



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH DAKOTA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - North Dakota

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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SSDI Project Director	State Family Leader
Anastasia Stepanov State System Development Initiative (SSDI) Coordinator astepanov@nd.gov (701) 328-1292	Melissa (Moe) Swanson AMCHP Family Delegate/Family Voice of ND Representative mswanson@encompassfss.net (701) 793-8339

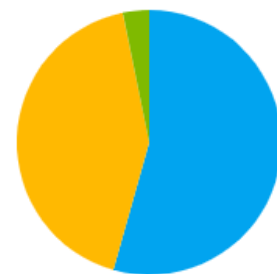
State Youth Leader
No Contact Information Provided

State Hotline: (800) 755-2714

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$1,786,380
State MCH Funds	\$1,394,023
Local MCH Funds	\$105,023
Other Funds	\$0
Program Income	\$0

FY 2023 Expenditures



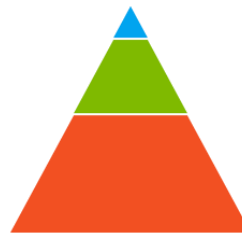
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$286,618	\$200,457
Enabling Services	\$546,346	\$469,625
Public Health Services and Systems	\$953,416	\$750,712

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



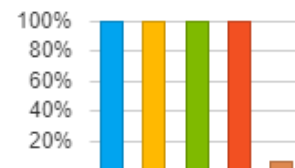
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	100.0%	\$284,917
Infants < 1 Year	99.7%	\$432,052
Children 1 through 21 Years	100.0%	\$1,176,472
CSHCN (Subset of all infants and children)	100.0%	\$1,146,227
Others *	5.6%	\$53,404

FY 2023 Expenditures Total: \$3,093,072



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>To increase the percent of women who have an annual preventive visit.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Percentage of women screened in pediatric clinics at the piloting clinics ○ ESM WWV.2: Number of tailored messages developed targeting low-income and minority women. ○ ESM WWV.3: Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees. ○ ESM WWV.4: The percentage of women receiving women's preventative health educational materials. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV 	<p>Women/Maternal Health</p>
<p>To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF <ul style="list-style-type: none"> ○ ESM BF.1: Number of businesses who receive information and technical assistance on workplace breastfeeding policies. ○ ESM BF.2: Number of businesses designated Infant Friendly Workplaces. ○ ESM BF.3: Percent of maternity care staff trained with the EMPower curriculum. 	<p>Perinatal/Infant Health</p>
<p>To increase the percent of adolescents who have a preventive medical visit.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen. 	<p>Adolescent Health</p>

<ul style="list-style-type: none"> ○ ESM AWW.2: Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year. 	
<p>To increase the percent of adolescents with and without special health care needs who have received the services necessary to make transitions to adult health care.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care (Transition, Formerly NPM 12) - TR <ul style="list-style-type: none"> ○ ESM TR.1: Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment. ○ ESM TR.2: Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition. ○ ESM TR.3: Number of educational opportunities provided to school personnel from Title V regarding health care transition. ○ ESM TR.4: Percentage of families served by family support contracts who received education and / or training on healthcare transition. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH 	<p>Children with Special Health Care Needs</p>
<p>To reduce annual motor vehicle crash fatalities to fewer than 75 by 2025.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: Vision Zero - Eliminate fatalities and serious injuries caused by motor vehicle crashes.- By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100. 	<p>Cross-Cutting/Systems Building</p>
<p>To support workforce development for State Title V program leaders and staff to meet current public health MCH policy and programmatic imperatives around health transformation.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Maternal and Child Health (MCH) Workforce Development- The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program. 	<p>Cross-Cutting/Systems Building</p>
<p>To implement all North Dakota state mandates delegated to the North Dakota Department of Health and Human Services' Title V/Maternal and Child Health Programs.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: North Dakota State Mandates - Implement North Dakota state mandates delegated to North Dakota Department of Health and Human Services' Title V / Maternal and Child Health Program. 	<p>Cross-Cutting/Systems Building</p>

To increase the percent of children and adolescents who are physically active.

