

Handouts for the Webinar

Using Medical Homes to Meet the Needs of Children Involved with Child Welfare

April 29, 2010

Presented by

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Michael F. Easley, Governor
Dempsey Benton, Secretary

Sherry S. Bradsher, Director
(919) 733-3055

July 9, 2008

Dear County Director of Social Services

Attention: County Directors, Child Welfare Program Managers, Supervisors and Child Welfare Workers

Subject: Referral of Foster and Adoptive Children to Carolina Access

This letter is intended to encourage the referral of foster and adoptive children to the Carolina ACCESS Program for Medicaid recipients. Carolina ACCESS (CA) is a statewide program whose purpose is to improve access to primary care, improve quality of care and utilization of services, and provide a more cost effective system of care. This is accomplished by linking recipients to a medical home where there is a primary care provider (PCP) to deliver and coordinate health care.

Children in foster care and children receiving adoption assistance (Medicaid categories IAS and HSF) are in an optional coverage group. They are not required to be enrolled in Carolina ACCESS, but may be enrolled. However, only a small percentage of foster and adoptive children are currently enrolled.

Enrollment in Carolina ACCESS has many advantages for foster and adoptive children. Among the advantages are:

- Carolina ACCESS provides a system of coordinated health care for Medicaid recipients. The program was designed to provide a medical home with a primary care provider (PCP) to coordinate patient care by providing and/or authorizing services.
- The medical home can be a doctor's office, a community clinic, or a local health department.

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- There is no longer a need to go to the emergency room when the problem is not life threatening or when the problem does not threaten the person's health without immediate treatment.
- Treatment and/or medical advice is provided 24 hours a day, 7 days a week.

We encourage your agency to consider your foster and adoptive children's needs and refer them for enrollment in Carolina ACCESS unless there is a compelling reason not to enroll them. If a child coming into foster care already has an established medical home, please insure that the child's relationship with the medical home is maintained if at all possible. This is an important component of Social Service's mandate to insure that the health care needs of children in our care are met and to work toward maintaining a foster child's connections to all parts of their community, including health care.

If you have any questions or concerns about this information, please feel free to contact Thomas Smith of the Foster Care and Adoption Policy Team at 919-334-1089 or at thomas.smith@ncmail.net.

Sincerely,



Charisse S. Johnson, Chief
Family Support Child Welfare Services

cc: Sherry S. Bradsher
Sarah Barham
Local Business Liaisons Managers
Jo Ann Lamm
Children' Services Program Representatives
Family Support and Child Welfare Services Team Leaders
Work First Representatives
Hank Bowers

FSCWS-32-08

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Medical Home Pre-Visit Form

Patient Name:	Chart #:	
Date of Contact	Date of Appointment:	
Phone Number:		
<i>In order to be prepared for your child's upcoming visit, we'd like to know:</i>		

1. Has your child been to the Emergency Room since your last visit with _____
(Name of PCP/MD)

YES NO

If yes, where? _____

For what reason? _____

Records of visit? _____

Outcome/Recommendations? _____

2. Has your child been hospitalized since your last visit with _____
(Name of PCP/MD)

YES NO

If yes, where? _____

For what reason? _____

Records of visit? _____

Outcome/Recommendations? _____

3. Has your child seen any specialist or therapist(including mental health) since your last visit with

(Name of PCP/MD)

YES NO

4. Has your child had any lab data obtained or X-rays performed since last visit with _____
(Name of PCP/MD)

What? _____

Where? _____

Results in chart? YES NO

5. Has your child had any evaluations/testing or new services by the CDSA/Early Intervention/School since your last visit?

with _____
(Name of PCP/MD)

YES NO

6. Are there any forms or letters that need to be completed during this visit?

- | | | |
|--------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Headstart | <input type="checkbox"/> Childcare | <input type="checkbox"/> Kindergarten |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Sports | <input type="checkbox"/> Medication Form |

7. What are the most important things that you want to talk about with the doctor at this visit?

Health Care Skills Checklist

Note: This health care checklist can be used to set goals for achieving independence in managing one's own health.

