Maternal and Child Health Services Title V Block Grant

North Dakota

FY 2025 Application/ FY 2023 Annual Report

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Table of Contents

I. General Requirements

I.A. Letter of Transmittal

NORTH Dakota | Health & Human Services
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June 10, 2024

Director
Health Resources and Services Administration
Maternal and Child Health Bureau
Division of State and Community Health
5600 Fishers Lane, Room 18-31
Rockville, MD 20857

To Whom It May Concern:

Enclosed are North Dakota's FY 2025 Title V MCH Grant Application and FY 2023 Title V MCH Annual Report.

The North Dakota Department of Health and Human Services serves as the grantee for the Title V MCH Grant. The Title V Program is administered by the Healthy & Safe Communities Section, which administers programs for mothers, infants, children and adolescents, and programs for children with special health care needs and their families. Staff from the section work closely together in preparing the application and annual report.

Questions pertaining to maternal, infant and child populations of the enclosed application may be directed to Ms. Kimberly Hruby, Title V Director and Special Health Services Director, Healthy & Safe Communities Section, North Dakota Department of Health and Human Services, 600 East Boulevard Avenue Dept. 325, Bismarck, ND 58505-0200. Ms. Hruby's telephone number is 701-328-4854. Questions pertaining to children with special health care needs should be directed to Ms. Danielle Hoff, Assistant Unit Director and CSHCN Director, Special Health Services Unit, North Dakota Department of Health and Human Services, 600 East Boulevard Avenue Dept. 325, Bismarck, ND 58505-0200. Ms. Hoff's telephone number is 701-328-4669.

Sincerely,

Kimberly Hruby, RN, MSN, Title V Director
Healthy & Safe Communities Section
N.D. Department of Health and Human Services

Danielle Hoff, RN, DNP, CSHCN Director
Special Health Services Unit
N.D. Department of Health and Human Services

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Enclosure

600 East Boulevard Ave. Dept. 325 | Bismarck, ND 58505-0200 | hhs.nd.gov
| 800.472.2622 | 711 (TTY)

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix 2 of the 2026 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the 2021 Title V application/Annual Report guidance.

II. MCH Block Grant Workflow

Please refer to figure 3 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms", OMB NO: 0915-0172; Expires: December 31, 2026.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Section III.A.1. Program Overview

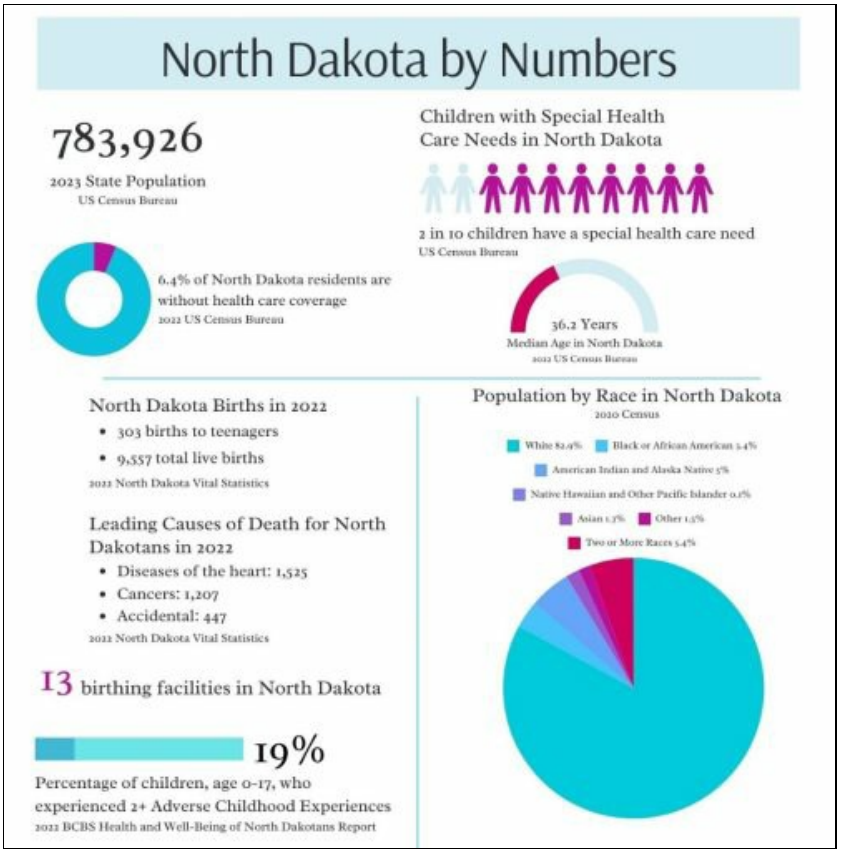
North Dakota's Framework:
The vision of the North Dakota Department of Health and Human Services (NDDHHS) is to make North Dakota the healthiest state in the nation. The NDDHHS fosters positive, comprehensive outcomes by prompting economic, behavioral, and physical health, ensuring a holistic approach 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 administrating 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.



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.

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.

III.A.3. 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.

III.B. Overview of the State

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The state's demographics, geography, economy, and urbanization; unique strengthens and challenges that impact the health status of the MCH population; and components of the state's system of care:

North Dakota is a rural state located in the geographic center of North America, in the upper Midwest region of the United States (US). It encompasses a significant landmass (68,982 square miles) and is the 17th largest state by land area. According to the US Census Bureau, North Dakota is the 4th least populated state in the nation (779,261 residents estimated in July 2022), with a population density of approximately 11.3 persons per square mile. Most North Dakota counties possess a population base below 5,000 residents, including 36 counties considered "frontier", defined as having a population density of six or fewer residents per square mile. North Dakota's health status is confronted by a variety of challenges, including the unique geography and climate, socioeconomic factors, and demographics of the state (US 2020 Decennial Census). The U.S. Census Bureau shows the state's population reached a new all-time high of 783,926 residents as of July 1, 2023. The 2023 estimate represents an increase of 4,665 residents from last year's estimate and is 4,847 residents more than the official 2020 census count. North Dakota was one of 42 states that saw their population estimates increase in 2023.

North Dakota has traditionally been one of the leading agricultural producers in the nation. According to the US Department of Agriculture (USDA), North Dakota ranked 1th in the nation for the value of Grains, oilseeds, dry beans, and dry peas crops sold (2022 Census of Agriculture). Energy development also plays a large role in North Dakota's economy. Top industries for jobs in North Dakota in 2022 included government 17.5%, education and health 15.8%, retail trade 10.9%, leisure/ hospitality 9.5%, professional/ business services 8.4%, construction 6.2%, and natural resource/mining jobs 5.1% (North Dakota Compass-North Dakota Job Service Labor Market Information, Quarterly Census of Employment and Wages).

The oil and natural gas industry in North Dakota accounted for $42.6 billion in gross business volume, nearly 50,000 jobs and over $3.8 billion in state and local tax revenues in 2021, according to a study conducted by North Dakota State University Department of Agribusiness and Applied Economics and Center for Social Research. (ND Petroleum Foundation). There were 390.4 million barrels and 1 trillion cubic feet of gas produced in 2022. Oil extraction and production tax revenues are over $26 billion for fiscal years 2008-2022. Over the past five fiscal years, oil extraction and production taxes have equaled more than 51% of all taxes collected by the state ((ND-Oil-and-Gas-Tax-Revenues-and-Distribution-Study-12-13-2022.pdf (ndpetroleumfoundation.org).

After three years of little or no growth, North Dakota's economy started to recover in 2018 with the state's GDP increasing by 4.3 percent. Real gross domestic product (GDP) increased in 49 states and the District of Columbia in 2023, with the
percent change ranging from 5.9 percent in North Dakota to –1.2 percent in Delaware. Mining increased in 43 states. This industry was the leading contributor to growth in seven states including North Dakota.The median household income in North Dakota in 2018-2022 was $73,959 (US Census). In 2021 North Dakota ranked 26th among the 50 states.

For decades, North Dakota experienced out-migration of its young adult population, making it an older-population state with about three-fifths of its population in the eastern half of the state. Over the past few years, North Dakota experienced a dramatic population shift. According to the US Census Bureau, the rapid population changes in the state was the result of an influx of people coming to work in energy development and related industries in the western part of the state. However, over the past year this trend is again changing. From July 1, 2021 to July 1, 2022, North

Dakota experienced a larger number of residents leaving than entering the state, a negative net migration of 1,442 residents. The negative net migration is due to domestic out-migration of 2,710 residents and international in-migration of 1,268 residents. These changes reflect a slight recovery after the COVID-19 pandemic that impacted all components of population change in 2021 (US Census Bureau, Population and Housing Unit Estimates, Vintage 2022 Estimates). North Dakota's 2022 population estimate of 779,261 was a record at the time, and it indicated that a population loss experienced from the 2020 official census to the 2021 estimate – attributed mainly to outmigration and the impact of lower oil prices – had begun to reverse.

While still young compared to most states, North Dakota is getting older. With a median age of 35.4 years in 2022 (ACS 5 year estimates), North Dakota is 3.1 years younger than the national average (median age 38.5 years), according to Vintage 2022 5 years population estimates released by the US Census Bureau. However, North Dakota has a higher percentage of people 65 and older (21.9%) compared to the nation (16.5%).

Racial and ethnic diversity continues to grow in North Dakota. The increase in the non-White population from 2010 to 2020 was the greatest percentage of any state, with a 91.6% increase from 2010 to 2020 compared to the US non-White population increase of 24.9% during the same time (North Dakota Compass, 2020-US Census Bureau, Decennial Census). Despite the increase in the population of color, North Dakota was less racially diverse than most states (42 out of 50 states). According to the 2022 ACS 1 year estimate the white (non-Hispanic) group made up 82.0% of the population, compared to 83.1% (2021 ACS 1 year estimate). Between 2010 and 2021, the share of the population that is Hispanic/Latino grew the most, increasing 2.4 percentage points to 4.3%. (2022 ACE 5 years estimates).

There are five-federally recognized Tribes and one Indian community located at least partially within North Dakota. The five tribes include the Mandan, Hidatsa and Arikara Nation (Three Affiliated Tribes), the Spirit Lake Nation, the Standing Rock Sioux Tribe, the Turtle Mountain Band of Chippewa Indians, the Sisseton-Wahpeton Oyate Nation, and the Trenton Indian Service Area. As of 2022, the median age of North Dakota's American Indian (AI) population was 25.8 (US Census Bureau 2022 ACS 5 years estimates), approximately nine years younger than North Dakota's overall median age of 35.4 years (US Census Bureau 2022 ACS, 5-year estimates). Unemployment and poverty continue to be a challenge on the reservations in North Dakota. Disparities facing the AI population include higher rates of diabetes, cancer, addiction, heart disease and other public health issues, including unintentional injuries. According with 2023 America's Health Ranking North Dakota had 8,532 years lost before age 75 per 100,000 population, compared to the Nation (9,478). The racial disparity ratio for North Dakota is 3.3, higher than the Nation (1.6). The premature death for AI was 22,868, compared to 7.013 for White. According to the 2022 County Health Rankings, all 12 North Dakota counties identified as "least healthy," are either within a tribal reservation or designated as rural/frontier.

Differences in poverty exist by race/ethnicity. Nationally, 21.7% of the AI population were estimated to be in poverty in 2022, compared to the overall national poverty rate of 12.6%. In North Dakota, the percent of poverty of AIs was 31.6% during 2016-2020, compared to the overall poverty rate of 10.5% in the state in 2020, and the 2018-2022 national poverty rate for AI was 21.7% (2022, ACS 5-year estimates). In the nation, North Dakota ranks 14th for the lowest poverty rate among the states in 2023 (2023 American's Health Ranking). The District of Columbia had the highest proportion of employed people in 2023, 68.2 percent, which also set a new high in its annual average series. The next highest ratios were in North Dakota, 67.9 percent, and Utah, 67.7 percent. North Dakota had the lowest jobless rate among the states in 2023, 1.9 percent (Regional and State Unemployment, 2023 Annual Average Summary).

There is a direct correlation between the rate of poverty for a given area and the percentage of households receiving public assistance. In North Dakota, Supplemental Nutrition Assistance Program (SNAP) benefits, ranged

from over 11.51% in Sheridan, 44.73%, in Sioux (AI reservation area) to 5.57% in Mercer County. Counties with the highest rates of public assistance all had a high AI population. These same counties had the highest rates of poverty in the state. (North Dakota Department of Human Services, SFY 2022 Unduplicated Count Report).

The health care delivery system in North Dakota consists of 52 hospitals – 37 smaller Critical Access Hospitals (CAHs) with 25 or fewer acute-care beds, six larger general acute-care hospitals located in the four largest cities, two psychiatric hospitals, two long-term acute-care hospitals, two Indian Health Service hospitals, two transplant-one specialty and one rehabilitation hospital – and more than 300 ambulatory care clinics. There are 34 facilities or programs statewide that provide mental health services and 96 licensed substance abuse programs. There are 54 federally certified rural health clinics and five federally qualified health centers with 19 clinic locations between them. All hospitals, including all 36 CAHs, except for one Indian Health Service (IHS) hospital, are designated as trauma centers. Each of the “Big Six” hospitals, located in the four largest cities in North Dakota, are home to a Level II trauma center. Most emergency medical service support in the state is ground-based and provide basic services, which is under duress because of its dependence on volunteers and funding challenges. There has been an expansion across the state in the deployment and use of electronic health records, but financial and other barriers to full implementation remain (Health Issues for the State of North Dakota, 2023, University of North Dakota).

Local public health units also provide valuable health care in North Dakota. The public health system is made up of 28 single and multi-county local public health units; all are autonomous and not part of the North Dakota Department of Health and Human Services (NDDHHS); although, a close partnership exists between NDDHHS and local public health units. Many programs, including the maternal and child health (MCH) programs contract services through local public health (e.g., physical activity and nutrition, breastfeeding). Services offered by each health unit vary, but all provide services in the areas of MCH (Health Issues for the State of North Dakota, 2021, University of North Dakota).

Like the rest of the country, North Dakota is facing a major health care delivery challenge – how to meet a burgeoning need for health care services now and in the future, with a supply of health care professionals that is not keeping pace with the growing demand; thereby, impacting the health status and needs of the MCH population. The supply of physicians in North Dakota lags behind the nation, especially in rural counties (6.6 physicians per 10,000 persons compared with 7.0 in other Upper Midwest states and 7.2 for the United States). Aging is a problem because more than half of North Dakota’s physicians (51.4%) are 45 to 74 years old. Though a large proportion of North Dakota’s physicians were IMGs and Canadian physicians (23.8%) in 2021, the state lacks large numbers of physicians from other states. As the physician population in the state continues to age, a large number will be retiring and will need to be replaced. As the North Dakota population also ages, there will be an increased need for physician care. (Health Issues for the State of North Dakota, 2023, University of North Dakota).

If the population of North Dakota does not expand at an increased rate but at the slower historical rate, the rate of physicians per 10,000 population will increase slightly until 2020 and remain stable through 2045. Part of the challenge in North Dakota is an inadequate number of providers; however, a larger portion of the challenge is a maldistribution of providers who are disproportionately located in the larger urbanized areas of the state. Frontier areas of the state face greater difficulties than rural areas in maintaining their health care workforce. These thinly populated regions cannot easily compete with the wages and amenities offered to health care providers by hospitals and clinics in urbanized areas. (Health Issues for the State of North Dakota, 2023, University of North Dakota).

According to the Center for Children and Families (CCF) 2023 health care coverage report (https://kidshealthcarereport.ccf.georgetown.edu/states/north-dakota/), health care coverage is important for children because it improves access to pediatrician-recommended care and services that support healthy development. When children get the health care they need, they are more likely to succeed in school, graduate from high school and attend college, earn higher wages, and grow up into healthy adults. In 2022, 5.5% of North Dakota children under

the age of 19 were uninsured, compared to the national average of 5.1%. This report also showed that in 2022, AI children had a higher uninsured rate (17.8%) compared to White children (3.7%). The rate of uninsured non-elderly individuals under age 65 was 7.5%, compared to the national average of 9.5%.

According to the 2022, American Community Survey (ACS) 1-year estimates (https://data.census.gov/profile/North_Dakota?g=040XX00US38), most North Dakotans have some form of health insurance. The ACS shows that 92.8% were insured in North Dakota, 79.7% are privately insured only,11.4%are publicly insured only, and 16.1%are a combination of privately and publicly insured, leaving approximately 7.2% as uninsured. As of 2020, 8.9% of residents from the ages of 19 to 65 in North Dakota lacked health insurance coverage (91.1% had some form of health coverage). Out of the North Dakota residents lacking insurance, White residents had the lowest percentage at 5.4%, while AI's had the largest at 24.6%. However, 31.3% of AI in North Dakota residents are living at or below poverty, but only make up 5.2% of North Dakota's population. Nonelderly adults between the ages of 19-64 were least likely to be covered by a type of health insurance, making up approximately 73.8% of the total uninsured population for the state, while only making up 58.4% of North Dakota's population. Males tended to have lower rates of coverage than females in this age range, regardless of race or ethnicity. Due to Medicare coverage, 97% of residents aged 65 and over were estimated to have health insurance. (US Census Bureau, 2020 ACS 5- year estimate).

Approximately 12.2% of North Dakota adults have a disability, compared to the national average of 13.4% (2022 ND Compass, https://www.ndcompass.org/).North Dakotans with disabilities, compared to those without disabilities, were more likely to be of AI descent at 16.0%, than of white descent at 11.5% (2018-2022 ACS, 5-year estimates). According to the 2021-2022 National Survey of Children's Health (NSCH), North Dakota provided similar coordinated and comprehensive care services within a medical home to children with special health care needs (CSHCN) 41.2%, compared to the nation (40.7%). Also, in the 2021-2022 NSCH, only 55.1% of North Dakota families with CSHCN felt they received effective care coordination if they needed it, and 11.0% of families with CSHCN, ages zero through 17, reported to have difficulty paying medical or health care bills in the last twelve months. These results indicate the dynamic need for medical homes and adequate health insurance within the state (2021-2022 NSCH, https://www.childhealthdata.org).

North Dakota did not establish its own exchange, so enrollments are completed via https://www.healthcare.gov/ or an approved enhanced direct enrollment entity. A record high 34,130 people enrolled in private plans or Qualified Health Plans (QHPs) through the North Dakota exchange during the open enrollment period for 2023 plans This beat the record high from the year prior, when there was a record high of 29,873 people enrolled in private plans (QHPs) through the North Dakota exchange and in 2021, when 22,709 people enrolled.

For 2024 coverage, there are three insurers that offer exchange plans in North Dakota: Blue Cross Blue Shield of North Dakota (Noridian), Sanford Health Plan and Medica (https://www.healthinsurance.org/health-insurance-marketplaces/north-dakota/). In most counties, plans are available from all three insurers for 2024, although there are six counties where only two insurers offer plans.

Most enrollees receive subsidies, and their net premium changes depend on how subsidies change as well as how the rates for their plan change and whether they pick a different plan for 2024.

The American Rescue Plan, enacted in March 2021, increased the size of premium subsidies and made the subsidies more widely available. Fortunately for exchange enrollees, those subsidy enhancements have been extended through 2025 by the Inflation Reduction Act.

Reductions of navigator funding began in 2017 and continued again in 2018. When navigator grants were announced in September 2018, only one organization in North Dakota — Family HealthCare Center — received

funding, which was for $85,000.

The Family HealthCare Center has served as a navigator since 2015 and partners with Valley Community Health Centers to reduce the number of uninsured residents in North Dakota. They also provide outreach and education to seven northeastern and southeastern North Dakota counties with focus on residents at or below 200% of the federal poverty level (FPL), new Americans and refugees, pregnant women and new mothers, the AI population, the justice-involved population, disabled consumers, and Medicaid-eligible populations.

Navigator funding grew to record highs in 2021. In North Dakota, Minot State University received nearly $1 million in 2021 and continues to be active to this present day (https://ndcpd.org/ndnavigator/).

Knowledge and awareness of children with special health care needs (CSHCN) has been an asset in supporting access to affordable care for families. Navigators who were supported in the past with Affordable Care Act (ACA) funding were employees of organizations that understood programs that could assist families of CSHCN. When approached by a family for health care options, they still provide navigational support and link families to resources.

There are still gaps that exist, in that some children need services that are not available through current benefit plans. Service limits may also pose a challenge and lower income families may not be able to afford a plan that covers the needs of their children or the associated co-payments for services.

Throughout the COVID-19 public health emergency, some households got coverage through Medicaid. They may still have this coverage even if income and households have changed. Medicaid and CHIP renewal applications have not been sent since early 2020. Starting in April 2023, North Dakota Medicaid began sending renewal information to Medicaid enrollees to update account information and verify current household income.

The decision to bring North Dakota's Medicaid expansion and Children's Health Insurance Program (CHIP) in-house to North Dakota Medical Services was passed during the 2019 Legislative Session. This transition took effect on January 1, 2020. North Dakota's CHIP and North Dakota Medicaid have been effective public programs in reducing the number of uninsured, low-income children in the state. CHIP/Medicaid for children provides premium-free, comprehensive health, dental and vision coverage. To qualify, a family's Modified Adjusted Gross Income (MAGI) must be greater than the Medicaid level but cannot exceed 205% of the federal poverty level. As of February 2024, the total Medicaid and CHIP enrollment was 108,629. (https://www.medicaid.gov/medicaid/program-information/medicaid-and-chip-enrollment-data/report-highlights/index.html) North Dakota also provides twelve months of continuous Medicaid eligibility for children.

North Dakota Medicaid has various eligibility levels dependent upon population type. Parents and childless adults are both eligible at 138% of the FPL. Seniors and people with disabilities are eligible at 74% of the FPL. Pregnant women are eligible at 162% of the FPL. In January 2023, North Dakota adopted the Medicaid 12-month postpartum coverage extension.

1-877-KIDS-NOW is a toll-free resource line that helps uninsured families learn about low-cost and free health care coverage programs. A seamless eligibility process for health coverage programs has helped to assure coverage for North Dakota's children. In June 2023, the Kaiser Foundation indicated that approximately 10% of the North Dakota population was covered by Medicaid or CHIP. Additionally, 23% of births in North Dakota were covered by Medicaid.

Program data from the NDDHHS Special Health Services (SHS) Unit indicated that in Federal Fiscal Year 2023, 82.7% of the 1,102 children served by SHS had a source of health care coverage. Of these, about 48.5% were privately insured (534); 33.9% were insured by North Dakota Medicaid,2.9% had no source of coverage, and 14.3% were unknown.

Behavioral health is a critical issue for NDDHHS, and partnership between the Public Health Division of NDDHHS (formerly the North Dakota Department of Health), the Behavioral Health Division, along with other key partners (e.g., Sanford Health, Family Voices of North Dakota, Children's Advocacy Center, medical systems), is essential to address these issues. In September 2018, North Dakota was awarded the Pediatric Mental Health Care Access (PMHCA) grant. The primary goals/objectives of North Dakota's PMHCA Program were to: 1) increase tele-behavioral health services to children and adolescents living in underserved areas of the state; 2) to extend knowledge to pediatric primary care professionals across the state for the early identification, diagnosis, treatment and referral of mental health disorders; 3) to include direct school-based delivery of telehealth services due to the shortage of health care providers and the lack of infrastructure for primary care clinics, and 4) to enhance existing partnerships and develop new relationships with entities that have similar goals and expectations to this program.

The PMHCA program is committed to increasing access to providers who can offer services including screening, referral, and treatment across our rural state. In addition, the North Dakota PMHCA Consultation Line became operational in March 2021. This consultation line connects primary care providers treating children and adolescents with a child and adolescent psychiatrist for consultation during daytime business hours. The consult line is funded by the PMHCA grant, and there is no cost to providers or families for this service.

In the spring of 2023, an additional funding opportunity became available to continue the projects of current PMHCA awardees whose projects began in FY 2018 and 2019. North Dakota received this additional opportunity under the leadership of the Behavioral Health Division. Title V staff have dedicated themselves to partnering in furthering these work efforts as they continue to evolve.

Within the Public Health Division of NDDHHS, several staff are engaged in the strategic planning process to create a State Health Improvement Plan (SHIP). The SHIP for North Dakota is a strategic initiative designed through extensive data evaluation and collaboration with a wide range of partners throughout the state. It is updated every five years. Anchored by a commitment to data-driven decision-making, this comprehensive plan is the cornerstone for guiding public health strategies.

The SHIP sets forth a vision for enhancing the health and well-being of all North Dakotans by identifying health priorities that will inform the development of associated goals, objectives, and activities. Within the framework of North Dakota's SHIP, each priority area is supported by dedicated workgroups and strategy teams. These teams execute strategic initiatives and continuously evaluate and adapt strategies to meet emerging health needs. This collaborative and adaptive approach ensures that North Dakota's health improvement efforts are effective and responsive, aiming to achieve the overarching goal of making North Dakota the healthiest state in the nation. More information about North Dakota's SHIP can be found at https://www.hhs.nd.gov/health/north-dakota-state-health-improvement-plan-ship.

North Dakota Department of Health and Human Services has also teamed up with the Foundation for a Healthy North Dakota and the American Heart Association to create the Multi-Partner Health Collaborative (MPHC). All three organizations believe North Dakotans deserve to live happy and healthy lives and have a combined passion for increasing access to resources and options that foster health and wellness have led to the creation of this new group — a group that's ready to get to work and effect change. The MPHC will synergize with community members to equitably enhance the health and community wellness of all North Dakotans. The Steering Committee guides and supports the four-goal groups, ensuring their effectiveness and alignment with the mission, vision, purpose, and values of the MPHC. More information on this work effort can be found at https://www.foundationnd.org/north-dakota-multi-partner-health-collaborative.

In addition to the core mission of the Public Health Division, NDDHHS is engaged in Governor Doug Burgum's Five Strategic Initiatives for North Dakota: Main Street Initiative, Behavioral Health and Addiction, Transforming Education, Tribal Partnerships and Reinventing Government. A description of the partnership and leadership role of the NDDHHS and Title V in these initiatives can be found in III.E.2.a State Title V Program Purpose and Design.

NDDHHS recognizes the importance of public health accreditation and the alignment of accreditation efforts throughout the public health system to strengthen performance across the state. The former North Dakota Department of Health became a nationally accredited health department through the Public Health Accreditation Board (PHAB) on March 14, 2017. Reaccreditation took place on August 18, 2022, which was the first time since integrating as NDDHHS.

To increase the effectiveness of strategic planning and accreditation, NDDHHS has utilized a performance management system and continuous quality improvement (QI) process. These efforts assist to systematically monitor and improve the quality of programs, processes and services in order to achieve high levels of efficiency and effectiveness, as well as internal and external customer satisfaction.

Title V program staff have varying roles and responsibilities within the department's priorities and initiatives. The Healthy and Safe Communities Section Director, who also oversees Title V programs, holds a senior management position within the NDDHHS and is actively involved in strategic planning and accreditation activities. As a result, Title V issues are included in department discussions, planning and decision-making processes. In addition, the Title V Director and CSHCN Director provide regular updates and seek input and feedback on department issues through bi-monthly Title V meetings with all Title V team members.

To assist in translating data to action, the Public Health Division has created a public-facing webpage to house all public health statistical reports, data, and dashboards in one place at https://www.hhs.nd.gov/health/data-statistics. The most recent dashboard to be added to this site is the new Title V Maternal and Child Health Dashboard.

Priority setting also is determined by state mandates; see Supporting Document – Title V-HSC State Mandates. A State Performance Measure has been developed to address the Title V responsibilities related to these mandates titled "Implement North Dakota State Mandates Delegated to the North Dakota Department of Health Title V/Maternal and Child Health Program." Information regarding these mandates is discussed in III.E.1. Five-Year State Action Plan Table and III.E.2.c State Action Plan Narrative by Domain – Cross-cutting/Systems Building.

The NDDHHS organizational chart can be found in Section VI. Organizational Chart.

Section III.C. Needs Assessment Update

2024 Needs Assessment Approach

The 2024 needs assessment and its update will address the changes in the health, health care access and utilization, and mortality trends of women/mothers, perinatal/infants, children, and adolescents during the last five years in North Dakota. Disparity factors will be discussed that have been identified in the state, such as: women age, mother's residency (urban vs. rural), mother's race, economic status, and health insurance status, among others.

A state health assessment was conducted by North Dakota State University, Center for Social Research, and includes MCH as an integral piece of the assessment; hence, some of the elements of this process were included in this assessment around mortality and severe morbidity and hospitalizations. This section also includes results from the North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS), a collaborative monitoring project between the North Dakota Department of Health and Human Services and the Centers for Disease Control and Prevention (CDC), which spans the years 2017–2022. This needs assessment also includes information from the CDC's North Dakota Behavioral Risk Factor Surveillance System (BRFSS) for Women of Reproductive Age (18-44), which was designed to collect monthly data from 2017 to 2021 on health-related symptoms, hazardous behaviors, and preventative health actions. Additionally, the assessment includes the findings from the North Dakota State Health Improvement Plan (SHIP) Key Informant Survey conducted in 2023 and the North Dakota Infant Mortality study, where data was extracted from linked birth/infant death records covering the years 2018-2022.

With these main sources of data, as well as national survey data, we have a complete picture of the health status of the women, mothers, infants, children, and adolescents in North Dakota. Additional information about the State Health Assessment and the SHIP can be found at https://www.hhs.nd.gov/health/north-dakota-state-health-improvement-plan-ship.

