



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **NORTH DAKOTA**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### 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 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

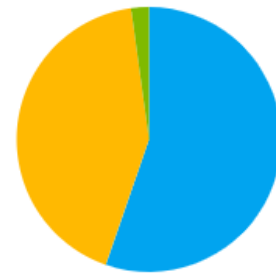
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Kim Mertz, R.N., BNSc. Healthy & Safe Communities Section Chief kmertz@nd.gov (701) 328-4528	Kimberly Hruby, R.N., MSN Director, Division of Special Health Services krhruby@nd.gov (701) 328-4854	Moe Schroeder Parent to Parent Coordinator, Family Voices of ND moeschroederiii@yahoo.com (701) 793-8339

### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$1,739,627
State MCH Funds	\$1,337,350
Local MCH Funds	\$68,089
Other Funds	\$0
Program Income	\$0

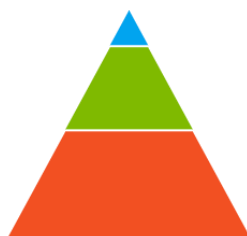
FY 2018 Expenditures



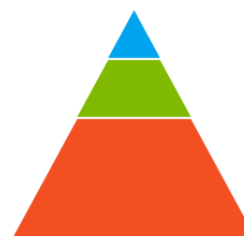
### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$272,229	\$301,266
Enabling Services	\$642,731	\$359,413
Public Health Services and Systems	\$824,667	\$744,760

FY 2018 Expenditures  
Federal



FY 2018 Expenditures  
Non-Federal



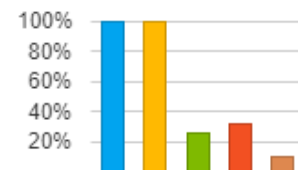
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	100.0%	\$279,071
Infants < 1 Year	100.0%	\$341,086
Children 1 through 21 Years	25.0%	\$759,696
CSHCN (Subset of all Children)	31.0%	\$1,387,640
Others *	10.0%	\$47,217

**FY 2018 Expenditures**  
Total: \$2,814,710



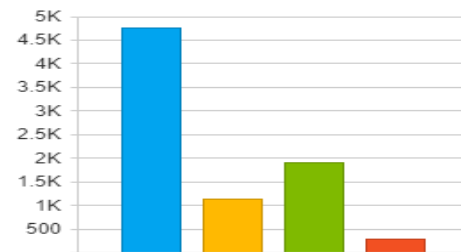
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
State Title V Website Hits:	4,761
State Title V Social Media Hits:	1,131
State MCH Toll-Free Calls:	1,896
Other Toll-Free Calls:	285



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
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	Adolescent Health
NPM 8	Physical Activity	Child 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	Child Health

### 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 7.2	Injury Hospitalization Ages 10 through 19	ESM 7.2.1	The number of schools that were provided the Impact Teen Driver Presentations.
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.1	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 /or training on care coordination for CSHCN.
NPM 11	Medical Home	ESM 11.2	Percentage of clients served in medical home contracts with special health care needs.
NPM 11	Medical Home	ESM 11.3	Percentage of families served by SHS family support contracts indicating satisfaction.
NPM 12	Transition	ESM 12.1	Number of individuals who have received education and /or training on healthcare transition.
NPM 12	Transition	ESM 12.2	Percentage of individuals age 14 to 21 served in SHS multidisciplinary clinics that received a transition assessment.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of children that receive dental sealants per school year.

### State Performance Measures

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

## Executive Summary

### Program Overview

#### Section III.A.1. Program Overview

##### Application Summary

Every five years, North Dakota (ND) is required to develop a comprehensive, statewide needs assessment of the maternal and child health (MCH) population. This needs assessment requires ongoing analysis of sources of information about MCH status, risk factors, access, capacity, and outcomes. Needs assessment of the MCH population in an ongoing collaborative process, one that 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.


