

OUR CHILD AND MATERNAL HEALTH SYSTEM IN DURHAM COUNTY

Maternal* and child health are closely linked and significantly influence each other. Maternal health covers preconception through postpartum and interconception periods. Mothers and birthing people can receive care for both their physical and mental health during these periods from nurses, midwives, OBGYNs, doulas, therapists, and peers. Prenatal care is accessed via practices associated with one of our hospital systems (Duke and UNC), independent practices, through the Durham County Department of Public



Health, or at health clinics like Lincoln Community Health Center. The vast majority of births occur in one of our local hospitals (Duke, Duke Regional, or UNC), but births also occur at licensed birth centers, and some mothers and birthing people choose to have home births. Mothers and birthing people with high-risk pregnancies due to maternal health conditions or to developmental concerns about the fetus are cared for by OBGYNs or physicians that specialize in maternal fetal medicine. Child health begins in utero and continues through birth and transitions to pediatric care once the child is born.

Maternal and child health both influence and are influenced by access and outcomes across other parts of our early childhood system. While this system overview focuses on strengths and challenges related to the experiences families have as they access healthcare, the role that things like economic security, racism, and family stress play on health outcomes cannot be understated. As indicated in some of the action plans related to healthcare, changes to our healthcare systems are important, but by themselves they are unlikely to drive significant changes in health outcomes for families and young children.

Below, we share some of the strengths and challenges that rose up as we learned more about our [maternal](#) and [child health system](#), looked at relevant data and listened carefully to the perspectives of parents and people working in the maternal and child health fields.

MATERNAL* HEALTH SYSTEM

*We have not yet come across a gender neutral term to describe the healthcare provided to all birthing people. We hope that as a society we start coming up with different terminology that is inclusive.

Strengths

Many Strong Programs and People Providing Postpartum, Home- and Community-Based Care

When reflecting on strengths in the community to support maternal health, parents identified many of the programs and resources like Family Connects Durham, Healthy Families Durham, Centering Pregnancy, H.E.A.R.T.S., and MAAME.

“Wide awareness and acceptance of the importance of doulas and postpartum support in general.” - ECAP participant

“The at-home check-in of a nurse after giving birth was amazing.” - Durham parent

“As a new mom, I appreciated being given a nurse to check-in and provide suggestions as I navigate this new role.” - Durham parent

“The earliest support I remember was the at-home nurse visit from Durham Connects. The free weekly hangouts at Emerald Doulas was a huge support and safe space for me as a new mom.” - Durham parent

“The Durham Connects program was very helpful after the premature birth of my twins. It was really helpful to have someone to talk to and who would check-in periodically to see what needs I had.” - Durham parent

“They help out a lot like I’m in the HEARTS program and they are amazing I don’t really have any [other] help.” - Durham parent

Renowned Healthcare Facilities and Collaboration Between Local Healthcare Providers

Durham is home to strong medical, academic, and public health centers that parents and providers mentioned as a strength in the community.

“Collaboration between health department and local healthcare provider (major HC provider).” - ECAP participant

“I loved my nurses at Duke Regional.” - Durham parent

Challenges

Many Parents Reported Bias and Cultural Incompetence in Their Healthcare Experience

Parents expressed the need to address cultural incompetence and bias in care and identified opportunities to hire and train more diverse, compassionate healthcare professionals to improve families overall experience and treatment at clinics. These poor experiences cause distrust in the healthcare system and reticence to return. Anecdotally, several parents shared that they have chosen to opt out of care to avoid traumatic experiences after hearing about the healthcare experiences of their peers.

Over **15%** of Black parents who responded to the Durham ECAP parent survey, regardless of income, reported that their concerns were not taken seriously at their prenatal appointments compared with less than 4% of Hispanic parents and **less than 1%** of white parents.ⁱ

"Giving birth at the hospital was not a good experience." - Durham parent
"Anti-racism training for doctors and resident students dealing with medicaid patients." - Durham parent
"There were more patients on medicaid and I felt like patients on medicaid were treated differently." - Durham parent

Persistent Racial Disparities in Maternal and Infant Mortality in Durham

The infant mortality and maternal mortality disparity ratios are not only a key indicator of infant and maternal health, but also used more broadly to indicate societal health, poverty levels, racial disparities, and the availability and quality of health services in a community.ⁱⁱ A contributing factor is the toxic stress or weathering that women experience as a result of racism that put them at higher risk for worse pregnancy outcomes.ⁱⁱⁱ