Women's and Maternal Health

North Dakota continues to be one of the fastest-growing states in the nation, with over a 15.9 percent population increase between 2010 (672,591) and 2022 (779,261).[1] Population growth has, in part, been due to an increase in fertility rates. According to 2022 North Dakota Department of Health and Human Services (NDDHHS) Division of Vital Records Data the fertility rate among women ages 15 to 44 in the state was 63.03 per 1,000 women, substantially higher than the United States provisional fertility rate of 56.1 births per 1,000 women aged 15-44.[2,3]

Birth rates among Native American Indian (NAI) are higher than among White (16.82 vs.11.63).[4] The rate of teen live births in North Dakota (12.29 per 1,000 females less than 20 years of age in 2022) is lower than national rates (13.6 per 1,000 females 15 to 19 years of age in 2022).[5] NAI teenagers in North Dakota had substantially higher pregnancy rates than White teenagers. From 2016 to 2022, NAI teen pregnancies were almost two times that of White teenagers, 6.4 teenage births per 1,000 live births, compared to 3.4 teenage births per 1,000 live births, respectively.[3]

Of all live births in North Dakota during 2020-2022, 3.2% were to women under the age of 20, 51.2% were to women ages 20-29, 43.4% were to women ages 30-39, and 2.2% were to women ages 40 and older.[3] Babies delivered to younger and older women are often at increased risk of poor birth outcomes, including prematurity, low birthweight, and infant mortality.[6]

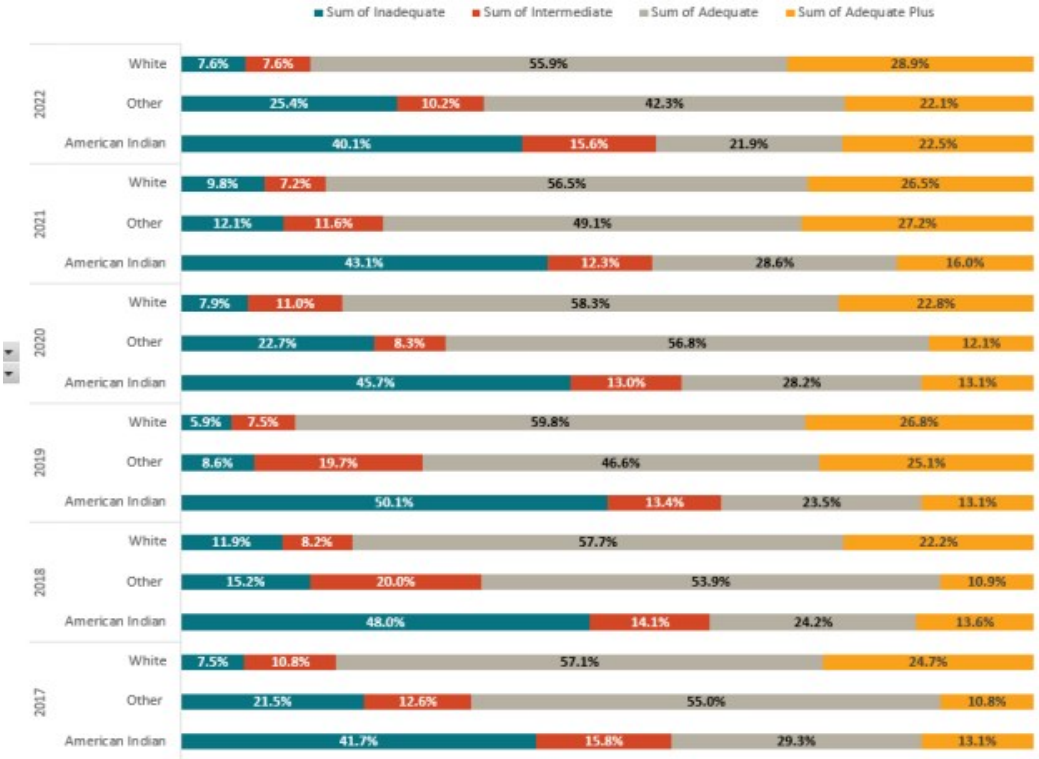
Most women who gave birth in 2022 in North Dakota received prenatal care; 80.9% of women received first-trimester prenatal care, 12.8% percent of women received care in the second trimester and 6.2% of women received late or no prenatal care.[7] In North Dakota during 2020-2022, White (85.7%) mothers had the highest rates of early prenatal care, followed by Asian/Pacific Islanders (73%), Blacks (68.5%) and American Indian/Alaska Natives (47.3%).[8]

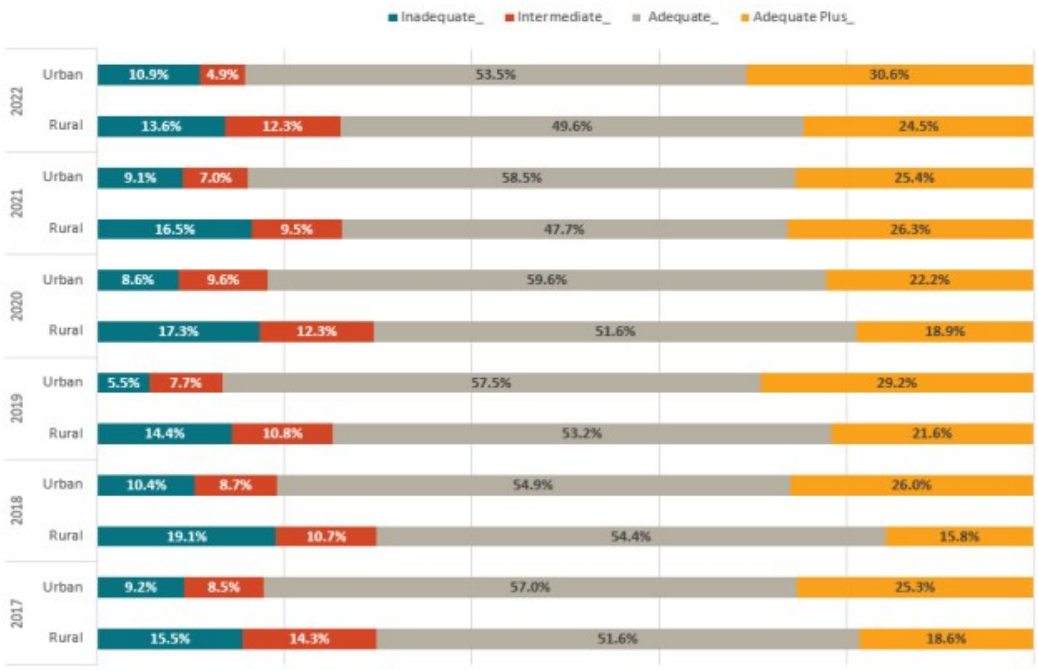
In looking at the 2017 through 2022 Pregnancy Risk Assessment Monitoring System (PRAMS) data, several differences were observed in the proportion of women who did not initiate prenatal care during the first trimester by race and by mother's residence (urban/rural). In 2022, a lower percentage of NAI women initiated prenatal care in the first trimester (74.7%) compared to Whites (93.5%). In addition, a lower percentage of the recommended number of visits was observed in mothers residing in rural areas (36.4%), compared to urban areas (50.2%). Lastly, it was identified that 47.4% of White women received 12 or more prenatal care visits in 2022 versus NAI women at 19%.[9]

Next, the Kotelchuck index was calculated, using the data on the initiation of prenatal care and the number of visits. To classify the adequacy of received services, the number of prenatal visits is compared to the expected number of visits for the period between when care began and the delivery date. The expected number of visits is based on the American College of Obstetricians and Gynecologists prenatal care standards for uncomplicated pregnancies and is adjusted for the gestational age when care began and for the gestational age at delivery. A ratio of observed to expected visits is calculated and grouped into four categories:

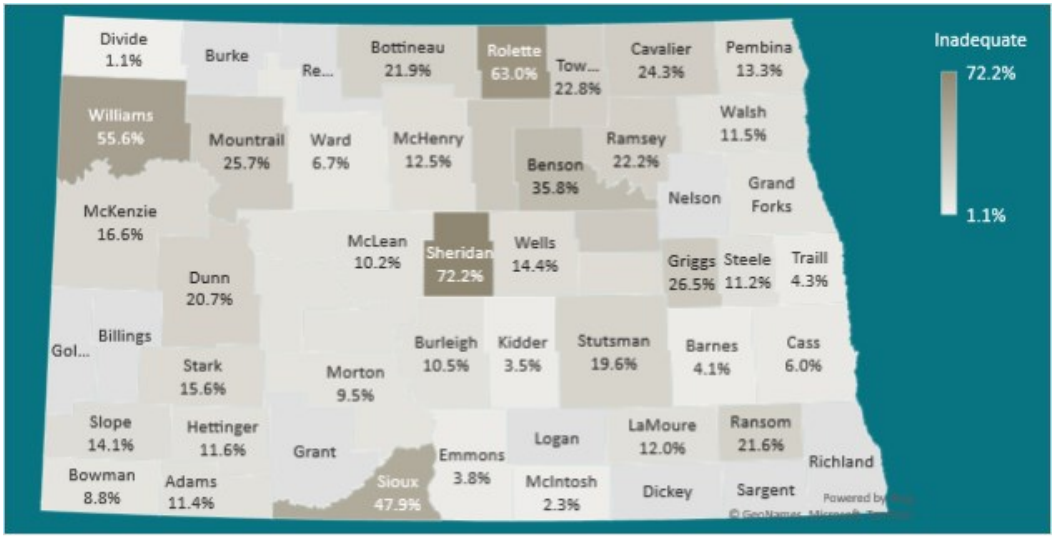
- Inadequate (received less than 50% of expected visits)
- Intermediate (50%-79%)
- Adequate (80%-109%)
- Adequate Plus (110% or more)

The results for the Kotelchuck index suggest that American Indian women, adolescent girls, those living in rural areas, and those without health insurance showed a higher percentage of inadequate prenatal care. See the graphs below for more detail.

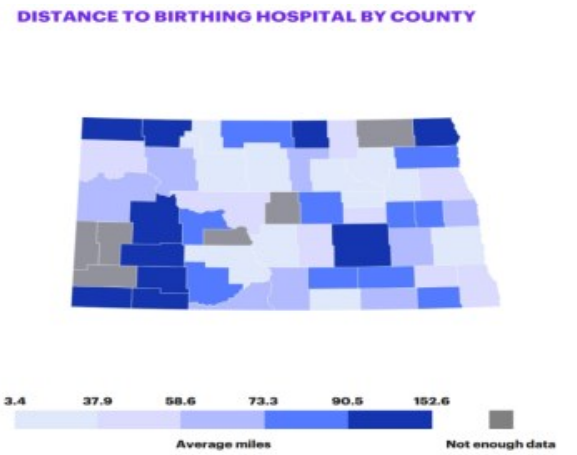


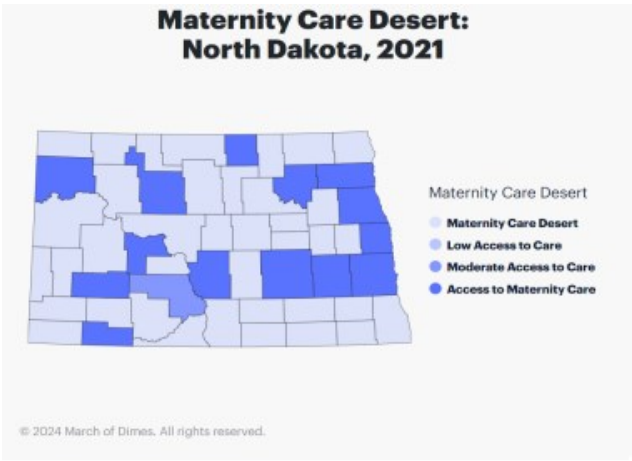


Additionally, the map below shows the percentages of inadequacy by county. *Williams, Sioux*, Sheridan, Benson*, and Rolette* counties show the highest percentages in the inadequate category compared to the rest of the counties in the state. *Williams, Sioux, and Rolette have been identified as high-vulnerability counties (2022 overall SVI score).[10] As of 2022, 50 of the 53 North Dakota counties are partially or fully designated as HPSA and/or Medically Underserved areas. The same is observed for the state's dental health and mental health.



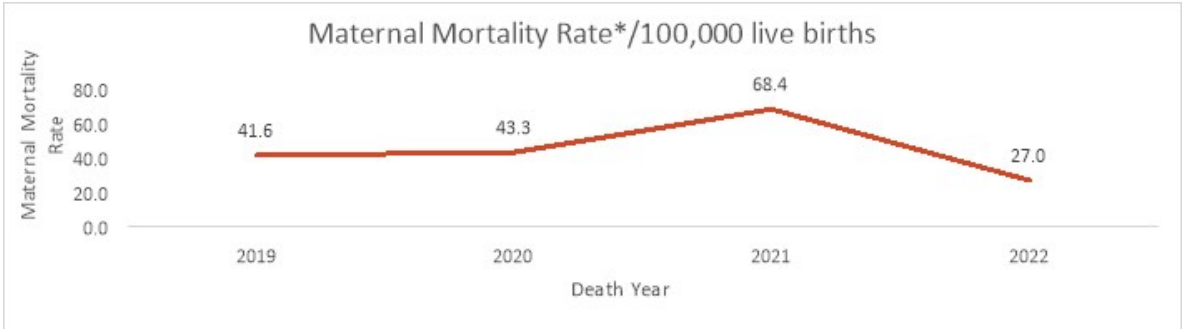
In North Dakota, 71.4% of counties are maternity care deserts, compared to 32.6% of counties in the U.S. overall. Furthermore, 45.3% of babies were born to women who live in rural counties, while 26.9% of maternity care providers practice in rural counties in North Dakota. On average, women in North Dakota travel 32.4 miles to the nearest birthing hospital[11,12]





Next, 8% of women of reproductive age (15-44 years) were uninsured in 2021, and 22.3% were on North Dakota Medicaid at the time of birth (2022). From 2020 to 2022, there was a slight decrease in the percentage of women receiving North Dakota Medicaid (2.3%).[13]

According to vital record data, a total of 998 deaths occurred among women aged 18-44 in North Dakota from 2017 through 2022. The most frequently reported causes were categorized as accident or injury (275), others (242) cancer (106), and suicide (106). Of this total, 20 women were pregnant at the time of death, and an additional 20 were pregnant within 1 year of death.[3]



To analyze trends in mortality and severe morbidity in the MCH population, the Special Projects & Health Analytics division in Health Statistics and Performance (HSP) operates data dashboards to summarize vital records and hospital discharge data in an effort to visualize key findings of the statewide health assessment. Hospital discharge data indicates that 1,350,006 hospitalizations among women aged 18 to 44 occurred from 2016 through 2022. The most common services were obstetrics, general medicine, general surgery, psychiatry, and orthopedics with an average length of stay of 3.65 days. The average treatment cost of the top 5 inpatient services for this population was over $21,792.54 and, in total, over $25,998,980,487.44 million was spent on inpatient treatment costs of women aged 18 to 44.[3]

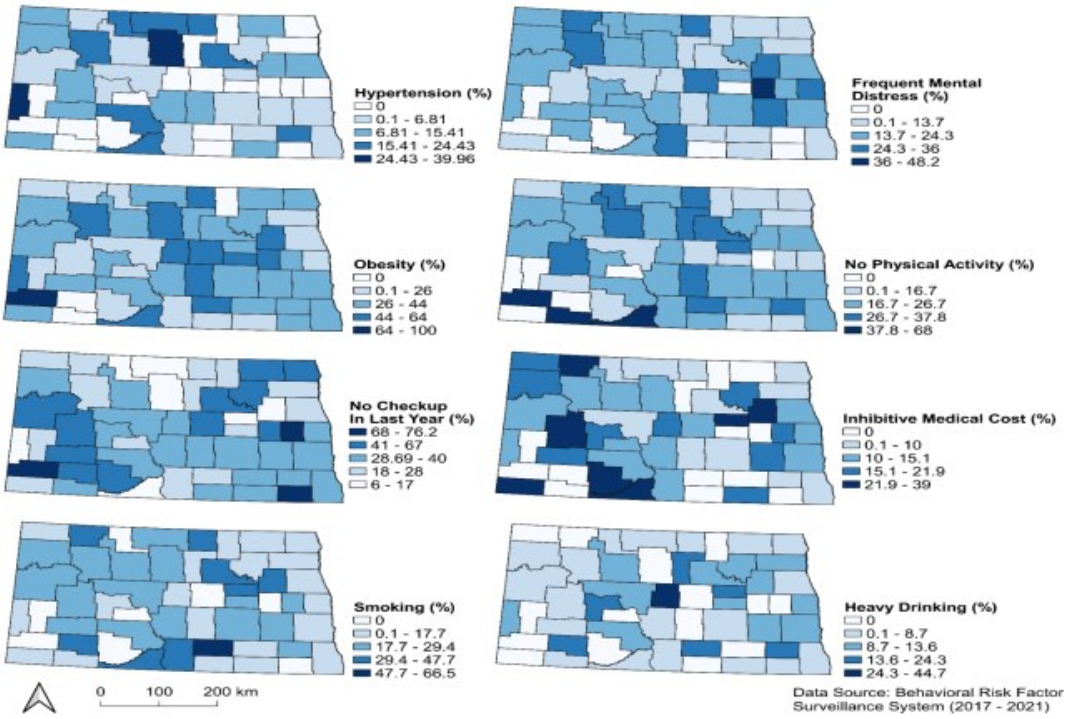
The next table shows ND BRFSS 2917-2021 data. Frequent mental distress (FMD) (i.e., 14 or more days of self-described poor mental health in the last month) was relatively common in this population (19%). The prevalence of smoking (17%) and obesity (28%) were also high. Approximately 14% of the population had some medical cost in the previous 12 months that they were unable to afford.

ND BRFSS data: Prevalence of chronic conditions and risk factors among North Dakota women aged 18–44 years, 2017–2021.

Category	Prevalence	95% Confidence Interval
Diabetes	3%	2%, 3%
Hypertension	7%	6%, 8%
Frequent Mental Distress (FMD)	19%	18%, 21%
Frequent Physical Distress	9%	7%, 10%
Obesity	28%	26%, 30%
No physical activity	22%	20%, 24%
Checkup >1 year ago	15%	15% 17%
Inhibitive medical cost	14%	12%, 16%
Smoking	17%	15%, 19%
Heavy Drinking	8%	7%, 9%

According with the results of this study, the prevalence of FMD is substantially higher among women of reproductive age than older women or males. Prevalence of FMD was lowest among Black and White women (15% and 19%, respectively), and higher among American Indian (24%) and Other Race/Ethnicity (26%). Prevalence of FMD varied strongly depending on education level. Prevalence among women with a high school education or less was 27% (95% CI = 23%, 32%) compared to a prevalence of 16% among women with more than a high school education (95% CI = 18%, 23%). [14] Approximately 28% of these women were obese. Among these women, obesity prevalence was substantially higher among the NAI population (52%) than any other race/ethnicity.[14] Approximately 85% received a healthcare checkup in the last 12 months. The White population had the highest prevalence of not having a checkup within the last 12 months. All other races or ethnicities had similar prevalences.[14] Approximately 14% of these women were unable to afford some needed medical care in the previous 12 months. Prevalence of unafforded medical costs among women of reproductive age differed by race/ethnicity. White women had the lowest prevalence of unafforded medical costs (12%) followed by American Indian (16%), Other Race/Ethnicity (19%), and Black (27%). The prevalence of unafforded medical costs among women of reproductive age was notably higher among those with a high school education or less (prevalence = 19%) than those with more than a high school education (11%).[14]

Women of reproductive age smoke at a higher rate (17%) than women aged 45 years or older (14%). Smoking prevalence among women of reproductive age was substantially higher in the NAI population (prevalence = 40%) than any other racial or ethnic group. The prevalence of smoking among women of reproductive age was substantially higher among people who had a high school education or less (prevalence = 29%) than those who had more than a high school education (12%).[14] Women of reproductive age reported a higher prevalence of heavy drinking (8%) than women aged 45 years or older (5%). Heavy drinking prevalence among women of reproductive age was slightly higher in the NAI population (prevalence = 10%) than other racial and ethnic groups. The prevalence of heavy drinking among women of reproductive age was higher among people who had a high school education or less (prevalence = 10%) than those who had more than a high school education (7%). Heavy drinking was more prevalent among reproductive-aged women who had frequent mental distress than those who did not.[14] The map below shows the results by county. Most of the counties/areas with high percentages are also designated health professional shortage areas (HPSAs). These HPSAs are federal designations that apply to areas, population groups, or facilities in which there are unmet health care needs. Population groups include those considered to be low-income (at or below 200% of the federal poverty level), groups on Medicaid, migrant farm workers, tribal, or homeless populations, among others.



North Dakota trends in pregnancy and birth rates, 2015 to 2022

Over the past five years, a decrease in both pregnancy and birth rates has been observed.

Perinatal and Infant Health

According to the results of the 2021-2022 (combined data) National Survey of Children's Health (NSCH), 93% (92.9% Nationwide) of children in the state had health insurance. An estimated 59.9% of children in the state had continuous and adequate health insurance for child's health needs.[15]

The rate of low birthweight is slightly better than national rates, 7% in North Dakota, compared to 8% nationally.[15] Between 2011 and 2022, the rate of infants born low birthweight in North Dakota declined more than 1%.[16]

Infant Mortality

According with North Dakota vital record data, between 2018 and 2022, North Dakota recorded a total of 228 infant deaths. The Infant Mortality Rate (IMR) was higher in mothers residing in rural and semi-urban areas, reaching the highest IMRs observed 2019-2020 (8/1000 live births). Compared to mothers of white and black races, NAI mothers had a higher IMR, with the highest rates observed 2019-2020 (12.5-14.9/1000 live births). Black mothers follow, with an increase in mortality rates in the last two years (6/1000 live births). 9.3% of infant deaths between 2018-2022 occurred among Hispanic mothers. Infants born to adolescents were linked to most of the infant deaths across all years, with the highest proportion among AI mothers. However, in 2022 the IMR among adolescents was reduced by more than half compared to 2019. For the five years of analysis, the primary source of payment for pregnancies resulting in infant mortality were BLUES and Medicaid. Over the years, there has been an increase in the percentage of infant deaths with Medicaid as the primary source of payment (2018:26%; 2022: 40.5%). The average number of prenatal care visits remained constant over these five years from 6 to 7 visits on average, less than the recommended number of prenatal care visits (10). NAI mothers showed the lowest average number of prenatal care visits (5). Mothers residing in rural and semi-urban areas have a lower average number of prenatal visits (6 vs. 7)

compared to urban areas.

The top five underlying causes of death for infants from 2018 through 2022 were perinatal diseases; congenital malformations and chromosomal abnormalities; unclassified symptoms, signs and laboratory findings; accidents and assaults; and infectious diseases collectively representing 93.8% percent of all causes of death among infants.[3]

Child Health

Among children, from 2017 through 2022, 2778 deaths occurred among North Dakotans aged 0 to 19 years old. Of these, 56.5% occurred among male children, 43.5% female children.[3] Among the children's death 83.20% were white, followed by 12.96% American Indians, 2.97% black and 0.87% Asian/other pacific Islander/ Native Hawaiian/ Guamanian/ Samoan.[3]

The underlying cause of death for this age group were most frequently categorized as other causes (58.9%) accident or injury (20.0%), suicide (9.6%) and cancer (4.0%).[3]

Hospital discharge data from 2016 to 2022 in children aged 0-18 describe over 675,888 inpatient hospitalizations, most frequently utilizing neonatal, newborns, general medicine, psychiatry, and general surgical. The average length of stay for the top 5 common services for North Dakota children during this time was 8.64 days. The average cost of treatment for the top 5 common services inpatient hospitalizations among children was $ 44,572.01 with a total inpatient expenditure of over $27 billion from 2016 through 2022.[3]

Children with Special Health Care Needs

According to data from 2021 to 2022 National Survey of Children with Special Health Care Needs (NSCH) in North Dakota, 5.6% percent of children with special health care needs (CSHCN), ages 0 through 17, received care in a well-functioning system compared to 7.4% nationally. Among the components of a well-functioning system only 24% of CSHCN received transition among adolescents, 60.2% had preventive medical and dental care, 59.9% had continuous and adequate insurance, only 52.3% had medical home and 75.3 % were involved in shared decision-making if it was needed. Among CSHCN, only 41.4% with 2 or more ACE's, 8.3% of children ages 0 through 5, 20.3 of children ages 6 through 11, 26.6% of children ages12 through 17, 4.2% of children whose parents whose household income-poverty ratio at 100%-199%, 17.5% with household structure comprising of single parent, 12.3% males, and 5.1% received care in a well-functioning system.[15]

According to data from 2019 to 2020 NSCH, in North Dakota, 25% of adolescents with special health care needs, ages 12 through 17, received services necessary to make transitions to adult health care compared to 22.1% CSHCN nationally. Among Non-CSHCN, 23.5% in North Dakota received services necessary to make transitions to adult health care compared to 16.2% nationally. Among the components for transition for CSHCN receiving services necessary to make transitions to adult health care: 53% of CSHCN received time alone with provider, 59.8% of the providers actively worked with the child.[15]

WELLNESS: Adverse Childhood Experiences Prevention Efforts

According with the results from the ND SHIP key informant survey, the vast majority of respondents indicated that the issue of preventing adverse childhood experiences is very (39%) or extremely (45%) important in North Dakota's effort to become the healthiest state in the nation.[17]

Current Involvement

One-third of respondents reported involvement in prevention efforts around adverse childhood experiences (35%). For those respondents involved in adverse childhood experiences prevention efforts (n=52), most were affiliated with

organizations serving all 53 counties in the state (39%). Nearly one-third of respondents served only one county (31%) and 29% served a combination of counties. Most respondents involved in prevention work around adverse childhood experiences were affiliated with the health sector (35%). One-fourth of respondents were with government and education (28% each), 8% were in human services, and 2% were with housing and development. One in five respondents indicated a tribal affiliation (21%).[17]

Interest in Collaboration with NDDHHS

Four in 10 respondents expressed an interest in collaborating with NDDHHS on prevention efforts around adverse childhood experiences (40%). For those respondents with an interest in collaborating (n=60), two-thirds were already involved in these prevention efforts (67%). Four in 10 respondents with an interest in collaborating were affiliated with organizations serving only one county in the state (40%). Similar percentages served a combination of counties (30%) and all 53 counties in the state (30%). Most respondents interested in collaborating with NDDHHS on prevention efforts around adverse childhood experiences were affiliated with the health sector (40%), 28% were with education, 18% were with government, 8% were in human services, and 2% each were with housing and development and the cultural sector. One in five respondents indicated a tribal affiliation (20%).[17]

Adolescent Health

According to 2022 US Census Bureau population estimates, 24.0% of the population in North Dakota is under eighteen years of age.[18] Younger people are at risk of poor health and behavior choices, particularly when involved with drugs and alcohol**.** North Dakota is also affected by the behavioral health crisis facing the nation. Approximately 21.56% percent of adolescents and 10.34% percent of adults reported at least one major depressive episode in the preceding year. Of particular concern was the rate of binge alcohol use in the previous month among those over the age of 12. North Dakota ranked fourth out of 50 states, with a binge alcohol use rate of 26.72%, compared to a low of 13.69% in Utah. Binge Alcohol Use is defined as drinking five or more drinks (for males) or four or more drinks (for females) on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Additionally, 19.68% of North Dakota residents over the age of 12 reported a substance use disorder, compared to the US average of 17%.[19] The state ranks 5th nationally in suicides rates with 22 suicides per 100,000 and was the 3rd leading cause of death in 2022.[3,20]

Conclusion

Health disparities among American Indian populations, adolescent girls, those in rural areas, and the uninsured rural are evident across nearly all MCH indicators. The findings from this assessment will help to guide programs and policies to address the state's need for maternal and child health services.

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Click on the links below to view the previous years' needs assessment narrative content:

2024 Application/2022 Annual Report – Needs Assessment Update

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2021		2022	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,748,881	$1,750,204	$1,750,204	$1,759,550
State Funds	$1,266,813	$1,480,791	$1,257,805	$1,448,832
Local Funds	$45,000	$75,043	$55,000	$75,043
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$3,060,694	$3,306,038	$3,063,009	$3,283,425
Other Federal Funds	$24,712,036	$52,001,119	$40,667,386	$30,021,431
Total	$27,772,730	$55,307,157	$43,730,395	$33,304,856

	2023		2024	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,750,204	$1,786,380	$1,759,550	
State Funds	$1,257,806	$1,394,023	$1,264,816	
Local Funds	$55,000	$105,023	$55,000	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$3,063,010	$3,285,426	$3,079,366	
Other Federal Funds	$39,204,700	$377,750	$182,094	
Total	$42,267,710	$3,663,176	$3,261,460	

	2025	
	Budgeted	Expended
Federal Allocation	$1,786,380	
State Funds	$1,239,942	
Local Funds	$100,000	
Other Funds	$0	
Program Funds	$0	
SubTotal	$3,126,322	
Other Federal Funds	$345,000	
Total	$3,471,322	

III.D.1. Expenditures

III.D.1. Expenditures – Financial Narrative

Historically, the budget has been developed based on the previous grant awards. Expended resources link to the state's maternal and child health (MCH) priority needs and meet the requirements of Title V legislation.

The number and percent of the MCH population served by Title V is reflected on Forms 3a and 3b. Continued efforts in increasing program integration and collaboration as described in the state action plan narratives will assist to expand reach.

Information on annual expenditures for Federal Fiscal Year (FFY) 2023 is contained in Forms 2, 3a and 3b.

Form 2:
The FFY 2023 budgeted amount was $1,750,204. However, the actual Federal Allocation of $1,786,380 was entirely expended.

The amounts expended for Preventive and Primary Care for Children ($596,692 ~ 33.4%); Children with Special Health Care Needs ($672,071 ~ 37.6%); and Title V Administrative Costs ($114,102 ~ 6.4%) comply with the 30%-30%-10% requirements.

State funds expended were more than budgeted ($1,394,023 vs. $1,257,806).

Local maternal and child health (MCH) funds expended were also more than budgeted ($105,023 vs. $55,000). Local MCH funds include grantees other than local public health that provide a match. The number of contracts awarded resulted in more local MCH funds being expended.

Total Federal and State funds expended for FFY 2023 were $3,285,426 vs. the budgeted amount of $3,063,10. This increase in total expended funds was due to increased state fund allocation and increased match from grantees.

Other federal funding expenditures for FFY 2023 were extremely lower than originally budgeted due to the transition to a new Title V Director who does not oversee as many grants and programs. ($377,750 vs. $39,204,700).

