

**Guilford County Infant Mortality Taskforce Minutes**  
**John H. McAdoo Conference Room**  
**301 W. Market Street, Greensboro, NC**  
**October 14, 2025**  
**4:00 p.m.**

The Guilford County Infant Mortality Taskforce, appointed by the Guilford County Board of Commissioners, met in a duly noticed meeting on October 14, 2025 at 4:00 p.m. in the McAdoo Conference Room, located on the third floor of the Register of Deeds Building, 201 West Market Street, Greensboro, NC.

**Guilford County Board of Commissioners (BOC)**

**Present:** Committee Co-Chair Commissioner Melvin “Skip” Alston, presiding; Vice Chairwoman J. Carlvena Foster.

**Absent:** None.

**Guilford County Infant Mortality Taskforce**

**Present:** Public Health Director Courtney McFadden; Every Baby Guilford Program Manager Jean Workman; Clinic Services Division Director LaTanya Pender; Social Services Director Sharon Barlow; Community Advocate Deena A. Hayes (via virtual communication); Community Navigator Ty Harris; Retired OB/GYN Dr. Jennifer Shaal; Chief of Midwifery Services Jamilla Walker; and Atrium Board of Directors Rev. Dr. Frank Thomas.

**Absent:** Atrium Health OB/GYN Dr. Henry Dorn; Wake Health Dr. Adia Ross; Cone and Central Carolina OB/GYN Dr. Arthur Vernon Stringer; Cone Clinical Care Dr. Olugbemiga Jegede; Triad Adult & Pediatric Medicine Michelle Lewis; and Racial Equity Institute Monica Walker.

**Also Present:** County Manager Victor Isler; County Attorney Andrea Leslie-Fite; Assistant County Manager Natalie Craver; Clerk to Board Robin Keller; Deputy Clerk to Board Ariane Webb; Deputy Clerk to Board T’ebony Rosa; members of County staff, community partners, the public, and media.

**I. Welcome**

Chairman Alston called the meeting to order at 4:07 p.m. and welcomed those present. He recognized Rev. Dr. Frank Thomas.

Rev. Dr. Thomas led us in prayer.

Rev. Dr. Thomas shared that Dr. Adia Ross will be attending future taskforce meetings, but was not available today.

## **II. Remarks from the Chairman**

There were brief introductions of those present, including their names and organizations.

Chairman Alston offered welcome remarks. He thanked everyone for being a part of this historic moment. He noted that you are here because you care deeply about saving lives and care about our children and want to see change. He noted that too many infants are dying before their first birthday which is something that we cannot accept and something we must change.

Chairman Alston noted that in 2023 **over 5,000** babies were born in Guilford County and 53 passed away before reaching their first birthday. He shared that of those 4% were White, 11% were Hispanic, 11% were listed as Other Race and 70% were Black babies. He shared that we have one of the highest rates in the state and surpass the national average. He urged that this is a call to action.

Chairman Alston stated that this taskforce was started to save children as no one organization can do this alone. He shared that this challenge will take all of us to come together with one mission to make sure every baby born in Guilford County makes it to their first birthday and beyond. He noted that we change this by being bold, but understanding that this is not just biology but barriers.

Chairman Alston shared six (6) key steps that the taskforce can consider including (1) Expand access to pre-conception care regardless of income or zip code, (2) Provide ongoing support of mothers beyond the clinic, such as safe housing and transportation. He noted that safety starts at home. (3) Investments in community-based supports such as doulas and peer counselors who help connect to communities. (4) Strengthen hospital and clinical competency training to address systemic bias and track data. (5) Engage the community and take this conversation into churches, barber shops, and community events to promote safe infant care. (6) Transparency in data and public progress tracking with clear measurable goals.

Chairman Alston shared that we cannot afford to get comfortable – we cannot say that this is just how it is going to be. He stated that there are countries and counties that have cut these infant mortality rates. He shared that if others can do it, so can we. He noted that it will take all of us, it will take challenging and uncomfortable conversations. He called the taskforce members to make history for the right reasons and help turn the tide to prevent losses.