The racial disparities in infant mortality and maternal mortality remain high in Durham. Babies born to Black mothers and birthing people are **4.42 times** more likely than babies born to white mothers and birthing people to die before their first birthday.^{iv} This stark disparity is unacceptable and cannot be addressed by the healthcare system alone, but through a collective community effort to address deeply seeded racism across systems. This collective community effort will also be necessary to address persistent racial disparities in breastfeeding initiation and persistence, preterm birth rates, low birth weights, teen pregnancy, and maternal mortality and morbidity rates.^{v vi vii} In addition to the recommendations to improve maternal and child healthcare, there are recommendations in the Durham ECAP across housing, economic prosperity, transportation, community wellness, and more that are critical to addressing disparities in infant and maternal health.

"Not much progress (YET) on addressing racial disparities in maternal and infant mortality." - ECAP participant

"Need more support in the postpartum period up to first year checking on moms and their babies." - Durham parent

Barriers to Prenatal and Postpartum Healthcare Appointments

In addition to distrust in the medical system due to negative experiences families have had, parents also shared additional barriers to accessing healthcare including language barriers, transportation barriers, and a lack of paid time off and flexible scheduling to attend healthcare appointments.

"More hospital staff that speak Spanish." - Durham parent

Gaps in Healthcare Coverage

About **15.1%** of the adult population in Durham aged 18-64 years lack health insurance.^{viii} At least 1 in 4 are parents.^{ix}

Parents reported that the process to enroll for Medicaid is challenging and the qualifications leave out families who still have needs for support. Of the Durham parents who responded to a survey about their experiences raising young children, **76.97%** of Hispanic parents making less than \$50,000 reported not having health insurance. Additionally, Medicaid for mothers and birthing people ends three months postpartum even though it is recommended that coverage continue for one year postpartum to ensure access to care during this critical time.^x North Carolina is one of a dozen states that has not adopted Medicaid expansion. As a result, many women become uninsured after pregnancy-related coverage ends 60 days postpartum because, even though they have lower incomes, their income is still too high to qualify for Medicaid as parents and too low to qualify for Marketplace subsidies.^{xi}

While people of all races and ethnicities are affected by lack of access to insurance, this is especially a problem for undocumented adults and children, who do not qualify for Medicaid or ACA insurance and are more likely to have a low-income and unable to afford to purchase private insurance.^{xii}

While there are several clinics in the community that provide care for families regardless of income or immigration status (namely Lincoln Community Health), not all parents have been provided information about these options for care.

"Health has been a struggle for us. We don't have insurance and the fees are just too high." -

Durham parent

"Medicaid expansion." - Durham parent

"Healthcare for all." - Durham parent

"They also ask for proof of income and housing every 3 to 6 months and if you do not take it they charge you much more and they do not treat you well." - Durham parent

"The medicaid process is really difficult and it took me two months to receive it." - Durham parent

Barriers to Breastfeeding

Breastfeeding has been shown to be protective against many illnesses and conditions like allergies, diabetes, and respiratory infections and also contributes to bonding and attachment.^{xiii}

Parents shared the challenges they face breastfeeding, particularly navigating daily life in public spaces and returning to work with minimal parental leave. Under the American Care Act, employers are required to provide employees with time and an appropriate space to breastfeed or pump.^{xiv} However, enforcement has not been rigorous.

The American Academy of Pediatrics recommends "breastfeeding exclusively for about 6 months, followed by continued breastfeeding as complementary foods are introduced, with continuation of breastfeeding for 1 year or longer as mutually desired by mother and infant."^{xv} For women in Durham who receive WIC, **75.22%** initiate breastfeeding^{xvi} and **35.67%** report breastfeeding at 6 months.^{xvii} Generally, Black mothers and birthing people (79.8%) are less likely to initiate breastfeeding than White (95.2%) or Hispanic (90.5%) mothers and birthing people. That said, our breastfeeding initiation rates in Durham are higher than the state average for all races/ethnicities, which is a bright spot.^{xviii}

"Feeling safe as a nursing mother." - Durham parent

Opportunities

See Durham ECAP recommendations, which seek to leverage our strengths to address our challenges:

- 3. Increase resource awareness and create an easily navigable service system for families with young children.
- 7. Advocate for workplaces that understand and support the needs of families with young children.
- 8. Ensure families with young children have economic security and opportunities for wealth-building and long-term economic prosperity.
- 12. Provide reliable and free or low-cost transportation to early childhood services.
- 16. Create and implement approaches to culturally affirming, anti-racist maternal and child healthcare.
- 17. Ensure families have access to convenient, affordable, preventive, and responsive maternal and child healthcare.