Form 3a:
Federal and non-federal expenditures are reported separately by the types of individuals served. Combined federal and non-federal expenditures include:

- Pregnant women – $284,917
- Infants < 1 year – $432,052
- Children 1 through 21 years – $1,176,472
- CSHCN – $1,146,227
- All Others – $53,404

The Federal-State MCH Block Grant Partnership Expenditures total is $3,093,072 which includes $1,672,278 in federal funds and $1,420,794 in non-federal funds.

Form 3b:
Federal and non-federal expenditures are reported separately by types of services. Combined federal and non-

federal expenditures for FFY 2023 includes $487,075 for direct services (15.2%) of the federal and non-federal total) for the following population groups:

1. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One – $174,600
2. Preventive and Primary Care Services for Children – $122,568
3. Services for CSHCN – $189,907

The expenditures for FFY 2023 also includes:

- $1,015,971 for Enabling Services (31.7%) of the federal and non-federal total)
- $1,704,128 for Public Health Services and Systems (53.1%) of the federal and non-federal total)

The Federal-State Title V Block Grant Partnership Total is $3,207,174 which includes $1,786,380 in federal funds and $1,420,794 in non-federal funds.

Direct Services are broken out by the each of the three legislatively defined MCH population groups: Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One; Preventive and Primary Care Services for Children; and Services for Children with Special Health Care Needs (CSHCN).

Direct health care services for CSHCN's include claims payments to providers for gap-filling services for eligible children and the purchase of formula and low-protein modified food products for the metabolic food program. Local Title V grantees utilized a portion of Title V funds to provide well-visits to adolescents on the Standing Rock Reservation, adolescent telehealth services, direct services for women from minority populations, and gap-filling support for Family Planning services in the western side of the state. State Title V also funded laboratory support for the Family Planning Program.

Direct Service expenditures listed on Form 3b, Section 4 include combined federal and non-federal funds:
Pharmacy – $50,654 for CSHCN
Physician/Office Services (Charges) – $31,358 for CSHCN
Hospital Charges (Includes Inpatient and Outpatient Services) – $19,297 for CSHCN
Dental Care – $10,854 for CSHCN
Durable Medical Equipment and Supplies – $4,823 for CSHCN
Laboratory Services – $57,022 for primarily Family Planning Program laboratory support
Other – $313,067 for CSHCN medical food, direct contract services for women's health services/visits, tribal adolescent well-visits, and school telehealth services.

Title V is the payer of last resort and the services listed above were not covered or reimbursed through another provider.

D.2 Budget – Financial Narrative

In accordance with Section 505, the North Dakota (ND) Title V Program will use funds allocated under this title to meet the needs for preventive and primary care services for pregnant women, mothers, infants, and children, including those with special health care needs. Allocation requirements for children (30%) and children with special health care needs (30%), administration (10%) and Federal Fiscal Year (FFY) 1989 maintenance of effort ($1,206,293) will be met.

As required in Sections 505(a)(5)(A), 505(a)(5)(D), 506(b)(1), the state will identify and apply a fair method to allocate funds to groups, localities, and individuals, and will apply guidelines for appropriate frequency and content of referrals and follow-up. The state will publish charges for services. If charges are imposed, they will be adjusted based on income and resources. At least every two years, the state will audit expenditures and submit a copy of the audit report.

Title V funds are allocated to a variety of local providers who serve families through local public health departments, Indian Reservations, health systems, schools, universities, etc. The majority of these agencies match federal dollars received with state or local funds. Title V assures that no charge will be made to “low-income” families. All agencies receiving funds must assure the state Title V Programs that if any charges are imposed for the provision of health services, such charges will not be imposed on services to low-income families and will be adjusted to reflect the income, resources, and family size of the individual. No North Dakota Title V Program will refuse services to anyone because of inability to pay. Some agencies may accept donations for services.

Budget information is contained in Forms 2, 3a and 3b.

Form 2:
Historically, the budget has been developed based on the previous final grant award.

FFY 2025 Maternal and Child Health (MCH) federal allocation of $1,786,380 is based on the previous year’s funding award. Population percentages, match, and maintenance of effort requirements are met. The budget allocates $786,007 (43.9%) to Preventive and Primary Care for Children and $571,642 (32%) for Children with Special Health Care Needs (CSHCN’s). Administrative costs budgeted at $160,234 (9%) do not exceed 10 percent of the allocation. This amount is based on projected indirect costs that are expected to be charged to the Title V Block Grant. The unobligated balance is $0 as the full grant award is expected to be expended in the allotted time frame.

State MCH funds of $1,239,942 meet the 4:3 match requirement. State match historically has exceeded the minimum match requirement. In North Dakota, local public health, schools, universities, and human service zones (formerly county social services) are considered entities of the state. The majority of these agencies match federal dollars received with state or local funds. Local funds of $55,000 also meet the 4:3 match requirement. Local MCH funds include grantees other than those listed above (e.g., non-profits, tribal).

Total state match is $1,339,942 which exceeds the 1989 maintenance of effort requirement of $1,206,293.

The state MCH budget total is $3,126,322.

Form 3a

The following figures represent combined federal and non-federal funds by types of individuals served. Per grant guidance, these amounts do not include administrative costs:

- Funds budgeted for pregnant women of $202,982 support efforts such as breastfeeding education and support; collaboration on emerging issues such as preventative health care in pregnant women and maternal mortality; and a variety of other state and local programs.
- Funds of $308,259 for infants under 1 year support state and local programs such as infant mortality initiatives, infant and child death services, safe sleep activities, injury prevention, and breastfeeding.
- Funds for children ages 1 through 21 years of $1,255,483 support state and local programs such as school health, injury prevention, nutrition education, well-visit promotion, and physical activity initiatives.

Budgeted figures for these population categories are based on funding allocation that aligns with state and national priorities areas, in addition to supporting state mandates.

- Funding allocated for children with special health care needs (CSHCN's) of $1,000,424 will support a variety of state and local programs including the coordinated services, financial coverage, newborn screening and follow-up and CSHCN system enhancement programs. Budgeted figures for CSHCNs are based on past expenditures.
- Funds for other types of individuals served of $78,750 include state laboratory expenses to support the Family Planning Program.

The Federal-State MCH Block Grant Partnership total is $2,845,898 which includes $1,626,146 in federal funds and $1,219,752 in non-federal funds.

Form 3b

The following figures represent combined federal and non-federal funds by types of services:
The budget for FFY 2025 includes $514,233 for direct services (17.1% of the federal and non-federal total) for the following population groups:

1. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One of $169,634
2. Preventive and Primary Care Services for Children of $178,829
3. Services for CSHCN of $165770

The budget for FFY 2025 also includes:

- $945,672 for Enabling Services (31.5% of the federal and non-federal total)
- $1,546,227 for Public Health Services and Systems (51.4% of the federal and non-federal total)

The Federal-State Title V Block Grant Partnership total is $3,006,132, which includes $1,786,380 in federal funds and $1,219,752 in non-federal funds. Budgeted figures for these population categories are based on state historical trend data for allocation of funds based on the pyramid level of services, and on funding allocation that aligns with state and national priorities areas.

Direct Services are broken out by the each of the three legislatively defined MCH population groups: Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One; Preventive and Primary Care Services for Children; and Services for Children with Special Health Care Needs (CSHCN).

Direct health care services for CSHCN's include claims payments to providers for gap-filling services for eligible children and the purchase of formula and low-protein modified food products for the metabolic food program. Local

Title V grantees utilized a portion of Title V funds to provide well-visits to adolescents on the Standing Rock Reservation, adolescent telehealth services, direct services for women from minority populations, and gap-filling support for Family Planning services in the western side of the state. State Title V also funded laboratory support for the Family Planning Program.

Enabling services for CSHCN's include service contracts for family information, training, consultation, and support; care coordination services provided by providers at statewide cleft lip and palate clinics; and contracted multidisciplinary clinic services. State and local Title V staff also provide referrals, transportation support, eligibility assistance, translation/interpretation assistance, health education for individuals and families, environmental health risk reduction, health literacy, and outreach.

Public health services and systems include salary, fringe benefits, and operating expenses for state and local staff to carry out core public health functions and the ten essential public health services. Examples include program planning, implementation, and evaluation; policy development; quality assurance and improvement; workforce development; and population-based health promotion campaigns.

Additional detail relating to the types of services described above can be found throughout the grant application.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: North Dakota

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

Section III.E.2.a. State Title V Program Purpose and Design

“Empower People, Improve Lives, and Inspire Success” – these six words are the shared purpose of the approximately 2,700 team members employees of the North Dakota Department of Health and Human Services (NDDHHS). Effective September 1, 2022, the North Dakota Department of Health (NDDoH) and the North Dakota Department of Human Services integrated into the North Dakota Department of Health and Human Services (NDDHHS) which has enhanced partnerships between agency programs that serve similar populations. The programmatic divisions of the NDDHHS include the Divisions of Public Health (previously known as NDDoH), Medical Services (ND Medicaid), Behavioral Health, and Human Services.

As of April 2024, the Public Health Division of NDDHHS employs 309 people, with 235 full-time equivalents (FTEs) and 74 non-permanent employees. The Public Health Division includes five Sections: 1) Disease Control and Forensic Pathology, 2) Healthy and Safe Communities (which includes the Title V Program), 3) Health Response and Licensure, 4) Laboratory Services, and 5) Health Statistics and Performance.

The current vision of the NDDHHS is to make North Dakota the healthiest state in the nation. HHS fosters positive, comprehensive outcomes by promoting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being. The HHS strategic priorities include 1) Support the advancement of strong, stable, healthy families and communities. 2) Advance the foundations of well-being through access to high-quality services and supports closer to home. 3) Optimize disaster and epidemic response and recovery. 4) Advance excellence in agency infrastructure and operations. 5) Deliver best-in-class customer-centered experiences. 6) Foster a culture of excellence where every team member has a voice, adds, value and is empowered to make a difference.

The Public Health Division’s mission is to improve the length and quality of life for all North Dakotans. To accomplish this mission, six goals, including two cross-cutting principles, help guide the work. The two cross-cutting principles are to Improve Health Equity and Use Evidence-based Practices to Make Data-Driven Decision. The Public Health Division aligns each of the cross-cutting principles to these four goals:

- Create Health and Vibrant Communities
- Enhance and Improve Systems of Care
- Strengthen Population-Based Health Interventions
- Promote Public Health Readiness & Response

The Healthy and Safe Communities Section is responsible for administering the state’s Title V program. There are four units in the Section, which all have programs and/or funding that link to maternal and child health (MCH) priorities; Health Promotion and Chronic Disease Prevention, Family Health and Wellness, Community Engagement and 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. Refer to Section III.D.2. Budget and Section VI. Organizational Chart.

The Title V Director serves as the Unit Director for Special Health Services and serves as a member of the Healthy and Safe Communities Section Leadership Team; thereby, increasing leadership and visibility for MCH within the section.

The Health Statistics and Performance (HSP) Section (formerly titled the Office of the State Epidemiologist) has also undergone restructuring, resulting in three units and one office: 1) Special Projects and Health Analytics, 2) Surveillance and Data Management, 3) Vital Records, and the 4) Data Modernization Office. The MCH epidemiologist, State Systems Development Initiative (SSDI) Coordinator, Tobacco/Chronic Disease Epidemiologist, Autism Epidemiologist and the Pregnancy Risk Assessment Monitoring System (PRAMS) and Behavioral Risk Factor Surveillance Systems (BRFSS) program directors/epidemiologists are all located within the HSP Section. The HSP Section provides epidemiological expertise, data analysis oversight, and enhanced data/technical support not only to MCH programs, but to the NDDHHS and external partners. Refer to Section III.E.2.b.iii. MCH Epidemiology Workforce.

Title V programs and priority areas set their own goals (refer to Section III.E. Five-Year State Action Plans). 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) ensure these goals are being met. In addition to the Five-Year Needs Assessment, the 10-step conceptual framework continues to be followed for the ongoing 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 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.

Title V success would not be possible without a well-functioning team and statewide partnerships. Serving as either a convener, collaborator, or partner is essential in addressing MCH issues. Key partners within each population domain were convened in June 2020 to develop the new five-year action plans and identify strategies, activities, and opportunities to braid and layer resources throughout North Dakota. Existing and new partners are convened annually to build upon existing activities and to create annual activities. Internally, the Title V Director also facilitates Title V team meetings every other month to review and discuss progress, successes and challenges relating to the five-year state action plans, collaboration and integration opportunities, and emerging issues. Title V staff, along with partners, work collaboratively to move forward and implement the strategies and activities within the action plans. All program strategies are required to utilize innovative and evidence-based or evidence-informed approaches and incorporate the core public health functions of assessment, quality improvement/assurance and policy development, especially around the areas of health equity and social determinants of health.

North Dakota is committed to building, sustaining, and expanding partnerships that contribute to, or expand, the state Title V and CSHCN programs' capacity and reach. Title V staff actively participate and provide leadership roles on a variety of committees/coalitions that impact the MCH population. These collaborative partners help identify common strategies to address priority needs identified through the ongoing needs assessment process within each of the six population health domains and strengthen Title V efforts to promote and protect the MCH population's health. Specific partnerships are discussed in Section III.E.2.c. State Action Plan Narrative by Domain.

One of five strategic initiatives of North Dakota Governor Doug Burgum, the Main Street Initiative (MSI), gives local leaders a direct access point to a variety of resources, helping capitalize on strengths and make sound planning decisions. This initiative aims to help create vibrant cities poised to attract and retain a 21st Century Workforce, helping North Dakota compete and succeed in a global economy. The MSI focuses on three pillars of economic success: 1) A skilled workforce; 2) Smart, efficient infrastructure; and 3) Healthy, vibrant communities: https://www.nd.gov/living-nd/main-street-nd.

Governor Doug Burgum appointed Wayne Salter as the Commissioner of Health and Human Services, in January 2024. As Commissioner, Mr. Salter oversees all divisions within HHS, state state's largest agency operating eight regional human service centers, the Life Skills and Transition Center in Grafton, the State Hospital in Jamestown and the State Laboratory in Bismarck.

Governor Doug Burgum appointed Dr. Nizar Wehbi to serve as North Dakota's State Health Officer, effective May 1, 2021. In this role, Dr Wehbi serves as a member of the Governor's Cabinet, leads tribal health and external stakeholder engagement, serves as the health liaison to the state legislature, advises on other HHS focus areas including community engagement, health care workforce development, and emergency preparedness and response, and develops wellness strategies for North Dakota.

State MCH support for communities is addressed through contracts with local public health units, nonprofits, tribal entities, schools, and universities. In addition, CSHCN support for communities is addressed through collaborative partnerships and contracts with health systems, universities, and nonprofits that support multidisciplinary clinics, family support services, and CSHCN systems development initiatives.

The North Dakota Children's Health Insurance Program (CHIP) falls under the North Dakota Medicaid program in the Medical Services Division within NDDHHS. The state CSHCN program has close ties with the Medical Services Division and participates in scheduled meetings to discuss policy, claims payment, and North Dakota Medicaid Management Information System (MMIS) issues or updates.

North Dakota is a 209(b) state, which means Supplemental Security Income (SSI) beneficiaries under 16 years of age are not automatically eligible for North Dakota Medicaid. If assets are an issue affecting North Dakota Medicaid eligibility, children eligible for SSI can be covered under the children and family coverage groups where asset testing is not required. The state CSHCN program pays for or provides rehabilitative services for eligible children served by Title V, to the extent services are not provided by North Dakota Medicaid.

State CSHCN program staff conduct outreach, information and referral activities targeted to the SSI population. On a monthly basis, Disability Determination Services (DDS) provides referrals electronically to the state CSHCN program. In response, state CSHCN staff provide a direct mailing to families notifying them about potential programs that could be of assistance. This assures that children are consistently being referred to the Title V program and that families receive information about program benefits and needed services.

The North Dakota CSHCN program utilizes AMCHP's *National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs* as a framework for supporting coordinated, comprehensive, and family-centered systems of services at state and local levels. The SHS Director serves as the NDDHHS representative on the State Council on Developmental Disabilities. The CSHCN Director serves as a member of the Interagency Coordinating Council, focusing on systems that support individuals with disabilities and their families.

Annually, the state CSHCN program convenes a meeting between DDS, the local Social Security Administration

office, North Dakota Medicaid, and key family organizations in the state to assure communication about any new developments that have occurred or that are expected during the year that might affect SSI eligible children. Procedures are in place between DDS and SHS to assure SSI recipients and cessations receive information about program benefits or services. DDS is located in the Human Services Division of NDDHHS.

The state CSHCN program and several of the state's universities have developed a mutually beneficial relationship to support multidisciplinary clinic services for CSHCN. SHS multidisciplinary clinics are often used as a source of pre-service training experiences for various health disciplines. A collaborative relationship exists with the University of North Dakota (UND) Communication Disorders Department for administrative support of cleft clinics in the state's northeast region. In addition, a contract is in place with the Anne Carlson Center to support autism diagnostic clinics that are held throughout North Dakota.

A copy of the current cooperative agreement to ensure care and improve health status is in place between North Dakota Title V and North Dakota Medicaid. The most recent agreement was finalized in July 2020 and is included in Section IV. Title V - Medicaid IAA/MOU.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

Section III.E.2.b.i. MCH Workforce Development

Title V Capacity:

State Title V staff are able to avail themselves of various professional development opportunities in order to build their capacity as part of the maternal and child health (MCH) workforce. State staff have many strengths including passion, dedication, and knowledge to ensure families receive high-quality services; strong interpersonal abilities required for partnership building, collaboration and integration; and the capability to manage multiple priorities. To address specific training needs, state Title V staff develop career aspiration and professional development goals that identifies training opportunities to enhance needed knowledge and skills as part of their annual performance review process.

Leadership and professional development are key initiatives for North Dakota Governor Doug Burgum. The state hired a firm to help build a more formal culture for leadership training for the state based on John Maxwell's 5-levels of leadership and the behaviors of a cohesive team. A series of Leadership Everywhere trainings have been developed to strengthen personal leadership skills and to support the ability to better serve North Dakota citizens.

Strengths and Needs of the MCH Workforce

Building and enhancing public health workforce knowledge and capacity has been a priority for several years. Education and training to equip staff with technical, strategic, and leadership skills are imperative. Promoting a culture of lifelong learning in public health is also necessary. A large sector within the field of public health is MCH. The MCH Leadership Competencies, Version 4.5 (2023) explains that the essential ability to implement complex thinking requires identifying an issue or problem, framing it into a question, evaluating it from different perspectives, and then solving the problem. MCH public health workers should also know how to identify and propose promising practices and policies that can be used in situations where action is necessary.

Over the last several years, the demands placed on governmental public health workers to evolve from a clinical mindset to systems-based thinking have been constantly evolving. After the recent pandemic, it was even more evident that there is a need for public health staff to be trained and educated appropriately to deliver high-quality programs and address new and emerging health challenges using a population-health-based approach.

Unique Skillsets and Composition of Title V Staff

About 81% of Title V program staff have five or more years of experience working in maternal and child health (MCH) programs at the state-level, compared to about 70% last year and 68% the year before. This is attributed to a trend of staff retainment. Those with less than five years' experience have strong health care backgrounds working within health systems or for non-profits (e.g., March of Dimes).
Over the past several years, the Healthy and Safe Communities (HSC) Section Director who also oversees Title V programming (as part of the Public Health Division's leadership team), had the opportunity to participate in quarterly Extended Cabinet Leadership (XCL) Team meetings organized and presented by Governor Doug Burgum and his staff. The objectives for the XCL team are focused on connection, learning and development as leaders.

Title V and all of the North Dakota Department of Health and Human Services (NDDHHS) are also committed to promoting health equity. Gaps in health outcomes between populations can be addressed through improvement of quality of care, increased cultural competency, and a comprehensive health equity strategy. Since the Health

Equity/MCH Partnership Coordinator, Krissie Guerard, was hired August 1, 2018, the Community Engagement Unit (formerly the Health Equity Office) has continued to grow. In an effort to address overall needs in health equity for the entire NDDHHS, Krissie's role was transformed to focus full-time as the Community Engagement Director, while the Community Engagement Assistant Unit Director participates in MCH work activities in the women's health domain.

The Community Engagement Assistant Unit Director's full-time equivalent (FTE) Public Health Specialist position was added in March 2020 in partnership with the HIV/STD/TB/Viral Hepatitis Program. This shared position between two sections and supervised by the Community Engagement Director, dedicates .5 time to the HIV/STD/TB/Viral Hepatitis Program and .5 to MCH. Current MCH activities of this position include health equity (oversight of the New American/Foreign Born/Immigrant (NFI) Advisory Committee), maternal mortality and other women's health initiatives.

Key components of the MCH grant include promoting health equity and reducing disparities in health through a comprehensive needs assessment process. Hence, this position is located within the NDDHHS Public Health Division's HSC Section. The Community Engagement Unit reports directly to the HSC Section Director who also oversees all units responsible for MCH programming. This is vital to address and coordinate efforts that improve health outcomes for North Dakotans.

A summary of MCH and CSHCN workforce, including those serving in leadership roles, tenure of staff, and projected shifts in the workforce over the next five years is included in Section V. Supporting Documents.

Organizational Changes: The Creation of the North Dakota Department of Health and Human Services (NDDHHS)

On September 1, 2022, the North Dakota Department of Health integrated with the North Dakota Department of Human Services to create the new state agency, NDDHHS. This merger was meant to further foster positive, comprehensive outcomes by promoting economic, behavioral, and physical health and ensuring a holistic approach to individual and community well-being. The overarching vision of this relatively new department is to make North Dakota the healthiest state in the nation.

In addition, staff at the North Dakota Department of Health and Human Services (NDDHHS) use guiding principles to inspire decisions, fuel a passion for service, and shape an overall agency culture. These include

- **Continuous improvement and innovation:** We embrace continuous improvement and innovation as ways to streamline the delivery of services, drive efficiencies and promote best-in-class customer-centered experiences.
- **Responsible stewardship:** Our organizational effectiveness and impact is enhanced by our strategic and efficient management of agency funding, assets and resources.
- **Transparent and open communication:** We prioritize transparent and open communication to facilitate trust, organizational and stakeholder awareness, collaboration and unity.
- **Engaged collaboration:** We bring a spirit of teamwork and accountability to every interaction, using our combined strengths to drive solutions and success.
- **Data-centered decisions:** Our decisions are grounded in data; we use facts and metrics to inform and guide our actions and evaluate outcomes.

An imperative component of NDDHHS is the Public Health Division, which is home to Title V. This newly formed division is dedicated to improving the length and quality of life for all North Dakotans. More details about the overall

department and the Public Health Division can be found in Section VI. Organizational Chart.

Parent/Family Involvement in Title V

The Special Health Services (SHS) Unit supports a ten-to-twelve-member Family Advisory Council that meets two to four times each year. Membership is diverse and comprised of various, races, genders, and socioeconomic statuses to ensure representation from different types of families. Father involvement has improved through the participation of a father on the council offering a different perspective. Members are reimbursed for mileage, meals, and lodging (if applicable) and are paid a $75.00 consultation fee for each meeting they attend. The SHS Family Advisory Council assures family involvement in policy, program development, professional education, and delivery of family-centered care for children with special health care needs and their families. SHS staff encourage active family engagement in council activities (e.g., leading ice-breaker activities, sharing of family stories, and representation at the annual Medical Advisory Council meeting). Council members have the opportunity to provide input with development of the MCH Block Grant application and are encouraged and supported to attend the annual block grant review. The application for individuals interested in joining and becoming a member the Family Advisory Council is now available online on the SHS website to ensure the opportunity to join is open to individuals across the state.

Recruitment and Retention of Qualified Staff

NDDHHS offers challenging and enjoyable work opportunities and a full range of employee benefits, including a fully paid health insurance plan, paid leave, and a retirement plan. In addition, the department has a reputation for being family-friendly and accommodating with flexible work schedules. Infant-at-work, everyday casual dress, and worksite wellness policies are attractive recruiting and retention tools. NDDHHS policies for reimbursement for professional licensures and tuition reimbursement are also positive recruiting and retention tools. Since COVID-19, staff have been encouraged to continue telecommuting full-time, with the ability to “hotel” on-site as needed. These policies have increased job satisfaction, work productivity, and morale. An Employee Assistance Program is also available for staff who need support.

Workforce development to advance the capacity of local staff is also important. To build capacity of the local workforce, State Title V staff provide technical assistance with program implementation on an ongoing basis.

Assessment of Training and Professional Development Needs

The Title V Director has reinitiated conversations with the MCH Navigator team and the MCH Workforce Development team. The MCH Navigator online self-assessment was last administered to state Title V staff in December 2019. This self-assessment provided an opportunity for professionals to reflect on competency-based strengths and areas of needed growth to identify learning gaps and reinforce new skills that could improve performance. A North Dakota Workforce Snapshot was provided by MCH Navigator that supplied information regarding North Dakota’s MCH workforce composition and learning needs. Going forward, it is hoped that through national-state level partnerships with the MCH Navigator and MCH Workforce Development Center, the online self-assessment would be completed by state-level MCH annually to ensure any arising educational needs are immediately met through additional training options.

Training the Next Generation of Professionals

The Title V Director aims to establish a specific training protocol by 2025, designed to enhance the skills and knowledge of both new and existing MCH staff members. This protocol will focus on fostering systems-level thinking

and effective planning for the annual activities outlined in MCH work plans. Additionally, efforts will be made to integrate MCH training into ongoing workforce development initiatives within the broader framework of NDDHHS. Recognizing the critical importance of workforce development in the state, these endeavors seek to address not only MCH concerns but also broader public health challenges.

Furthermore, state MCH staff will be actively encouraged to seek out both state and national training opportunities tailored to their specific areas of expertise or interest. These additional avenues for professional development, combined with the aforementioned initiatives, aim to cultivate a robust and diverse MCH workforce in North Dakota. By prioritizing high-quality education and training, the state endeavors to equip its workforce with the necessary skills and insights to effectively tackle the unique challenges faced by women, infants, children, children with special health care needs, and families across North Dakota.

The MCH Certificate: An Innovative Approach to Enhancing MCH Workforce

Since May 2021, collaboration has occurred between the state's MCH program and the North Dakota State University (NDSU) Department of Public Health (DPH) to enhance the knowledge and skills of the current MCH workforce, build workforce capacity, and facilitate collaboration across the academic and practice communities. This partnership has been providing much-needed support to address NDDHHS – and statewide – MCH leadership's key concerns regarding the low percentage of MCH staff with formal public health training, low levels of preparedness to meet local and state MCH needs, limited access to expertise for quality community-based or applied public health research, and the need for MCH innovation among public health professionals in academic and practice environments. In August 2022, NDSU DPH successfully developed and implemented an eight-credit MCH Certification Program. This program was geared to build MCH workforce and innovation capacity. Credits from this MCH Certification Program could also be applied to a Master of Public Health (MPH) degree. In December 2023, the decision was made to initiate a new contract offering additional learning opportunities for staff to further their learning outside of college-level courses. Examples of such learning would be webinars or in-person training. The MCH curriculum will also continue to be offered, and staff are encouraged to participate if able.

NDDHHS has a tuition reimbursement policy that may pay up to 80 percent of tuition and fees, depending upon budget. The college course must be directly job-related and have a stated public health purpose or benefit. This policy makes it more attainable for staff to consider enrolling in the program and advancing their learning and education. In addition to supporting state MCH staff to enroll in the MCH Certificate Program, the program will continue to be promoted statewide.

Section III.E.2.b.ii. Family Partnership

The North Dakota Title V program is committed to building and strengthening family/consumer partnerships across all levels of the health care system for identified maternal and child health (MCH) population groups. Family partnerships are valued, and an integral component of many Title V programs as described in the narrative below.

The North Dakota CSHCN program utilizes AMCHP's *National Consensus Standards for Systems of Care for Children and Youth with Special Health Care Needs* as a framework for supporting coordinated, comprehensive, and family-centered systems of services at state and local levels. The Special Health Services (SHS) Unit supports a ten-to-twelve-member Family Advisory Council that meets two to four times each year. Membership is diverse and comprised of various, races, genders, and socioeconomic statuses to ensure representation from different types of families. Father involvement has improved through the participation of a father on the council offering a different perspective. Members are reimbursed for mileage, meals, and lodging (if applicable) and are paid a $75.00 consultation fee for each meeting they attend. The SHS Family Advisory Council assures family involvement in policy, program development, professional education, and delivery of family-centered care for children with special health care needs and their families. SHS staff encourage active family engagement in council activities (e.g., leading ice-breaker activities, sharing of family stories, and representation at the annual Medical Advisory Council meeting). Council members have the opportunity to provide input with development of the MCH Block Grant application and are encouraged and supported to attend the annual block grant review. The application for individuals interested in joining and becoming a member the Family Advisory Council is now available online on the SHS website to ensure the opportunity to join is open to individuals across the state.

North Dakota's Title V program has a strong partnership with several family-led organizations that provide leadership, support, and advocacy for families. Four prominent organizations include Family Voices of North Dakota, Pathfinder Services of North Dakota, Federation of Families, and Designer Genes. Other organizations in the state also actively provide support to target populations such as families in the early intervention system and individuals with Down syndrome, autism, or hearing loss. These family-led organizations are often reached out to by the various domains to gather feedback and input from the family perspective.

The SHS Unit provides funding to Family Voices of North Dakota to provide a family-led health information, education, consultation, and support program for families. This includes operation of a Family Health Information Center, a Parent-to-Parent Program, education/training opportunities for families, providers and other partners and consultation to the SHS Unit through participation in advisory meetings, MCH Block Grant activities, and other ongoing work. Title V staff work very closely with Family Voices to provide additional care coordination to families with children with complex medical needs.
Family-led organizations routinely collaborate on a variety of CSHCN-related projects. Examples include:

- Project Carson – This program connects families who receive a prenatal or at-birth diagnosis to parent-to-parent support and provides assistance to connect families to services.
- Parent Leadership Institute –This annual event trains parent leaders.
- Other training/educational activities – Families are offered training on various topics (e.g., importance of well-visits, transition from pediatric to adult health care, etc.).

Family representatives are actively involved in several other Title V program initiatives, including the Newborn Screening Advisory Committee. Family members participate in meetings and are invited to attend conferences alongside state staff. They are also involved in strategic and program planning and quality improvement activities for newborn screening.

