



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH DAKOTA

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

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 FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

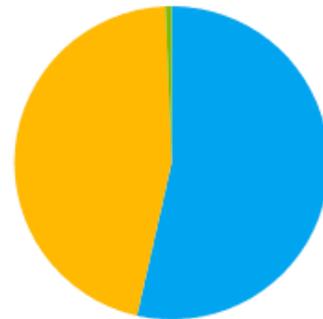
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$1,752,370
State MCH Funds	\$1,500,786
Local MCH Funds	\$20,166
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



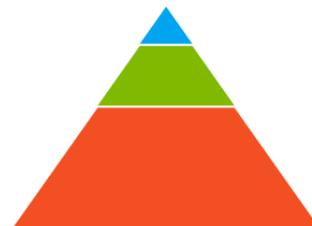
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$365,574	\$255,414
Enabling Services	\$217,000	\$413,135
Public Health Services and Systems	\$1,169,796	\$852,403

FY 2014 Expenditures
Federal



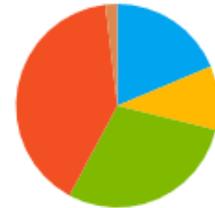
FY 2014 Expenditures
Non-Federal



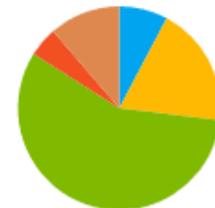
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	6,768	\$599,362	18.7%
Infants < 1 Year	16,683	\$324,800	10.1%
Children 1-22 Years	49,751	\$930,269	29.0%
CSHCN	4,112	\$1,290,105	40.2%
Others *	9,885	\$61,080	1.9%
Total	87,199	\$3,205,616	100%

FY 2014 Expenditures



FY 2014 Individuals Served



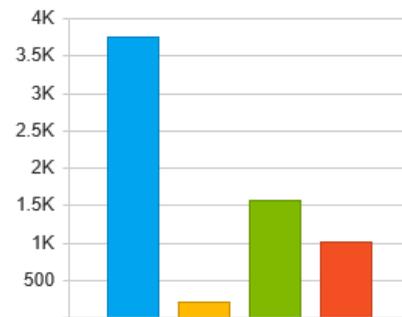
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 7	Injury Hospitalization	Child Health, Adolescent Health
NPM 8	Physical Activity	Child Health, Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	3,753
State Title V Social Media Hits:	209
State MCH Toll-Free Calls:	1,575
Other Toll-Free Calls:	1,016



Executive Summary

Every five years, North Dakota (ND) is required to develop a comprehensive statewide needs assessment. This needs assessment requires ongoing analysis of sources of information about maternal and child health (MCH) status, risk factors, access, capacity, and outcomes. Needs assessment of the MCH population in an ongoing collaborative process, one this is critical to program planning and development and enables the state to target services and monitor the effectiveness on interventions that support improvements in the health, safety, and well-being of the MCH population. MCH population domains include women's/maternal health, perinatal/infant health, child health, adolescent health, children with special health care needs (CSHCN), and crosscutting/life course.

In 2010, ND completed the needs assessment process and identified the following 10 priorities and performance measures to focus on for 2011 through 2015. Major accomplishments and significant challenges related to each of the priorities/performance measures are included below.

ND MCH 2011-2015 State Priorities and Performance Measures

Annual Report Summary

Form and strengthen partnerships with families, American Indians (AI) and underrepresented populations.

Performance Measure: The degree to which families and American Indians participate in Title V program and policy activities. (Cross-cutting/Life Course)

Major accomplishments: Children's Special Health Services (CSHS) supports a ten-member Family Advisory Council; MCH and the Tobacco Prevention and Control Program have a contract with North Dakota State University's American Indian Public Health Resource Center (AIPHRC) to work with the AI tribal programs in ND to determine available resources and data related to infant mortality and commercial tobacco use.

Significant challenges: The AIPHRC's goal was to work with all ND tribes; however, they have only been able to engage two tribal reservations.

Form and strengthen a comprehensive system of age-appropriate screening, assessment and treatment for the MCH population.

Performance Measure: The percent of ND Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening services. (Child Health)

Major accomplishments: CSHS staff participate on various committees with the state Medicaid Program; partnership with ND's Early Childhood Comprehensive System Program aimed to expand developmental screening with a focus on mental health; collaboration between the Suicide Program and the Family Planning and the Optional Pregnancy Outcome Programs to screen clients for depression.

Significant challenges: The ND Medicaid Management Information System (MMIS) project, which began in 2004 and is expected to go live in fall 2015, has taken priority for ND Medicaid staff; thereby limiting collaboration opportunities.

Support quality health care through medical homes.

Performance Measure: The percent of children birth through 17 receiving health care that meets the American Academy of Pediatrics (AAP) definition of medical home. (Child Health and Children with Special Health Care Needs)

Major accomplishments: Funding through CSHS to the ND Chapter of the AAP for a Medical Home Project; funding provided to Minot State University for a medical home care coordination module online course; and CSHS and Oral Health Program staff developed an oral health resource booklet that provides information to families of children with complex dental conditions to assist them in navigating the system for care and services.