Through the initial 2016-2020 five-year needs assessment process, state Title V/MCH staff, partners and stakeholders identified the 11 highest priority needs for ND:

- Reduce tobacco use in pregnant women
- Increase the rate of breastfeeding at six 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
- 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 (NDDoH) Title V / MCH Program

Based on ND's needs assessment process, the following 11 priorities across the six population domains and their alignment with National Performance Measures 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 Visit	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
Increase preventive dental services to children	Preventive Dental Visit	Child/Adolescent Health
Reduce fatal motor vehicle crash deaths to adolescents	Injury Hospitalization	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 adequate insurance coverage to the MCH population	Adequate insurance	Cross-cutting/Systems Building
Implement North Dakota state mandates delegated to North Dakota Department of Health Title V / Maternal and Child Health Program	N/A	Cross-cutting/Systems Building

Revised June 2018

In addition to the initial needs assessment process, public/stakeholder input is gathered on a regular basis throughout the year. MCH staff provide updates on the MCH grant and grant application activities to various groups (e.g., local public health, Special Health Services Advisory Councils, ND State Council on Developmental Disabilities, Family Voices of ND). These groups have a broad range of representatives from throughout the state who provide input in directing public health efforts.

Strong partnerships with family-led organizations, county social services, local public health, tribes, universities, schools, non-profit entities, health care facilities and other state agencies provide leadership, support and advocacy in supporting and assuring comprehensive, coordinated and family-centered MCH services, including services for children with special health care needs (CSHCN).

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. As Title V staff develop their action plan strategies and activities, they share the plan with key partners for direction and feedback. Below is a summary of the rationale for selection of each priority, 2019 data update, a health disparity highlight and major accomplishment(s):

#### **Women's/Maternal Health:**

- ***Reduce tobacco use in pregnant women***  
Rationale for selection in 2015: In ND, 18% of women reported smoking at any point during their pregnancy, compared to 11% nationally (2012 National Vital Statistics Reports (NVSR)). 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).  
Data update (showing progress): In ND, 11.5% of women reported smoking at any point during their pregnancy, compared to 7.2% nationally (2017 NDDoH Division of Vital Records (NDDoH DVR)).  
Health Disparity: In 2017, approximately 30% of American Indian (AI) women reported smoking at least one cigarette during pregnancy, compared to 11.5% of White pregnant women (NDDoH DVR).  
Major accomplishment:
  - Collaboration with the Tobacco Prevention and Control Program on promotion of NDQuits and Baby & Me Tobacco Free (BMTF) Programs. Birthweight data collected since July 2018 demonstrated that the average birthweight of a baby born to a BMTF program participant was, on average, 8 ounces heavier than those who were in the "pregnant smokers" category (7 pounds 9 ounces compared to 7 pounds 1 ounce).

#### **Perinatal/Infant Health:**

- ***Increase the rate of breastfeeding at six months***  
Rationale for selection in 2015: In ND, 45% of women reported having breastfed their infants at 6 months, compared to 50% nationally (2013 Centers for Disease Control and Prevention (CDC) Breastfeeding Report Card). Breastfeeding is associated with a reduced risk of SIDS, reduces a child's risk of becoming overweight, and has been linked to decreased risk of breast and ovarian cancer in women.  
Data update (showing progress): In ND, 58.2% of women report having breastfed their infants at six months, similar to the national average of 57.6% (2018 CDC Breastfeeding Report Card).  
Health Disparity: In 2017, approximately 48% of ND AI infants were breastfed at birth, compared to 85% of White infants (NDDoH DVR).  
Major accomplishments:
  - Two statewide programs that support breastfeeding mothers and infants: ND Breastfeeding Friendly Hospitals and Infant Friendly Workplace. Four of the 12 birthing hospitals are designated as Breastfeeding Friendly and 155 businesses are designated as Infant Friendly.
  - ND was one of 11 states selected to participate in the Children's Healthy Weight Collaborative Improvement and Innovation Network (CoIIN) with the goal to facilitate collaboration in tribal communities and urban AI populations for breastfeeding support.
- ***Reduce disparities in infant mortality***  
Rationale for selection in 2015: In ND, the AI 3-year infant death rate (15 per 1,000) was about 3 times greater than that of the White infant death rate (4.7 per 1,000) (2013 NDDoH DVR). 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.  
Data update (showing progress): In ND, the AI 3-year infant death rate (12.7 per 1,000) is about 2.5 times greater than that of the White infant death rate (5.1 per 1,000) (2014-2016 NVSR).  
Health Disparity: Significant disparities continue to persist in ND, especially for infants born to AI women, as indicated in the above data. In addition, younger, unmarried women, with less than high school education had higher rates of infant mortality.  
Major accomplishments:
  - Development of a safe sleep messaging campaign that incorporates other risk reduction education including smoking cessation, second hand smoke exposure and the benefits of breastfeeding.
  - All 12 birthing hospitals signed the ND Safe-to-Sleep Pledge; one hospital has reached gold level certification through the National Cribs for Kids program.
  - Implementation of Count the Kicks, a stillbirth prevention public health campaign.