Next, the CSHCN Director is a member of the North Dakota Interagency Coordinating Council, which also has family representation from various regions across the state. This council is to advise and assist the North Dakota Department of Health and Human Services (NDDHHS) in an effort to implement a statewide system for the delivery of appropriate services to children at-risk and children with disabilities (ages birth through five) and their families. The CSHCN Director has the opportunity to collaborate with family partners and incorporate their feedback and ideas into MCH work efforts. Lastly, Title V staff are encouraged to include families when developing and implementing their annual MCH work efforts.

Efforts to engage families in quality improvement are ongoing. Programs that receive Title V funding assess family/consumer satisfaction on an ongoing basis. SHS requires a description of specific quality assurance strategies, including client satisfaction assessments, in its service contracts and annual reports. At a departmental level, ongoing feedback is solicited from the website and from staff email correspondence. Awareness of customer feedback has been raised throughout the entire department and staff have become more “citizen-focused” through their work.

Families are also involved in resource and material development for several Title V programs. They routinely participate and present at SHS training events for local staff and are involved alongside state staff in conference planning. SHS also routinely solicits family input with resource material development and has engaged families in “family story” messaging projects or assisted with facilitating presentations of various family stories. Recently, the Newborn Screening program staff collaborated with Family Voices of North Dakota to revise a Family Care Notebook that helps families keep track of important information about their child’s health care. Family Voices also assisted in the development of a Newborn Screening video that can be found here https://www.hhs.nd.gov/cfs/newborn-screening/newborn-blood-spot-screening/information-parents

Next, the Family Planning program supports an Information and Education Committee comprised of individuals broadly representative of the population or community for which the materials are intended (in terms of demographic factors such as race, ethnicity, color, national origin, disability, sex, sexual orientation, gender identity, sex characteristics, age, marital status, income, geography, and including but not limited to individuals who belong to underserved communities, such as Black/African American, Latino, and Indigenous and American Indian persons, Asian Americans and Pacific Islanders and other persons of color; members of religious minorities; lesbian, gay, bisexual, transgender, and queer (LGBTQ2+) persons; persons with disabilities; persons who live in rural areas; and persons otherwise adversely affected by persistent poverty or inequality. The Family Planning program encourages family participation in the decision of minors to seek family planning services and provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.

For the working families, breastfeeding support and an Infant Friendly Workplace is valuable. Title V staff recognize the importance of promoting this message on behalf of families across the state. Staff collaborate with the Local Public Health Units to assist with this workplace designation. Moreover, Title V staff work closely with the WIC program to ensure collaboration is taking place and feedback from local families is being shared across programs. In addition, access to services is a barrier for many families due to North Dakota being a rural state. To ensure clients have access to services, Title X staff work with the Upper Missouri District Health Unit (UMDHU) who will continue providing family planning services in the southwest corner of the state utilizing Title V funds and technical support. UMDHU will provide an outreach clinic in Dickinson at least once per month, adding an additional day per month if the need arises. UMDHU will also offer outreach and support throughout the community by attending community events and meeting with local providers and clinics.

For poison prevention, a “build your own poison look-alike kit” is available to be printed by families to bring awareness to items that are not safe to eat or drink, even though they might appear to be. There are a variety of educational materials available that cover the poison prevention area, including stickers, magnets, and brochures.

Additionally, staff provide education to families regarding child passenger safety (CPS) through the NDDHHS’s CPS program website, educational materials, car seat checkups, and car seat distribution programs. The CPS program website offers up to date CPS best practice educational materials as well as the CPS Online Resource Maps. The maps offer up-to-date locations in North Dakota where families can find assistance with their CPS needs. Through the maps, they can locate where to get a car seat if they are in need, locate CPS car seat checkups and CPS technicians for hands-on assistance with car seats, and can locate which birthing hospitals offer CPS classes for first time caregivers. All car seat distribution programs have staff that are certified CPS technicians and are in most counties in North Dakota. State-provided seats via the North Dakota Department of Transportation (NDDOT) are distributed to the public according to the NDDHHS and NDDOT guidelines.

Last year, the NDDHHS collaborated with Bismarck State College and North Dakota’s Gateway to Science to hold a *Gateway to Health* public event that promoted the health and well-being of children, families, and community members while featuring hands-on activities, free access to Gateway to Science’s exhibits, Hands-Only CPR training, and the opportunity to sign-up for services and more. Title V staff from various domains attended the event to provide education and resources to the community. This event was free for the public to attend. Because this event was so successful and positive feedback from the families who attended, this even will be held again in August 2024. To learn more, please visit https://bismarckstate.edu/continuingeducation/professional/Conferences/gatewaytohealth/

Lastly, cultural and linguistic competence and the promotion of health equity continue to be a priority in the NDDHHS with the growing American Indian, immigrant, refugee and migrant populations in North Dakota. The NDDHHS Health Equity Training initiative promotes encourages professionals across the state to take a new *9-module Health Equity Training* (https://www.hhs.nd.gov/community-engagement-unit-trainings) to help foster a more equitable and inclusive future.

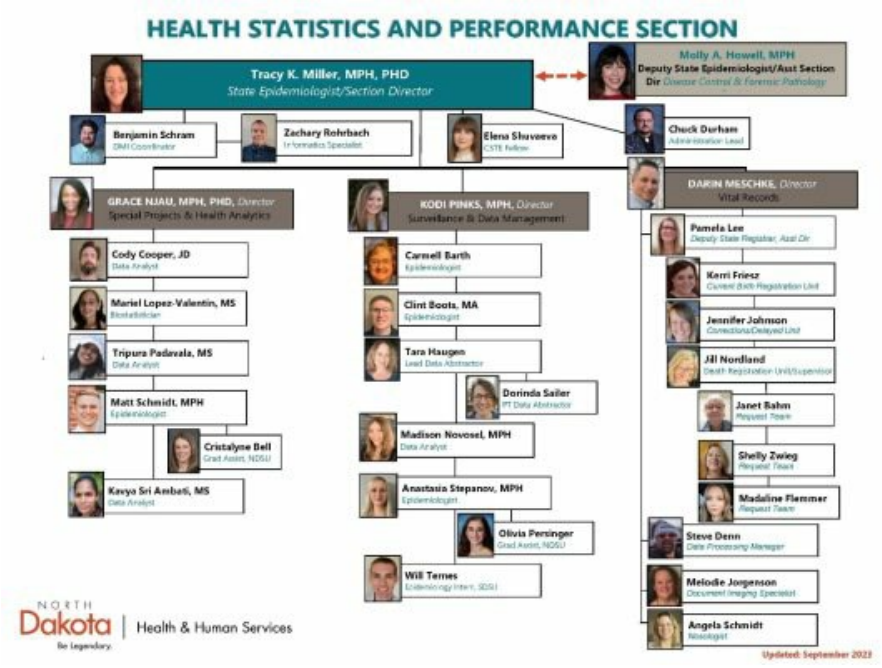
III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

Section III. E.2.b.iii.a. MCH Epidemiology Workforce

The Health Statistics and Performance Section (HSP) serves as the data and epidemiology hub for non-infectious disease data, some infectious disease analytics and surveillance, quality improvement, and performance management for the North Dakota Department of Health and Human Services (NDDHHS). Within this section are 21 full-time equivalents (FTE), five full-time non-permanent employees, 2 part-time non-permanent positions, 2 contract positions, 1 Council of State and Territorial Epidemiologists (CSTE) Fellow, and 2 graduate assistants. The three units within the OSE include Surveillance and Data Management (SDM), Special Projects and Health Analytics (SPHA), and Vital Records. The SDM unit is tasked with the acquisition and management of data and hosts data sources such as the Behavioral Risk Factor Surveillance System (BRFSS), State System Development Initiative (SSDI), Adult Tobacco Survey (ATS), and others. The SPHA serves as the analytical arm of the NDDHHS, providing statistical support and policy analysis to programs and department leadership. Finally, the Vital Records Unit serves as the federally and state-mandated centralized registry for all North Dakota vital statistics, such as birth, deaths, and marriages.

The combined efforts of these three units provide the MCH epidemiology capacity of North Dakota's Title V program, with the SSDI Coordinator and the SPHA Director serving on the maternal and child health (MCH) leadership team. Approximately two FTEs are dedicated to MCH efforts split across staff within the HSP.



III.E.2.b.iii.b. State Systems Development Initiative (SSDI)

Section III.E.2.b.iii.b. State Systems Development Initiative

The State Systems Development Initiative (SSDI) supports maternal and child health (MCH) data collection, analysis, translation, and reporting in the North Dakota Title V MCH Block Grant program by:

- Supporting the Title V MCH Block Grant program data needs associated with the annual needs assessment, the 5-year needs assessment process and updates.
- Assisting the Title V MCH Block Grant programs with development, selection, refinement, and/or tracking of data and performance and outcome measures that are associated with the Title V MCH Block Grant performance measure framework.
- Supporting data needs associated with annual preparation of the Title V MCH Block Grant application/annual report.
- Accessing, developing, enhancing, and implementing plans for overcoming barriers to data access and/or data linkage with MCH datasets across the 5-year project period.
- Enhancing information exchange systems and data interoperability across MCH programs, state agencies, programs, and partners.
- Developing and tracking performance measures that will be used to assess the progress of Title V programs, policies, or initiatives in achieving health equity and addressing Social Determinants of Health.
- Synthesizing and translating MCH data into products of analysis across the five-years project period to enhance state MCH data capacity, facilitate informed decision-making, to drive improved MCH outcomes, and achieve health equity; and
- Developing surveillance systems, utilizing existing Health Information Exchange and North Dakota Health Information Network to provide support to MCH data collection, analysis, reporting, and visualization to inform rapid state program response and policy action related to emergencies, epidemics, endemic, and pandemics.

Annually, the SSDI Coordinator organizes, partners, and links the multiple data sources available. This access to timely and organized electronic MCH health data serves to inform and support MCH staff in program monitoring, assessment, developing strategies, and planning.

During the grant period, the SSDI Coordinator assisted the Health Statistics and Performance Section, the Community Engagement Unit, and the Family Health and Wellness Unit within the Healthy and Safe Communities Section by providing data from the current Federally Available Data (FAD) for the MCH Programs, North Dakota State University, University of North Dakota, and state partners and collaborators. North Dakota Medicaid data were used to analyze the blood lead screening rates in children 0-12 years old. FAD data, paid claims and service utilization data were used as key metrics for grant applications, dashboards, assessments, program planning and policy development among MCH programs.

III.E2.b.iii.c. Other MCH Data Capacity Efforts

Other MCH epidemiological and data enhancement activities that support the Title V needs assessment and performance measuring are addressed in the following table:

Activity/Project	Description
Pregnancy Risk Assessment Monitoring System (PRAMS)	North Dakota (ND) was funded by the Center for Disease Control and Prevention (CDC) For Component A: Core PRAMS surveillance in 2016. In 2021, ND was funded again to implement CORE PRAMS surveillance through 2026. Also, since 2021, ND PRAMS continues to oversample American Indian women, and also oversamples women of other minority races to adequately monitor health risk behaviors of rapidly growing populations in the state. A new PRAMS for Dads survey was initiated in the end of June 2023.
Newborn Screening Systems Quality Improvement Project	The North Dakota Newborn Screening and Long-term Follow-up Program was funded by the Association of Public Health Laboratories for a continuous quality improvement (CQI) project initially projected to run through August 2021. This project has been extended until July 31, 2024 due to the ability to carry over funding to complete work efforts. This project assists in building a case management system for long-term follow-up, while reducing lost to follow-up for patients who have a positive newborn screening. This case management system is being built within the North Dakota Health Information Network and will be a patient-centered care coordination system. With funding from this grant, educational materials were updated to include critical congenital heart disease and hearing screening, and information on the long-term follow-up program.
Maternal Mortality Surveillance	During the 2021 North Dakota Legislative Session, a bill to establish a Maternal Mortality Review Committee (MMRC) was

	passed. The committee includes representation from the North Dakota Department of Health and Human Services (NDDHHS) (Public Health Specialist and MCH Epidemiologist), obstetricians/gynecologists, health care entities, mental health experts, and others. The Vital Records Unit in the Health Statistics and Performance Section will continue to maintain the source file for case reports and predisposing factors leading to maternal deaths. In the upcoming year, the epidemiology team will formalize the data linkage and reporting process to the CDC Maternal Mortality Review Information Application (MMRIA).
National Violent Death Reporting System (NVDRS)	ND was funded by the CDC for the National Violent Death Reporting System (NVDRS) in 2018. The NDVDRS is a state-based surveillance (reporting) system that links data on violent deaths from multiple sources into a useable, anonymous database. These sources include state and local medical examiners, coroners, law enforcement, toxicology, and vital statistic records. NDVDRS collects information from violent deaths, including homicides, suicides, deaths of undetermined intent, unintentional firearm deaths, legal intervention, and terrorism. NDVDRS provides detailed information on circumstances precipitating violent deaths, combines information across multiple data sources, comprehensively describes violent deaths, and links multiple deaths to one another. The purpose of NDVDRS is to create and implement a plan to collect and disseminate accurate, timely, and comprehensive surveillance data on all violent deaths in ND to increase violence prevention efforts and reduce morbidity and mortality related to violence.
State Health Assessment (SHA) and State Health Improvement Plan (SHIP)	The SHA is conducted every three to five years in North Dakota. Findings of the SHA, with stakeholder input is then used to

	create the SHIP. SHIP priorities established for 2024-2029 include: • Strengthening workforce • Cultivating Wellness • Expanding Access and Connection • Building Community Resilience The full SHIP and information about the State Health Assessment can be found at https://www.hhs.nd.gov/health/north-dakota-state-health-improvement-plan-ship.
North Dakota Fatherhood Survey	Starting in 2023, North Dakota has implemented this survey in tandem with the North Dakota PRAMS survey. This pilot study aims at collecting data from new fathers on social and economic as well as health and behavioral patterns. The survey also asks questions regarding early infancy risk factors and ways in which fathers support their families in the perinatal period.

Section III.E2.b.iv. MCH Emergency Planning and Preparedness

The Health Response and Licensure Section is located within the Public Health Division in the North Dakota Department of Health and Human Services (NDDHHS). This section is home to the Emergency Preparedness and Response (EPR) Unit, which is dedicated to creating and promoting a state of readiness and prompt response to protect the health of North Dakotans during catastrophic events, large-scale disasters, and emergencies. This mission is accomplished by coordinating education, assessment, planning, response, and support services involving public health providers, private medical providers, public safety agencies and government officials.

The EPR Unit has a variety of resources related to its Public Health Emergency Preparedness and Response Program available on its website (https://www.hhs.nd.gov/health/emergency-preparedness-and-response/public-health-epr-program), which provides local and state public health guidance, planning, coordination, response, and funding for large-scale emergencies. These activities include coordination and funding of incident command and control, disease control, laboratory services, communications systems, public information, medical supplies, equipment and pharmaceuticals and training. Funding for this division is provided by a cooperative agreement through the Department of Health and Human Services, Centers for Disease Control.

Also within this section is the Emergency Medical Systems (EMS) Unit. The mission of the EMS Unit is to integrate the processes, protocols, technologies, policies, and practices that are designed to provide the best possible health outcome for individuals and communities every day and during emergencies and disasters. These work activities also tie into the State Emergency Operations Plan (EOP) housed in the North Dakota Department of Emergency Services (ND DES). The Public Health Division of NDDHHS works closely with the ND DES on emergency planning and preparedness work efforts and planning activities.

Local, Tribal, and State EOPs establish direction for a systematic, coordinated approach to preparedness for, response to, and recovery from emergencies and disasters occurring within the state. The EOPs describe the policies and procedures for coordinating support and are designed to be consistent with the National Incident Management System (NIMS). North Dakota is required to update its plan every 5 years and the ND DES is currently working on updating the existing plan for 2024-2029. It is also noted by ND DES that disasters can impact underserved populations disproportionately. Intentionally leading with an equitable approach better allows emergency management to protect the whole community, creating a more resilient North Dakota. Additional resources and information about work being done to enhance emergency planning can be found at https://www.des.nd.gov/planning. This also includes a draft of the enhanced emergency mitigation plan for 2024-2029.

Other plans which are too sensitive to post on a public website (e.g., response to terrorism events), are available on request. All the plans on the NDDHHS website are technical descriptions which are intended for the use of response partners, including other North Dakota state and federal health agencies. The public can review the plans, ask questions, or make comments. These emergency response plans are a process of continuous improvement and are revised as procedures change or as more is learned through exercises, real events, and partner feedback. The plans provide guidelines for action during a disaster/emergency, rather than a set of rules which must be followed during an event. The plans do not have specific sections for the maternal and child health (MCH) population, but considerations for the MCH population are incorporated into aspects of the plans.

Title V program staff were not directly involved or consulted in the planning and development of the state's emergency operation plans. However, the Healthy and Safe Communities Section Director, who also oversees Title

V, is a member of the Public Health Division's Senior Leadership Team and provides insight and feedback into emergency preparedness planning.

When communication plans, tools or strategies are developed as part of statewide preparedness for addressing impacts of disasters and emerging threats on the MCH population, Title V staff are consulted and involved in these efforts. Working with schools during COVID-19 is a good example of this involvement. During the height of the COVID-19 pandemic, the Healthy and Safe Communities Section Director was asked to form a COVID-19 school response team. The Title V School Health Specialist was assigned to lead the COVID-19 School Response Team and several other Title V staff were activity engaged in this team (e.g., Title V/Special Health Services (SHS) Director, SHS Program Administrators, MCH State School Nurse Consultant, Community Engagement Director). Many processes, procedures, strategies, and tools were developed, disseminated, and implemented as part of the COVID-19 school response. Many of these tools can still be found on the NDDHHS website at https://www.hhs.nd.gov/health/coronavirus.

Title V program staff also participate in the development of coordination plans to enhance statewide preparedness for addressing impacts of disasters and emerging threats on the MCH population. The need for a formalized contingency plan has been a longstanding conversation with partners at the University of Iowa's State Hygienic Lab, which currently processes North Dakota's newborn blood spot specimens. Contingency planning for an emergency helps to ensure the availability of critical resources, the continuity of operations, and sets standards for entities participating in the activation of the plan. Although it is anticipated that babies born in North Dakota during an emergency would continue to be screened thorough the Iowa State Hygienic Lab, efforts are being made to establish additional contingency plans if this process would be interrupted at any point during such emergency. In the past year, a master's level nursing practicum student assisted the North Dakota Newborn Screening and Follow-Up Program with the initiation of a contingency plan. Adhering to established standards and maintaining continuity of testing and follow-up play critical roles in the screening, diagnosis, referral, and treatment of disorders identified in newborn screening, especially during a public health emergency.

The SHS Unit recognized that the pandemic resulted in health care disruptions and significant strain on families, especially those of children with special health care needs (CSHCN). SHS implemented advancements in programs to ensure that families have access to additional medications through special prior authorizations, direct shipping of necessary metabolic formula, and care coordination from state-level staff. Because of the positive response, many of these programmatic changes have remained in effect and efficiencies that would benefit families are continuously being explored.

Section III. E.2.b.v.a. Public and Private Partnerships

Title V programs in North Dakota (ND) use a collaborative systems-based approach to ensure access to quality health care and needed services for the maternal and child health (MCH) population. ND is committed to building, sustaining, and expanding partnerships.Title V staff actively participate on a variety of committees and coalitions that impact the health of mothers and children, including those with special health care needs.

Other MCH Investments

North Dakota's State Systems Development Initiative (SSDI) grant helps to develop, enhance, and expand state Title V MCH data capacity. Prevent Child Abuse North Dakota (PCAND) administers the state's Maternal, Infant, and Early Child Home Visiting (MIECHV) grant. The Title V Director serves as the ND Department of Health and Human Services (NDDHHS) representative on the State Council on Developmental Disabilities and the CSHCN Director serves on the Interagency Coordinating Council (ICC), both of which focus on systems that support individuals with disabilities and their families. In addition, North Dakota Title V funds "Count the Kicks," which is an evidence-based stillbirth prevention public health campaign created by the non-profit organization, Healthy Birth Day, Inc. to build awareness and provide a simple daily method for tracking fetal movement in the third trimester of pregnancy.

During the 2023 legislative session, funding for the Alternative to Abortion (A2A) Program was increased from $600,000 to $1,000,000 per biennium and expanded services from assisting pregnant women and women who believe they may be pregnant, to also include parents or other relatives caring for children twelve months of age or younger. The Human Services Division of the NDDHHS had historically administered the A2A Program. To align services more effectively, NDDHHS executive leadership made the decision to move the A2A Program to the Public Health Division. Funded through state funds and the Title V grant, a Maternal Health Specialist position was hired to manage the program.

Other Federal Investments

Title V staff collaborate with other federally funded programs, such as Women, Infants and Children (WIC), family planning and immunizations. Safe sleep education is being provided in all WIC sites and 44 Cribs for Kids Programs throughout the state of ND. If additional funds are available, cribs are typically purchased for these numerous sites.

State and Local MCH Programs

State MCH support for communities is addressed through contracts with selected local public health units, universities, schools, non-profits, and tribal entities. The funds are used for services such as maternal care, newborn home visits, genetics, car seat safety programs, school health/wellness, nutrition and physical activity education and injury prevention. The state CSHCN program supports cooperative administration of programs for CSHCN along with partners such as human service center zones, health facilities, family support organizations, and universities. In addition, CSHCN support for communities is addressed through contracts with health systems, universities, and nonprofits that support multidisciplinary clinics, family support services, and CSHCN systems development initiatives.

Other Programs within the NDDHHS

Additional partnerships within the NDDHHS, not previously mentioned, that address the priority needs of the MCH population, but are not funded by the state Title V program include autism database, cancer, chronic disease (e.g., Diabetes, Heart Disease), tobacco, oral health, and domestic violence/rape crisis. In 2023, the Youth Risk Behavior Survey (YRBS) was moved from the North Dakota Department of Public Instruction (DPI) to the Public Health Division, Health Statistics and Performance Section.

Other Governmental Agencies

The North Dakota Medicaid program is co-located with the Children's Health Insurance Program (CHIP), in the Medical Services Division within NDDHHS. The state CSHCN program has close ties within the Medical Services Division and participates in scheduled meetings to discuss policy, claims payment, and ND Health Enterprise Medicaid Management Information System (MMIS) issues. Annually, the State CSHCN program convenes a meeting between the Disability Determination Services (DDS), the local Social Security Administration Office, ND Medicaid, and key family organizations to assure communication about any new developments that have occurred or that are expected during the year that might affect Supplemental Security Income (SSI) eligible children. Procedures are in place between DDS and SHS to assure SSI recipients and cessations receive information about program benefits or services. NDDHHS implements a public awareness campaign to provide information, public service announcements, and educational materials regarding the state's Baby Safe Haven Law to the public, including medical providers, law enforcement, and social service agencies. Title V and the North Dakota Department of Public Instruction (DPI) have a strong partnership and work collaboratively on many projects. Periodically, the ICC meets jointly with the DPI Individuals with Disabilities Education Act (IDEA) advisory group to better coordinate services for young children with disabilities. CSHCN staff are also involved with the Transition Community of Practice led by Special Education staff within DPI. The NDDHHS State School Nurse Consultant also works closely with DPI to support school nursing initiatives and promote the connection between health and academic achievement.

Tribes, Tribal Organizations and Urban Indian Organizations

Recognizing the need to strengthen relationships between NDDHHS programs and tribal reservations, the Community Engagement Unit has established a contract with North Dakota State University (NDSU) to hold quarterly meetings with Tribal Health Directors which began in the fall of 2021. The meetings have been initiated to define the tribal consultation process to protect sovereignty, improve tribal and state relationships to uplift and address Indigenous health equity, unpack and develop processes for assuring applicable treaty rights and trust responsibilities are honored, coordinate efforts to address broad reaching public health issues across Tribal Nations, and assess the feasibility of a ND Tribal Health Board.

In July of 2021, four Tribal Health Liaisons were hired at the former ND Department of Health (NDDoH). The primary purpose of these positions is to act as liaisons to the department on Tribal health needs and concerns. The positions assist the NDDHHS Community Engagement Unit and the Disease Control and Forensic Pathology Unit in addressing vaccine hesitancy and conducting education and awareness for the five federally recognized tribes in ND and surrounding urban areas.

On an annual basis MCH funds are used to provide support for the annual MCH Tribal Health Symposium which is facilitated by NDSU and tribal health partners from across the state. If available, additional funds are set aside for tribal health mini-grants to focus on MCH priorities.

Public Health and Health Professional Educational Programs and Universities

NDSU and UND collaboratively offer a Master of Public Health (MPH) program. In addition, the Department of Indigenous Health is the first department of its kind in the world and is based at the UND School of Medicine and Health Sciences. NDDHHS promotes synergy across research, education, service and training and focuses on Indigenous health and health equality and offers the world's first Ph.D. in Indigenous Health. The state CSHCN program and several of the state's universities have developed a mutually beneficial relationship to support multidisciplinary clinic services for CSHCN. University personnel participate as team members in many SHS cleft lip and palate clinic locations. SHS multidisciplinary clinics are often used as a source of pre-service training experiences for various health disciplines. A collaborative relationship exists with the UND Communication Disorders Department for administrative support of cleft

clinics in the northeast region of the state. In addition, a contract is in place with the Anne Carlson Center to support autism diagnostic clinics in ND.

CSHCN Family Leadership

There are several family-led organizations in ND that provide leadership and support to families. The state CSHCN program contracts with Family Voices of ND to provide emotional support, health information, and training for families.

SHS has a strong partnership with several family-led organizations that provide leadership, support, and advocacy for families. The CSHCN program has a contract with FVND to provide emotional support, health information, and training/assistance to families. This contract includes providing education and training on health care transition.

Section III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Interagency Agreement (IAA)

North Dakota's Medicaid and Title V share a common goal in working to improve the overall health of the Maternal and Child Health (MCH) population through affordable health care delivery systems and expanded coverage. Partnership and collaboration have allowed for effective leveraging of federal and state resources. Some examples of existing relationships between Title V and North Dakota Medicaid include but are not limited to:

- North Dakota Medicaid staff attend the annual Special Health Services (SHS) Medical Advisory Council meeting to advise on potential policy revisions or opportunities to partner.

- Because North Dakota Medicaid operates in a fee-for-service model, SHS has submitted suggestions and successfully partnered with members of the Medicaid Medical Advisory Committee to revise existing policy, particularly with items for children with special health care needs (CSHCN) not included in the existing North Dakota Medicaid plan.

- SHS has been assigned a unique health benefit plan to utilize North Dakota Medicaid's Health Enterprise Medicaid Management Information System (MMIS) to pay claims for CSHCN. Weekly claims payment reports are received by the North Dakota Department of Health and Human Services (NDDHHS) to ensure accuracy of payments.

- SHS is an enrolled participating provider for North Dakota Medicaid and obtains reimbursement for services rendered to North Dakota Medicaid-eligible children through multidisciplinary clinics run by SHS staff (e.g., cleft lip and palate).

- The MCH women's health domain lead team member participates in weekly meetings with North Dakota Medicaid team members to discuss current work efforts and opportunities for collaboration.

- The women's health domain team, MCH epidemiologist, and Title V Director were asked for additional input into the recent North Dakota Maternal Care Quality and Utilization Focus Study. A copy of this study can be found in Section V. Supporting Documents.

- The Title V Director/SHS Unit Director participates in scheduled meetings as a non-voting member for the Cross-Disability Advisory Council, which is a new potential Medicaid waiver being explored by North Dakota Medicaid.

- The SHS Claims and Eligibility Administrator and SHS Administrative Officer receive meeting invites for pertinent Medicaid Claims meetings and attends if claims issues impacting SHS are on the agenda.

- The HHS State Health Officer or his designee attends the Medicaid Medical Advisory Committee meetings. Additional Title V staff attend these meetings to obtain information and provide input as requested.

- North Dakota Medicaid provides claim-level data through the NDDHS Advantage Suite program, which pulls reports from the MMIS.

- When applying for the SHS Financial Coverage Program, the SHS Claims and Eligibility Administrator

assists families of children with medical complexities to complete the application for the North Dakota Medically Fragile Waiver and routes the application directly to the waiver's administrator.

- Data sharing is currently taking place regarding immunizations for the North Dakota Medicaid Child Core Set reporting.

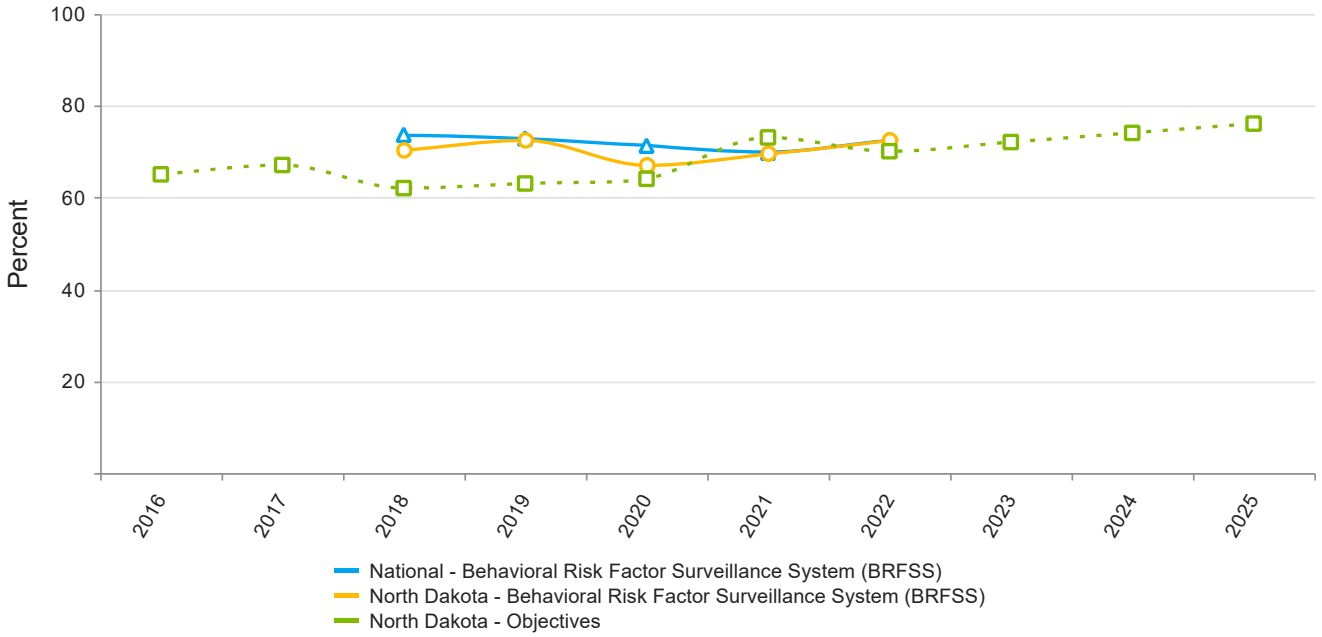
Please refer to IV. Title V – Medicaid IAA/MOU for additional information relating to collaboration and partnerships between Title V and North Dakota Medicaid.

