



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

NORTH DAKOTA

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

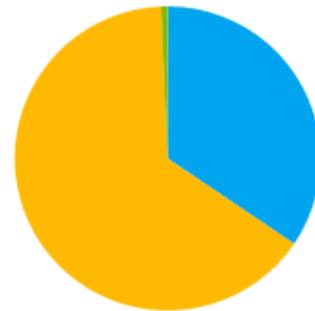
State Contacts

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

Source	FY 2015 Expenditures
Federal Allocation	\$1,164,312
State MCH Funds	\$2,189,117
Local MCH Funds	\$22,658
Other Funds	\$0
Program Income	\$0

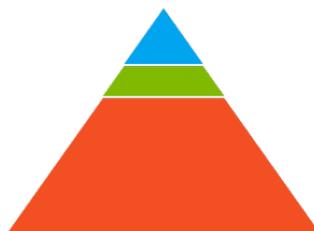
FY 2015 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$294,242	\$432,924
Enabling Services	\$158,383	\$364,401
Public Health Services and Systems	\$711,687	\$1,414,450

FY 2015 Expenditures
Federal



FY 2015 Expenditures
Non-Federal



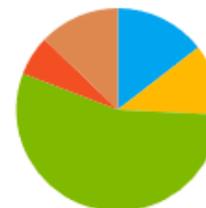
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
 Pregnant Women	23,543	\$454,107	14.0%
 Infants < 1 Year	18,319	\$555,019	17.1%
 Children 1-22 Years	89,358	\$894,152	27.5%
 CSHCN	10,371	\$1,304,869	40.2%
 Others *	20,793	\$40,223	1.2%
Total	162,384	\$3,248,370	100%

FY 2015 Expenditures



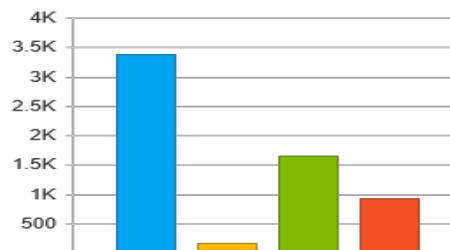
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
 State Title V Website Hits:	3,382
 State Title V Social Media Hits:	167
 State MCH Toll-Free Calls:	1,653
 Other Toll-Free Calls:	929



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of partnerships established to assist with the integration of tobacco cessation and prevention activities for pregnant women and women of reproductive age.
NPM 4	Breastfeeding	ESM 4.1	Number of North Dakota hospitals that are designated as North Dakota Breastfeeding-Friendly.
NPM 5	Safe Sleep	ESM 5.1	Number of hospitals that have implemented safe infant sleep polices.
NPM 7	Injury Hospitalization	ESM 7.1	Number of certified child passenger safety technician proxies in North Dakota.
NPM 8	Physical Activity	ESM 8.1	Numbers of schools maternal and child health (MCH) grantees are working in to reduce overweight and obesity in North Dakota children.
NPM 11	Medical Home	ESM 11.1	Number of individuals who have received education and training on care coordination for CSHCN.
NPM 12	Transition	ESM 12.1	Number of individuals who have received education and training on healthcare transition.
NPM 13	Preventive Dental Visit	ESM 13.1	Number of children that receive dental sealants per school year.

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Decrease depressive symptoms in adolescents.	Adolescent Health
SPM 2	Increase adequate insurance coverage to the MCH population.	Cross-Cutting/Life Course
SPM 3	Implement North Dakota state mandates delegated to North Dakota Department of Health Title V / Maternal and Child Health Program.	Cross-Cutting/Life Course

State Outcome Measures

SOM #	SOM Title	Population Domain(s)
SOM 1	The ratio of the American Indian infant mortality rate to the White infant mortality rate per 1,000.	Perinatal/Infant Health

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.