Chairman Alston asked all of our taskforce members to make this our mission to ensure that every baby born in Guilford County lives to celebrate their first birthday. He emphasized that behind every number is a name, behind every statistic is a story.

### **III. State of Guilford**

Chairman Alston recognized Public Health Director Courtney McFadden.

Director McFadden shared that today we will do a deeper dive into the data. She noted that it is important to focus on 5-year data trends as best practice. She noted a single year can tell us what is happening but 5 years can tell us what is changing. She reviewed the framework for understanding the data models.

Every Baby Guilford (EBG) Program Manager Jean Workman thanked the Board for kicking off the taskforce to help move the meter in this work. She reviewed the 5-year data based on race, noting that our Black infants have seen consistent disparity over a 5-year trend, remaining well above the state rates. She noted that one-year rates, looking across 6 years she noted a significantly higher shift between 2022 and 2023 calling for the need for this taskforce to implement prevention efforts more quickly.

EBG Manager Workman noted that prior to the pandemic Guilford County was at 9.3 and we saw some drop during the pandemic. She noted that we did have some percentage improvements during the pandemic which reduced the spread of other infectious diseases during this time frame, and more utilization of telehealth.

EBG Manager Workman reviewed the data for deaths over time across all races in Guilford County. She noted that our Black infants have always remained 50% higher than all other races making up the majority of all infant deaths in our community. She noted that for access to prenatal care in Guilford County we have seen overall improvements across all races, however in Guilford County, approximately 29% of individuals are still reporting late or no prenatal care.

EBG Manager Workman shared that we considered preconception demographics with high rates of obesity. She noted that while BMI is usually but an unconfirmed standard and less predicative. She shared that we do know that obesity does create medical challenges such as diabetes, pre-eclampsia, and high blood pressure. She reviewed how weathering impacts that create toxic stress such as low economic communities, lack of access to healthy food choices, environmental stressors, and high impact zip codes.

EBG Manager Workman noted that while Native American mothers and White Others have higher rates of diabetes and high blood pressure they continue to have more successful birthrates than African American mothers. She noted that out of the 53 infant deaths in 2023 25% of those were related to extreme prematurity, respiratory distress syndrome, newborns affected by premature rupture of membranes, newborn respiratory failure, and bacterial sepsis of newborns. She noted the higher rates of congenital malformations and chromosomal abnormalities.

Director McFadden reviewed the incidents of death during the time period. She noted the top 4 zip codes impacted (27405, 27406, 27407, 27260). She explained that these deaths do occur across all zip codes, crossing social and economic status levels. She noted the zip code profiles. She noted the 4 zip codes that account for the largest infant mortality burdens.

Director McFadden noted that this data tells us who is most affected, but the RWJF model helps us to better understand the why. She explained that health outcomes rely on us to align not only clinical and community interventions but also the policies, investments, and decision-making process that determine who thrives.

Vice Chairwoman Foster questioned the model and how the two areas mesh together - access to care and quality of care. She opined how to separate those two, and is there any data related to quality of care.

Director McFadden confirmed that healthcare systems would be in that 20% outcomes which is our clinical care. She explained that the larger percentage is the environment that you live in. McFadden noted socio-economic factors are determinants

Center for Women's Healthcare (CWH) Jamilla Walker confirmed and shared that we have started to drill down into that data. She noted that the 2023 data reflects that the deaths were attributed to early pregnancy mortality. She shared that as a provider, it is very challenging when a patient comes in early and I have to send them back into an environment where they are in constant macro and micro aggressions.

CWH Walker shared that Cone has the same heat maps, but she sees patients that are educated and have resources, and they live in environments that are dangerous to them. She explained that if they have to work constantly throughout their pregnancy and they cannot stop and eat at least 4 times a day, those contribute to the risk factors as well. She urged that we need to do work, improve access, and create a safer environments.