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV
Indicators and Annual Objectives



Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective		64	73	70	72
Annual Indicator	70.1	72.3	66.8	69.4	72.3
Numerator	93,175	96,797	89,779	94,912	99,011
Denominator	132,850	133,888	134,347	136,859	137,010
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020	2021	2022

Annual Objectives		
	2024	2025
Annual Objective	74.0	76.0

Evidence-Based or –Informed Strategy Measures

ESM WWV.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.

Measure Status:	Active

State Provided Data			
	2021	2022	2023
Annual Objective			78
Annual Indicator	0	68	
Numerator			
Denominator			
Data Source	The North Dakota Department of Health, Division of	The North Dakota Department of Health and Human S	
Data Source Year	2021	2022	
Provisional or Final ?	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	88.0	98.0

ESM WWV.4 - The percentage of women receiving women's preventative health educational materials.

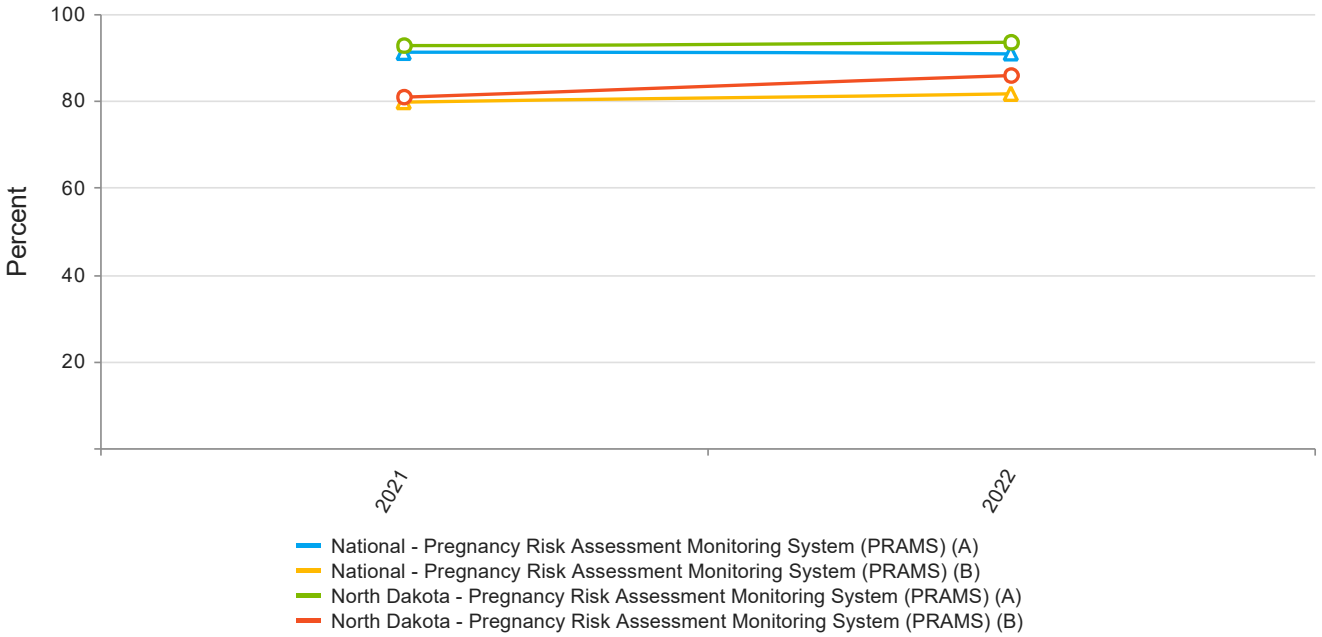
Measure Status:	Active

State Provided Data			
	2021	2022	2023
Annual Objective			50
Annual Indicator	0	68	
Numerator	0		
Denominator	100		
Data Source	Data Source-The North Dakota Department of Health,	The North Dakota Department of Health and Human Se	
Data Source Year	2021	2022	
Provisional or Final ?	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	60.0	70.0

NPM - 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

Indicators and Annual Objectives



NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	93.2
Numerator	8,561
Denominator	9,189
Data Source	PRAMS
Data Source Year	2022

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	85.7
Numerator	7,331
Denominator	8,555
Data Source	PRAMS
Data Source Year	2022

Evidence-Based or –Informed Strategy Measures

None

State Action Plan Table

State Action Plan Table (North Dakota) - Women/Maternal Health - Entry 1	
Priority Need	
To increase the percent of women who have an annual preventive visit.	
NPM	
NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV	
Five-Year Objectives	
1. Title V staff will partner with entities who routinely work with women between the ages of 18-44 to increase the percentage of these women who have had a preventative health visit, specifically targeting low income and minority women, moving the number of women who report having a 'routine' checkup in the last 12 months before pregnancy from 37% to 45% as measured by PRAMS data, a 22% increase over five years.	
Strategies	
1a. Collaborate with state-level organizations and entities to improve access to care.	
1b. Intersect with women in pregnancy and the inter-pregnancy interval, to reach them at a time when they are most likely to contact the health care system.	
1c. Partner with local Community Based Organizations (CBOs) and other partners to expand the reach of preventative messages, conducting outreach to specific racial and ethnic groups or specific populations of high-need women in contact with other services.	
ESMs	**Status**
ESM WWV.1 - Percentage of women screened in pediatric clinics at the piloting clinics	Inactive
ESM WWV.2 - Number of tailored messages developed targeting low-income and minority women.	Inactive
ESM WWV.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.	Active
ESM WWV.4 - The percentage of women receiving women’s preventative health educational materials.	Active

NOMs

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

State Action Plan Table (North Dakota) - Women/Maternal Health - Entry 2

Priority Need

To increase the percent of women who have an annual preventive visit.

NPM

NPM - 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

Five-Year Objectives

Title V staff will partner with entities that routinely work with women between the ages of 18 and 44 to increase the percentage of these women who have had a post-partum checkup within 12 weeks after giving birth and have also been followed up with additional necessary post-partum services.

Strategies

Research and explore state-level approaches to improving the rates of health care visits in the post-partum period.

ESMs	Status

No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.

NOMs

This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

MCH Population Domain: Women/Maternal Health

National Performance Priority Area: Well-woman Care, with an Emphasis on Minority and Low-income Women– 2023 Annual Report Narrative (October 1, 2022 – September 30, 2023):

According to the Behavioral Risk Factor Surveillance System (BRFSS), overall, North Dakotan women ages 18-44 have rates of well-woman visits that are on par with national rates. In 2021, 69.4% of women ages 18-44 in North Dakota had a well-woman visit compared with the United States (US) rate of 69.7%. Rates of well-women visits are increasing in North Dakota; up from 66.8% in 2020.

While overall rates may be similar between the US and North Dakota, disparities have emerged across multiple demographic variables. For example, those with lower income had rates below the state average and only 40.7% of women with no insurance had a well-woman exam. Differences from the state average rate were also found when examining rates based on race or ethnicity. One positive trend based on BRFSS data is that American Indian women had higher rates of well-woman visits at 79.1%. For other minority groups, including Black and Hispanic women, BRFSS data for North Dakota was unavailable, but other state-specific data sets and qualitative data gathered from the 2020 MCH Five-Year Needs Assessment clearly demonstrated the need to focus work efforts on minority populations. For example, data from the 2017-2019 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) showed that compared to 75.5% of white women, only 43.8% of American Indian women and 47.8% of women of other races had a ‘routine’ check-up.

To improve rates of well-woman care among low-income and minority women, the North Dakota Department of Health and Human Services (NDHHS) Title V team used various evidence-based strategies to improve well-woman care for minority and low-income women. The team leveraged local community-based organizations (CBOs) 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.

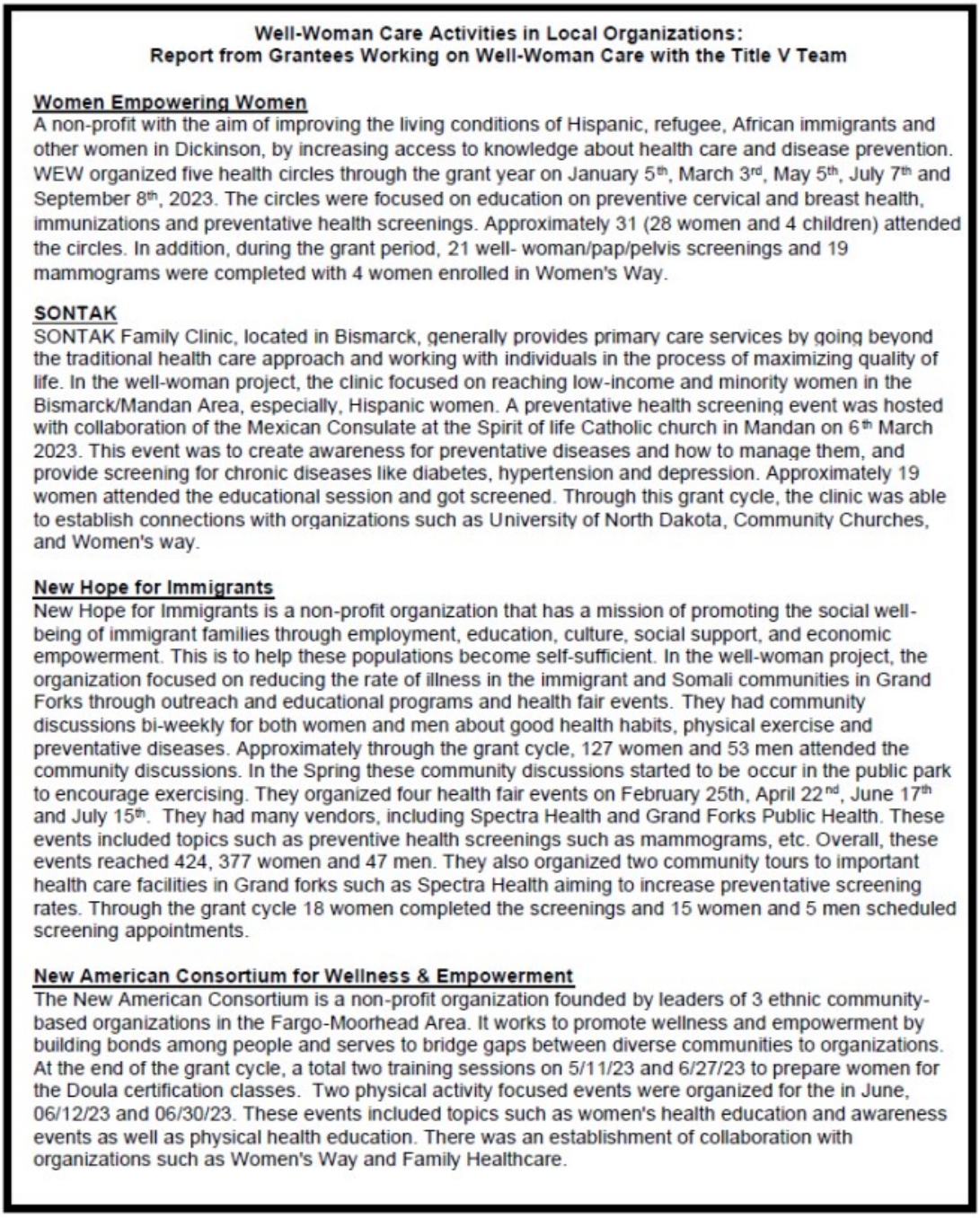
CBOs are often well-positioned to gain the trust of ethnic and racially diverse women; partnering with these organizations can improve the efficacy of health messages and programs. For several years, the Title V team has worked closely with multiple local organizations in North Dakota to improve well-woman care. In 2022-2023, the grantees working with the Title V team on well-woman care were given the opportunity to continue their grant-funded work with NDHHS to enhance and expand their current projects. While the team planned to continue grants with six organizations, one organization (Spirit Lake Health Center) decided to work on a different area of Title V and one organization was unable to complete contract requirements due to changes in workloads at the organization. Therefore, four organizations serving different immigrant communities were awarded grants to continue their work in 2022-2023.

Organizations could tailor and target outreach to specific populations of women in North Dakota using culturally appropriate evidence-based strategies that would improve well-woman visits. Each grantee developed different campaigns and activities to reach women. Some activities included:

- a group tour of a local health center to improve trust and comfort with screening,
- health fairs with ethnic dance and interpreters,
- outreach and mobile clinics in Spanish,
- group education sessions that were held at the local CBO office with local health professionals attending as

guest speakers to increase trust and comfort with local providers.

The team measured the number of individuals reached by these campaigns, particularly those who scheduled and completed well-woman exams. Six hundred sixty-five people participated in activities and events with the four grantees. Grantees documented seventy-seven screenings completed and many more who scheduled a screening during the grant period. Figure 1 is a report summarizing grantee activities and successes.



Well-Woman Care Activities in Local Organizations:
Report from Grantees Working on Well-Woman Care with the Title V Team

Women Empowering Women
A non-profit with the aim of improving the living conditions of Hispanic, refugee, African immigrants and other women in Dickinson, by increasing access to knowledge about health care and disease prevention. WEW organized five health circles through the grant year on January 5th, March 3rd, May 5th, July 7th and September 8th, 2023. The circles were focused on education on preventive cervical and breast health, immunizations and preventative health screenings. Approximately 31 (28 women and 4 children) attended the circles. In addition, during the grant period, 21 well- woman/pap/pelvis screenings and 19 mammograms were completed with 4 women enrolled in Women's Way.

SONTAK
SONTAK Family Clinic, located in Bismarck, generally provides primary care services by going beyond the traditional health care approach and working with individuals in the process of maximizing quality of life. In the well-woman project, the clinic focused on reaching low-income and minority women in the Bismarck/Mandan Area, especially, Hispanic women. A preventative health screening event was hosted with collaboration of the Mexican Consulate at the Spirit of life Catholic church in Mandan on 6th March 2023. This event was to create awareness for preventative diseases and how to manage them, and provide screening for chronic diseases like diabetes, hypertension and depression. Approximately 19 women attended the educational session and got screened. Through this grant cycle, the clinic was able to establish connections with organizations such as University of North Dakota, Community Churches, and Women's way.

New Hope for Immigrants
New Hope for Immigrants is a non-profit organization that has a mission of promoting the social well-being of immigrant families through employment, education, culture, social support, and economic empowerment. This is to help these populations become self-sufficient. In the well-woman project, the organization focused on reducing the rate of illness in the immigrant and Somali communities in Grand Forks through outreach and educational programs and health fair events. They had community discussions bi-weekly for both women and men about good health habits, physical exercise and preventative diseases. Approximately through the grant cycle, 127 women and 53 men attended the community discussions. In the Spring these community discussions started to be occur in the public park to encourage exercising. They organized four health fair events on February 25th, April 22nd, June 17th and July 15th. They had many vendors, including Spectra Health and Grand Forks Public Health. These events included topics such as preventive health screenings such as mammograms, etc. Overall, these events reached 424, 377 women and 47 men. They also organized two community tours to important health care facilities in Grand forks such as Spectra Health aiming to increase preventative screening rates. Through the grant cycle 18 women completed the screenings and 15 women and 5 men scheduled screening appointments.

New American Consortium for Wellness & Empowerment
The New American Consortium is a non-profit organization founded by leaders of 3 ethnic community-based organizations in the Fargo-Moorhead Area. It works to promote wellness and empowerment by building bonds among people and serves to bridge gaps between diverse communities to organizations. At the end of the grant cycle, a total two training sessions on 5/11/23 and 6/27/23 to prepare women for the Doula certification classes. Two physical activity focused events were organized for the in June, 06/12/23 and 06/30/23. These events included topics such as women's health education and awareness events as well as physical health education. There was an establishment of collaboration with organizations such as Women's Way and Family Healthcare.

Figure 1: One-page report on grant activities of CBOs working on well-woman care.

In addition to this local, targeted approach to improve well-woman care among immigrant women, the team also utilized several state-level strategies. One such strategy was developing a state-wide task force to address maternal health. The Title V team planned to use the task force to develop and disseminate a combined preventative health flyer/brochure through five pilot sites in North Dakota. The team contracted with a state-wide organization to convene a state-wide task force addressing well-woman care and to leverage the task force to develop the preventative health brochure and identify five pilot sites for flyer dissemination.

The planned activities were to identify ten organizations to join the task force and begin work on the well-woman educational materials. Unfortunately, due to changes in leadership, the organization could not continue its work and its contract was terminated. Other maternal health partners, such as Women's Way, have discussed the potential of developing a flyer for dissemination, but this would likely not occur until 2024.
The team did have several other opportunities to distribute preventative health messaging, including distributing safe sleep materials with boxes of diapers that went to women in two tribal communities in North Dakota. Messages were distributed with 670 boxes of diapers.

Another strategy of the Title V team was improving services and support for women before and during pregnancy and postpartum, with a special focus on Medicaid extension postpartum.

Since 2019, Title V staff have focused on extending Medicaid one year postpartum as a key strategy to improve preventative women's care. Nationally, a major focus of many women's health campaigns is extending postpartum access to Medicaid as there is widespread understanding that extending Medicaid coverage ultimately can lead to better preventative health care.

In 2020, the team convened a task force of stakeholders and planned to develop a strategic plan for how to pursue the extension of Medicaid coverage postpartum. However, unexpectedly, the American Rescue Plan Act allowed North Dakota to pursue the option of extending Medicaid. North Dakota made the decision to extend Medicaid one year postpartum starting on January 1, 2023. This exciting advance in North Dakota allowed the Title V staff to be on the cutting edge of policy changes in North Dakota, as they helped to develop and deploy a strategy for implementing the extension of Medicaid. The team helped develop messaging in English and Spanish, including rack cards, business cards, posters, and banners. Materials were paid for via Title V funds. By September 30, 2023, the following materials were distributed: 1,165 materials to WIC offices, 2,605 to the 19 local human service zones, 998 materials to Family Planning clinics, 4,963 materials to human service centers, 1825 materials to human service zones, and 848 materials to local public health offices across North Dakota. 1,473 materials were distributed to 134 medical providers serving Medicaid patients with a letter attached to inform them about the update from Medicaid.

Figures 2 & 3: Sample of the front side of business cards and front of rack cards, developed in part by the Title V team and paid for through Title V funds. Partners, such as WIC, provided these cards to women when they attended their office visits.

With extended Medicaid postpartum, Medicaid-covered women have additional benefits to improve postpartum health. A complementary strategy is to improve the benefits available during this period, such as improving availability and access to doulas. The team planned to develop a pilot doula project in a tribal community, in collaboration with at least four obstetric providers in 2022-2023. Activities included working with the Tribal Health Liaisons to reach Tribal partners, providing resources/research on doulas to be used for educating the community, and helping to ensure the doula program was integrated into other programs for women. During initial conversations with community leaders, the team focused on the postpartum period as the best starting point to improve doula access. With the extension of Medicaid postpartum, a focus on postpartum doula care made sense.

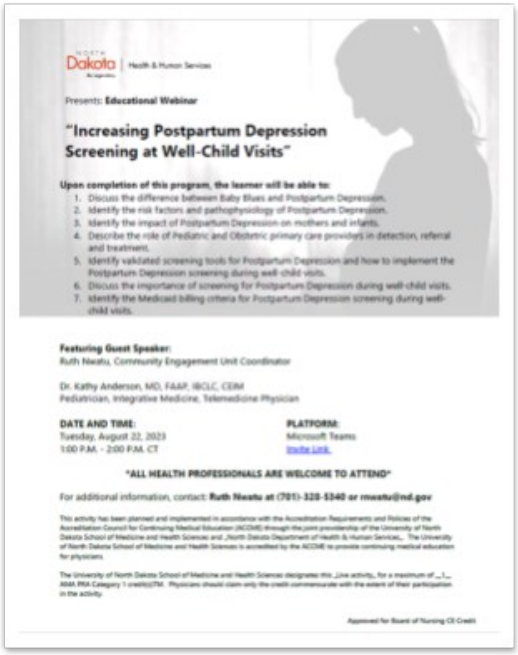
The team went to the Spirit Lake Tribe, along with the Tribal Health Liaison serving the area, to discuss the possible pilot project with partners working in maternal and child health. The team quickly identified that women were not aware of doula services and offering different culturally appropriate services that were already familiar to women would be best. 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. The team reached out to a program serving immigrants to determine if a pilot doula project may be possible by partnering with this organization. The New American Consortium already held a Title V grant to improve well-woman care, so adding funds to conduct doula training was a good fit. The New American Consortium held introductory meetings to discuss what doulas are and how to become a doula. They eventually identified 11 immigrant women who were interested in training to become doulas, and a trainer was identified. Unfortunately, the New American Consortium was not able to complete the work by the end of September 2023, and will be conducting the training in 2024.

In the 2022-2023 year, Title V staff planned to expand work around postpartum depression screening at well-child

visits via two activities. Initially, the team called nurse managers in pediatric offices around the state to gather information about postpartum depression screening. The intent was to glean information on how screenings were recorded in the EHR and any barriers that were occurring in the process. Unfortunately, the team was unable to reach nurse managers and after dedicating many hours to this task, they decided to end this approach.

A second approach the team planned was to develop an incentivized webinar/training on why postpartum screening is important at well-child visits. During the 2022-2023 year, the team developed an extensive presentation on this topic and offered continuing education for participants. Three opportunities to participate in the training occurred in the 2022-2023 period and all were led or co-led by a well-known pediatrician and former President of the local chapter of the American Association of Pediatrics. All presentations offered Continuing Medical Education (CME) and one offered Continuing Education Units (CEUs). The following trainings occurred in the 2022-2023 period:

1. NDHHS Community Engagement Lunch and Learn, virtual presentation, open to the public.
2. The 86th Annual Meeting of the North Dakota Society of Obstetrics and Gynecology, September 9, in person meeting of primarily physicians.
3. The 2023 Pediatrics and Primary Care Behavioral Health Conference on September 21, virtual presentation, open to the public.



Dakota | Health & Human Services

Presents: **Educational Webinar**

"Increasing Postpartum Depression Screening at Well-Child Visits"

Upon completion of this program, the learner will be able to:

1. Discuss the difference between Baby Blues and Postpartum Depression.
2. Identify the risk factors and pathophysiology of Postpartum Depression.
3. Identify the impact of Postpartum Depression on mothers and infants.
4. Describe the role of Pediatric and Obstetric primary care providers in detection, referral and treatment.
5. Identify validated screening tools for Postpartum Depression and how to implement the Postpartum Depression screening during well-child visits.
6. Discuss the importance of screening for Postpartum Depression during well-child visits.
7. Identify the Medicaid billing criteria for Postpartum Depression screening during well-child visits.

Featuring Guest Speaker:
Ruth Nwatu, Community Engagement Unit Coordinator

Dr. Kathy Anderson, MD, FAAP, IBCLC, CEIM
Pediatrician, Integrative Medicine, Telemedicine Physician

DATE AND TIME:
Tuesday, August 22, 2023
1:00 P.M. - 2:00 P.M. CT

PLATFORM:
Microsoft Teams
Invite Link

"ALL HEALTH PROFESSIONALS ARE WELCOME TO ATTEND"

For additional information, contact: **Ruth Nwatu at (701)-328-5340 or rnwatu@nd.gov**

This activity has been planned and implemented in accordance with the Accreditation Requirements and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University of North Dakota School of Medicine and Health Sciences and "North Dakota Department of Health & Human Services,". The University of North Dakota School of Medicine and Health Sciences is accredited by the ACCME to provide continuing medical education for physicians.

The University of North Dakota School of Medicine and Health Sciences designates this _Live activity_ for a maximum of __1__ AMA PRA Category 1 credit(s)TM. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for Board of Nursing CE Credit

Figure 4: flyer from Lunch and Learn educational webinar hosted by HHS.

The final strategy of the Title V team was to identify components of the IMPLICIT model that could be appropriate in North Dakota to improve interconception care for women. The IMPLICIT (Infants Using Continuous Quality-Improvement Techniques) Interconception Care Model is a cutting-edge model that embeds care for moms who might become pregnant again into well-child visits. It is a preventive care model that incorporates assessments and referrals. An important component of IMPLICIT is identifying a woman's pregnancy intention and helping her align her health behaviors accordingly, such as offering family planning services.

To this end, Title V staff focused on expanding family planning services to women with the highest need in the state, focusing on the southwestern part of the state. Since the closure of a Title X family planning service site in 2019, the southwest corner of North Dakota has been without services. The prior service site served 500 unduplicated clients

annually. Family Planning provides confidential preventive health services for women and men of reproductive age.

Title V Maternal Child Health Block grant provided funding in the amount of $15,000 to Upper Missouri District Health Unit (UMDHU), an existing family planning subrecipient to travel to Dickinson, North Dakota 1-2 days per month. Clinic hours will be 9 am – 3 pm, with walk-in clinic appointments available. UMDHU estimates they will serve 60 women per year.

The initial challenge was finding available space to accommodate the needs of a clinic. Women Empowering Women, a current MCH grantee, connected UMDHU to St. Joe's Plaza. This facility was a previous hospital that was renovated to accommodate a variety of services and businesses. These include substance use disorder treatment services, daycares, boutiques, restaurants, barber shops, and martial arts, making it a diverse location to meet the needs of the community.

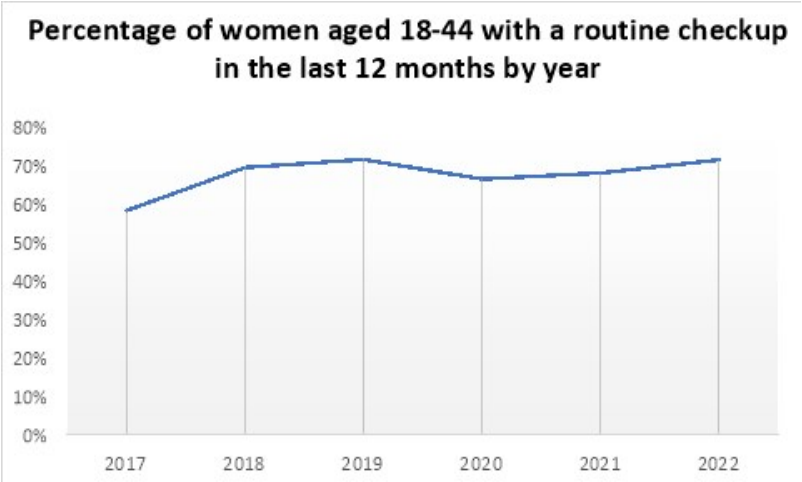
During the months of July through October, a space within this facility was updated to meet the needs for clinic space. The first day of clinic occurred on November 15, 2023. Ongoing marketing efforts through community engagement, radio ads, Facebook, and flyers have been developed with the MCH funds to promote well-woman preventive care.

UMDHU's clinician and nurse collaborated with local public health, Dickinson State University, Primary Care providers, Obstetrics & Gynecology, and Human Service Zones to increase awareness of the services now available.

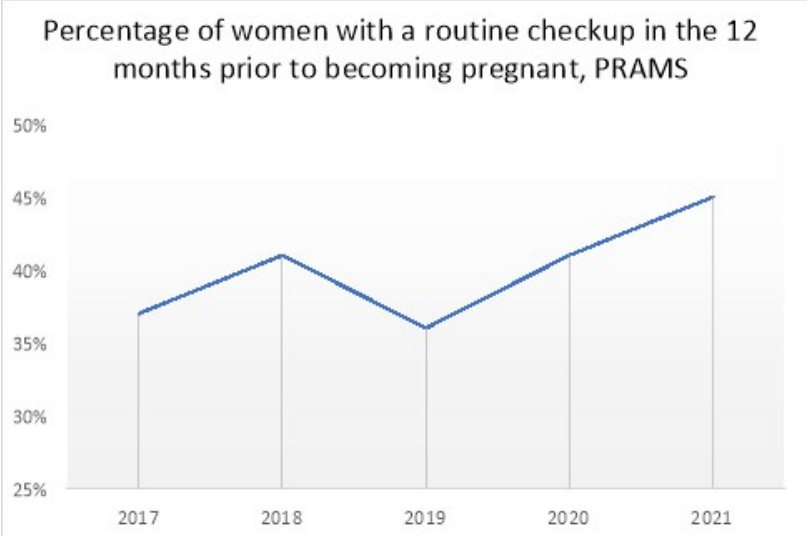
MCH Population Domain: Women/Maternal Health

National Performance Priority Area: Well-woman Care, with an Emphasis on Minority and Low-income Women– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

Preventative women's health, or well-woman care, is an important area of focus for North Dakota. Well-woman care is typically measured by the Behavioral Risk Factor Surveillance System (BRFSS) as a routine checkup--a general physical exam--not an exam for a specific injury, illness, or condition. In 2017, the percentage of women ages 18-44 with a routine checkup in the last 12 months, according to BRFSS data, was 58.1%. In 2021, that number had improved to 67.9% of women and in 2022, there was further improvement in North Dakota with 71.3% of women reporting having a routine checkup in BRFSS.