Skill	Performs Independently	Performs Partially	Needs Practice	Plan to start	Skill Accomplished	Comments
Describes chronic illness or disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Understand implications of chronic illness/disability on daily life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accesses medical records, diagnosis information, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prepares and asks questions for doctors, nurses, therapists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows medications and what they're for, or carries information in wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is responsible for taking own medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is responsible for doing own treatments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gets a prescription filled/refilled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Calls to schedule own medical/dental appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keeps a calendar of medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows transportation to medical office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows height/weight, birthdate, or carries information in wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to use and read thermometers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows health emergency phone numbers, or carries information in wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows medical coverage numbers, or carries information in wallet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows about medical insurance coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

• Transition Planning for Adolescents with Special Health Care Needs and Disabilities

Skill	Performs Independently	Performs Partially	Needs Practice	Plan to start	Skill Accomplished	Comments
Obtains sex education materials/birth control/family planning information as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discusses role of general health maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has considered genetic counseling if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows about how drugs/alcohol affect illness/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Makes contact with appropriate community advocacy organizations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Takes care of own menstrual needs and keeps a record of monthly periods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has considered the need for a health advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has identified a physician for adult care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knows how to hire and manage a personal care attendant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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• Transition Planning for Adolescents with Special Health Care Needs and Disabilities

PROMOTING CULTURAL DIVERSITY AND CULTURAL COMPETENCY

Self-Assessment Checklist for Personnel Providing Behavioral Health Services and Supports to Children, Youth and their Families

Directions: Please select A, B, or C for each item listed below.

A = Things I do frequently, or statement applies to me to a great degree

B = Things I do occasionally, or statement applies to me to a moderate degree

C = Things I do rarely or never, or statement applies to me to minimal degree or not at all

PHYSICAL ENVIRONMENT, MATERIALS & RESOURCES

- _____ 1. I display pictures, posters and other materials that reflect the cultures and ethnic backgrounds of children, youth, and families served by my program or agency.
- _____ 2. I insure that magazines, brochures, and other printed materials in reception areas are of interest to and reflect the different cultures of children, youth and families served by my program or agency.
- _____ 3. When using videos, films, CDs, DVDS, or other media resources for mental health prevention, treatment or other interventions, I insure that they reflect the cultures of children, youth and families served by my program or agency.
- _____ 4. When using food during an assessment, I insure that meals provided include foods that are unique to the cultural and ethnic backgrounds of children, youth and families served by my program or agency.
- _____ 5. I insure that toys and other play accessories in reception areas and those, which are used during assessment, are representative of the various cultural and ethnic groups within the local community and the society in general.

Tawara D. Goode - Georgetown University Center for Child & Human Development
University Center for Excellence in Developmental Disabilities Education, Research & Service
Adapted from – "Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings" - June 1989. Revised 2006 & 2009. Page 1

COMMUNICATION STYLES

- _____ 6. For children and youth who speak languages or dialects other than English, I attempt to learn and use key words in their language so that I am better able to communicate with them during assessment, treatment or other interventions.
- _____ 7. I attempt to determine any familial colloquialisms used by children, youth and families that may impact on assessment, treatment or other interventions.
- _____ 8. I use visual aids, gestures, and physical prompts in my interactions with children and youth who have limited English proficiency.
- _____ 9. I use bilingual or multilingual staff or trained/certified interpreters for assessment, treatment and other interventions with children and youth who have limited English Proficiency.
- _____ 10. I use bilingual staff or multilingual trained/certified interpreters during assessments, treatment sessions, meetings, and for other events for families who would require this level of assistance.
11. When interacting with parents who have limited English proficiency I always keep in mind that:
- _____ * limitations in English proficiency is in no way a reflection of their level of intellectual functioning.
 - _____ * their limited ability to speak the language of the dominant culture has no bearing on their ability to communicate effectively in their language of origin.
 - _____ * they may or may not be literate in their language of origin or English.
- _____ 12. When possible, I insure that all notices and communiqués to parents, families and caregivers are written in their language of origin.
- _____ 13. I understand that it may be necessary to use alternatives to written communications for some families, as word of mouth may be a preferred method of receiving information.
14. I understand the principles and practices of linguistic competency and:
- _____ * apply them within my program or agency.
 - _____ * advocate for them within my program or agency.
- _____ 15. I understand the implications of health/mental health literacy within the context of my roles and responsibilities.

VALUES AND ATTITUDES

- _____ 16. I use alternative formats and varied approaches to communicate and share information with children, youth and/or their family members who experience disability.
- _____ 17. I avoid imposing values that may conflict or be inconsistent with those of cultures or ethnic groups other than my own.
- _____ 18. In group therapy or treatment situations, I discourage children and youth from using racial and ethnic slurs by helping them understand that certain words can hurt others.
- _____ 19. I screen books, movies, and other media resources for negative cultural, ethnic, or racial stereotypes before sharing them with children, youth and their parents served by my program or agency.
- _____ 20. I intervene in an appropriate manner when I observe other staff or parents within my program or agency engaging in behaviors that show cultural insensitivity, bias or prejudice.
- _____ 21. I understand and accept that family is defined differently by different cultures (e.g. extended family members, fictive kin, godparents).
- _____ 22. I recognize and accept that individuals from culturally diverse backgrounds may desire varying degrees of acculturation into the dominant or mainstream culture.
- _____ 23. I accept and respect that male-female roles in families may vary significantly among different cultures (e.g. who makes major decisions for the family, play and social interactions expected of male and female children).
- _____ 24. I understand that age and life cycle factors must be considered in interactions with individuals and families (e.g. high value placed on the decisions of elders or the role of the eldest male in families).
- _____ 25. Even though my professional or moral viewpoints may differ, I accept the family/parents as the ultimate decision makers for services and supports for their children.
- _____ 26. I recognize that the meaning or value of behavioral health prevention, intervention and treatment may vary greatly among cultures.
- _____ 27. I recognize and understand that beliefs and concepts of emotional well-being vary significantly from culture to culture.
- _____ 28. I understand that beliefs about mental illness and emotional disability are culturally-based. I accept that responses to these conditions and related treatment/interventions are heavily influenced by culture.
- _____ 29. I understand the impact of stigma associated with mental illness and behavioral health services within culturally diverse communities.