NPMs

- Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity, Formerly NPM 8.1) - PA-Child
 - ESM PA-Child.1: Number of communities actively involved with the physical activity / nutrition strategies.
- Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH

Child Health

Executive Summary

Program Overview

Section III.A.1. Program Overview

North Dakota's Framework:

The vision of the North Dakota Department of Health and Human Services (NDDHHS) is to make North Dakota the healthiest state in the nation. The NDDHHS fosters positive, comprehensive outcomes by prompting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being. This mission statement underscores the incredible work that is already underway across NDDHHS today. It also reflects the NDDHSS's commitment to keep the well-being of individuals and communities at the forefront of their efforts. To learn more about the NDDHHS strategic priorities and guiding principles, please visit <https://www.hhs.nd.gov/about-us>

The Public Health Division within NDDHHS comprises five sections: 1) Healthy and Safe Communities, 2) Health Response and Licensure, 3) Health Statistics and Performance, 4) Disease Control and Forensic Pathology, and 5) Laboratory Services. Employees in these sections provide public health services that benefit North Dakota citizens and ultimately make the state a healthier place to live. The four core goals of the Public Health Division are to create healthy and vibrant communities; enhance and improve systems of care; strengthen population-based health interventions; and promote public health readiness and response.

The Healthy and Safe Communities (HSC) section is responsible for administering the state's Title V program and has a mission to support individuals, families, and communities by providing quality preventive programs and services that equitably protect and enhance the health and safety of all North Dakotans. There are four units in the section which all have programs and/or funding that link to the MCH priority areas: 1) Community Engagement, 2) Family Health and Wellness, 3) Health Promotion and Chronic Disease Prevention, and 4) Special Health Services (SHS). Title V also provides a portion of funding to the vital services of information technology, contract and grant management, and epidemiological support that assist MCH staff with critical job functions.

The Title V Director also serves as the Unit Director for the Special Health Services Unit and is a member of the HSC leadership team, which helps to promote and enhance visibility for MCH across the department.

The figure below details relevant indicators of the health and well-being of the North Dakota population, including the maternal and child health (MCH) population. This data is from the 2020 Census, 2022 Blue Cross Blue Shield Health and Well-Being of North Dakotans Report, and North Dakota Vital Statistics.

North Dakota by Numbers

783,926

2023 State Population
US Census Bureau



6.4% of North Dakota residents are without health care coverage
2022 US Census Bureau

Children with Special Health Care Needs in North Dakota



2 in 10 children have a special health care need
US Census Bureau



36.2 Years
Median Age in North Dakota
2022 US Census Bureau

North Dakota Births in 2022

- 303 births to teenagers
- 9,557 total live births

2022 North Dakota Vital Statistics

Leading Causes of Death for North Dakotans in 2022

- Diseases of the heart: 1,525
- Cancers: 1,207
- Accidental: 447

2022 North Dakota Vital Statistics

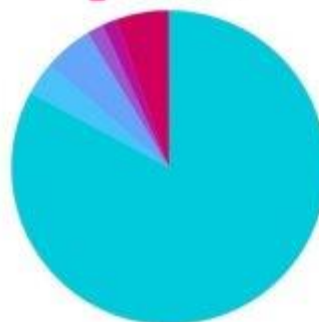
13 birthing facilities in North Dakota



19%
Percentage of children, age 0-17, who experienced 2+ Adverse Childhood Experiences
2022 BCBS Health and Well-Being of North Dakotans Report

Population by Race in North Dakota

2020 Census



Five-Year MCH Needs Assessment

Title V programs and priority areas set their own goals. The overarching Title V goals were established as a result of the 2021-2025 comprehensive Five-Year Needs Assessment. The Title V Leadership Team (Title V Director, Children with Special Health Care Needs (CSHCN) Director, Family Health and Wellness Unit Director, MCH Epidemiologist and the State Systems Development Initiative (SSDI) Grant Coordinator) meet regularly to assure these goals are being met. In addition to the Five-Year Needs Assessment, the 10-step conceptual framework continues to be followed for the on-going needs assessment process.

