

Guilford County Infant Mortality Taskforce Minutes
John H. McAdoo Conference Room
301 W. Market Street, Greensboro, NC
November 10, 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 November 10, 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 (entered meeting at 4:36 p.m.); 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; Managing Director Racial Equity Institute Deena Hayes Greene; Senior Advisor Racial Equity Institute Monica Walker; Children’s Home Society Community Navigator Ty Harris; Retired OB/GYN Dr. Jennifer Schaal; Cone Health Chief of Midwifery Services Jamilla Walker; Atrium Health High Point Chief Medical Officer Dr. Adia Ross; Vice President Atrium Health Brenner Women and Children Services Dr. Alisa Starbuck; Volunteers of America Program Clinical Director Tianna Gregory; and Cone Health Chief Health Equity Officer Dr. Olu Jegede.

Absent: Atrium Health OB/GYN Dr. Henry Dorn; Cone and Central Carolina OB/GYN Dr. Arthur Vernon Stringer; and Triad Adult & Pediatric Medicine Michelle Lewis.

Also Present: Interim County Attorney Matt Mason; Deputy County Attorney Wendy Sivori; Assistant County Manager Natalie Craver; Chief 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

Vice Chairwoman Foster welcomed those present and called the meeting to order at 4:03 p.m. She opened the floor to introductions from attendees.

II. Approval of the Minutes

The minutes from the October 14, 2025 were reviewed by the taskforce as information only. A motion will be entertained when quorum is satisfied.

III. Health Systems IM Initiatives Updates

Vice Chairwoman Foster introduced the agenda item and recognized Drs. Ross and Starbuck. Dr. Starbuck is Vice President of Women and Children's Services in Guilford and Forsyth, the March of Dimes Board Chair, and a neonatal nurse practitioner.

Atrium Health High Point Chief Medical Officer Dr. Ross thanked the taskforce for working on this critical issue as it touches all families in Guilford County. She shared that behind every statistic is a family affected. She noted that this requires a coordinated response to address tough issues. She highlighted that partnerships are important on the local, state, and regional levels to leverage expertise.

Dr. Starbuck spoke to a variety of efforts for strategy building, with a focus on 3 areas to include: severe hypertension, C-sections, and disparities. She provided a peer jurisdiction comparison along with national benchmarks. She urged a need to hold ourselves accountable for metrics and peer review. She spoke to an OB Navigator role in High Point, to an episodic view of patients, and to having smooth transitions.

Dr. Starbuck noted that there needs to be a seamless system that takes care of mothers and babies. She shared that food insecurity is a driver of social determinants of health, and spoke to the mothers' care and community health. She highlighted a Joyful Shelf food pantry and the Bundle of Joy backpack program. She noted how data tracking methods are working with local nonprofits. She shared how a 24/7 neonatal nurse practitioner connects to the Winston-Salem hub and is a member of a rotating team.

EBG Program Manager Workman shared that Every Baby Guilford will be participating in the Bundles of Joy program and will assist with preparing the backpacks.

Vice Chairwoman Foster questioned doula access.

EBG Program Manager Workman spoke to individuals assisting in the credentialing process with the contingency workforce.

Public Health Director McFadden shared that the Public Health Department hosted the hospital team to develop collaborations and gaps analysis and electronic data sharing and a needs assessment.

Vice Chairwoman Foster thanked Dr. Starbuck for her presentation.

Chief Medical Officer Dr. Ross spoke to a shared plan and future partnership opportunities, and to operational assistance that connects with other taskforce initiatives.

Vice Chairwoman Foster spoke to the working relationships to be formed.

CNM Jamilla Walker provided an overview of the Center for Women's Healthcare at Cone Health. She noted a 50% increase in deliveries along with cuts in the healthcare system. She highlighted medical inequities such as a blame-the-mother mentality when smoking, drinking, and being overweight are symptoms of a bigger problem. She noted the importance of mitigating the harm of societal and systemic racism that Black women in America deal with, which creates toxic physiological stress that leads to an increase in hypertension, pre-eclampsia, and fetal growth restriction.

CNM Jamilla Walker spoke to the weathering concept regarding traumatic life experiences when the brain is exposed to a sustained, long-term exposure of hormone release, which shortens the timeframe of adapting to stress hormones, and causes wear and tear on cardiovascular, metabolic, and immune systems. She provided an account of how bias presents itself to a patient receiving poorer service due to perceptions of being dishonest with pain, an air of being better than or afraid due to a show of aggression or vibes.

