

Reductions in Maternal and Children’s Health Block Grant Funding by the General Assembly and the Impact on LHD’s

- Total MCHBG available to NC for SFY 17/18 is approximately **\$18.1 million** (\$18,089,519)
- The total amount of legislative reallocations of MCHBG money in SFY 17/18 is **\$7 million** (\$7,005,245)
- The total increase in MCHBG reallocations in SFT17/18 over SFY 16/17 is **\$3.2 million** (\$3,256,458)
 - History:
 - **In SFY 11/12**, the General Assembly began to carve out MCHBG money for specific programs; around **8%** that year
 - **Since 2011**, the number of programs and amount of money set aside by the General Assembly has increased to **39%** of the MCHBG money

SFY 17/18	
Safe Sleep Campaign	\$45,000
Prevent Blindness	\$575,000
Community-Based Sickle Cell Centers	\$100,000
March of Dimes	\$350,000
Teen Pregnancy Prevention Initiatives	\$650,000
17P Project	\$52,000
Nurse-Family Partnership	\$550,000
Carolina Pregnancy Care Fellowship	\$400,000
Perinatal & Neonatal Outreach Coordinator Contracts	\$440,000
Evidence-Based Programs in Counties With Highest Infant Mortality Rates	\$1,575,000
Every Week Counts	\$2,200,000
Perinatal Strategic Plan Support Position	\$68,245
Subtotal	\$7,005,245

“Nurse Family Partnership” (NFP): \$550,000 in additional state appropriations to provide care coordination services to first time pregnant women and newborns for up to two years. NFP nursing staff can only carry a caseload of 25 clients maximum. Main headquarters is in Colorado, but the local program oversight comes from NC Division of Public Health.

“Every Week Counts”: \$2.2 million carve out each year for at least 3 years for a UNC research project in two (2) counties (Robeson and Columbus). LHD’s not involved in the initial planning this project. It is anticipated based on a review of the plan that much of this funding will go to salaries and overhead and not direct clinical services to un/under insured women and children.

- **All of these funds** were originally used for the delivery of Women’s and Children’s health services through LHD’s.
- **Some of these funds** put these programs (NFP) in direct competition with what LHD’s have traditionally done and continue to do: Obstetrical Care Management (OBCM) and Care Coordination for Children (CC4C)... LHD receive less funding and carry significantly higher caseloads (Macon - 96 OBCM clients and 106 CC4C clients per nurse/social worker).
- **Because of waning support from the General Assembly for traditional Local Public Health Programs as noted in these cumulative reductions in MCHBG dollars LHD’s... LHD’s are:**
 - **Losing local revenues** generated through these programs
 - **Losing the capacity and infrastructure** to provide services for women, pregnant women, infants and children

▪ **Losing the ability to:**

- ✓ **Offer medical services** as a safety net provider
- ✓ **Offer evidence-based programs** for maternal and children's health
- ✓ **This is especially true in rural areas with limited resources and health care access issues** - e.g. what's happened in Transylvania and is now happening in Macon, and Mitchell counties around hospital managed OB/GYN services – Labor & Deliver Units Closing and OB/GYN practices downsizing

- **Please consider the impact realignment of these critical MCHBG dollars is having on the health of our communities. We ask that when the General Assembly returns to Raleigh for the short session that you work with the Local Health Directors to persuade them to find additional dollars that can be allocated specifically to support LHD's in their effort to implement these mandated services and improve the health of women, pregnant women, infants and children in our communities.**