#### **Child Health:**

- ***Reduce overweight and obesity in children***  
Rationale for selection in 2015: In ND, 36% of children and teenagers ages 10 through 17 were considered overweight to obese, compared to 31% nationally (2011/2012 National Survey of Children's Health (NSCH)). Children that are overweight have an increased risk for heart disease, diabetes, asthma, and low-self-esteem.  
Data update (showing progress): In ND, 30% of children and teenagers ages 10 through 17 are considered overweight to obese, compared to 31% nationally (2016-2017 NSCH).  
Health Disparity: In ND, 18.6% of females ages 10 through 17 were overweight, compared 16.4% of males (2016-2017 NSCH).



Major accomplishments:

- Development of a “Train the Trainer” curriculum – *Shaping the First Five Years with Active Play and Healthy Eating* – related to nutrition and physical activity best practices for early care and education providers.
- Development of a wellness policy that identifies what schools should be working toward for improvement (e.g., policy, nutrition, promotion, physical activity, school sponsored activities, nutrition standards, hydration standards, marketing, qualifications and training).

- **Increase preventive dental services to children**

Rationale for selection in 2015: In ND, 20.7% of third graders had untreated decay, compared to 25% nationally (2010 ND Third Grade Basic Screening Survey (BSS)).

Data update (decline in progress): In ND, 23% of third graders had untreated decay, compared to 22% nationally (2018 BSS).

Health Disparity: Dental decay among ND third graders was more prevalent among AI children (88%), compared to White children (67%) (2018 BSS).

Major accomplishments:

- Medicaid reimbursement for public health hygienists that provide services for Seal!ND, a school-based fluoride varnish and sealant program.
- A public health hygienist employed in a medical facility that provides oral health screenings, fluoride varnish, education, referrals and care coordination to low-income and uninsured individuals.
- A strong community water fluoridation program; 97% of ND’s community water systems have optimally-fluoridated water.

**Adolescent Health:**

- **Reduce fatal motor vehicle crash deaths to adolescents**

Rationale for selection in 2015: In ND during 2009-2011, unintentional injuries among youth ages 15 through 24 due to motor vehicle crashes ranged from 16 to 27 per 100,000 (NDDoH DVR). Motor vehicle crashes are the number one killer of teenagers; young drivers are twice as likely as adult drivers to be in a fatal crash.

Data update (decline in progress): In 2017, rate of fatal unintentional injuries among youth ages 15 through 24 due to motor vehicle crashes in ND was 41.5 per 100,000 (NDDoH DVR).

Health Disparity: In 2017, ND males (48.9) had a higher mortality rate compared to ND females (22.63) (NDDoH DVR).

Additionally, while only 32% of motor vehicle crashes in ND occurred on rural roads between 2013 and 2017, these rural crashes accounted for 87% of all fatal crashes in the state and 70% of all severe crash-related injuries (2018 ND Department of Transportation).

Major accomplishments:

- Expansion of Impact Teen Drivers: an evidence-based program that uses engaging awareness and educational materials for teens, parents, teachers and health professionals.
- Vison Zero – a comprehensive, multi-agency effort to work toward zero motor vehicle fatalities and serious injuries on ND roads.

- **Decrease depressive symptoms in adolescents**

Rationale for selection in 2015: In ND, 25% of adolescents reported having depressive symptoms (feeling sad and/or hopeless) and/or being bullied in the past 12 months (2013 ND Youth Risk Behavioral Survey (YRBS)). Bullying is a major public health problem that is linked to depression, antisocial behavior, suicidal thoughts, poor school performance, etc.

Data update (decline in progress): In ND, 28.9% of adolescent’s report having depressive symptoms and/or being bullied in the past 12 months (2017 ND YRBS).

Health Disparity: In 2017, approximately 24% of ND high school girls seriously contemplated suicide, compared to 17% of high school boys (ND YRBS).

Major accomplishments:

- Sources of Strength – an evidence-based suicide, substance use, and bullying prevention program implemented in 50 schools.
- Transition of the Suicide Prevention Program from the NDDoH to the Department of Human Services, Behavioral Health Division, to enhance coordination across the behavioral health continuum of care.

**Children with Special Health Care Needs (CSHCN):**

- **Increase the utilization of medical home**

Rationale for selection in 2015: In ND, 48% of families of CSHCN ages 0 to 18 reported 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 (2009-2010 NSCH).