CNM Jamilla Walker continued her presentation by explaining how racial bias shows up in health care to include: less likely to receive appropriate care for heart disease, more likely to have limbs amputated, more likely to have a C-section, and inadequate pain treatment. She shared that a 2018 data dive found a clear disparity in postpartum re-admissions in patients of color with lower blood pressures (130/80) compared with their white counterparts.

CNM Jamilla Walker spoke to the Health Equity Committee, to implicit bias training, and to a short film titled "*TOXIC: A Black Woman's Story*" viewing with a follow-up facilitated discussion. She noted quarterly meetings to discuss the One Cone One Book virtual club readings that were created during COVID-19 which spawned tough conversations. She shared the volunteer doula program, and spoke to strict delivery room standards, to doula credentialing system, to a no-cost program, and to working on expansion methods and an internal doula program.

CNM Jamilla Walker noted a drug-exposed newborn policy review, and spoke to removing harmful language and subjective screening methods, to using peer-reviewed and approved clinical assessment tools. She shared a cardio/OB clinic for mothers. She noted the creation of safe spaces by (1) family medicine physicians keeping mom and baby for 5 years before going to pediatric care, and how they are working on expansion to other markets, (2) hiring an outpatient lactation team since we have a breastfeeding rate of 45% with large disparities and it is now 35%

due to lack of safe lactation spaces. She shared that they hired 6 lactation consultants and started a support group with large engagement, with room for expansion.

CNM Jamilla Walker noted that centering a prenatal care model is in the works at the resurgent site at NC A&T State University. She shared an Impact Mom Study that looks at community health workers, pre-eclampsia site visits, and postpartum support groups. She highlighted local and state partnerships, in addition to community efforts.

DSS Director Sharon Barlow shared that aggressive reports turn into a disproportionate amount of CPS reports.

Vice Chairwoman Foster opined on whether High Point Regional engaged in a racial equity lens to address bias and racism through data tracking and community engagement.

Chairman Alston entered the meeting at 4:36 p.m.

Chief Medical Officer Dr. Ross confirmed that every Monday, our Health Equity Committee meets and identifies data gaps, social determinants of health screenings, targeted interventions, and focuses on food insecurity. She shared that the High Point Foundation's work helped to create Joyful Shelf, along with collaborations with the Magic Johnson Foundation and Meals on Wheels. She noted the opening of a food pharmacy, providing data-driven care for all, and having referrals in the network.

Vice Chairwoman Foster questioned the hospital's cultural responsiveness through racial equity training.

Chief Medical Officer Dr. Ross confirmed that everyone must take training as part of employment, and there are standardized protocols after reviewing the data.

Dr. Starbuck confirmed that North Carolina and Georgia are equity-based focused with C-Section data, and bringing awareness of initiatives.

REI Senior Advisor Monica Walker questioned CPS reporting data.

DSS Director Barlow confirmed that the 3 highest reporters in CPS are school personnel, law enforcement, and medical personnel. She shared that information can be provided at the next meeting. She noted that the categories of angry, aggressive, non-cooperative, or a vibe is off will generate a report.

REI Senior Advisor Walker questioned the protocols that create CPS action.

DSS Director Barlow explained that if the action meets statutory requirements, then a CPS report is generated. She shared that this process is the same for law enforcement and school personnel. She noted that this is very concerning.

REI Managing Director Deena Hayes Greene questioned the difference in the patient versus system-facing reporting types, the community deficiency, and the lack of access. She described whether the system is self-reporting due to the disproportionality of CPS reporting. She voiced

concern regarding whether we are taking a granular look at the data, as GCS is the largest reporter for CPS system investigation.

REI Managing Director Greene noted that data tracking 20 years ago revealed that 50% of calls were unsubstantiated, and over-identified neglect/abuse cases were unfounded, but those reports are not deleted from their records. She highlighted the need for department personnel cross-training and tracking. She noted that communicating within the healthcare team is the leading cause of morbidity. She shared that there needs to be an incident report review, hospital conversations, and traumatic experiences, since little effort is made regarding system reviews and speaking about it publicly.

REI Senior Advisor Monica Walker opined that the actual trajectory to add, beyond the educational system, CPS, and DSS, is now that this starts from birth. She stressed that no harm should come to babies and this shows that they are policed from birth, which creates negative effects for black families.