Significant challenges: Limited providers and lack of a statewide coalition to move the medical home concept forward; the curriculum, as well as the Medical Home Project through the ND Chapter of the AAP, has had limited participation and has not grown as anticipated; competing workload demands; limited financial resources.

Increase participation and utilization of family support services and parent education programs.

Performance Measure: The percent of parents who reported that they usually or always got the specific information they needed from their child's doctor and other health-care providers during the past 12 months. (Child Health and Children with Special Health Care Needs)

Major accomplishments: CSHS provides funding to two family-led organizations, Family Voices of ND and ND Hands and Voices, to provide information, training and support services for children with special health care needs and their families.

Significant challenges: Because of ND's population growth, family support agencies that provide care coordination to families have needed to provide more services, despite a decrease in resources.

Increase access to available, appropriate and quality health care for the MCH population.

Performance Measure: Increase the number of children birth to age 2 served by an evidenced-based home visiting program. (Perinatal/Infant Health)

Major accomplishments: Prevent Child Abuse North Dakota (PCAND) is the state's Maternal, Infant and Early Childhood Home Visiting grantee; they have developed a state level directory of early childhood services and developed a children's services coalition to better coordinate services in tribal areas.

Significant challenges: PCAND's targeted service areas of Turtle Mountain and Spirit Lake transitioned from Healthy Families America to Parents as Teachers; thereby resulting in a slight decline in the number of children served by an evidenced-based home visiting program.

Promote optimal mental health and social-emotional development of the MCH population.

Performance Measure: Decrease the percentage of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months. (Adolescent Health)

Major accomplishments: State funding for suicide prevention activities; state law that requires two hours of training annually for middle and high school teachers and administrators relating to youth suicide risk indicators, appropriate staff responses, and referral sources.

Significant challenges: Performance measure data continues to increase from 22.9 in 2009 to 25.4 in 2013; effective strategies to prevent cyberbullying; funding and personnel resources.

Increase the number of child care health consultants and school nurses who provide nursing health services to licensed child-care providers and schools.

Performance Measure: The ratio of students per school to nursing full-time equivalent (FTE). (Child Health)

Major accomplishments: More schools are recognizing the need for school nurses. In 2012, there was one nurse to every 2,057 students, in 2014; there was approximately one nurse for every 1,478 students.

Significant challenges: No state mandate for school nursing services; the State School Nurse Consultant has other MCH responsibilities and is only able to dedicate about 30 percent of her time to school nursing advocacy.

Reduce violent behavior committed by or against children, youth and women.

Performance Measure: Reduce the number of students who were bullied on school property during the past 12 months. (Adolescent Health)

Major accomplishments: State law that requires every school district to develop and implement a bullying policy.

Significant challenges: Limited funding; lack of staff to coordinate efforts.

Reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.

Performance Measure: The rate of deaths to individuals ages 1 through 24 caused by intentional and unintentional injuries per 100,000 individuals. (Adolescent Health)

Major accomplishments: Primary seat belt law for children through age 17; strong partnership with the Department of Transportation to implement the Child Passenger Safety Program; ND Injury Prevention Plan.

Significant challenges: Obtaining hospital discharge data to monitor and access intentional and unintentional injury rates; limited funding.

Promote healthy eating and physical activity within the MCH population.

Performance Measure: The percent of healthy weight among adults ages 18 through 44. (Women's/Maternal Health)

Major accomplishments: Title V partnered with the Women, Infants and Children (WIC) Program to focus education efforts around MyPlate and its nutrition education concepts.

Significant challenges: Changing social norms and personal habits.

Work will continue on these state priorities/performance measures, as well as the 18 Federal Performance Measures through September 2015.

Early in 2014, ND began planning the five-year needs assessment to select priorities for 2016-2020. Both qualitative and quantitative data collection and review activities were completed to conduct the needs assessment. Qualitative activities consisted of surveying

stakeholders to gain their input into perceived needs of their MCH communities; a kick-off meeting of MCH program staff and stakeholders; and a post-prioritization survey of stakeholders to gather input on whether the areas prioritized reflected the needs of the MCH population. Quantitatively, an epidemiological review of all available MCH indicators and outcomes data at the state and national levels and a criteria-based ranking and weighting prioritization tool were utilized. A consensus based approach was then used to streamline the identified priorities and to align them with the Maternal and Child Health Bureau's set of National Priority Areas.

Five-year action plans were developed and organized around the six population domains. State MCH staff took the lead in developing the action plans that pertained to their content area of expertise. The Title V and CSHCN directors developed an action plan template and example for staff with specific instructions that followed MCH Block Grant Guidance. Analysis of specific programmatic approaches where current efforts are working well and areas in which new and/or enhanced strategies are needed, was completed during initial development of the five-year action plans by reviewing documents containing best practices, evidence-based, evidence-informed or promising practice approaches. Strategies were developed utilizing this assessment. This analysis will be on-going with further refinement of the action plans in the four interim year applications. MCH staff will provide progress updates at bi-monthly Title V meetings.