- _____ 30. I accept that religion, spirituality and other beliefs may influence how families respond to mental or physical illnesses, disease, disability and death.
- _____ 31. I recognize and accept that folk and religious beliefs may influence a family's reaction and approach to a child born with a disability or later diagnosed with a physical/emotional disability or special health care needs.
- _____ 32. I understand that traditional approaches to disciplining children are influenced by culture.
- _____ 33. I understand that families from different cultures will have different expectations of their children for acquiring self-help, social, emotional, cognitive, and communication skills.
- _____ 34. I accept and respect that customs and beliefs about food, its value, preparation, and use are different from culture to culture.
- _____ 35. Before visiting or providing services in the home setting, I seek information on acceptable behaviors, courtesies, customs and expectations that are unique to families of specific cultures and ethnic groups served by my program or agency.
- _____ 36. I seek information from family members or other key community informants that will assist in service adaptation to respond to the needs and preferences of culturally and ethnically diverse children, youth, and families served by my program or agency.
- _____ 37. I advocate for the review of my program's or agency's mission statement, goals, policies, and procedures to insure that they incorporate principles and practices that promote cultural diversity and cultural and linguistic competence.
- _____ 38. I keep abreast of new developments in pharmacology particularly as they relate to racially and ethnically diverse groups.
- _____ 39. I either contribute to and/or examine current research related to ethnic and racial disparities in mental health and health care and quality improvement.
- _____ 40. I accept that many evidence-based prevention and intervention approaches will require adaptation to be effective with children, youth and their families from culturally and linguistically diverse groups.

How to use this checklist

This checklist is intended to heighten the awareness and sensitivity of personnel to the importance of cultural diversity and cultural competence in human service settings. It provides concrete examples of the kinds of values and practices that foster such an environment. There is no answer key with correct responses. However, if you frequently responded "C", you may not necessarily demonstrate values and engage in practices that promote a culturally diverse and culturally competent service delivery system for children and youth who require behavioral health services and their families.

Tawara D. Goode - Georgetown University Center for Child & Human Development
 University Center for Excellence in Developmental Disabilities Education, Research & Service
 Adapted from – "Promoting Cultural Competence and Cultural Diversity in Early Intervention and Early Childhood Settings" - June 1989. Revised 2006. Page 4

SPECIAL NEEDS RISK FACTOR SCALE

Directions: Circle all points that apply and enter total score. A score of 0-3 points are mild-needs children, 4-9 points are moderate-needs children and those who score 10 or more points are high-needs children.

Last Name, First Name:	<input type="checkbox"/> White	<input type="checkbox"/> Alaskan Native	
Birth Date:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> American Indian	
Social Security Number:	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian	
Medical Record #:	<input type="checkbox"/> Other	<input type="checkbox"/> African	
	Date of Most Recent Well-Child Visit::	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Medical Risk Factors		Child's Family Risk Factors	
Tracheotomy Dependent	5	Homeless	3
Ventilator Dependent	5	Foster Care	2
Gastrostomy/Nasogastric Tube	3	Kinship Care	2
Increased Lead Level >20mcg/dL	3	Non English-speaking Primary Caregiver	2
Increased Lead Level of 10 through 19 mcg/dL	1	Parent with Psychological Disability (includes addiction)	2
Very Low Birthweight (<1500 gm) for children <2 years of	2	Parent with Severe Psychological Disability (severity if indicated by extended office time, extra contacts, etc.)	3
Mild-Moderate Mental Retardation/ Developmental Delay	2	Parent with Severe Cognitive Disability (severity indicated by extended office time, extra contacts, etc.)	3
Severe-Profound Mental Retardation/ Developmental Delay	3	Parent with Cognitive Disability	3
Hearing Loss	3		
Vision Loss	3	Teenage Parent 16 years or younger	2
Special Equipment-Wheelchair, Walker, TTY, etc.	2	Teenage Parent 17 – 18 years	1
Failure to Thrive	1	Parent with Medical Disability	1
Drug Exposed/Fetal Alcohol Effects	1	Parent with >3 children	1
Frequent hospitalizations (>2 per year) and/or ER visits (3 per six months)	1	Office visit no shows/cancellations (>3 per year)	1
Sibling(s) with health, mental health, and/or developmental problems	1	Agency Involvement	
Chronic Medical Problems other than listed above (List in Comments and count 1 point per diagnosis):		LME (County Mental Health)	1
		Child Protective Services (CPS)	1
		CDSA	1
Chronic Medical Problems Categories: Please indicate specific diagnosis:		In-Home Medical Services (CSC, Kidspath) Visiting or Public Health Nurse	1
		Individual Education Program (IEP)	1
3	3	3	Other Agency with which Provider coordinates care (List in Comments and count 1 point per agency):
3	3	3	
3	3	3	
3	3	3	
3	3	3	
Comments:			Total:
Person Completing Form (Print Name, Title); Sign to verify the information above is accurate			
PCP Name (Print):			Date:

Make each doctor's visit work for you!



The Right Call Every Time.

Your Medical Home.

REMEMBER you can call 24 hours a day,
7 days a week.

BEFORE THE VISIT

Write down your questions and concerns. If it's a long list, ask for a longer visit.

Keep notes so you can discuss your child's development with the doctor.

If your child has a special condition, learn about any care your child may need to stay healthy.

If your child sees specialists, tell them to send reports to your child's Medical Home.

ON THE DAY

Pack some books, toys, snacks and your list of concerns.

Bring your child's regular medicines, insurance card and immunization (shot) record.

If you want help, ask a friend or family member to join you.

AT YOUR MEDICAL HOME

Relax. Ask questions, especially if something is not clear. Take notes. Remember, both you and the doctor want the best for your child!

Partner with your doctor to plan your child's care. Talk about services that may benefit your child.

Decide when to schedule your child's next visit.

AFTER THE VISIT

Keep your child's medical information in one place — ready for the next visit.



**The Right Call
Every Time.**
Your Medical Home.

50,000 copies of this public document were printed at a cost of \$1,000 or \$20 per copy. 5/10

Useful Websites

- **Healthy Foster Care America**, American Academy of Pediatrics. A place where professionals, kin and foster care providers, and partner organizations can find the latest information, facts, and figures on the health care of children and teens in foster care, including *ready-to-use* tools and resources. www.aap.org/fostercare
- **HRTW National Resource Center**. Focuses on understanding systems, access to quality health care, and increasing the involvement of youth. It also includes provider preparation plus tools and resources needed to make more informed choices. www.hrtw.org
- **Medical Home Portal Project**. Reliable information and resources to help physicians and parents care for children and youth with special health care needs. www.medhomeportal.org
- **National Center for Medical Home Implementation**. www.medicalhomeinfo.org
- **Washington State Medical Home**. Offering information, tools, and resources that support a medical home for children and youth with special health care needs and their families. www.medicalhome.org
- **Center for Medical Home Improvement**. www.medicalhomeimprovement.org
- **National Initiative for Children's Healthcare Quality (NICHQ)** is an independent, action-oriented organization dedicated to achieving a world in which all children receive the high quality healthcare they need. www.NICHQ.org
- **National Committee for Quality Assurance**. www.NCQA.org
- **Patient Centered Primary Care Collaborative**. www.pcpcc.net
- **Child and Adolescent Health Measurement Initiative (CAHMI)** developed and maintains a number of quality measurement tools and strategies that assess the quality of care provided to children and young adults. www.CAHMI.org
- **NC Division of Public Health, NC Department of Health and Human Resources**. www.ncpublichealth.com
- **Community Care of North Carolina Program** (formerly Access II and III) is building community health networks organized and operated by community physicians, hospitals, health departments, and departments of social services. By establishing regional networks, the program is establishing local systems needed to achieve long-term quality, cost, access and utilization objectives in the management of care for Medicaid recipients. www.communitycarenc.com
- **Early Hearing Detection and Intervention (EHDI) Program**. www.ncnewbornhearing.org
- **NC Prevention Partners (NCPP)** is a statewide nonprofit and leader in reducing preventable illness and early death caused by tobacco use, poor nutrition and physical inactivity. www.ncpreventionpartners.org
- **Morris Area Wellness Partnership** seeks to improve the overall health and well being of children and families by promoting the positive benefits associated with healthy eating and regular physical activity. www.eatsmartmovemore.org
- **North Carolina Center for Maternal and Infant Health** works to improve the health of North Carolina's women and infants through quality clinical services, patient education and advocacy, professional education, health services research, statewide programs and health policy. www.mombaby.org