Cone Health Chief Health Equity Officer Dr. Olu Jegede questioned whether there is a study linking CPS reports to health care?

DSS Director Barlow confirmed that there has never been a study with that correlation.

Chief Health Equity Officer Dr. Jegede spoke to starting a systemic change, to root causes that are traceable to negative experiences, and to microaggressions at the hospital that translate to false reporting.

DSS Director Barlow shared that there may be a willingness to correlate with hospital data, but we must do a deeper dive, and noted a need to unravel the possibilities.

ACM Natalie Craver confirmed looking at national level policies and child welfare prevention.

Public Health Director McFadden questioned the reporter's source.

DSS Director Barlow confirmed that we must look at type/category; otherwise, we do not know the agency source. She shared NCFAST conversations.

REI Managing Director Greene confirmed that they only tracked portals of entry, because when an incident happens, it casts a lot of suspicion, and the mother is more likely to get drug tested, continue the stigmas, and may lead to a loss of parental rights. She questioned the doulas/midwives' replacement for quality of care when we expect doctors to contribute, and determine lactation and breastfeeding gaps. She shared that lab-created formulas lead back to slave narratives, where black females were not allowed to breastfeed their own children.

CNM Jamilla Walker spoke to standard training, to learning modules, and to continuous education.

Chief Medical Officer Dr. Ross noted that there is a lot to say about patient-centered care, and how we turn our questions and data into insights, case review and root cause analysis, identify issues in individual populations with infant mortality cases, and create priorities beyond a healthcare lens, and move towards intervention.

Chairman Alston noted C-Sections and record-keeping processes, and questioned how to immediately address this issue. He opined on who decides to delete those unsubstantiated investigative records.

DSS Director Barlow confirmed that recordkeeping is a legislative protocol.

Deputy County Attorney Wendy Sivori explained that there is a 45-day investigative review, and a determination is made. She shared that an evidence review leads to either substantiated or unsubstantiated. She noted that unsubstantiated cases are closed; however, the records are not purged. She shared that all information is confidential and not public. She explained that the records stay at the department, and one can only see the records via a court order.

Chairman Alston voiced concern regarding the biases associated with these records.

Deputy County Attorney Sivori spoke to case law, to multiple reports or history, and an ethical method of reporting to the court. She shared that the DSS social workers are trained to see what the truth is and speak with collaterals.

Chairman Alston emphasized that we need to stop this cycle.

CNM Jamilla Walker shared that this network does not save our community members from getting a record. She explained that notes from various providers are not removed from the case file, which, in turn, causes these patients to stop coming in for care, and this compromises their health. She noted that mentally challenged patients who are people of color receive disparate treatment, and we must address individual biases.

REI Managing Director Greene discussed statistics regarding biased responses when different departments create records and negative connotations are developed. She spoke to a myriad of interventions for mothers and babies, but it is a difficult conversation regarding system rebuilding.

REI Senior Advisor Monica Walker referred to the weathering data, where there is a negative trajectory created at birth. She shared that this creates internal trauma for the mother. She emphasized that we must improve outcomes for babies.

Children's Home Society Community Navigator Ty Harris recalled her volunteer guardian ad litem (GAL) experience in the school system. She shared that everyone talks, and this creates a ripple effect at school and the office. She questioned whether everyone at Atrium who comes into contact with patients has been trained. She shared cortisol level implications.

ACM Natalie Craver recommended that we can and should look at data to create systemic conversations, as this is child welfare prevention and trauma reduction work.

Chief Health Equity Officer Dr. Jegede offered another suggestion to IM chart auditing to include identifying demographics, pre-pregnancy environmental factors, hypertension, and low birth rates.

CNM Jamilla Walker confirmed pulling data from 2019, where the issue addresses the root cause, doing interviews with affected families, and having personnel dealt with by HR.

REI Managing Director Greene voiced concern regarding system communication errors and failures. She recalled Kira Johnson's tragic death following birth and Serena Williams' life-threatening complications during childbirth. She explained that we can already provide census tracking, incident reports, food deserts, low-performing schools, and environmental factors.

Chief Health Equity Officer Dr. Jegede noted tracking lived experience and holding people accountable with follow-up actions.

Taking a point of personal privilege, Vice Chairwoman Foster opened the floor for a motion as quorum was met.