Through the initial 2016-2020 five-year needs assessment process, the Title V/MCH Leadership Team, partners and stakeholders identified the 10 highest priority needs for ND that aligned with National Performance Measures (NPM) and outcome measures. Of the ten priority areas identified, eight priorities were selected to be addressed by the ND Title V/MCH Program over the next five-year period as National Performance Measures (NPM):

- Reduce tobacco use in pregnant women
- Increase the rate of breastfeeding at 6 months
- Reduce disparities in infant mortality
- Reduce overweight and obesity in children
- Reduce fatal motor vehicle crash deaths to adolescents
- Increase the utilization of medical home
- Increase the number of children with special health care needs receiving transition support
- Increase preventive dental services to children

The remaining two priority areas were selected as the State Performance Measures (SPM), along with an additional measure on existing state mandates as part on ND's ongoing needs assessment process:

- Decrease depressive symptoms in adolescents
- Increase adequate insurance coverage to the MCH population
- Implement North Dakota state mandates delegated to the North Dakota Department of Health Title V / Maternal and Child Health Program

A State Outcome Measure (SOM) was also developed: Decrease the disparity of mortality among American Indian (AI) infants. This SOM was developed based on the overwhelming disparity in infant mortality among AI, in which the AI infant death rate is about 3 times greater than that of the White infant death rate. For calendar year 2014, the three year average mortality rate of AI infants was 13 per 1,000, compared to White infants at 4.1 per 1,000.

Based on ND's needs assessment process, the following 11 priorities across the six population domains and their alignment with the NPMs are shown in the table below:

North Dakota MCH Priorities 2016-2020



North Dakota Priorities	National Priority Areas	MCH Population Groups
Reduce tobacco use in pregnant women.	Well Woman Care	Women's/Maternal Health
Increase the rate of breastfeeding at 6 months.	Breastfeeding	Perinatal/Infant Health
Reduce disparities in infant mortality.	Safe Sleep	Perinatal/Infant Health
Reduce overweight and obesity in children.	Physical Activity	Child Health
Reduce fatal motor vehicle crash deaths to adolescents.	Injury	Adolescent Health
Decrease depressive symptoms in adolescents.	Bullying	Adolescent Health
Increase the utilization of medical home.	Medical Home (a family-centered approach to providing comprehensive care)	Children with Special Health Care Needs
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
Increase preventive dental services to children.	Oral Health	Cross-cutting/Life Course
Increase adequate insurance coverage to the MCH population.	Adequate insurance coverage	Cross-cutting/Life Course
Implement North Dakota state mandates delegated to North Dakota Department of Health Title V / Maternal and Child Health Program.	N/A	Cross-cutting/Life Course

Five-year action plans containing evidence-based evidence-informed and/or promising practice strategies have been developed and organized around the six population domains for all 11 priorities. Significant accomplishments on “moving the needle” around ND’s priority areas and national and state performance measures include:

Women’s/Maternal Health:

- *Reduce tobacco use in pregnant women:* Collaboration with the American Indian Public Health Resource Center (AIPHRC) on ND’s Infant Mortality Collaborative Improvement and Innovation Network (CoIIN) initiative that focuses on tribal outreach, engagement, and interventions that can increase rates of prenatal care, reduce tobacco use in pregnant women, encourage safe sleep practices, and improve birth outcomes.

Perinatal/Infant Health:

- *Increase breastfeeding rates at six months:* A new MCH grant process that targeted funding to increase breastfeeding rates; and two statewide breastfeeding designations that support breastfeeding mothers and infants – the Infant-Friendly business designation and the ND Breastfeeding-Friendly hospital designation. There are currently 71 businesses designated “Infant-Friendly” and four out of the twelve birthing hospitals have initiated the process of becoming “Breastfeeding-Friendly.”
- *Reduce disparities in infant mortality:* Through ND’s Infant Mortality CoIIN initiative, a project has been developed to work with hospitals on safe sleep policies that will include safe sleep messaging on crib sheets with a newly designed safe sleep ND logo; and mini-grants to promote safe sleep environments for infants that require integration of other risk reduction education training including breastfeeding, smoking cessation, and second hand smoke exposure.

Child Health:

- *Reduce overweight and obesity in children:* The MCH Nutritionist is taking the lead on a Pediatric Obesity CoIIN mini-grant to enhance efforts related to nutrition and physical activity in children ages 2-5; and new MCH grant process that targeted funding has been awarded to three entities to work on evidence-based strategies to reduce overweight and obesity in children in schools, child care facilities and communities.

Adolescent Health:

- *Reduce fatal motor vehicle crash deaths to adolescents:* New infographic fact sheets have been developed from the 2015 ND Child Passenger Safety Observation Survey data and have been shared statewide with stakeholders; and efforts are moving forward to implement Impact Teen Drivers throughout ND communities.