The North Dakota's Pregnancy Risk Assessment Monitoring System (PRAMS) data is a complementary way to evaluate preventative women's health. PRAMS provides a unique perspective, as it evaluates only those women who have given birth, which is an important subset of North Dakotan women. In 2020, 41.3% of women (46.6% of American Indian (AI) women, 41% of White women, and 42.3% of women of other races) reporting a routine checkup in the year prior to becoming pregnant. Progress is being made in North Dakota, as 45.2% of women reported a routine checkup in the year prior to becoming pregnant in 2021. AI women had the highest rate with 50.6%, compared to 44.7% of White women, and 47.5% of women of other races.



While the improvement over time is encouraging, PRAMS data indicates that the percentage of women receiving a routine checkup in the period before pregnancy is much lower than the rates for women overall in North Dakota. This is particularly concerning as the period before getting pregnant is a critical time to seek preventative health services to ensure a healthy pregnancy. This is one of the reasons that in North Dakota, much of the focus of well-woman care is on the interpregnancy interval (IPI), the period between one birth outcome and conception of a subsequent pregnancy.

Further, preventative health care is not a single-step process, and aspects of preventative care can occur across a continuum. For example, managing mental health conditions is likely a prerequisite for seeking preventative health services. Similarly, accessing prenatal care or getting tested for Human Immunodeficiency Virus (HIV) are activities that connect a woman to the health care system and may lead her to engage in additional preventative services. Therefore, the Title V staff in North Dakota will continue to employ strategies that capitalize on connecting with women where they are, drawing them into the health system, particularly during pregnancy and in the months following.

Title V staff will focus on women who have given birth, women in the prenatal period, and those who plan to become pregnant, especially those who may have vulnerabilities to accessing care, such as having low income or facing stigma due to race and ethnicity.

Three strategies have been selected that will provide important steps toward helping women access preventative healthcare, with a strong focus on women in and around the pregnancy period.

1. Strategy one: collaborate with state-level organizations and entities to improve access to care. In 2024-2025, Title V staff will partner with Postpartum Support International (PSI), North Dakota chapter, to promote postpartum support to women who may need it.

2. Strategy two: intersect with women in pregnancy and the interpregnancy interval (IPI), to reach them at a time when they are most likely to contact the health care system. Reaching women when they are connected to the health care system in pregnancy or between pregnancies can optimize their health and potentially change the trajectory for their health across their lifetime. This creates a foundation of wellness. Activities will include developing tailored prenatal care education materials, developing and enhancing group peer support programming, and increasing individualized support such as doula and family home visiting programming.

3. Strategy three: partner with local Community Based Organizations (CBOs) and others to outreach to specific racial and ethnic groups or specific populations of high-need women in contact with other services. Within this strategy, there are multiple activities that will help Title V staff reach women in non-traditional settings and through other programs and partners, ensuring a wide reach of preventative health messaging.

Strategy one focuses on broad collaboration to impact women's health across the state of North Dakota. Title V staff has been working on identifying ways to partner with pediatricians to increase postpartum depression screening rates at well-child visits. In 2023-2024, Title V staff developed a Continuing Medical Education (CME)-bearing webinar targeted to pediatricians and primary care physicians who provide well-child visits, to educate them about the importance of postpartum depression screening and how to integrate them into well-child visits. In 2024-2025, Title V staff will focus on helping providers improve referral and support for women who have a positive postpartum depression screen during their child's well-child visit. Existing support services, including support groups available through Postpartum Support International (PSI), will be utilized to help support postpartum women in North Dakota. Title V staff will develop a communication plan to promote postpartum resources. This plan will include the life.nd.gov website, outreach to pediatric and family practice doctors, postpartum doulas, and labor and delivery discharge education strategies. Title V staff will also evaluate whether a crisis number should be listed at the top of the women's health page and https://www.life.nd.gov/.

Strategy two is to intersect with women in pregnancy and the interpregnancy interval (IPI). In pregnancy, as mentioned above, women may be most likely to be in contact with the healthcare system. North Dakota data also suggests that, during this period, more women have insurance coverage such as Medicaid that would allow them to access preventative health services. Further, PRAMS data indicates the importance of reaching out to women during pregnancy and IPI, to build a bridge between pregnancy-related care and critical preventative services.

The activities that will be conducted for strategy two include:

- Developing and providing tailored prenatal education to immigrants that meets their specific cultural needs, is in their preferred language, and addresses preventative care and transition to primary care.
- Enhancing and developing new peer support programs, such as group prenatal care and postpartum/parenting support groups.
- Increasing the availability of individualized support such as doulas and working closely with home visiting programs.
- Exploring the 'hand off' between the obstetric provider and the primary care physician.
- Exploring opportunities to incorporate men's health, such as a family health night, to promote family-centered health.

Pregnancy provides a unique opportunity to reach women who may not otherwise connect with the health care system. During this time, women may also be seeking information to help answer their questions about pregnancy and the health care system's process and services. Continuing activities started several years ago, Title V staff will support development of prenatal education materials tailored to the needs of specific groups, in collaboration with the Refugee Health Services program. Educational materials will help build women's confidence in what to expect during pregnancy, can alert them to symptoms such as postpartum depression, can make them aware of resources available such as doulas and postpartum Medicaid coverage, and can remind them to make an appointment with their primary care physician for preventative care.

Title V staff will continue to support the development of group prenatal and postpartum programs, including multiple programs that were previously supported over the last two years:

1. Elbowoods Memorial Health Center, located at Three Affiliated Tribes in North Dakota began a group prenatal care program in 2023-2024, and Title V staff will continue to provide support and evaluate the number of women served.
2. In early 2024, two programs launched to serve indigenous pregnant women: the Mni Wichoni program launched prenatal health circles serving women in the Standing Rock Reservation area and Sacred Pipe, a nonprofit serving urban American Indian women in Bismarck/Mandan, launched the 'Turtle's Nest' group prenatal care program. In 2024-2025, these programs will be evaluated and expanded.

During the postpartum period, support is also critical to improve women's outcomes and increase their likelihood of getting preventative care in the year following giving birth. Postpartum doulas could be a particularly important way to support women after giving birth and could help ensure postpartum symptoms such as hypertension are identified and addressed, provide lactation support, screen for postpartum depression, and provide the general emotional support needed to move women through this particularly vulnerable period. In 2021, Title V staff began to explore training opportunities, Medicaid reimbursement models, and partnership opportunities to expand postpartum doulas in the state. In 2023-2024, Title V staff worked regularly with the Medicaid Director to identify potential barriers to Medicaid reimbursement for doulas in the state and participated in a state-level workgroup with the Foundations for a Healthy North Dakota to develop policy recommendations for doulas in North Dakota. Further, several postpartum doula programs were launched to improve the availability of postpartum doulas in North Dakota. Title V staff identified three populations that would benefit from postpartum doulas most: LGTBQ2S+ communities, immigrant populations, and indigenous people in North Dakota. Therefore, in 2023-2024, several postpartum doula training programs were launched:

1. Title V staff provided funding to the New American Consortium in Fargo, to train up to 10 immigrant community members who wish to professionalize their work with postpartum persons.
2. Title V staff partnered with the Community Engagement Unit's BeYOU board, which advises on LGTBQ2S+ work in the state, to identify 1-3 people who would like to train as postpartum doulas as well.
3. Title V staff connected funding from a local Rotary club to the Indigenous Association to train indigenous postpartum doulas in North Dakota.

The training for these postpartum doulas is still under development. In 2024-2025, Title V staff will support the trained postpartum doulas to help them become certified. State-level workgroup participation will continue, and ways to provide funding and technical assistance to those who have already completed training to become postpartum doulas will be identified.

While supporting postpartum doula training in the state, Title V staff will also continue to look for opportunities to support upskilling and cross-training for family home visitors, peer support specialists, and community health workers, who can all provide important support to postpartum persons.

The third and final strategy Title V staff will use is to partner with local CBOs, Title X Family Planning, other Title V initiatives, and additional partners to expand the reach of preventative messages, conducting outreach to specific racial and ethnic groups or specific populations of high-need women in contact with other services.
Activities in strategy three will include:

- Partner with community-based organizations (CBOs) to reach women belonging to specific racial and ethnic groups, to pilot ROSE (Reach Out, Stay Strong, Essentials for mothers of newborns), a postpartum depression prevention program.
- Develop a plan for working better with other partners in the Healthy and Safe Communities Section (HSC) office, including Women's Way, Title X Family Planning, Special Supplemental Nutrition Program for Women,

Infants, and Children (WIC) and the Alternatives to Abortion program. In 2024-2025, Title V staff will submit a request for technical assistance to develop a strategic plan across all entities that work with maternal child health in the Healthy and Safe Communities Section.

- Partner with Title X Family Planning on two efforts:
    1. Providing funding and technical assistance for Upper Missouri District Health Unit (UMDHU) for regular outreach clinics in Dickinson.
    2. Conducting a large quality improvement project beginning in Spring 2025, to improve postpartum depression screening and referral.

Title V staff has worked closely with ethnic-led CBOs every year to reach specific racial and ethnic groups and to support increased preventative screening. Title V staff has found that these organizations are highly effective at tailoring messaging and methods to improve women's care among racial and ethnic groups in North Dakota. Postpartum depression has not been addressed specifically among racial and ethnic groups in North Dakota, despite the possibility that it is impacting these women at a higher rate. The ROSE program (Reach Out, Stay Strong, Essentials for mothers of newborns) is an evidence-based program that has been shown to reduce cases of postpartum depression by half among low-income women. In 2024-2025, Title V staff will provide Title V funding to 1-3 organizations to pilot this program. This work will set a foundation for the new Title V plan, which will include a postpartum-related priority starting in 2025-2026.

In 2024-2025, Title V staff will develop a strategic plan to 'work as one' across partners addressing maternal health. For example, other Title V partners, Title X Family Planning, the Alternatives to Abortion program, WIC and Women's Way are providing programming to improve maternal health in North Dakota, often by partnering with the same grantees and with overlapping objectives. By being more intentional in partnering with these existing programs, Title V staff can expand its reach. A Title V Technical Assistance Request will be developed to fund a facilitator for a day-long workshop that will bring partners together to develop a strategic plan.

In 2024-2025, Title V staff will collaborate closely with Title X Family Planning staff and identify ways to enhance the existing PHQ2 and PHQ9 screenings to identify clients who may have depression. To ensure accurate diagnosis, effective treatment, and follow-up, an Internal Medical Audit (IMA) will be completed in Spring 2025. Any findings from the IMA will be shared at the Fall 2026 Subrecipient Directors' meeting. The findings will be used to make changes and improve quality by offering optional "mini grant" application for service sites to apply for in 2026-2027.

Title V staff will provide training to Title X staff on setting up a referral program to decrease barriers and challenges in clients accessing services. For example, a regular Lunch and Learn series and continuing education will increase staff knowledge and ensure high-quality bidirectional referrals. Title X staff will continue to improve their assessment skills of clients' circumstances and potential barriers and assist clients in problem-solving, therein increasing their ability to access referral services.

In addition, UMDHU will continue providing family planning services in the southwest corner of the state, utilizing Title V funds and technical support. UMDHU will provide an outreach clinic in Dickinson at least once per month, adding an additional day per month if the need arises. UMDHU will also offer outreach and support throughout the community by attending community events and meeting with local providers and clinics.

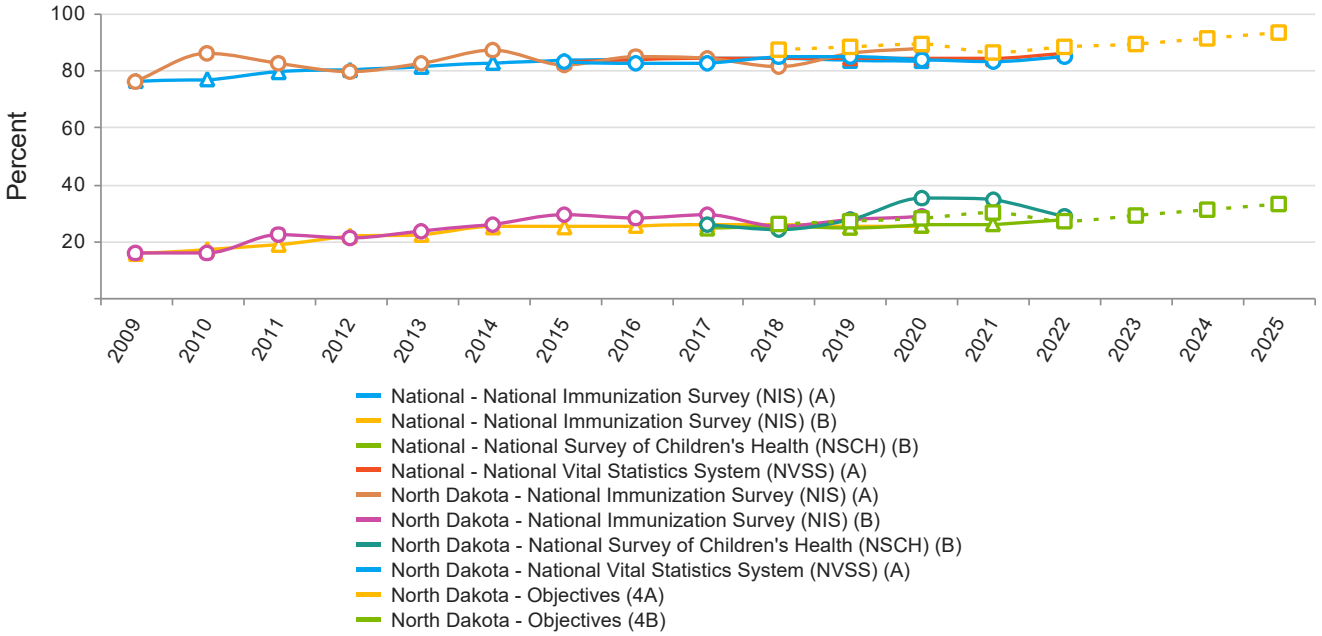
Title V staff will use these strategies to improve women's preventative health care across North Dakota. The team will include a state-level approach, collaborating with a variety of partners to improve preventative health statewide. In particular, the team focuses on pregnancy and postpartum, to reach women at this particularly vulnerable time period when they are most likely to contact the health system. The broad state-level strategies will be combined with more

targeted efforts to reach specific subpopulations in North Dakota. Many of the activities in the plan focus on postpartum depression, which will create a foundation for this new priority area, to be developed in the next five-year Title V plan.

Perinatal/Infant Health

National Performance Measures

NPM - 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
Indicators and Annual Objectives



NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	88	89	86	88	89
Annual Indicator	84.8	84.0	81.2	85.7	87.6
Numerator	9,913	8,265	6,673	7,176	7,626
Denominator	11,690	9,841	8,219	8,377	8,702
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2023
Annual Objective	89
Annual Indicator	84.8
Numerator	7,558
Denominator	8,911
Data Source	NVSS
Data Source Year	2022

Annual Objectives		
	2024	**2025**
Annual Objective	91.0	93.0

NPM - B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	27	28	30	27	29
Annual Indicator	27.9	29.1	24.9	27.4	28.4
Numerator	3,143	2,759	1,991	2,261	2,432
Denominator	11,273	9,494	8,000	8,254	8,576
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2023
Annual Objective	29
Annual Indicator	28.6
Numerator	6,736
Denominator	23,569
Data Source	NSCH
Data Source Year	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	31.0	33.0

Evidence-Based or –Informed Strategy Measures

ESM BF.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			40	15	20
Annual Indicator		30	8	14	
Numerator					
Denominator					
Data Source		North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	The North Dakota Department of Health and Human S	
Data Source Year		2020	2021	2022	
Provisional or Final ?		Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	25.0	30.0

ESM BF.2 - Number of businesses designated Infant Friendly Workplaces.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			150	155	165
Annual Indicator	133	136	145	155	
Numerator					
Denominator					
Data Source	North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	The North Dakota Department of Health and Human Se	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	175.0	185.0

ESM BF.3 - Percent of maternity care staff trained with the EMPower curriculum.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			10	15
Annual Indicator		4.8	49.2	
Numerator		12	123	
Denominator		250	250	
Data Source		North Dakota Department of Health. Fa	The North Dakota Department of Health and Human Se	
Data Source Year		2021	2022	
Provisional or Final ?		Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	20.0	25.0

State Action Plan Table

State Action Plan Table (North Dakota) - Perinatal/Infant Health - Entry 1	
Priority Need	
To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.	
NPM	
NPM - 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	
Five-Year Objectives	
1. By September 30, 2025, increase the percentage of North Dakota infants who are ever breastfed from 84.8% to 89% Data Source: 2016 CDC National Immunization Survey.	
2. By September 30, 2025, increase the percentage of North Dakota infants who are breastfed exclusively at 6 months from 27.9% to 35% Data Source: 2016 CDC National Immunization Survey.	
Strategies	
1a. Increase the number of hospitals trained with the EMPower training from 2 to 6 by September 30, 2025.	
1b. Establish and maintain partnerships with programs serving American Indian women to increase prenatal and postpartum breastfeeding education.	
2a. By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 140 to 200.	
2b. Increase access to professional lactation support during the postpartum period.	
ESMs	**Status**
ESM BF.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.	Active
ESM BF.2 - Number of businesses designated Infant Friendly Workplaces.	Active
ESM BF.3 - Percent of maternity care staff trained with the EMPower curriculum.	Active

NOMs

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

MCH Population Domain: Perinatal/Infant

National Performance Priority Area: Breastfeeding with a priority amongst American Indian Women– 2023 Annual Report Narrative (October 1, 2022– September 30, 2023):

According to the 2020 National Immunization Survey (NIS), 87.6% of North Dakota mothers initiated breastfeeding and 28.4% exclusively breastfed their infants at six months of age. Breastfeeding initiation and exclusivity have increased and held relatively steady since 2017 when rates were 84% and 29% respectively. However, North Dakota has work to do to reach the Healthy People 2030 goal for exclusivity at six months of age (42.4%).

According to the 2021 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS), American Indian (AI) mothers are less likely to initiate breastfeeding (69.4%), than mothers of other races (white mothers; 89.1% and other mothers; 94.2%). In the PRAMS survey under the section “Things that may have happened at the hospital where your new baby was born”, 94.2% of mothers reported breastfeeding their baby in the hospital (78.8% AI mothers, 94.9% other mothers, 95.3% white mothers); although only 58.1% reported their baby was fed only breastmilk at the hospital, (39.8% AI mothers, 49.0% other mothers, 61.4% white mothers). The top barriers reported by women across all races who stopped breastfeeding were*, I thought I was not producing enough milk*, or *my milk dried up* (50.5%), *My baby had difficulty latching or nursing* (30.1%), and *Breast milk alone did not satisfy my baby* (28.7%).

Three National Outcome Measures (NOM) for the Perinatal Infant domain were selected, including NOM 9.1 Infant Mortality, NOM 9.3 Postneonatal Mortality and NOM 9.5 Sleep related Sudden Unexpected Infant Death (SUID). In 2020, according to the National Vital Statistics System (NVSS), the Infant Mortality rate was 5.5 per 1,000 live births in North Dakota. This is similar to the United States (US) rate of 5.4 per 1,000 live births and a decrease since 2019 when the North Dakota rate was 7.5 per 1,000 live births. The postneonatal mortality rate was 1.9 per 1,000 live births which was a decrease in North Dakota since 2019 (2.9). The SUID rate in 2020 was 129.2 per 100,000 live births and was higher than the US average (92.5) and an increase from 2019 (124.4). In North Dakota, higher rates of infant mortality, postneonatal mortality, and SUID are among infants born with low birth weight (<1,500 grams), low gestational weeks (<34 weeks), and infants born to women with lower socioeconomic factors. In addition, disparities are observed among AI infants having approximately two to four times higher risk of infant mortality, postneonatal mortality, and SUID than white infants.

In addition, three Evidence-Based or Informed Strategy Measures (ESMs) were chosen for the Perinatal Infant Domain including:
ESM 4.2 Number of businesses who receive information and technical assistance on workplace breastfeeding policies.

ESM 4.3 Number of businesses designated Infant Friendly Workplaces.

ESM 4.4 Percent of maternity care staff trained with the EMPower curriculum.

Please see the ESM Detail Sheets for further information.

The first objective for the Perinatal Infant domain is to increase the percentage of North Dakota infants who are ever breastfed from 84.8% to 89% by September 30, 2025.

In 2020, a partnership was established with the Family Birthplace Manager at Jamestown Regional Medical Center to provide the EMPower Breastfeeding Training (https://www.empowerbestpractices.org/training/) to other birthing hospitals in North Dakota. The goal is to train at least 6 birthing hospitals by 2025. The training aims to improve evidence-based maternity practices by providing hospitals with training to increase staff capacity and knowledge. During the 2021-2022 grant year, two birthing hospitals, Altru Health System and CHI St. Alexius Health – Bismarck, completed the training and trained over 90% of their maternity care staff. Support was provided to both hospitals via monthly coaching calls. On June 26-27, 2023, six staff from CHI St. Alexius Health – Williston were trained. Follow up calls were held in July and September where they shared updates; they also held a one-hour in-service with all maternity care staff to provide an overview of the training. During October through December, they intend to finalize their training plan and begin training staff in January of 2024.

The second objective for this domain is to increase the percentage of North Dakota infants who are breastfed exclusively at six months from 27.9% to 35% by September 30, 2025.

One strategy focused on during 2022-2023 was the Infant Friendly Workplace Designation (https://www.hhs.nd.gov/health/children/breastfeeding/breastfeeding-support-workplace/infant-friendly-designated-workplaces) with an overall goal to increase the number of workplaces designated from 133 to 200 by 2025. Activities to support this goal included: providing 19 grants of up to $500 for workplaces across North Dakota to create a private space for employees, social media recognizing workplaces who created space, and public relation releases during August to bring awareness to the Infant Friendly Workplace Designation. The Infant Friendly Committee, which is comprised of local partners promoting the designation, made connections monthly. As a result of these activities, 21 new workplaces were designated from October 1, 2022, through September 30, 2023, impacting over 4,260 employees.

In addition to the strategy above, seven Local Public Health Units including Central Valley Health District (CVHD), Emmons County Public Health (ECPH), Fargo Cass Public Health (FCPH), Grand Forks Public Health (GFPH), Richland County Health Department (RCHD), Rolette County Public Health District (RCPHD), and Walsh County Public Health (WCPH), one health system (Altru Health System), and one organization serving Indigenous families (Indigenous Association) were funded to increase breastfeeding rates at six months in their communities. Each grantee determined their community needs and completed an action plan with objectives, strategies and activities linked to evidence-based, evidence-informed and/or promising practices. During the 2022-2023 program year each grantee had the following successes:

- CVHD: Assisted 10 workplaces with becoming Infant Friendly. Trained four individuals as certified lactation counselors. Provided lactation support to 17 mothers.
- ECPH: Trained three staff as certified breastfeeding specialists. Provided lactation support to four mothers.
- FCPH: Assisted 10 workplaces with becoming Infant Friendly. Reached 50 mothers with the *Back 2 Work Mom* class and enrolled 296 mothers in the *Back 2 Work Mom* text messaging program.
- GFPH: Assisted two workplaces with becoming Infant Friendly. Trained 111 nursing and nutrition and dietetic students at the University of North Dakota with the Breastfeeding Skills Training.
- RCHD: Established a Baby Café in partnership with their local health system.
- RCPHD: Provided a breastfeeding presentation to 15 high school students. Partnered with their WIC program to offer lactation support to 26 mothers. Provided a multi-user breast pump rental program which two mothers used.

- WCPH: Trained one additional Certified Lactation Counselor from their local health system. Provided leadership to their local breastfeeding coalition.

- Altru Health System: Served 163 mothers through their walk-in breastfeeding clinic.

- Indigenous Association: Contracted with a RN, IBCLC who is Indigenous to establish a breastfeeding support group. Conducted outreach to five organizations in their community and held one community event to promote their services. Served three mothers with breastfeeding support group.

Additional critical partnerships/initiatives to support this priority include:

- The Women, Infants, and Children (WIC) program promoted the breastfeeding initiation bag project (implemented in two tribal, local agencies and six rural local agencies), offered breastfeeding peer counseling (implemented in six agencies), provided training to local agency WIC staff using the new *USDA/Food and Nutrition Service WIC Breastfeeding Curriculum,* supported local agency staff attaining advanced breastfeeding credentials (International Board-Certified Lactation Consultant), and provided local agency staff with resources for breastfeeding promotion and support as identified by the WIC Breastfeeding Committee (local agency IBCLCs). In addition, the WIC program is housed in the same unit as the MCH Nutritionist, and the North Dakota WIC Breastfeeding Coordinator is the immediate supervisor of the MCH Nutritionist. This relationship encourages strong partnership and awareness of activities between state and local WIC agencies and MCH programs and grantees.

- North Dakota Breastfeeding Coalition (NDBC) –The Maternal and Child Health program and the NDBC share the vision of increasing breastfeeding initiation and duration across the state. The NDBC is utilized to disseminate consistent information to professionals across the state via bi-monthly member conference calls.

- Association of State Public Health Nutritionists (ASPHN) – The MCH Nutritionist serves on the Steering Committee for the MCH Nutrition Council with ASPHN. ASPHN has strong connections with the Maternal and Child Health Bureau and works with three states, North Dakota included, to implement the State Capacity Building program. This program aims to build the capacity of participating states' Title V programs to integrate nutrition by increasing MCH nutrition competency and optimizing nutrition-related data sources for effective programs.

Perinatal/Infant Health - Application Year

MCH Population Domain: Perinatal/Infant

National Performance Priority Area: Breastfeeding with a priority amongst American Indian Women– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

The numerous benefits of breastfeeding are clear and well understood. The American Academy of Pediatrics recommends all infants exclusively breastfeed for about six months as human milk supports optimal growth and development by providing all required nutrients during that time. The bond of a nursing mother and child is stronger than any other human contact. Additionally, a woman's ability to meet her child's nutritional needs improves confidence and bonding with the baby and reduces feelings of anxiety and postnatal depression. Therefore, Title V staff will continue work efforts to improve North Dakota's breastfeeding rates.

According to the 2020 National Immunization Survey (NIS), 87.6% of North Dakota infants were ever breastfed, and 28.4% were exclusively breastfed at six months of age. Breastfeeding initiation and exclusivity have steadily increased since 2018, when rates were 81.2% and 24.9%, respectively. However, a recent report titled *Racial and Ethnic Disparities in Breastfeeding Initiation – United States*, 2019 found North Dakota to have the highest disparities in breastfeeding rates by racial/ethnic group at 37.6%. This aligns with 2018-2019 National Vital Statistics System (NVSS) data, which notes "ever breastfed" rates were lowest in Sioux (39.5%), Benson (41.9%), and Rolette (59.8%) counties and the 2021 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS), noting American Indian (AI) mothers are less likely to initiate breastfeeding (69.4%) than mothers of other races (white mothers; 89.1% and other mothers; 94.2%).

In addition, in the 2021 PRAMS survey under the section "Things that may have happened at the hospital where your new baby was born," 94.2% of mothers reported breastfeeding their baby in the hospital (78.8% AI mothers, 94.9% other mothers, 95.3% white mothers); however, only 58.1% reported that their baby was fed only breastmilk at the hospital (39.8% AI mothers, 49.0% other mothers, 61.4% white mothers). The top barriers reported by women across all races who stopped breastfeeding were, *I thought I was not producing enough milk, or my milk dried up* (50.5%), *My baby had difficulty latching or nursing* (30.1%), and *Breast milk alone did not satisfy my baby* (28.7%). This highlights key opportunities to focus future strategies on the maternity care setting continuity of care and access to professional support in the community.

The National Outcome Measures (NOM) for the Infant Domain are NOM 9.1 Infant Mortality, NOM 9.3 Postneonatal Mortality, and NOM 9.5 Sleep-related Sudden Unexpected Infant Death (SUID). In North Dakota in 2020, according to the NVSS, the infant mortality rate was 5.5 per 1,000 live births (down from 2019 at a rate of 7.5). This is slightly higher than the United States (US) rate of 5.4 per 1,000 live births. The 2020 postneonatal mortality rate in North Dakota was 1.9 per 1,000 live births, which was a decrease from 2019 (2.9). The SUID rate from 2020 was 129.2 per 100,000 live births, an increase from 2019 (124.4) and was higher than the US average (92.5). In North Dakota, higher rates of infant mortality, postneonatal mortality, and SUID are among infants born with low birth weight (<1,500 grams), low gestational weeks (<34 weeks), and infants born to women with lower socioeconomic factors. In addition, disparities are observed among AI infants, having approximately two to three times higher risk of infant mortality, postneonatal mortality, and SUID.

Based on this data, three Evidence-Based or Informed Strategy Measures (ESMs) were created to help drive work efforts and address health equity. These ESMs include ESM 4.1: The number of workplaces that receive information and technical assistance on the Infant Friendly Workplace designation; ESM 4.2: The number of workplaces designated Infant Friendly Workplaces; and ESM 4.3: Percent of resident births in North Dakota in facilities trained

with the *EMPower Curriculum*.

To help plan for the 2024-2025 Annual Plan, feedback was obtained through the following community partners: Emily Woodley, Jamestown Regional Medical Center's Family Birthplace Manager, Local Public Health Units and Tribal partners who currently receive MCH funding for breastfeeding in their community. Community partnerships play a key role in the development and implementation of breastfeeding strategies and will continue to be fostered throughout the next year. The Action Plan was developed based on two overarching objectives. These objectives are explained in more detail below.

Objective 1: By September 30, 2025, increase the percentage of North Dakota infants who are ever breastfed from 84.8% to 89%.

The first strategy is to increase the number of hospitals trained with the *EMPower Training* (EMPower Training Initiative - UNC Gillings School of Global Public Health). The training aims to improve evidence-based maternity practices by providing hospitals with a 5-hour skills-based training curriculum to increase staff capacity and knowledge. The goal is to train six birthing hospitals by September 30, 2025. Five hospitals have been trained with the curriculum as of spring 2024. All hospitals created a sustainability plan to continue the training with new staff and to monitor their perinatal core measure for exclusive breastfeeding rates (PC-05 score). The PC-05 score is one way to measure the impact of the training on exclusive breastfeeding initiation rates, and in Year 5, the NDDHHS will collect this data from each hospital.