Motion made by Jamilla Walker, seconded by Jean Workman, to adopt the minutes of the October 14, 2025 taskforce meeting.

The motion carried unanimously.

IV. GC Initial Service Array Analysis

ACM Natalie Craver spoke to providing a service array, and to identifying different pieces of the community puzzle.

EBG Program Manager Workman highlighted Guilford County initiative alignment and spoke to 4 strategic priorities to be refined and re-accessed. She shared that there is a broad array of activities occurring in Guilford County, a stronger reporting structure with IM, and a safe sleep collaboration.

EBG Program Manager Workman focused on the column titled "Advancing health equity by addressing system racism and implicit bias within the continuum of care for maternal and infant health". She spoke to continual training, to questionnaires, to impact assessments, and to RIOTT for Change. She acknowledged that this is our deficit area, and we need strength to have accountability. She explained that social determinants of health, patients, and systems must work together.

EBG Program Manager Workman shared that there are 10 home visiting programs. She provided an overview of OB/GYN providers, and spoke to research projects such as the July 2026 Thriving Hearts She recommended that the taskforce focus on areas where we do not have influence.

REI Managing Director Greene opined exploring the potential of increased visual bias during home visits and whether these individuals are monitored and reviewed.

EBG Program Manager Workman confirmed that this should be an action step in the next fiscal year. She explained that the home-visit team representatives are in a community network that are sent to training and we will discuss processes.

Due to time constraints, the taskforce elected to move Sections V. IMTF Action Planning and VI. Mobile Clinic Assessment to the next meeting.

V. IMTF Action Planning

ACM Natalie Craver highlighted the subject matter to discuss amongst the taskforce members. She noted that the intent is to move into how we translate what we have learned towards our goals.

~~A. What's Getting in the Way—What's Working? Activity~~

~~B. Charter Discussion~~

~~C. IMTF Action Plan Development Discussion~~

VI. Mobile Clinic Assessment

Public Health Director McFadden discussed potential partner collaborations. She confirmed sharing with the taskforce, identifying key information regarding mobile clinic deployment methods.

EBG Program Manager Workman confirmed connecting with the mobile healthcare clinic network for information sharing.

Chairman Alston opined mobile clinic's purposes.

Public Health Director McFadden confirmed a questionnaire regarding demographics, zip codes, success metrics, and maximizing capacity while not duplicating services.

ACM Natalie Craver shared that the taskforce could explore this strategy.

Chairman Alston requested a report for the next meeting.

Public Health Director McFadden confirmed.

CNM Jamilla Walker confirmed supplying a mobile clinic data connection.

REI Managing Director Greene noted that a hospital on wheels does not address the inequity concern.

Chief Health Equity Officer Dr. Jegede noted that 20% is health outcome, and 80% is environmental. He stated that the issue is how to address institutional racism and how to hold personnel accountable.

REI Managing Director Greene reiterated that we must simultaneously address structural factors leading to lower life expectancy.

Chairman Alston requested the IM data.

EBG Program Manager Workman confirmed that it takes months for death certificates to come through. She shared that there has been an infant death this month.

Chairman Alston requested monthly IM reports.

EBG Program Manager Workman confirmed quarterly reporting and pulling data.

CHS Community Navigator Harris questioned stillbirth data and why those numbers are not included in the IM reports.

EBG Program Manager Workman confirmed that reports can include stillbirths.

ACM Natalie Craver explained that this is an opportunity to define terms and which data can be brought on a regular cadence.

EBG Program Manager Workman spoke to auditing the charts and collecting stories.

Chief Health Equity Officer Dr. Jegede opined on multi-agency data and dashboard creation for real-time reporting.

Public Health Director McFadden confirmed that this is a priority for departments that use the Clear Impact Community Health Improvement Scorecard to create the dashboard.

VII. Next Meeting/Adjourn

The taskforce set the next meeting date for Monday, December 8, 2025 at 4:00 p.m. in the Coleman Conference Room, located on the first floor of the Old Courthouse, 301 West Market Street, Greensboro, NC.

Motion made by Jean Workman, seconded by Deena Hayes Greene, to adjourn the taskforce meeting.

There being no further business, the Infant Mortality Taskforce meeting adjourned at 6:18 p.m. by unanimous consent.

Commissioner Melvin “Skip” Alston

Vice Chairwoman J. Carlvena Foster

Robin Keller
Clerk to Board