

**MATERNAL AND CHILD HEALTH SERVICES BLOCK  
GRANT TO THE STATES**

93.994

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**State Project/Program: INFANT MORTALITY REDUCTION**

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**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**Federal Authorization: Section 11L.1. (bb)**

**State Authorization:**

**N. C. Department of Health and Human Services  
Division of Public Health**

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**N. C. DHHS Confirmation Reports:**

SFY 2020 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address:

<https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports>

At this site, click on the link entitled “Audit Confirmation Reports (State Fiscal Year 2019-2020).” Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select “Non-Governmental Audit Confirmation Reports (State Fiscal Years 2018-2020).”

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**Brief Description of Program**

The purpose of the Infant Mortality Reduction program is to provide funds to local health departments to implement evidence-based programs in the counties that have experienced the highest infant mortality rates during the five-year period of 2010-2014.

In the state fiscal year 2015-2016, the North Carolina General Assembly appropriated one million five hundred and seventy-five thousand dollars (\$1,575,000) in the Maternal and Child Health Block Grant Plan to the Department of Health and Human Services’ (DHHS) Division of Public Health (DPH) for each year of the 2015-2017 fiscal biennium to be used for evidence-based programs in North Carolina counties with the highest infant mortality rates. These funds were re-appropriated for the 2017-2019 fiscal biennium.

All local health departments were required to implement or expand upon at least one evidence-based strategy that is proven to lower infant mortality rates. The evidence-based strategies were the following: 17P (alpha hydroxyprogesterone) injections to prevent preterm births; Centering Pregnancy model of group prenatal care; doula services program, reproductive life planning services; Nurse Family Partnership program; infant safe sleep practices; and tobacco cessation and prevention. The selected strategies have all proven to be an effective means to improve birth outcomes through addressing pregnancy intendedness, preterm birth, and/or infant death.

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The funding distribution was based on the number of infant deaths per county during the five-year period of 2010-2014. In 2019-2020, there were 22 counties funded under this program.

Organizations Funded:             Private                             Local Government    Both

Source of Funds:                    State                                 Federal   **X**