Vice Chairwoman Foster noted interventions, and doctors not listening or not understanding the culture. She questioned how to dig deeper into that.

CWH Walker shared that in 2020 we did begin racial equity institute (REI) training and saw improvements and we must continue talking about that and saying the hard things. She shared that we have to be willing to say the really hard things and engage REI to build things into the system for accountability. She noted that if patients say I had this experience of the doctor not listening then we need help with accountability so that patients can share their concerns.

Vice Chairwoman Foster noted that the women listen carefully to their doctors who may perhaps only give them a generic textbook answer and not listening to the patient's plight.

CWH Walker noted that we need more midwives and doulas who are trained differently. She shared that her goal is to create an army of midwives to deploy around Guilford County.

Atrium board of director Rev. Dr. Frank Thomas questioned the data spike in 2023, and opined whether it could be that we got comfortable and complacent over the success of the past several years.

CWH Walker noted that a significant COVID-19 Delta Wave hit in 2023, which we know was very horrible for pregnancies. She described how CV-19 aged placentas, created a wave of prematures, and was terrible on the Black community.

EBG Manager Workman noted that we had three incidents of mortality in twins during this time period as well.

CWH Walker discussed with the taskforce the high risks of twin pregnancies.

Chairman Alston requested clarification of high risk.

CWH Walker confirmed that with twin pregnancies, there can either be 2 placentas and 2 amniotic sacs with separate feedings or 1 placenta and 1 amniotic sac which creates a higher risk because they are feeding two babies.

Community Advocate Deena Hayes thanked Ms. Walker for bringing the additional framework such as historic redlining and divestment in communities. She noted that there are different studies on BMI where Black mothers still have poorer health outcomes than mothers of all other races.

Chairman Alston requested concentration on every life and looking at resource distribution

Public Health Division Director LaTanya Pender confirmed 2 mobile units with another van onboarding which is mostly used for vaccine initiatives, A1C screening, and hypertension.

CWH Walker confirmed that Cone has an OB mobile unit launching in February and will need to coordinate referrals.

Chairman Alston suggested highest and best use. He explained that if we need to ask for more mobile units then find out how much they cost and priced for upfits to get it back on track.

County Manager Victor Isler discussed Cone and midwife staffing and suggested coming back with a joint partnership.

Chairman Alston noted that these zip codes cover large areas and requested feedback.

Rev. Dr. Thomas noted that we need to include High Point as well in these conversations and the cross connection of services.

Vice Chairwoman Foster noted that Cone is at the table. She shared that we want to engage High Point Regional to share what they are doing.

Community Navigator Ty Harris explained that the mobile unit creates access but we are not talking about trust. She spoke to implicit bias around the loss of her child and other medical

issues. She noted that the multiple visits triggered a social worker interview but no follow up. She explained comfort levels, being scared to go to the hospital, explicit bias, and not being comfortable speaking up if trust is broken with a physician. She noted that those with negative experiences would not go to a mobile unit.

CWH Walker highlighted that personal advocacy is dangerous because they are labeled aggressive and a social worker is called.

EBG Manager Workman urged teaching medical staff to not make assumptions and hold healthcare systems accountable. She questioned what happens after REI training. She emphasized taking steps to mitigate concerns and make improvements.

Chairman Alston noted that the taskforce has a call for action to address problems and figure out what to do right away.

CWH Walker suggested using community health workers who are more likely to establish trust, conduct screenings, and connect with resources.

Chairman Alston questioned confidentiality rules.

County Manager Isler confirmed tracking data with high-risk pregnancies who go to the OB/GYN. He suggested screenings for health risks, stress, connecting with a community health worker, and cultural competency. He considered trust issues within the Hispanic/Latino community and mothers not getting prenatal care. He spoke to organizing assessment conversations regarding intracultural development for staff. He noted ongoing engagement and coaching around receiving information.

