies that is routinely communicated to all. i.e. policy and proclamation includes actions to support

the laws concerning mandated business support for breastfeeding, and the materials available to support the law, are made available to all Durham chamber of commerce members, similar business groups, and other businesses at least

The US Business Case for Breastfeeding and related materials are promulgated by the Chamber of Commerce and similar organization.

# What, if any, efforts are already underway in Durham?

Breastfeeding Friendly Employer Award applications <https://www.ncbfc.org/business-case-for-breastfeeding-1>

**Family Forward Workplace Guide/NCECF advocacy work**

Breastfeed Durham is a volunteer driven advocacy group. Advocates for family-friendly policies including paid family leave and lactation accommodations.

<https://www.workwellnc.com/NCMakingItWork.php>

Improve access to low-cost or free safe and reliable transportation to prenatal, postpartum, and pediatric care

## What are the barriers to implementation?

Cost to City & County for free GoDurham transit & Access para-transit services.

**Raise up transit as a priority for health!**

Business models that emphasize parking and car access

## What will help facilitate implementation?

Could this work with group/centering prenatal and pediatric care?

## What, if any, efforts are already underway in Durham?

**ACCESS van, Lincoln has transportation**

New Comprehensive (Transportation) Plan is underway for Durham, with a focus on underserved populations. There's an opportunity for connecting the dots here.

Invest in and expand access to policies and programs that support families' basic needs like access to safe and affordable housing and healthy and affordable food

DHA's older public housing needs repairs to be safe & healthy.

### What are the barriers to implementation?

Limited DHA public housing and Housing Choice Vouchers (Section 8).

Consistent funding for these programs. Trying to cover them with one-off grants isn't efficient and means that available resources are constantly changing.

### What will help facilitate implementation?

Increase funding for DHA to repair and maintain public housing and inspect voucher housing.

### What, if any, efforts are already underway in Durham?

Health & Housing committee of Partnership for a Healthy Durham

Obesity, Diabetes and Food Access Committee of Partnership for a Healthy Durham

The Diaper Bank of North Carolina is based in Durham.

Produce Prescription program of Reinvestment Partners offered through health care providers.

**Expand prenatal, postpartum, and pediatric care coordination and patient navigation services**

## What are the barriers to implementation?

Lack of links between different providers and family members; no links between mom and baby in terms of data after birth.

Funds to pay for care navigation within and across practices

## What will help facilitate implementation?

**Full launch of NC CARE 360**

Incentivize payers to cover navigation and referral services.

## What, if any, efforts are already underway in Durham?

**Durham Connects home visiting**

Pilot study to evaluate community navigators (Guiford County and Durham)

Healthy Steps program (is that the right name??) for 0-3



Increase the number of culturally responsive counselors/social workers/nurses in public schools to meet the state benchmark, and appropriately compensate them

## What are the barriers to implementation?

Interested and available professionals to hire

Too high of a professional to student ratio as noted by the professional organization (i.e., NSAW, ASCA) = burnout and high turnover

One is assigned a location (school) as opposed to being able to choose a location that may be a better fit to one's skillset, experience, comfort-zone, expertise, etc.

## What will help facilitate implementation?

Internships and scholarships that set the future professional up for the degree and employment opportunities

Leverage opportunities related to COVID to advocate to increase school nurses

Allowing one to choose the location (school) instead of assigning it

## What, if any, efforts are already underway in Durham?

Compensated on the State salary scale with a moderate (additional) supplement

**Integrate mental health providers with pediatric and other primary care practices**

What are the barriers to implementation?

**Different diagnostic practices when it comes to diagnosing = confusing/different diagnoses; prematurely prescribing meds; ineffective treatment plans; etc. - Need to either defer to MH provider or align/collaborate**

**No Barriers**

Cost and reimbursement problems.

**The therapist and primary care physicians may not want to merge**

What will help facilitate implementation?

**Re-establishing a systematic practice of Child-Family-Support-Team Model to collaborate and coordinate care when families have multiple providers involved**

**Mental Health Providers and Primary Care Givers**

Expanded insurance coverage for mental and behavioral health services.

What, if any, efforts are already underway in Durham?

**Therapist already exist inside the doctors offices (Durham Family Medicine, Broad Street)**

**Expand access to relational prenatal and postpartum supports, including birth and postpartum doulas, group prenatal care, and prenatal and postpartum support groups**

## What are the barriers to implementation?

Limited group prenatal care offerings - these should be widely available at all types of practices. Also inclusion of group infant care!

Disconnects between mental/behavioral health services and other providers.