Prevent Child Abuse North Dakota (PCAND) administers the state's Maternal, Infant, and Early Child Home Visiting (MIECHV) program. A partnership between PCAND and the former North Dakota Department of Health (NDDoH) was used to complete the 2020 MCH needs assessment process. PCAND and the NDDoH hosted several information-gathering partnership meetings, *Work-As-One: Needs Assessment Integration*, between November 2018 and December 2019. These meetings were held to learn what other agencies/programs are doing around needs assessments and explore collaborating and streamlining needs assessment processes. After having discussions with other states, North Dakota determined that the State Health Improvement Plan (SHIP) and State Health Assessment (SHA) would also be integrated into the process. In January 2020, meeting attendees were tasked with assisting in the prioritization process by providing feedback for each specific data area. The input from partners that was obtained helped the Title V Leadership Team to establish the North Dakota Title V MCH priorities that are in place today.

The needs assessment process requires ongoing analysis of sources of information about MCH status, risk factors, access, capacity, and outcomes. Assessment of the MCH population is an ongoing collaborative process, one that is critical to program planning and development and enables the state to target services and monitor the effectiveness of interventions that support improvements in the health, safety, and well-being of the MCH population.



The North Dakota Work-As-One Needs Assessment Integration Team

Identified Priorities:

The following priority needs outline the overarching goals in each of the five Title V population health domains. Focus areas were created within each priority to further delineate and communicate the most pressing needs for the populations. This internal process was designed to organize and identify the highest priority areas for Title V effort and investment.

Women's/maternal domain: Well-woman visit with an emphasis on minority and low-income women

- North Dakota Priority: Percentage of women, ages 18 through 44, with a preventive medical visit in the past year.
- Significant Accomplishment: Title V staff leveraged local community-based organizations to reach ethnic and racially diverse populations of women, improved postpartum health for women by collaboratively extending Medicaid services postpartum, and implemented projects around doula care, increasing postpartum depression screening, and enhanced access to family planning services to improve women's health in the interbirth interval.

Perinatal/infant domain: Breastfeeding with a priority amongst minority, low-income, and American Indian women

- North Dakota Priority: a) Percentage of infants who are ever breastfed; b) Percent of infants breastfed exclusively through 6 months.
- Significant Accomplishment: As of April 25, 2024, 199 workplaces have been designated Infant Friendly in North Dakota.

Child domain: Physical activity and nutrition (overall obesity prevention)

- North Dakota Priority: Percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day.
- Significant Accomplishment: The MCH North Dakota School Health Specialist and Nutritionist collaborated with the NDDHHS Community Engagement Unit (CEU) Tribal Health Liaisons to identify partners on reservations to increase access to nutritious food. Collaboration between Title V staff and the CEU occurred as they worked together with partners on a North Dakota reservation to assure access to healthy food with the development of the Spirit Lake Food Distribution program.

Adolescent domain: Adolescent well visits emphasizing overall health, including depression screening, obesity prevention, and immunizations

- North Dakota Priority: Percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
- Significant Accomplishment: Title V staff partnered with the University of North Dakota Family Medicine Clinic to increase adolescent well visits to high-risk populations on the Standing Rock Reservation. A pediatrician and team traveled to Standing Rock to offer well-child visits free of charge.

Children with Special Health Care Needs (CSHCN) domain: Transition from pediatric to adult health

- North Dakota Priority: Percentage of adolescents with and without special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care.
- Significant Accomplishment: Student Transition Toolkits were created and disseminated (mailed) by Title V staff to all 30 Special Education Units in North Dakota.