Dr. Jennifer Shaal highlighted whether hospitals were addressing fears with ICE, if Latino mothers were afraid to get care, and if hospitals were considered a safe place.

EBG Manager Workman questioned any future training with Cone and Atrium.

CWH Walker spoke to discussions regarding ICE access and having on-site interpreters.

Chairman Alston stated that 5,700 babies were born in Guilford County. He expressed concern regarding identified troubled zip codes. He urged for a plan of action to determine the level of care and to get a percentage of those who need help.

EBG Manager Workman shared that the mobile units have partnerships with YWCAs, Sickle Cell, Family Connects, and high-risk pregnancies. She noted funding cuts in Ready for School/Ready for Life and other federal grant losses and staffing shortages.

Chairman Alston requested cost factors.

EBG Manager Workman confirmed supplying information and data.

County Manager Isler confirmed pre-and post-natal overview and funding gaps to be presented at the next meeting.

Chairman Alston recommending addressing it by next week if possible with a focus on supplies and staffing.

EBG Manager Workman confirmed reaching out to partners.

Vice Chairwoman Foster requested success metrics on those programs we lost, focus on cultural competency, and client evaluations.

CWH Walker highlighted a 2019 community assessment that indicated that Guilford County is resource heavy with lots of groups that screen and have connections. She advised that the network is poorly connected or under-utilized. She suggested focusing on Press Ganey scores which is a service provider survey, along with the Earth App that ranks providers on cultural competency.

Rev. Dr. Thomas explained survey protocols. He noted a lack of follow up.

EBG Manager Workman explained that the Earth App contract is \$150K and uses a community model to share info and rate healthcare systems. She spoke to organizations such as the Mama Certified Summit in Cincinnati, Ohio and the Queen's Village certification.

Dr. Shaal spoke to a partnership project and REI training. She shared that if racial equity is important those in charge need to put the time in.

County Manager Isler confirmed bringing back an assessment of services, highlighted concerns regarding network navigation, Medicaid funding challenges, community health workers, and cultural competency. He reviewed upcoming deliverables to include (1) Evaluate mobile health delivery; (2) Pre- and post-natal supports; (3) Follow up with Press Ganey scores; and (4) Review the Earth App.

Clerk to Board Robin Keller suggested for the taskforce to consider low-hanging fruit and to conduct a post-meeting assessment to determine opportunities and barriers to add context to the next meeting.

Due to time constraints, the taskforce did not cover Section IV of the agenda.

~~IV. Taskforce Mission and Goal Setting~~ *Chairman Alston*

~~a. What's Getting in the way~~ ~~What's Working?~~

~~b. Charter Discussion~~ ~~Sample charter values can include:~~

~~i. Clarity of Purpose~~

~~ii. Alignment Across Sectors~~

~~iii. Transparency and Accountability~~

~~iv. Continuity Through Leadership or Staffing Changes~~

~~v. Accreditation and Governance Value~~

V. Regular Meeting Cadence

Chairman Alston suggested for the taskforce to meet monthly and to send any ideas to the Clerks Office.

**The taskforce announced the next meeting will be held Monday, November 10<sup>th</sup> at 4:00 p.m. in the McAdoo Conference Room.**

Director McFadden spoke to level setting our resolution, mission, and work groups. She advised an annual report for January 2026 with recommendations.

Vice Chairwoman Foster requested addressing racial disparities.

a. Open Meetings and Public Records Reminders

Clerk to Board Keller explained that this is an official appointed body and for the taskforce members to review the slide deck of expectations. She spoke to public notice requirements, to open meetings law, and to parameters and guidelines with emails and off-site gatherings.

County Attorney Andrea Leslie-Fite advised of public records law and materials subject to inspection.

VI. Adjourn

**There being no further business, the Infant Mortality Taskforce meeting adjourned at 5:37 p.m. by unanimous consent.**

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Commissioner Melvin “Skip” Alston

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Vice Chairwoman J. Carlvena Foster

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Robin Keller  
Clerk to Board