Below is an overview of ND's needs assessment process and timeline:

North Dakota's 2016-2020 Needs Assessment Process and Timeline

Activity	Timeline
MCH Survey of Perceived Needs	December 2013 – March 2014
Analyze MCH Perceived Needs Survey	April – May 2014
MCH Needs Assessment Kick-off Meeting (internal and external partners) Historical MCH overview Explain the MCH needs assessment requirements Describe ND's needs assessment process Review the results for the stakeholder survey	June 16, 2014
Internal MCH Meeting for New Staff MCH history Needs assessment overview	July 10, 2014
Internal Review of Data and Selection of Proposed Priorities Epidemiological review of all available MCH state and federal indicators and outcomes data Utilization of a ranking tool to determine priorities	August – December 2014
MCH Stakeholder Survey – Did we select the best MCH priorities for 2016-2020?	March 2015
Analyze MCH Stakeholder Survey, Finalize Priorities, and Align with MCH Population Domains and National Priority Areas	April 2015
Share Survey Results and 2016-2020 State MCH Priorities	May 2015
Develop Five-Year Action Plan Tables	May-June 2015

Based on ND's needs assessment process, the following 10 priorities across the six population domains are shown in the table below:

North Dakota MCH Priorities 2016-2020

North Dakota Priorities	National Priority Areas	MCH Population Groups	Rationale for Selection
Reduce tobacco use in pregnant women.	Well Woman Care	Women's/Maternal Health	In ND, about 18 percent of women (1 in 5) reported smoking at any point during their pregnancy, compared to about 11 percent nationally (1 in 10). Smoking during pregnancy can cause a baby to be born too early, have low birth weight, and increases the risk of Sudden Infant Death Syndrome (SIDS).
Increase the rate of breastfeeding at 6 months.	Breastfeeding	Perinatal/Infant Health	In ND, about 45 percent of women report having breastfed their infants at 6 months, compared to about 50 percent nationally. Breastfeeding is associated with a reduced risk of SIDS and reduces a child's risk of becoming overweight as a teen or adult.
Reduce disparities in infant mortality.	Safe Sleep	Perinatal/Infant Health	In ND, the AI infant death rate (15 per 1,000) is about 4 times greater than that of the White infant death rate (4 per 1,000). Infants born to AI mothers are at much higher risk for poor birth outcomes, including being born too early, being born at low birth weight and to die in the first year of life.
Reduce overweight and obesity in children.	Physical Activity	Child Health	In ND, about 36 percent of children and teenagers ages 10 through 17 are considered overweight to obese, compared to 31 percent nationally. Children that are overweight have an increased risk for heart disease, diabetes, asthma and low-self-esteem.
Reduce fatal motor vehicle crash deaths to adolescents.	Injury	Adolescent Health	In ND in the past three years, unintentional injuries among ages 15 through 24 due to motor vehicle crashes ranged from 19 to 27 per 100,000. Motor vehicle crashes are the number one killer of teenagers. Motor vehicle crashes are preventable and proven strategies can improve the safety of young drivers on the road.
Decrease depressive symptoms in adolescents.	Bullying	Adolescent Health	In ND, about 25 percent adolescents (1 in 4) report having depressive symptoms (feeling sad and/or hopeless) and/or being bullied in the past 12 months. Bullying is a major public health problem that is linked to depression, antisocial behavior, suicidal thoughts, poor school performance, etc.
Increase the utilization of medical home.	Medical Home (a family-centered approach to providing comprehensive care)	Children with Special Health Care Needs	In ND, about 48 percent of families of children with special health care needs (less than half), ages 0 to 18, report having received coordinated, ongoing, comprehensive care within a medical home. Children with a medical home are more likely to receive preventive care, are less likely to be hospitalized, and are more likely to be diagnosed early for chronic or disabling conditions.
Increase the number of children with special health care needs receiving transition support.	Transition (a planned movement from teenage years to adulthood)	Children with Special Health Care Needs	In ND, about 47 percent of parents of children with special health care needs (less than half) report having adequate resources for their child's transition into adulthood. Transition to adulthood is a critical developmental period. Children who do not receive transition services are more likely to have unmet health needs as adults.
Increase preventative dental services to children.	Oral Health	Cross-cutting/Life Course	In ND, about 42 percent of EPSDT-eligible children ages 6 through 9 (less than half) reported having received any dental services. Oral health is an important component of overall health and is a great unmet health need among certain population groups. People with limited access to oral health care are at greater risk for chronic diseases.
Increase adequate insurance coverage to the MCH population.	Adequate insurance Coverage	Cross-cutting/Life Course	In ND, about 23 percent of all children did not have adequate health insurance to meet their complex needs, compared to about 28 percent of children with special healthcare needs. Inadequate insurance can lead to delayed or foregone care. Problems include cost-sharing requirements, benefit limitations and inadequate coverage of needed services.