Crosscutting domain (state priority measure): Maternal and Child Health (MCH) Workforce Development

- A well-trained MCH workforce is the first line of defense to prevent disease, protect health and keep the MCH population safe. State Title V staff are able to avail themselves of various professional development opportunities in order to build their capacity as part of the MCH workforce. Most recently, state staff and partners are currently able to register for courses to obtain a MCH Certificate through a contract with North Dakota State University (NDSU). Additional opportunities for staff are being explored, such as contracting with NDSU to develop and offer a one-day MCH Leadership Institute.

Crosscutting domain (state priority measure): Implement North Dakota state mandates delegated to the North Dakota Department of Health's Title V/MCH Programs

- Priorities are often influenced by state mandates, which are generally reflective of expressed needs within the state over time. North Dakota has several mandates addressing the health of the maternal and child health population that direct Title V work efforts and require significant resources for successful implementation. The inclusion of these mandates epitomizes the successful federal/state partnership by honoring a state's unique priorities.

Crosscutting domain (state priority measure): Vision Zero, North Dakota's traffic safety strategy

- Vision Zero. Zero fatalities. Zero excuses. – was unveiled in January 2018 (<https://visionzero.nd.gov>). The strategy promotes personal responsibility and recognition that serious injuries and fatalities are preventable.

Five-year action plans containing evidence-based, evidence-informed and/or promising practice strategies were developed with collaborative partnerships for all priorities. <https://www.NDDHHS.nd.gov/north-dakota-mch-work-plans>.

Assuring Comprehensive, Coordinated, Family-Centered Services

North Dakota places a high value on family-centered partnerships, family feedback, and collaboration. An example includes the SHS Unit partnership and contracted services with Family Voices of North Dakota. Family Voices of North Dakota supports statewide family-centered care for all children and youth with special health care needs and/or disabilities. SHS also utilizes a Family Advisory Council composed of family members of individuals with special health care needs. This council advises SHS on the family/parent perspective regarding issues, needs, and services, influences the direction of policies, contributes to program improvement, and ensures a voice for families and individuals with special health care needs to improve the system of care. CSHCN programs use meetings with this council to gather feedback from families to identify specific needs and future directions for meaningful services.

Efforts to Improve Outcomes

The strength of North Dakota Title V lies in the established and new partnerships that help expand the work of reaching women, infants, children, CSHCN, and families. Federal and non-federal funds are leveraged to deliver programs, services and create a statewide system of collaboration. However, it should be noted that due to the smaller size of the state, forming new partnerships has been challenging within select MCH domains. Each population domain describes opportunities for braiding and layering of funds and resources within the completed annual reports and annual plans, work efforts utilizing quality improvement strategies, and methods to include health equity into programmatic activities. This has ensured that activities are meeting the needs of the MCH population, as a wide variety of perspectives take part in creating the annual work plans.

How Federal Title V Funds Complement State-Supported MCH Efforts

Section III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Maternal and Child Health (MCH) Block Grant program's contributions to the overall health and well-being of the MCH population is significant in North Dakota. Federal and state funds are used to address many identified priorities in a complementary fashion effectively. MCH Block Grant funding that is designated to address federal priorities is allocated throughout various divisions in the Healthy and Safe Communities Section within the Public Health Division of the North Dakota Department of Health and Human Services (NDDHHS). In addition, funds are allocated to the Health Statistics and Performance Section in NDDHHS to support data collection and analysis. Collaboration and integration efforts occur not only inside the NDDHHS, but with other state agencies and local partners. Grants provided to local partners often require matching funds; thereby demonstrating how local funds complement, support, and enhance MCH services.

MCH Block Grant funding is also used to address state mandates. Funding to support these efforts epitomizes the successful federal/state partnership by honoring the state's priorities. North Dakota has several mandates addressing the health of the MCH population that direct Title V work. Effective and efficient use of available funding is needed at all levels of the MCH pyramid to achieve desired health outcomes for the MCH population. One of North Dakota's strengths as a less-populated, rural state is its ability to collaborate for collective impact, extending the "reach" of the MCH program.