HEALTHCARE FOR INFANTS, TODDLERS, AND YOUNG CHILDREN

A child's health depends on a variety of factors, many of which are outlined in the "Family Support" system overview including access to healthy food, safe housing, and essential supplies like diapers and beds. In many cases, communities have been denied access to affordable housing, clean and safe public spaces, grocery stores with healthy food, and more. A child's health depends on the health of the family and the entire community. It's critical that we address the underlying root causes that negatively impact a child's health, in addition to helping make sure that children have accessible, culturally affirming preventive healthcare as well.

A child's health is checked during regularly scheduled "well-child" visits. These visits help to ensure that children are healthy in their development. They also provide an important opportunity for parents to share concerns, get information, guidance and advice about their child's health and development, and get connected to services for their child.^{xxix} In Durham County, **62.6%** of children aged 0-15 months and **68.8%** of children ages 3-6 who are enrolled in Medicaid and Health Choice received regular well-child visits.^{xxx}

"Some kids don't have healthcare access which can impact their future when they grow up. Most people's families are in need, especially kids who live in diverse neighborhoods." - 9th grader at Durham Public Schools

Strengths

Pediatric Care Which Understands and Values its Role Beyond Healthcare Alone

Pediatric healthcare professionals have a unique opportunity to see a child multiple times in the first few years of life alone (there are 13 recommended well-child appointments between birth and 3 years). According to the NC ECAP, a child aged 0-15 months is considered to have received regular well-child visits if they attend at least 6 visits, and a child 3-6 years is considered to have received regular well-child visits if they attend at least 1 annual visit.

Pediatrics can play a critical role in promoting early relational health and mitigating toxic stress by ensuring families get connected to supportive, culturally affirming, community resources.^{xxxi} Pediatric facilities across Durham recognize the opportunity to connect parents to resources that can support their child's health and development in the community. For example, child development professionals at Duke, known as HealthySteps Specialists, are integrated into the primary care team to support and guide families during and between well-child visits with things that impact health like feeding, depression, and more.^{xxii} There are also programs like Reach Out and Read that occur within primary care settings in Durham.^{xxiii}

In addition, there are nurse home-visiting programs in the community, like Family Connects Durham, which intentionally provide feedback (with consent of the family) to all pediatric practices in Durham.

Community-Rooted Programs Supporting Early Childhood Health

There are several culturally affirming, community-rooted programs in Durham that partner with families with young children and help ensure that children receive adequate healthcare. These programs include H.E.A.R.T.S., Equity Before Birth, MAAME, and more. There are also community health workers through the Health Department and TRY who are promoting family health.

Challenges

Affording and Navigating Healthcare for Children, Particularly those with Complex Medical Needs

Many parents, particularly parents raising children with developmental delays and/or disabilities, shared their challenges navigating the fragmented healthcare system and figuring out how to cover the costs when therapies and services are recommended.

"Aside from COVID, I would say navigating the system of care and paying for care for my child with congenital heart defects." - Durham parent

"Disabled parent, income stated as too high for support services, 2 special needs children, no supports or groups for neurodiverse parents of neurodiverse children." - Durham parent

"Finances and affording the therapies needed." - Durham parent

"Honestly the amount of money we've spent on healthcare for our "healthy" kids is unbelievable- what do you do if you can't afford it???" - Durham parent

"My son was doing things I didn't think were normal for his age. I started with a pediatrician referral with Duke Health, but when I called Duke said it wasn't covered. Then I called the insurance and they said it was, so that was confusing and delayed us getting help. Speech was covered, but the autism spectrum diagnosis was not." - Durham parent