**Lack of coverage of costs for doula support.**

## What will help facilitate implementation?

Changes to insurance/Medicaid to include and incentivize coverage of these services.

Co-location of mental health, healthcare navigation, and community support services at OBGYN and pediatric practices. Incorporation of doulas into these services.

**Linkage of OBGYN and infant care**

**Have Duke provide on-staff doula support**

## What, if any, efforts are already underway in Durham?

English and Spanish Centering Pregnancy groups at the health department can be a model

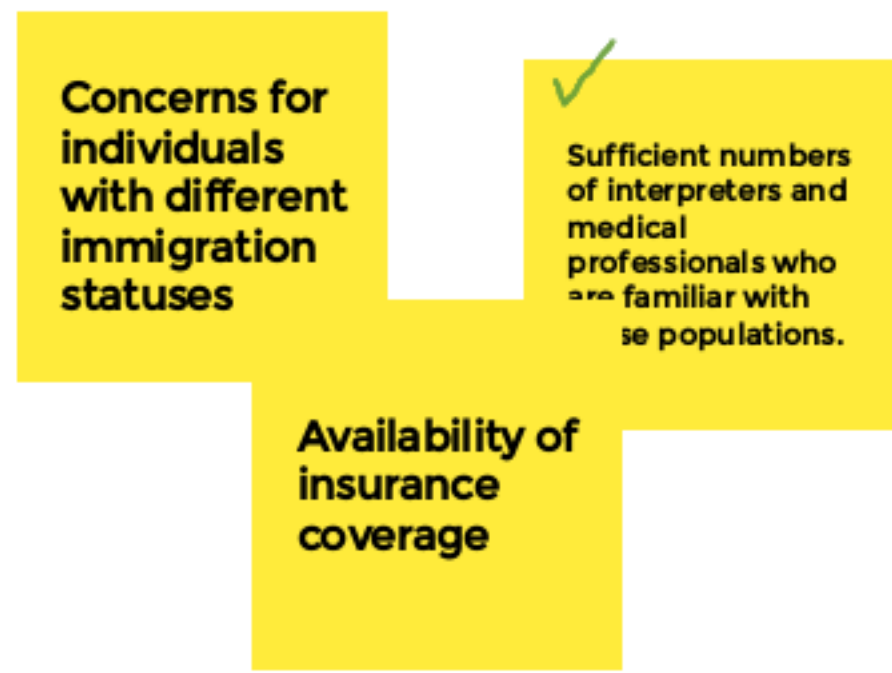
**Doula services and nonprofit organizations that provide these services already exist**

**Centering Parenting at Lincoln**

**Many support groups exist (but may not be widely known about)**

Improve service coordination and partnerships among stakeholders to comprehensively address the health needs of Low English Proficiency populations

### What are the barriers to implementation?



Strengthen economic supports for families through policies that raise incomes, increase employment opportunities, and build wealth

### What are the barriers to implementation?

Rising rents make stable housing unaffordable.

We are more focused on services/supports focused on making poverty more comfortable/less harmful than on addressing the problem itself.

### What will help facilitate implementation?



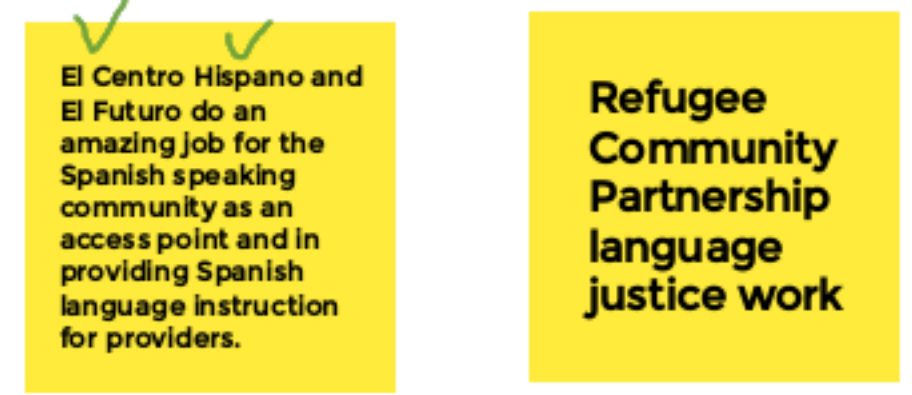
### What will help facilitate implementation?

Local Housing Choice Vouchers to help pay rent.

Improved understanding about the role of financial instability on all of the outcomes we hope to change will improve focus on the root cause

Increase rental assistance to prevent evictions

### What, if any, efforts are already underway in Durham?



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Living Wage Campaign  
<https://www.durhamlivingwageproject.org/>