North Dakota's Work-As-One Needs Assessment Integration initiative used to select the state's MCH 2021-2025 priorities is a perfect example of how Title V funds have served to complement state-led efforts in assuring the health and well-being of the MCH population while contributing to a strong public health infrastructure. Strong federal support was provided for this initiative through technical assistance. Utilization of this approach secured strong partnerships, including family partnerships, enhanced health equity knowledge, and improved MCH data analytics in decision-making. Going forward, North Dakota Title V hopes to strengthen systems-level evidence-based strategies to address new priorities identified in the 2025 Needs Assessment, which will be completed in partnership with North Dakota State University (NDSU). Technical assistance will be sought to address new national performance measures, including the new universal measures, as well as new and innovative strategies, such as creating a strategic plan around women's health issues that span across various units within NDDHHS. Core support for an adequate and well-trained MCH workforce is one example of how state and local agency MCH capacity and services will be enhanced through this process. Work with NDSU, Department of Public Health, is ongoing to continue the MCH Certificate Program and even develop new and innovative approaches to professional development for those individuals who may not desire to pursue a full certificate or degree. Additional partnerships with the University of North Dakota's Department of Public Health and Tribal Health Liaisons in the NDHHS Community Engagement Unit will be explored to expand Title V partnerships with the tribal populations.

MCH Success Story

Section III.A.3. MCH Success Story: Prioritizing Health Equity throughout MCH

North Dakota is committed to ensuring health equity is embedded in all MCH work efforts to mitigate health disparities and address social determinants of health. The North Dakota Title V program has promoted health equity across each population domain by implementing strategies founded on collaboration, evidence-based resources, policy, and advocacy. While working to address health disparities, Title V staff are intentional about fostering new partnerships and collaborating with partners to align similar goals and priorities. For example, staff continue to develop and sustain valuable relationships with our tribal partners across the state working with the MCH population. See below for examples of how Title V staff have recently worked with tribal partners to address health equity through various projects and collaborations.

First, staff went to the Spirit Lake Tribe, along with the Tribal Health Liaison serving the area, to discuss a possible pilot project around doula access. The team quickly identified that women were not aware of doula services. Therefore, the Title V staff supported the development of the Tunwin program, a program designed for postpartum women and families to provide support in parenting. In addition, Title V staff collaborated with the NDDHHS Tribal Health Liaisons to identify partners on reservations to increase access to nutritious food. Title V staff and the liaisons worked together with partners on a North Dakota reservation to assure access to healthy food through the development of the Spirit Lake Food Distribution program (SLFD). Spirit Lake is in east-central North Dakota, which is a rural environment prone to flooding. The SLFD program partners with the after-school program to provide education on physical activity and traditional American Indian ways to increase healthy nutrition.

Next, Title V supports the annual Tribal Maternal, Infant, and Child Health Symposium, which brings together community stakeholders, policy makers, and program staff to improve health outcomes for Native American mothers, infants, and children through education and collaboration. Furthermore, at this symposium, Title V staff promote the North Dakota MCH Tribal Mini-Grants, which help to fund tribal projects related to North Dakota's MCH priorities. Previous mini-grant projects include funding for women's preventable health messaging specific to American Indian women and funding for infant and child health supplies that include preventative health messaging around important topics such as safe sleep. Likewise, two additional mini-grant projects were recently submitted including a project to promote physical activity at a childcare center and a project to provide breastfeeding education beyond what is occurring through the LPHU.

Lastly, Title V staff implemented a project that was recently accepted into the AMCHP Innovations Database. Title V partnered with the University of North Dakota Family Medicine Clinic to increase adolescent well visits to high-risk populations on the Standing Rock Reservation. A pediatrician visited the schools on the reservation and provided free well child visits to the students. In addition to well checks/sport physicals and mental health screenings, this team partnered with Indian Health Services to offer screening labs for diabetes, hyperlipidemia, and sexually transmitted infections.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - North Dakota

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.