In Year 5, the goal will be to expand the training to CHI St. Alexius Health Devils Lake, which serves families in Benson County. The Maternal and Child Health Nutritionist and JRMC Family Birthplace Manager will establish a relationship with birthplace leadership at CHI St. Alexius Health Devils Lake and host a training for three to five key staff. After the training, staff will develop their goals and plan for training for at least 80% of their maternity care staff, as well as create a sustainability plan for onboarding new staff. Developing goals and a plan can take up to six months. Technical assistance will be provided through monthly coaching calls.

Additionally, the second strategy to meet this goal is to establish and maintain partnerships with programs serving AI women to increase prenatal and postpartum breastfeeding education. Partnerships are established with The Indigenous Association in Fargo, which serves the urban AI population, and Spirit Lake Health Center, which serves Benson County. The Indigenous Association contracts with an International Board-Certified Lactation Consultant (IBCLC) to conduct outreach to partners and identify AI women who are pregnant or breastfeeding and need additional support. They will also coordinate an Indigenous Lactation Counselor Course before September 2024, which will be an opportunity to train professionals throughout North Dakota who identify as Indigenous with 45 hours of breastfeeding training. Spirit Lake Health Center trained their nurse who works with their Obstetrics and Gynecology outpatient care and Nurse Practitioner to become a Certified Lactation Counselor. Previously, they did not offer breastfeeding support, but they will now provide breastfeeding education packets during prenatal appointments and separate breastfeeding appointments postnatal for mothers they serve.

Lastly, in Year 5, Title V staff will continue to partner with the Indigenous Association and Spirit Lake Health Center to maintain or expand their current work. In addition, staff will identify one program serving families in Sioux County with breastfeeding education.

Objective 2: By September 30, 2025, increase the percentage of North Dakota infants who are breastfed exclusively at six months from 27.9% to 35%.

One strategy that will continue in 2024-2025 to address increasing breastfeeding exclusivity at six months is the

Infant Friendly Workplace Designation (https://www.hhs.nd.gov/health/children/breastfeeding/breastfeeding-support-workplace). The goal is to increase the number of workplaces designated from 140 to 200. As of April 25, 2024, 199 workplaces have been designated Infant Friendly in North Dakota. The NDDHHS will continue to provide funding to LPHU partners to reach workplaces in their community with the designation and will offer up to $500 in funding to workplaces across North Dakota to assist with creating private space. A grant application will be posted on the North Dakota Breastfeeding website to announce the funding opportunity. Applications will be accepted on a first-come, first-served basis through August 1, 2025.

In addition, NDDHHS will offer funding, up to $17,500, to all 28 LPHUs to implement strategies from the *Continuity of Care in Breastfeeding Support: A Blueprint for Communities* (https://www.naccho.org/blog/articles/continuity-of-care-in-breastfeeding-support-a-blueprint-for-communities). The Blueprint aims to increase local capacity to implement community-driven approaches and ensure breastfeeding services are continuous, accessible, and coordinated throughout community partners. In North Dakota, strategies 1.5, 2.7, 3.2, 3.3, 5.3, 5.4, 5.5, 7.1, and 7.2 were selected for LPHUs to focus on, with the intent to increase access to professional lactation support during the postpartum period. The MCH Nutritionist and School Health Specialist will prepare a request for proposal (RFP) to be distributed to all 28 LPHUs by May 6, 2024. The applications include work plan and budget templates as well as summary and narrative proposals. Applications will be due July 26, 2024, with contracts starting October 1, 2024. The ten LPHUs currently funding will be encouraged to continue their work, and assistance will be provided to additional LPHUs interested in applying.

Finally, a new partnership for NDDHHS will be with the North Dakota State College of Science and a professor offering a new course Human Lactation 1 and 2. The course is intended to be a Pathway 2 option for students and professionals wanting to obtain their IBCLC credentials. The program also plans to become a short-term provider for L-CERPS and provide continuing education for current Certified Lactation Consultants (CLC) to maintain their credentials. The partnership in year 5 will focus on providing funding support for professionals to attend either the Human Lactation 1 or 2 course in the spring of 2025 and to provide continuing education opportunities for CLC's in North Dakota. This will help strengthen the lactation landscape in North Dakota, especially in rural areas, which have the greatest gaps in lactation care.

Partnerships are essential when striving to improve breastfeeding rates and systems. Additional critical partnerships/initiatives to support this priority include:

- The Women, Infants, and Children (WIC) program promotes the breastfeeding initiation bag project (implemented in two tribal, local agencies and six rural local agencies), breastfeeding peer counseling (implemented in six agencies), provided training to local agency WIC staff using the new *USDA/FNS WIC Breastfeeding Curriculum*, supported local agency staff attaining advanced breastfeeding credentials (International Board-Certified Lactation Consultant) and provided local agency staff with resources for breastfeeding promotion and support as identified by the WIC Breastfeeding Committee (local agency IBCLCs). In addition, the WIC program is housed in the same unit as the MCH Nutritionist and the North Dakota WIC Breastfeeding Coordinator is the immediate supervisor of the MCH Nutritionist. This relationship encourages strong partnership and awareness of activities between state and local WIC agencies and MCH programs and grantees.

- North Dakota Breastfeeding Coalition (NDBC) –Both entities share the vision of increasing breastfeeding initiation and duration across the state. The NDBC is utilized to disseminate consistent information to professionals across the state via bi-monthly member conference calls.

- Association of State Public Health Nutritionists (ASPHN) – The MCH Nutritionist serves on the Steering

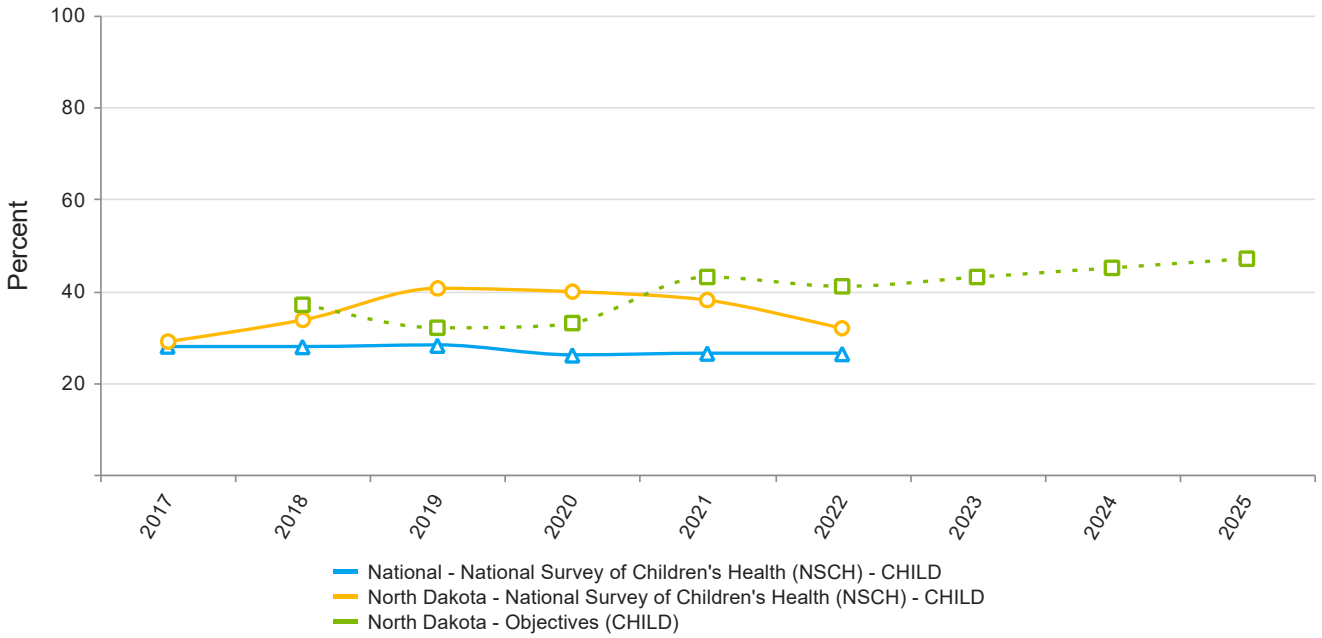
Committee for the MCH Nutrition Council with ASPHN. ASPHN has strong connections with the Maternal and Child Health Bureau and works with three states, North Dakota included, to implement the State Capacity Building program. This program aims to build the capacity of participating states' Title V programs to integrate nutrition by increasing MCH nutrition competency and optimizing nutrition-related data sources for effective program planning.

In summary, Title V staff recognize the importance of breastfeeding and the significant impact it has on children and families across the state. Collaborating with existing partners and developing new working relationships is essential to improve breastfeeding rates and enhance the overall health and wellbeing of infants.

Child Health

National Performance Measures

NPM - 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
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	32	33	43	41	43
Annual Indicator	34.3	41.3	40.2	38.2	31.9
Numerator	20,279	25,974	24,470	22,897	19,703
Denominator	59,089	62,891	60,820	59,972	61,720
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	45.0	47.0

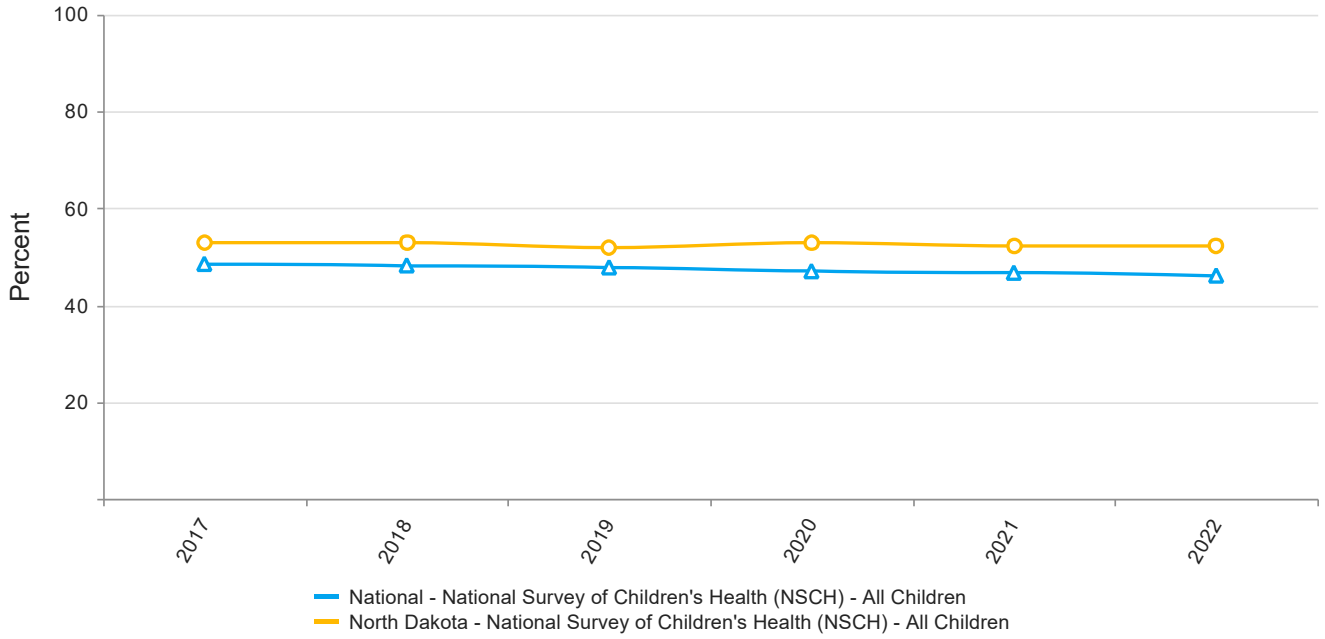
Evidence-Based or –Informed Strategy Measures

ESM PA-Child.1 - Number of communities actively involved with the physical activity / nutrition strategies.

Measure Status:			Active	
State Provided Data				
	2020	**2021**	**2022**	**2023**
Annual Objective			30	24
Annual Indicator	0	0	20	
Numerator				
Denominator				
Data Source	North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	28.0	32.0

NPM - 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
Indicators and Annual Objectives



NPM MH - Child Health - All Children

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	52.3
Numerator	94,277
Denominator	180,420
Data Source	NSCH-All Children
Data Source Year	2021_2022

Evidence-Based or –Informed Strategy Measures

None

State Action Plan Table

State Action Plan Table (North Dakota) - Child Health - Entry 1	
Priority Need	
To increase the percent of children and adolescents who are physically active.	
NPM	
NPM - 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	
Five-Year Objectives	
1. By 2025, the percentage of North Dakota children, ages 6 through 11, who are physically active at least 60 minutes per day will increase from 34% to 49% and the percent of North Dakota adolescents, ages 12 through 17, who are physically active at least 60 minutes per day will increase from 18% to 28%, according to the National Survey of Children's Health (NSCH).	
2. By September 30, 2025, increase opportunities to access fresh fruits, vegetables, and healthy environments by implementing Farm to School, Farm to Table, and/or Healthy Concessions initiatives in communities.	
Strategies	
1a. Participate on the Full Service Community School (FSCS) advisory committee to identify opportunities to promote Physical Activity/Nutrition in children.	
1b. By September 30, 2025, increase the number of Schools/ECEs/Community Events that are implementing Physical Activity strategies from 0 to 50.	
1c. By September 30, 2025, increase the number of North Dakota school teams to attend the Roughrider Health Promotion Conference from 17 to 25.	
2a. By September 30, 2025, increase the number of LPHUs implementing Farm to School, Farm to Table, and Healthy Concession initiatives.	
ESMs	**Status**
ESM PA-Child.1 - Number of communities actively involved with the physical activity / nutrition strategies.	Active

NOMs

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS

State Action Plan Table (North Dakota) - Child Health - Entry 2

Priority Need

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

NPM

NPM - 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

Five-Year Objectives

Increase the percentage of children with and without a special health care need, ages 0 through 17, who have a medical home.

Strategies

Title V staff who oversee the child health domain will partner with Title V staff overseeing the children with special health care needs (CSHCN) domain to explore opportunities to improve/enhance medical home infrastructure for all children.

ESMs	Status

No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.

NOMs

This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

MCH Population Domain: Child Health

National Performance Priority Area: Physical Activity and Nutrition (Overall Obesity Prevention– 2023 Annual Report Narrative (October 1, 2022 – September 30, 2023):

A balanced diet and regular physical activity benefit all ages' health and quality of life. Childhood obesity in the United States is on the rise. North Dakota recognizes that a poor diet and physical inactivity contribute to many serious and costly health conditions at a younger age and increase the risk into adulthood, including overweight and obesity, cardiovascular disease, hypertension, Type II diabetes, some types of cancer, and osteoporosis. As a result, the North Dakota Department of Health and Human Services (NDDHHS) Maternal and Child Health (MCH) program strives to mitigate these risks by promoting and increasing the capacity for policy, system, and environmental (PSE) changes. This aids in providing the essential building blocks to fight childhood obesity in North Dakota.

According to the 2021 Youth Risk Behavior Survey (YRBS), 16.3% of North Dakota students, grades 9 through 12, are obese (BMI at or above the 95th percentile). Unfortunately, this number continues to steadily increase over time: 11% in 2009, 11.1% in 2011, 13.5% in 2013,13.9% in 2015, 14.9% in 2017, and 14% in 2019.
As reported by the 2022 National Survey for Children's Health (NSCH), 15.2% of children ages 10 through 17 are obese (BMI at or above the 95th percentile). While this is an increase of 2.1% from 2021, North Dakota is doing slightly better than the national average at 16.6%. Note that the NSCH is no longer combining years as they have in the past (reported out in previous MCH annual reports); therefore, North Dakota has small sample sizes, and the data should be interpreted with caution.

Furthermore, the amount of time a student must spend in physical education (PE) courses varies. In North Dakota, elementary grades one through five must offer a minimum of 90 minutes of PE each week. Students in grades 9 through 12 must have at least one credit of PE, of which half can be health education. The YRBS also indicates that in 2021, 30.3% of North Dakota students in grades 9 through 12 were physically active (PA) for at least 60 minutes/day on all seven days, while 34.5% of students grades six through eight were PA on all seven days.

Moreover, the 2022 NSCH indicates 27.9% of North Dakota children ages 6 through 11 are PA at least 60 minutes a day, seven days a week, which is a decrease of 9.1% from 2021, while the national average is 25.2%. Furthermore, 19.3% of North Dakota children ages 12 through 17 are PA (no linear change from 2021) 60 minutes a day seven days a week, while the national average is 12.9%. As mentioned earlier, North Dakota has small sample sizes, and the 2022 NSCH data should be interpreted with caution.

The YRBS and NSCH data indicate that as North Dakota children get older and standards for PE requirements decrease, the percentage of inactivity in grades 9 through 12 significantly increases, and the prevalence of obesity rises. Therefore, the Evidence-Based or Informed Strategy Measure (ESM) and National Outcome Measure (NOM) were selected to address this issue. The NOM chosen for the Child Health domain was NOM 20 which had two parts: (1) Percent of adolescents, grades 9 through 12, who are obese (BMI at or above the 95th percentile) –YRBS; and (2) Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) –NSCH. In addition, the ESM that was selected was ESM 8.1.1 which focused on the number of communities actively involved with the PA/nutrition strategies.

The first overarching goal for the Child Health domain is by 2025, the percentage of North Dakota children, ages 6 through 11, who are physically active at least 60 minutes per day will increase from 34% to 49%. The percentage of North Dakota adolescents, ages 12 through 17, who are physically active at least 60 minutes per day will increase

from 18% to 28%, according to the NSCH. This goal has helped develop strategies and drive programmatic work efforts this last year.

Funding was offered to all 28 Local Public Health Units (LPHUs) in the state to work on increasing childhood PA and improving nutrition education. Unfortunately, many rural North Dakota LPHUs were at staffing capacity and did not accept the funding. Fourteen LPHUs accepted the funding to work on these strategies. This was an increase of five additional LPHUs from the 2021-2022 grant year. Funding was then offered to the North Dakota Full-Service Community Schools Consortium (NDFSCS) and the North Dakota State University Extension Service (NDSU).

In 2018, the Central Regional Education Association (CREA), which is one of seven Regional Education Associations (REAs) in North Dakota submitted and was awarded a US Department of Education Full-Service Community Schools grant. In Year 2 (2019) of this grant, there was an open application process to identify three 'pilot schools'. These schools needed to be located in cities with a population of less than 15,000 within the Southeast Education Cooperative (SEEC), another REA, and CREA regions, medically underserved with mental health provider shortages, school-wide Title 1 designation, and 40% free or reduced lunch meals. The three schools that were selected included Ellendale Public School, Solen Cannon Ball (tribal reservation), and Wilton Public School. In addition, in 2021, Northern Cass School District became an expansion site, and in 2022, two Dickinson Elementary schools were added which included Prairie Rose Elementary and Heart River Elementary. These two schools were added through the NDFSCS Readiness and Initial Implementation Support Opportunity. Lastly, in 2023, three additional schools were added including Underwood Public School and Griggs County Central, through the NDFSCS Readiness and Initial Implementation Support Opportunity, and Dickinson Middle School was added through the Stronger Connections grant opportunity.

Next, in 2021, the North Dakota MCH School Health Specialist (NDSHS) became a part of the NDFSCS advisory team. The role of the advisory team is to provide input regarding developing, adapting, and expanding the NDFSCS model to enhance the NDFSCS statewide ecosystem and solve perceived problems related to finance, policy, and integration of NDFSCS with other statewide initiatives. The NDSHS's primary purpose was to guide the wellness pipeline, which is one of eight pipelines. The other seven pipelines are early childhood development, remedial and academic enrichment activities, family engagement, community-based supports, juvenile justice and delinquency prevention, workforce readiness and development, mentoring, and other youth program development. These pipelines work together to support the child and families with the resources needed to strengthen North Dakota communities. The NDSHS attended the NDFSCS quarterly meetings, and the annual meeting held in June of 2023.

Additionally, the NDSU Extension Service's mission is to empower North Dakotans to improve their lives and communities, through science-based education. NDSU has many extension topics. MCH provided funding to bolster the food, nutrition, and PA topics, focused on finding a balance between food and PA by using the MyPlate recommendations www.choosemyplate.gov. The NDSU Extension Service has developed various food, nutrition, and PA curricula for grades K through 5. Many of the MCH grantees partnered with NDSU Extension agents to implement the four to five-week curriculums. If agents were not located in a specific area, LPHUs would go to the schools for implementation. A map of North Dakota was used for the development of Extension agents located across the state. The MCH NDSHS and Nutritionist adapted this map to include all the MCH grantee's locations that worked on PA/nutrition and breastfeeding strategies.

The MCH NDSHS 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 (SLFD). Spirit Lake is located in east-central North Dakota, near Devils Lake, North Dakota which is a rural environment that is prone to flooding.

Because Devil's Lake is a closed-basin watershed, the reservation has suffered increasingly frequent episodes of flooding since the 1990s. It has lost homes, land, and economic opportunities due to the severity of this problem. The SLFD program partners with the after-school program to provide education on PA and traditional American Indian (AI) ways to increase healthy nutrition. The SLFD also supports family night activities to enhance these initiatives.

In addition to the strategies above, the NDDHHS also supported 20 teams to attend the North Dakota Roughrider Health Promotion Conference (NDRRHC) in May of 2023. This was an increase of five additional schools from the 2021-2022 grant year. The NDRRHC has been established for 37 years. North Dakota schools either attended individually or formed teams and spent a week participating in wellness sessions with speakers from across the country. During the week, they worked as teams to establish or update their school's wellness action plan. These plans are currently being used in the schools to continue implementation or implement wellness activities.
The second overarching goal for the Child Health domain is by September 30, 2025, the North Dakota Title V Program will have developed one model for integrating food and nutrition security within MCH programs.

In addition to PA strategies for children, the NDDHHS was selected for an opportunity to create a state model in MCH for nutrition integration, which will take place through September 30, 2025, through the State Capacity Building program (SCBP). North Dakota's project will focus on integrating nutrition by building LPHU workforce capacity and opportunities to expand evidence-based programs across the state. The Association of State Public Health Nutritionists (ASPHN), a nonprofit that provides state and national leadership on food and nutrition policy, programs, and services, is leading these efforts. Further information can be found on their website: https://asphn.org/chw-state-capacity-building-program/. During the past program year, September 1, 2022, through August 31, 2023, there were multiple accomplishments that helped to lay the groundwork for the last two years. Doctor Mary Larson of the NDSU Public Health Department administered a Public Health Nutrition Workforce Assessment to assess the public health nutrition capacity and training needs of LPHUs across North Dakota. Information was collected in two phases: phase one, a survey, and phase two, semi-structured interviews with a cross-section of public health professionals. The survey was emailed to the administrators of all 28 LPHUs to invite them to participate. Two additional follow-up emails were sent to encourage participation. A total of 28 participants completed the survey, representing 23 of the 28 LPHUs. The full report with outcomes from the survey and interviews will be reviewed in December and January 2024 by NDDHHS staff and an external evaluator, Green Mountain Evaluation (GME), who assists with the SCBP. High-level outcomes included public health professionals working in several different areas versus having one specific focus. LPHU professionals in North Dakota are relatively new to their positions, with most indicating they have been in their current positions for five years or less. There is support for professional growth and development by LPHUs paying for registration and travel fees and allowing the use of work hours to participate in training. LPHUs may want to improve on assessing training needs, recognizing achievements, and including education and training goals in performance reviews.

Furthermore, the NDDHHS partnered with the University of Minnesota's Extension program (UOM) to offer the *Systems Approaches for Healthy Communities* course to two LPHUs from May through July of 2023. The course aimed to lay a framework for community partners to engage deeper with PSE work around nutrition and PA projects in their community. GME surveyed participants to gather feedback about the course. Participants also completed an internal course survey administered by the UOM, with an 82% completion rate, or nine out of eleven participants responding. Overall, participants had positive feedback to the course reporting; they would definitely recommend the course to others, agreed or strongly agreed that the course met (or exceeded) expectations and was a valuable use of their time, and agreed or strongly agreed that the coaching sessions offered between modules were useful. During the 2023-2024 program year, the course will be offered again to LPHUs who participate with the MCH grant to encourage increased knowledge in PSE work.

To encourage sharing evidence-based nutrition programs across LPHUs in North Dakota, two LPHUs were selected to develop resources for farm-to-school activities. Cavalier County Health District (CCHD) developed a Farm to Table toolkit, highlighting partnerships they created with their high school family consumer sciences, technology, and engineering classes, NDSU Extension agents, and local businesses to establish community garden boxes. The full toolkit can be found here: https://cavaliercountyhealth.com/maternal-and-child-health. Bismarck Burleigh Public Health (BBPH) developed four videos detailing the process from Farm to School, including growing, production, and consumption. BBPH has set up a robust *Farm to School* program in their community, and the videos helped highlight the value of bringing Farm to School to other communities. The videos can be found here: https://vimeo.com/user/12561684/folder/18016335. Both resources were shared with the 2022-2023 grantees and will be shared with other LPHUs for project replication during the 2023-2024 grant year.

Finally, state-level data for children's weight status, dietary behaviors, PA, and breastfeeding rates were compiled to establish baseline data to track population-level trends over time. Three nutrition questions were added to the Pregnancy Risk Assessment Monitoring Survey (PRAMS), which assesses nutrition and food security during pregnancy. Regarding obesity prevention, breastfeeding has been proven to help reduce obesity. Breastfeeding promotion and support are also integral to the state MCH Nutritionist work.

In addition to the strategies above, 14 LPHUs (Bismarck Burleigh Public Health (BBPH), Cavalier County Health District (CCHD), City-County Health Department (CCHD), Dickey County Health District (DCHD), Fargo Cass Public Health (FCPH), First District Public Health (FDPH), Lake Region Public Health (LRPH), LaMoure County Public Health (LCPH), McIntosh District Health Unit (MDHU), Nelson-Griggs District Health Unit (NGDHU), Richland County Health Department (RCHD), Rolette County Public Health District (RCPHD), Walsh County Public Health (WCPH), Western Plains Public Health (WPPH), one Regional Education Association (CREA), one University, North Dakota State University Extension (NDSU), and one tribal community, Spirit Lake Food Distribution program (SLFD) were funded to increase PA and nutrition in their communities. Each grantee determined their community needs and completed an action plan with objectives, strategies, and activities linked to evidence-based, evidence-informed, and/or promising practices. During the 2022-2023 program year, each grantee had the following successes:

- BBPH: Expanded Farm-to-School and nutrition through increased participation, educational opportunities, and community engagement. Through this activity, BBPH held multiple events in schools, libraries, early childhood education (ECE) centers, food co-op, etc., and was able to reach over 1,500 children in their communities.

- CCHD: Partnered with their area school’s family and consumer science classes to construct garden boxes for the communities they serve. Twenty-two soiled and potted garden boxes were completed and distributed to 17 locations. Partnered with the county NDSU Extension agent to provide education to the students on the produce planted. Signage was also developed to place in the garden boxes, to indicate what produce was in the box and the appropriate time to pick the produce. CCHD also did newspaper ads, radio interviews, and newsletters to promote the project. Finally, CCHD developed an extensive digital toolkit (linked above), that is a step-by-step guide on how to replicate the project. The NDDHHS MCH staff distributed the toolkit to all stakeholders across the state.

- CCHD: The CCHD dietitian implemented the NDSU Extension four-week nutrition curriculum (developed by NDSU Extension) in four elementary schools (grades K-5), one library, and one ECE center.

- DCHD: Partnered with county fair committees in the communities served by bringing their DCHD trailer to county fairs. The trailer contained equipment for children to participate in PA. Seven hundred and twenty children participated in these activities.

- FCPH: All 70 licensed child care centers in Fargo and West Fargo received a PA evaluation visit to assess compliance in meeting ordinance standards and to provide guidance to staff in meeting the PA requirements, under the health code ordinance standards stipulate that all licensed child care facilities implement the https://download.fargond.gov/1/child_care_ordinance.pdf.

- FDHU: Partnered with their county NDSU Extension agent to implement the *On the Move to Better Health* four-week curriculum (developed by NDSU Extension) in the schools for grades K-2 and 5 in the Minot Public Schools. One hundred and sixty-five students were reached.

- LRPH: Partnered with area schools to provide gym/exercise equipment to utilize during PE classes, recess, and after-school time. Also, nutrition education in the schools. Seven hundred and thirty students were impacted through this project. A walking program was established at one school, that impacted 80 students.

- LCPH: Partnered with their county NDSU Extension agent to implement the *On the Move to Better Health* four-week curriculum (developed by NDSU Extension) in three schools for grades 1-5.
- MDHU: Provided seven garden beds and supplies to daycares in two communities. Educated children to plant, maintain, and when to pick the produce in the garden beds.

- NGDHU: Provided 11 wellness classes to an after-school program. Activities included yoga, walking programs, dancing, mindfulness, and education on making healthy snacks at home (recipes were sent home).

- RCHD: Partnered with their county NDSU Extension agent to implement the *On the Move to Better Health* four-week curriculum (developed by NDSU Extension) in three schools for grades 1-5.

- RCPHD: Purchased the SPARKS PE curriculum and implemented it to 250 students, in eleven classrooms.

- WCPH: Partnered with Park Rivers Park and Recreation and implemented soccer, running, and pickleball clubs for youth in the community.

- WPPH: Partnered with the local high school concession stand manager and developed a method to educate healthy choices at concession stands. Using the *Fast Fuel Concession Stand* initiative (developed by FCPH) https://fargond.gov/city-government/departments/fargo-cass-public-health/health-promotion/fast-fuel. Products sold at local high school concession stands are labeled red (stop and think), yellow (in moderation), and green (good to go).

- CREA: Since 2019 Full-Service Community Schools have gone from two schools to nine. Each school has a site coordinator who implemented the eight pipelines (mentioned above).

- NDSU: Twenty lessons suitable for implementation in childcare and summer youth programs were distributed to Extension agents for use with gardening programs and childcare centers. A session about how to use the material was recorded on Zoom and provided on a flash drive.

- SLFD: A registered dietician provided weekly Zoom calls to Family and Child Education (FACE) students and their children ages two through five. PA and nutrition lessons were provided.