Children with Special Health Care Needs (CSHCN):

- *Increase the utilization of medical home:* Sharing of best practice care coordination resources, (e.g., toolkits, training curriculums, strategies, etc.) and information from national surveys with partners; and enhancement of family engagement through care coordination trainings, mailings, and other educational opportunities.
- *Increase the number of children with special health care needs (CSHCN) receiving transition support:* Enhancement of an Information Resource Center in which various information on transition is mailed to individuals ages 14 to 21 that are utilizing services; and alignment of work efforts with family support organizations, committees, and other partners to provide family-centered information regarding youth transition.

Cross-cutting/Life Course:

- *Increase preventive dental services to children:* Implementation of Seal!ND, a school-based fluoride varnish and sealant program that increases access to preventive dental care to underserved populations; and a strong, broad-based Oral Health Coalition.

Overarching challenges consistent across all priority areas include competing priorities and workloads that stress staff resources and limited funding.

Annual Report Summary:

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 per population health domain are included below for the period of October 1, 2014 through September 30, 2015. This is the final time these priorities will be reported on, as strategies and activities addressing the new 2016-2020 priorities started October 1, 2015.

Women's/Maternal Health:

- **Promote healthy eating and physical activity within the MCH population.**
- Performance Measure: The percent of healthy weight among adults ages 18 through 44.

Major accomplishments: Title V staff coordinated a sustainability training for 12 local Healthy Communities Coalitions; the Women, Infants and Children (WIC) Program final food rule was implemented that required only low-fat milks be provided for all women participants and children over two years.

Significant challenges: Changing social norms and personal habits.

Perinatal/Infant Health:

- **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 evidence-based home visiting program.

Major accomplishments: Prevent Child Abuse North Dakota (PCAND) is the state's Maternal, Infant and Early Childhood Home Visiting (MIECHV) grantee – they have become a partner site with the Cribs for Kids Program; the State Title V Director serves on PCAND's MIECHV Advisory Committee – through this role, the Title V Director has been able to facilitate increased collaboration between Title V programs and home visiting programs.

Significant challenge: PCAND's targeted service areas of Turtle Mountain and Spirit Lake reservations transitioned from Healthy Families America to Parents as Teachers; thereby resulting in a slight decline in the number of children served.

Child Health and Children with Special Health Care Needs (CSHCN):

- **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.

Major accomplishments: CSHS staff participated on various committees with the ND 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, Family Planning and the Optional Pregnancy Outcome Programs screened clients for depression.

Significant challenge: The ND Medicaid Management Information System (MMIS) project, which began in 2004 and went live in October 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.

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 online course; discussions occurred with one major health system that has been attempting to move medical home forward and is interested in the concept of a statewide medical home coalition; and medical home identified as a priority area for CSHCN based upon the 2015-2020 Title V MCH Needs Assessment.

Significant challenges: Limited providers and lack of a statewide coalition; the curriculum, as well as the Medical Home Project through the ND Chapter of the AAP, has had limited participation; a care coordination program funded by CSHS was discontinued on September 30, 2015 due to resource limitations; and competing workload demands.

- **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).

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; the State School Nurse Consultant (SNC) participated in the Johnson and Johnson School Health Leadership Program with the goals of training school staff and nurses on medication administration, developing a standardized health history form, and developing a virtual school nurse model.

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

- **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.

Major accomplishment: CSHS provided 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.

Adolescent Health:

- **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.

Major accomplishments: The State Suicide Prevention Program (SPP) launched a media campaign to promote mental health; with support from the SPP, Turtle Mountain Indian Reservation and Bismarck School District have implemented suicide prevention programming in the majority of their high schools.

Significant challenges: While the 2015 Youth Behavior Risk Survey showed a hopeful decrease of high school students reporting feeling so sad or hopeless that they stopped doing some usual activities during the 12 months before the survey (19.6 % in 2015 compared to 25.4 % in 2013), this number is still a concern; including funding and personnel resources.

- **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.

Major accomplishments: State law that requires every school district to develop and implement a bullying policy; creation of an online toolkit with primary prevention resources.

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.

Major accomplishments: Primary seat belt law for children through age 17; strong partnership with the Department of Transportation; successful ND Conference on Injury Prevention and Control with 125 participants attending.

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

Cross-cutting/Life Course:

- **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.

Major accomplishments: CSHS supported a ten-member Family Advisory Council and provided funding for a multidisciplinary developmental assessment clinic at Fort Totten and Turtle Mountain American Indian reservations; a contract with the AIPHRC to work with the AI tribal programs to determine available resources and data related to infant mortality.

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