Data update (showing progress): In ND, 43.2% of families of CSHCN, ages 0 to 18, report having received coordinated, ongoing, comprehensive care within a medical home (2016-2017 NSCH).

Health Disparity: In ND, only 43.2% of CSHCN received coordinated, ongoing, comprehensive care within a medical home, compared to non-CSHCN (49.8%) (2016-2017 NSCH).

Major accomplishment:

- Formation of a Well-Child Check Collaborative focused on increasing ND well-child check rates, advocating for quality care within a medical home, and execution of age-appropriate developmental screenings.

- **Increase the number of children with special health care needs receiving transition support**

Rationale for selection in 2015: In ND, 47% of parents of CSHCN reported having adequate resources for their child’s transition into adulthood (2009-2010 NSCH). Children who do not receive transition services are more likely to have unmet health needs as adults.

Data update (decline in progress): In ND, 21.4% of CSHCN received services necessary to transition to adult health care (2016-2017 NSCH).

Health Disparity: In ND, adolescent males (17.8%) are less likely to receive services necessary to transition to adult health care compared to females (24.7%) (2016-2017 NSCH).

Major accomplishments:

- Creation of a Health Snapshot Pocket Guide to assist youth with gathering their medical information and begin the transition to adult health care; and a health care transition toolkit for use by pediatric health providers.

**Cross-cutting/Systems Building:**

- ***Increase adequate insurance coverage to the MCH population***  
Rationale for selection in 2015: In ND, 23% of non-CSHCN did not have adequate health insurance, compared to 28% of CSHCN (2011/2012 NSCH).  
 Inadequate insurance can lead to delayed or foregone care.  
Data update (decline in progress): In ND, 35.4% of non-CSHCN did not have adequate health insurance or had a gap in health insurance coverage in the last year, compared to 44.6% of CSHCN (2016-2017 NSCH).  
Health Disparity: ND parents with social-economic disparities are less likely to have adequate insurance to meet their medical and dental needs (2016-2017 NSCH).  
Major accomplishments:
  - Title V/MCH staff disseminate information on insurance or other coverage options and provide navigation support through referral training and education for families, local staff, and partners.
  - During federal fiscal year 2018, Special Health Services provided gap-filling diagnostic and treatment services to 221 CSHCN and their families.
- ***Implement North Dakota state mandates delegated to the North Dakota Department of Health Title V / Maternal and Child Health Program***  
Rationale for selection: Priorities are often influenced by state mandates, which are generally reflective of expressed need within the state.  
Major accomplishment:
  - During the 2019 Legislative Session, ND's Safe Haven's law was updated to direct the NDDoH to development a public awareness campaign; MCH will take the lead for this requirement.

**How Federal Title V Funds Support State MCH Efforts**

**Section III.A.2. How Title V Funds Support State 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 effectively address many identified priorities in a complementary fashion.

MCH Block Grant funding that is designated to address federal priorities is allocated throughout various divisions in the Healthy and Safe Communities Section. Collaboration and integration efforts occur not only inside the North Dakota Department of Health, but with local partners, and are a testament to how MCH Block Grant funding influences the overall MCH efforts supported by the state.

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 unique priorities. North Dakota has several mandates addressing the health of the MCH population that direct Title V work. Significant federal and state resources are required for successful implementation of programs that address these priorities.

Effective and efficient use of available funding is needed at all levels 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, which extends the "reach" of the MCH program.

**MCH Success Story**

**Section III.A.3. Success Story**

Maternal and Child Health (MCH) grantees are required to submit a success story as part of their annual report. Highlights of successes include:

- Implementation of a Geographic Information Systems (GIS) Mapping Project to help identify high-risk breastfeeding mothers to prioritize clients based on individual need using a triaging system.
- Development of a Milk and Cookies drop-in breastfeeding support clinic.
- The launch of a Balance of Breastfeeding media campaign targeted to moms (Balancing Baby and Career) and businesses (Balance your Bottom Line).
- Development of a Child Care Physical Activity online training.
- Program delivery with a focus to reduce childhood obesity through nutrition and physical activity strategies using a combination of transformational education and policy, systems and environmental change:
  - Programming to elementary-aged students included: On the Move to Better Health, On the Move Jr., On the Move to Stronger Bodies, and On the Move Cooking Schools.
  - Training to food service personal utilizing Smarter Lunchrooms Technical Assistant Training.
  - A train-the-trainer model used in afterschool programs and a youth camp.

See Section V., Supporting Documents, MCH Success Stories, for additional detail and data.



## 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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.