"I couldn't get medicaid. I was right there, but barely didn't qualify, which meant I had to go back to work. I even had to give my company money not to drop me and my family as I'm the main provider of health insurance for my family and without it we couldn't afford the care for our daughter who has developmental delays." - Durham parent

"I'm using medicaid for some bills and another insurance for others and I still have to pay a lot myself. You can go broke fast paying medical bills for your kids." - Durham parent

Parents of Color Encountered Bias and Negative Experience that Causes Distrust with their Children's Providers

In a survey of parents in Durham County, Black parents of children 3-6 years old with household income of less than \$50 thousand were more likely to report 1) not being provided with information about their child's development that was easy to understand or helpful; 2) not being treated courteously during well-child visits, and 3) not having their concerns taken seriously at well-child visits.^{xxiv}

"I didn't trust my pediatrician and was scared to switch providers because they had my daughter's whole history since birth and she has developmental delays." - Durham parent
"With the helpful information for children that think and act differently are more at our reach because not always the doctor pays attention of what one comments about our child." - Durham parent

Low Rates of Testing for Lead Poisoning in Durham

54.7% of children aged 1 and 2 were tested for lead poisoning in Durham compared with the state at 55.7% and similar counties like Guilford at 71.1%.^{xxv}

Lack of Consistent Data Collection Which Would Help to Understand Healthcare Needs

Several of the ECAP indicators are not tracked consistently at the county level or are not readily available at the county level, including breastfeeding rates, vaccination rates, and dental services. To track these indicators and make informed decisions would require collaboration and consistency across healthcare providers in Durham.

An Abundance of Early Childhood Resources in Durham, but Not All Healthcare Providers Are Aware of Them

The pediatric medical home sees children multiple times during the first year of life and has an opportunity to connect families to resources. However, pediatricians have limited time during the appointment and there is not one easily navigable, consistently updated source of information about all of the early childhood resources and supports available in Durham. The NC Integrated Care for Kids initiative, as well as the Healthy Steps program, are working to increase provider knowledge about available supports and more efficiently connect families with non-medical services.

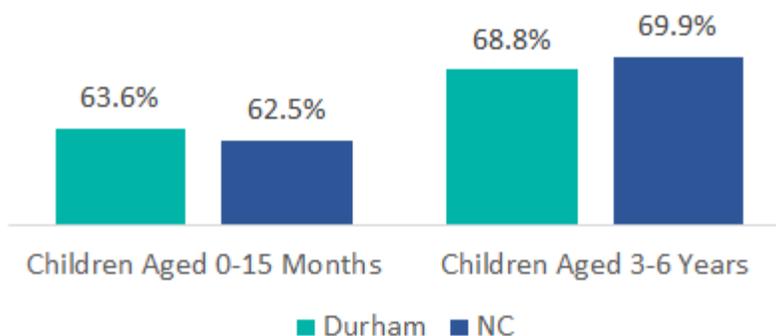
Due to the limited time and capacity of providers themselves, there is also a need to build intentional partnerships with community-based and community-rooted organizations that meet the needs of families. Intentional partnerships between pediatric care and community

organizations can help increase bandwidth of providers in the early childhood period, especially for newborns. Embedding staff (i.e. patient navigators) in the clinics is another way to increase provider bandwidth and ensure warm connections to services.

Barriers to Attending Well-Child Visits

In Durham County, **62.6%** of children aged 0-15 months and **68.8%** of children ages 3-6 who are enrolled in Medicaid and Health Choice received regular well-child visits.

Figure 1: Children Enrolled in Medicaid and Health Choice Who Received Regular Well-Child Visits^{xxvi}



The same barriers that patients face to attend prenatal and postnatal care listed above also impact parents' ability to bring their children in for regular well-child visits.

Opportunities

See Durham ECAP recommendations, which seek to leverage our strengths to address our challenges:

- 3. Increase resource awareness and create an easily navigable service system for families with young children
- 8. Ensure families with young children have economic security and opportunities for wealth-building and long-term economic prosperity.
- 7. Advocate for workplaces that understand and support the needs of families with young children.
- 12. Provide reliable and free or low-cost transportation to early childhood services.
- 16. Create and implement approaches to culturally affirming, anti-racist maternal and child healthcare.
- 17. Ensure families have access to convenient, affordable, preventive, and responsive maternal and child healthcare.

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