Additional critical partnerships/initiatives to support this priority include:

- Women, Infant, and Child (WIC) program- MCH staff partner with WIC and their work to reduce obesity and increase physical activity. Over the past 40 years, WIC has improved at-risk children's health, growth, and development and prevented health problems. Since WIC reaches so many infants and children, it has a vital role in helping children maintain a healthy weight. North Dakota WIC promotes breastfeeding as the standard way to feed infants and young children because it reduces the likelihood of childhood obesity; offers breastfeeding classes, support groups, peer counselors, and breast pump supplies to WIC moms to support them in their decision to breastfeed; and provides nutritious foods to participants such as fresh fruits and vegetables and whole grains. To reduce the amount of fat in the WIC food package, only fat-free or 1 percent milk is allowed, along with less cheese. All WIC juices are 100 percent juice and provide the appropriate amount of juice to be consumed each day. WIC cereals are low in sugar and provide a good source of iron, and many are high in whole grains. WIC also offers participant-centered nutrition education on proper nutrition across the life cycle, healthy meal planning and family meals, and ways to be physically active as a family. Healthy eating habits are essential for even our youngest participants. Parents are taught how to understand their baby's behavior and feeding cues and the proper guidelines for feeding infants (how often to feed, when to introduce complementary foods, etc.). WIC collects height and weight measurements (including BMI) frequently on participating children and provides counseling and referrals to their healthcare providers as appropriate.

- North Dakota Department of Public Instruction (NDDPI) – The NDDHHS and the NDDPI collaborated in sharing resources on PA and nutrition. The NDDPI sends out quarterly newsletters to schools on safe and healthy-related topics and wellness professional development opportunities in the state. The NDDHHS supported this newsletter by providing any resources that are made available to the department. NDDHHS MCH staff also established a partnership with the NDDPI Farm to School Specialist. The collaboration between the two agencies has increased the awareness of the similar projects the departments are working on.

- Regional Education Associations (REA) – The NDDHHS continued to partner and collaborate on health-related activities in each of the seven REAs.

- Full-Service Community Schools (FSCS) – The NDDHHS collaborated with FSCS to expand their current physical activity and nutrition program.

- Association of State Public Health Nutritionists (ASPHN) – The MCH Nutritionist serves on the Steering Committee for the MCH Nutrition Council with ASPHN. ASPHN has strong connections with the Maternal and Child Health Bureau and plans to develop initiatives that embed nutrition into MCH.

- University of Minnesota (UOM) – By collaborating with the UOM, it allowed NDDHHS to offer the *Systems Approaches for Healthy Communities* course to the MCH grantees and will continue to offer the course in the next grant cycle.

- NDDHHS Health CEU – The collaboration between the NDDHHS CEU and the MCH staff established one tribal entity to work on PA and nutrition strategies.

MCH Population Domain: Child Health

National Performance Priority Area: Physical Activity and Nutrition (Overall Obesity Prevention)– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

A balanced diet and regular physical activity benefit all ages' health and quality of life. Obesity in children in the United States is on the rise. North Dakota recognizes that a poor diet and physical inactivity contribute to many serious and costly health conditions at a younger age and increases the risk into adulthood, including overweight and obesity, cardiovascular disease, hypertension, Type II diabetes, some types of cancer, and osteoporosis. The North Dakota Department of Health and Human Services (NDDHHS) Maternal and Child Health (MCH) program recognizes that promoting and increasing the capacity for policy, system, and environmental changes will provide the essential building blocks to prevent childhood obesity in North Dakota.

The National Outcome Measure (NOM) for the Child Domain is NOM 20: Percent of adolescents, grades 9 through 12, who are obese (BMI at or above the 95th percentile) as reported in the North Dakota Youth Risk Behavior Survey (YRBS). Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)-as reported in the National Survey of Children's Health (NSCH).

According to the 2023 YRBS, 16.3% of North Dakota students grades 9 through 12 are obese (BMI at or above the 95th percentile). This number has increased over time: 11% in 2009, 11.1% in 2011, 13.5% in 2013,13.9% in 2015, and 14.9% in 2017; there was then a slight decrease in 2019 at 14%. Since then, this number has increased to 16.3% in 2021 and no change was seen in 2023.

According to the 2022 NSCH, 15.2% of children ages 10-17 are obese (BMI at or above the 95th percentile), which is an increase of 2.1% from 2021, while the national average is 16.6%. Additionally, the NSCH, 2022, indicates 27.9% of North Dakota children ages 6-11 are physically active at least 60 minutes a day, seven days a week, which is a decrease of 9.1% from 2021, while the national average is 25.2%. In North Dakota, 19.3% of children ages 12-17 are physically active (no linear change from 2021) 60 minutes a day, seven days a week, while the national average is 12.9%. It is important to note that North Dakota has small sample sizes in the NSCH.

The amount of time a student must spend in a physical education (PE) course varies. In North Dakota, elementary grades 1-5 must offer a minimum of 90 minutes of PE each week. Students in grades 9-12 must have at least one credit of PE, of which half can be health education. The YRBS also indicated in 2023, 29.2% (a decrease of 1.1% from 2021) of North Dakota students in grades 9-12 were physically active for a total of at least 60 minutes a day, seven days a week, while grades 6-8 are physically active 32.6% on all seven days, a decrease of 1.9% from 2021.

The YRBS and NSCH reveal that as North Dakota children get older and standards for PE requirements decrease, the percentage of inactivity in grades 9-12 significantly increases, and the prevalence of obesity rises.

Based on this data, two Evidence-Based or Informed Strategy Measures (ESMs) will be implemented in Year 5 to address these gaps and enhance health equity. These ESMs include: ESM 8.1.2- Number of Schools/ECEs/Community Events that Physical Activity strategies are being implemented; and ESM 8.2.1- Number of Schools/ECEs/Community Events who receive information and technical assistance to implement Physical Activity strategies. Please note that the previous ESM 8.1.1- Number of communities actively involved with the physical activity /nutrition strategies has changed to the above ESM 8.1.2 and ESM 8.2.1. By changing the ESMs there is no accurate way to measure past years to reflect these ESMs, thus the baseline is 0. The 2024-2025 goal is

50 for each of the new ESMs.

Next, two overarching objectives were established that will aid in the development and implementation of various strategies and work efforts. The first objective is: By 2025, the percentage of North Dakota children, ages 6 through 11, who are physically active at least 60 minutes per day will increase from 34% to 49%. In addition, the percentage of North Dakota adolescents, ages 12 through 17, who are physically active at least 60 minutes per day will increase from 18% to 28%, according to the NSCH.

NDDHHS will offer funding, up to $17,500, to all 28 Local Public Health Units (LPHUs) to implement strategies to increase physical activity (PA) before, during, and after school. In North Dakota, strategies from the Community Guide.org (focus activities related to PA or PA and Nutrition combined in and out of the classroom), Safe Routes.org (focus on activities that provide opportunities for children to walk/bike to school safely), CDC Healthy Kids (focus on PA During School-Classroom, Before, and After) (focus on School Based PA and the Social and Emotional Climate) and *On the Move to Better Health* (developed by the North Dakota State University and is a 15-year, practice-tested program that has been published in journals) will be utilized. Funding may also be used to increase fresh fruit, vegetables, and healthy environments, by implementing Farm to School (Bismarck Burleigh Public Health Farm to School Toolkit) (North Dakota (farmtoschool.org)), Farm to Table (Cavalier County Health District Farm to Table Toolkit), and Healthy Concessions (Fargo Cass Fast Fuel-Healthy Concessions). These strategies and resources were selected for LPHUs to focus on, with the intent to broaden and increase PA and nutrition initiatives in North Dakota.

Furthermore, MCH funding will be allocated and promoted to all Tribal partners to implement PA and nutrition strategies in their communities. Collaboration with the NDDHHS Community Engagement Unit, Tribal liaisons, and MCH staff to initiate relationship building and promote ways to implement these strategies in the tribal communities will be key.

The School Health Specialist (SHS) and MCH Nutritionist will prepare a request for proposal (RFP) to be distributed to all 28 LPHUs by May 6, 2024. The applications will include work plan and budget templates as well as summary and narrative proposals. Applications will be due July 26, 2024, with contracts starting October 1, 2024. The 13 LPHUs currently funded will be encouraged to continue their work, and assistance will be provided to additional LPHUs interested in applying. If additional funding remains, the NDSU Extension program will be encouraged to continue developing resources that promote PA and nutrition strategies that LPHUs and schools utilize to implement their work. They will also be encouraged to continue to provide social media and electronic newsletters to educate families on the benefits of PA, healthful eating, and mindfulness. North Dakota Full-Service Community Schools (NDFSCS) will also be encouraged to continue their work by holding monthly site coordinator network meetings, one on one check-in meetings with each school, and continuing school site action planning to promote strategies to bolster the wellness pipeline.

The SHS will continue to serve on the NDFSCS advisory team. The NDFSCS coordinates comprehensive support for students and families through partnerships in the following pipeline service areas: Early Childhood Development, Family Engagement, Remedial & Academic Enrichment Activities, Wellness, Juvenile Justice & Delinquency Prevention, and Workforce Readiness. MCH will provide funding to support the NDFSCS initiative through September 30, 2024. At that time, MCH staff will evaluate and decide if further MCH funding should continue.

Lastly, over the past three years, the NDDHHS supported and will continue to support North Dakota schools to attend the North Dakota Roughrider Health Promotion Conference. The conference has been held for 38 years and the mission is: To promote healthy lifestyle concepts to North Dakota students, school personnel and community members to share, learn, and develop plans of action for healthy schools and communities. The objectives are:

Develop a realistic and attainable Healthy School and Community Action Plan; Expand knowledge of research-based prevention curriculum, enhancement through after-school programming, and classroom behavior management strategies; Expand prevention efforts specific to environmental strategies and evidence-based programs; Share successful teaching techniques, prevention strategies, and programs; and Expand knowledge of North Dakota health initiatives, resources, and community programs for healthy students, schools, and communities. The outcomes are: Provide data-driven decision-making choices; Understand Coordinated School Health approaches; Realize healthy students make better learners; Facilitate a sustained collaboration between schools and community; Prevent substance abuse in all communities of North Dakota; and Understand how your Regional Education Association (REA) can help your school. At the end of the conference, each team will submit their wellness action plan to the SHS.

The second objective is: By September 30, 2025, increase opportunities to access fresh fruits, vegetables, and healthy environments by implementing *Farm to School*, *Farm to Table*, and/or *Healthy Concessions* initiatives in communities.

First, in addition to PA strategies for children, the NDDHHS MCH program was selected to participate with the Children's Healthy Weight State Capacity Building program (SCBP) to develop a state model in MCH for nutrition integration. This opportunity began on September 1, 2020, and continues through September 1, 2025. The Association of State Public Health Nutritionists (ASPHN), a nonprofit that provides state and national leadership on food and nutrition policy, programs, and services, is leading the efforts. Further information can be found on their website: https://asphn.org/chw-state-capacity-building-program/ The SCBP program has three focuses: (1) Strengthen the workforce (2) Integrate nutrition strategies into Title V programs, and (3) Optimize MCH nutrition data sources. To strengthen the workforce, in 2023, the North Dakota SCBP team collaborated with Dr. Mary Larson of NDSU to conduct a Public Health Nutrition Workforce Assessment with LPHUs staff to better understand workforce capacity and needs around nutrition. This assessment found limited capacity hinders LPHUs from implementing policy, systems, and environmental (PSE) change approaches in their work. Additionally, most respondents had limited training or experience planning nutrition-related interventions and worked across many program areas (versus one focus area). Only 10% of respondents (3 out of 29) were Registered Dietitians, and most (19 out of 29) had been in their current positions for less than five years. The North Dakota SCBP team used this Workforce Assessment to inform the development of their Workforce Development Plan. The Workforce Development Plan will be drafted and ready for implementation in Year 5. The North Dakota SCBP will lead implementation of the Workforce Development Plan and one strategy will be facilitating the *Systems Approaches for Healthy Communities Course* (SAHC) to strengthen the capacity of LPHUs to implement nutrition-related PSE interventions. The course consists of five online modules (participants view independently) and three coaching calls, where participants discuss and reflect on the content from the modules. Two course sessions will be offered, one in the Fall of 2024 and one in the Spring of 2025. Additional strategies will be coordinated in partnership with NDDHHS *Public Health Training Series* which is led by the Systems and Performance Unit.

Next, integration of nutrition strategies into the Title V program will occur in partnership with MCH funding offered to all 28 LPHUs for the child health priority. Evidence-based strategies for nutrition include: *Fargo Cass Public Health's Fast Fuel Toolkit*: https://fargond.gov/city-government/departments/fargo-cass-public-health/health-promotion/fast-fuel ; *Cavalier County Health District Farm to Table Toolkit*: *Cavalier County Health District Farm to Table Toolkit* ; and *Bismarck Burleigh Public Health's Farm to School Toolkit: Bismarck Burleigh Public Health Farm to School Toolkit*. Additional funds from the ASPHN SCBP will be offered to LPHUs to either expand their current nutrition work or pilot a new project if nutrition projects are new to their health unit. To enhance the Farm to School work, the SHS and MCH Nutritionist will collaborate with the North Dakota Department of Public Instruction (NDDPI) Farm to School Specialist. The SHS will have monthly update calls with the NDDPI Farm to School Specialist to form collaboration

between the two departments. Also, NDDPI Farm to School Specialist will be applying for the FARMWISE ASPHN grant and the MCH staff will help to support the opportunity.

Last, to optimize MCH nutrition data sources, beginning June 1, 2023, three questions related to maternal nutrition were added to the Pregnancy Risk Assessment Monitoring Survey (PRAMS). In addition, the NSCH data is reviewed annually for the Weight Status of Children based on Body Mass Index (BMI) for ages (10-17), and new data is released to describe how frequently, according to parent report, children aged 1–5 years consumed fruits, vegetables, and sugar-sweetened beverages.

Community collaboration and partnerships are essential and will remain a key priority. In addition, health equity will continue to be incorporated into the work of Title V. MCH staff partner with the Women, Infants, and Children (WIC) program and their work to reduce obesity and increase physical activity. Over the past 40 years, WIC has improved at-risk children's health, growth, and development and prevented health problems. Since WIC reaches so many infants and children, it has a vital role in helping children maintain a healthy weight. North Dakota WIC promotes breastfeeding as the standard way to feed infants and young children because it reduces the likelihood of childhood obesity; offers breastfeeding classes, support groups, peer counselors, and breast pump supplies to WIC moms to support them in their decision to breastfeed; and provides nutritious foods to participants such as fresh fruits and vegetables and whole grains. To reduce the amount of fat in the WIC food package, only fat-free or 1 percent milk is allowed, along with less cheese. All WIC juices are 100% juice and provide the appropriate amount of juice to be consumed each day. WIC cereals are low in sugar and provide a good source of iron, and many are high in whole grains. WIC also offers participant-centered nutrition education on proper nutrition across the life cycle, healthy meal planning and family meals, and ways to be physically active as a family. Healthy eating habits are essential for even our youngest participants. Parents are taught how to understand their baby's behavior and feeding cues and the proper guidelines for feeding infants (how often to feed, when to introduce complementary foods, etc.). WIC collects height and weight measurements (including body mass index or BMI) frequently on participating children and provides counseling and referrals to their healthcare providers as appropriate.

In addition, incorporating elements of the medical home model is essential to improve the quality, effectiveness, and efficiency of the care being delivered while responding to each child’s unique needs. It is important for all individuals to have a medical home, including children. While the medical home universal measure will be housed within the CSHCN domain, collaboration of Title V staff leading the CSHCN, Adolescent Health, and Child Health domains will be key to ensure work efforts and future medical home projects include all children. To advance these medical home initiatives, domain leads will braid and layer resources and work collaboratively to enhance the system of care for all children.

MCH staff will continue to work with new and existing critical partners, including but not limited to:

- North Dakota Department of Public Instruction- The NDDHHS and the NDDPI collaborate in sharing resources on physical activity and nutrition. Along with the Farm to School collaboration.

- Regional Education Associations (REA)- the NDDHHS will continue to partner and collaborate on health-related activities that are happening in each of the seven REA's.

- ND Full-Service Community Schools (NDFSCS)- the NDDHHS will collaborate with FSCS to expand their current physical activity and nutrition program.

- North Dakota State University, Extension Program- to increase the number of schools that can implement the “*On the Move*” curriculum. The curriculum encompasses lessons on healthy lifestyles, such as increased physical activity and healthy food choices.

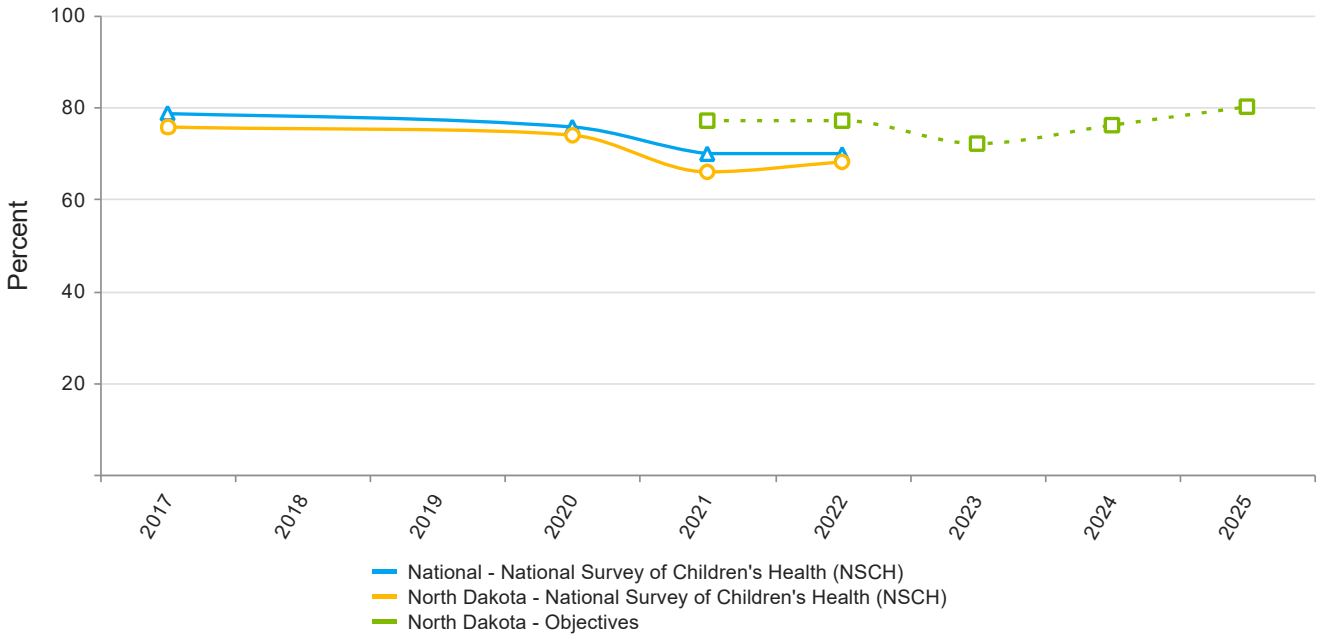
- North Dakota Health and Human Services, Community Engagement Unit- serve on the Health Equity Committee to address state-wide health inequities that include social, economic, and environmental disparities.
- Association of State Public Health Nutritionists (ASPHN)- collaboration to support state and national leadership on food and nutrition policy, programs, and services, is leading the efforts.

There are numerous benefits of proper nutrition and getting an adequate amount of physical activity for children, including healthy growth and development. Therefore, work will continue in this area to ensure all children in North Dakota have access to healthy, wholesome foods and opportunities for adequate physical activity.

Adolescent Health

National Performance Measures

NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			77	77	72
Annual Indicator	75.4	75.5	75.0	67.6	68.0
Numerator	36,073	37,391	39,331	37,880	37,986
Denominator	47,851	49,536	52,409	56,000	55,881
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	76.0	80.0

Evidence-Based or –Informed Strategy Measures

ESM AWV.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.

Measure Status:			Active	
State Provided Data				
	2020	**2021**	**2022**	**2023**
Annual Objective			26	28
Annual Indicator	24.9	29.8	29.8	
Numerator	1,961	2,721	2,721	
Denominator	7,863	9,117	9,117	
Data Source	North Dakota Department of Human Services, Early a	North Dakota Department of Human Services, Early a	Data Source-The North Dakota Department of Health	
Data Source Year	2020	2021	2021	
Provisional or Final ?	Final	Final	Provisional	

Annual Objectives		
	2024	**2025**
Annual Objective	30.0	32.0

ESM AWV.2 - Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			330	310
Annual Indicator	293	358	272	
Numerator				
Denominator				
Data Source	North Dakota's Electronic Surveillance System for	North Dakota's Electronic Surveillance System for	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	290.0	270.0

State Action Plan Table

State Action Plan Table (North Dakota) - Adolescent Health - Entry 1	
Priority Need	
To increase the percent of adolescents who have a preventive medical visit.	
NPM	
NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV	
Five-Year Objectives	
1. Title V will provide education and outreach targeted at adolescents that will increase the level of knowledge regarding optimal adolescent health including but not limited to depression screening, obesity prevention, immunizations, and safer sex by September 30, 2025.	
2. Title V will collaborate with partners to develop strategies, braid and layer resources, and implement activities that promote adolescent health and safety by September 30, 2025.	
3. Title V will improve access to mental health/behavioral health services to adolescents by September 30, 2025.	
Strategies	
1a. Engage underserved populations (e.g. New Foreign Immigrants, Tribal Nations, etc.,) and other existing adolescent groups to consult in activities related to adolescent health.	
1b. Encourage youth to take charge of their own health.	
2a. Convene and collaborate with state-level partners that are currently conducting activities related to adolescent health.	
2b. Work with primary care and other medical providers regarding innovative methods to ensure adolescents are receiving preventative health care.	
3a. Collaborate with health professionals and other partners to address challenges and provide education around healthy adolescent behavioral health.	
3b. Collaborate with school nurses and school personnel to provide education around bullying.	
ESMs	**Status**
ESM AWV.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.	Active
ESM AWV.2 - Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year.	Active

NOMs

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS

NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

MCH Population Domain: Adolescent Health

National Performance Priority Area: Adolescent Well Visit, With an Emphasis on Overall Health, Including Depression Screening, Obesity Prevention, and Immunization– 2023 Annual Report Narrative (October 1, 2022 – September 30, 2023):

Adolescence is a time of incredible growth and is a critical physical, psychological, and social developmental period. Providing adolescents with strategies to adopt healthy habits, avoid risky behaviors, and prevent disease during this period of their lives is vital as it can have lifelong impacts on their health. As adolescents transition to adulthood, they assume individual responsibility for demonstrating healthy habits; those who have chronic health problems take on an even greater role in managing their health and well-being. Physical and mental health is critical to their overall well-being and is often influenced by lifestyle factors. It is important to mitigate the initiation of risky behaviors, such as unsafe sexual activity, unsafe driving, and substance use as adolescents begin to explore adult roles and behaviors. To improve the health and well-being of adolescents and young adults, it is essential to ensure they have access to and are receiving appropriate health care services regardless of their geographical location.

These necessary services include annual preventative medical visits which help educate adolescents and young adults on ways to stay healthy, to address behavioral health concerns, and offer an opportunity to receive immunizations and manage chronic conditions. In looking at the data, the 2022 National Survey of Children's Health (NSCH) indicated that 92.7% of North Dakota children, ages 12 through 17, reported to have excellent or very good health, which is above the national average at 89.9%.

In addition, the Bright Futures guidelines recommend that adolescents have an annual health checkup from age 11 through 21. The visit should cover a comprehensive set of preventive services, such as a physical examination, immunizations, and discussion of health-related behaviors including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety. According to the 2022 NSCH, 75.9% of adolescents in North Dakota reported having a preventative health visit in the past year, compared to the national average of 71.4%. However, North Dakota's 2021 Youth Risk Behavior Survey (YRBS) indicated that 36.0% of adolescents reported experiencing depressive symptoms, which was an increase from the 2019 YRBS at 31%. Furthermore, the 2021 YRBS also indicated that the North Dakota adolescent suicide rate dropped to 6.1% per 100,000 (North Dakota) compared to 13.0% in 2019. Lastly, the 2021 YRBS also verified that 16.3% of North Dakota adolescents were obese. This data is housed through the website for the North Dakota Department of Public Instruction (NDDPI) (https://www.nd.gov/dpi/districtsschools/safety-health/youth-risk-behavior-survey) for easy access and utilization by various partners. The North Dakota YRBS was recently administered again in March of 2023 to North Dakota middle school and high school students. Once this data become available, it will be analyzed and incorporated into future programmatic activities and work efforts.

The first Evidence-Based Strategy Measure (ESM) that was selected assessed the percentage of Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) adolescents, ages 15 through 18, who received at least one initial or periodic screening. Title V staff partnered with Medical Services staff to discuss and explore potential partnerships regarding the Health Tracks (EPSDT) program. According to 2021-2022 data received from Medical Services, only 31% of EPSDT adolescents received at least one initial or periodic screening. To increase awareness, Title V and North Dakota Medicaid staff worked together to create and disseminate a magnet for families to serve as a reminder of the annual health visit their adolescent should be receiving each year.

Furthermore, Title V staff partnered with the University of North Dakota Family Medicine Clinic (UND FMC) to

increase adolescent well visits to high-risk populations on the Standing Rock Reservation. A pediatrician and staff from UND FMC visited the schools on the reservation and provided well child visits to the students. They completed 86 physicals, representing 19% of the middle and high school population. In addition to well checks/sport physicals and mental health screenings, this team partnered with Indian Health Services (IHS) to offer screening labs for diabetes, hyperlipidemia, and sexually transmitted infections (STIs). They also partnered with the Sioux County Local Public Health Unit to provide immunizations, along with the IHS dentist to provide dental and orthodontia screens. Title V staff will continue to promote well child visits and encourage adolescents to take charge of their own health. Staff will also continue to promote the importance of having providers offer education to adolescents on healthcare transition from pediatric to adult health.

Next, because oral health is a key component of preventative health care, Title V staff partnered with the North Dakota Department of Health and Human Services (NDDHHS) Oral Health program to ensure adolescents had access to preventative oral health services. Staff played an active role on the Oral Health Coalition and attended all scheduled meetings.

Moreover, youth engagement is a basic building block to improve the system of care and infrastructure for comprehensive adolescent health care. Therefore, Title V staff recognized the value of partnering and collaborating with the NDDHHS Youth Advisory Board (YAB). The mission of the YAB is to create a safe and consistent environment for youth between the ages of 15-21 to make a difference in North Dakota communities by using peer influence to plan, implement, and advise on meaningful projects and topics that will improve the health of North Dakota youth. The YAB was actively engaged with Title V staff, and tribal representation was present on this board. Therefore, feedback had been solicited through this avenue as an alternative strategy to reach this population group. The YAB participants provided valuable input into adolescent-focused projects around topics such as well-visits, immunizations, safe behaviors, mental health, sexual health, diet/obesity prevention, and resource development. Since collaboration with this board went well, these partners are expected to be further engaged with additional Title V work efforts as they arise. The Injury Prevention Program Director and State School Nurse Consultant attended all three scheduled YAB meetings and will continue to participate in future meetings to ensure that partnerships remain intact and MCH needs are brought forward for discussion and collaboration. Staff also continued to collaborate with Tribal Health Liaisons that were employed with the NDDHHS and represent each tribe in North Dakota. An ongoing goal for this domain has been to collaborate with the YAB and other partners within the NDDHHS to create a comprehensive and dynamic social media campaign targeted around adolescent health, including but not limited to topics of great concern such as mental health, immunizations, financial health, sexual health, and physical health prevention. Methods to reach youth and address these important topics was explored and short video clips on the topics continue to be developed and will be shared on various social media platforms.

An event was organized by the YAB, NDDHHS, Bismarck State College, and North Dakota’s Gateway to Science to promote the health and well-being of children, youth, and families. These sessions included discussions on financial health, physical health (nutrition and exercise), behavioral health and more. Title V staff aided in the planning of this event and set up booths to disseminate various resources and educational materials. There were guest speakers, food trucks, games, prizes, and interaction from community partners. Approximately 800 community members of all ages attended the event.

Lastly, although Title V already had close working relationships with several programs that serve adolescents and youth (e.g., North Dakota Family Planning Clinics, North Dakota Women's Way, North Dakota State University Extension Services, North Dakota Immunization program, the North Dakota Pediatric Mental Health Assess Grant, local public health tobacco prevention programs, etc.), these have been strengthened even further. The NDDHHS has continued evaluating potential opportunities to braid and layer funding or other potential resources.

In addition to promoting optimal physical health in adolescents, mental and behavioral health has remained a key priority to address as this is a continued emerging issue. A second ESM was created which assessed the number of adolescents, age 12 through 17, with a reported visit to an emergency department (ED) involving depression within in the last year. According to the 2022 Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data, there were 259 adolescents seen in the ED for depression within the last year. Title V has a mission to improve access to mental/behavioral health services to adolescents. According to the World Health Organization, multiple factors determine mental health outcomes. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Since 36.0% of adolescents reported depressive symptoms in the 2021 YRBS, Title V staff expanded collaboration with behavioral health partners to examine the referral process for mental health/behavioral health services. Title V staff partnered with a rural Special Education Unit, Northern Plains Special Education Unit (NPSEU), to provide their students access to mental health telehealth visits within the school. The NPSEU worked to collaborate with 5 rural school districts to provide telehealth therapeutic counseling for students regardless of their insurance status. To date, they have provided 71 telehealth sessions to 7 uninsured students. While there was not a tracking mechanism to track how many total sessions were provided to insured students, a total of 13 insured students have used the telehealth services. Along with the counseling services, the NPSEU staff also taught families how to apply for Medicaid to help cover costs and how to reach out to different state agencies for more resources. In addition to the NPSEU offering mental health telehealth visits, the State School Nurse Consultant continued to distribute various resources and trainings that addressed adolescent mental health to school professionals on the School Nursing listserv.

Furthermore, some adolescents are also at greater risk of mental health conditions due to various barriers that are faced when accessing services including their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services, which are challenges that are being faced at both the state and national level. The North Dakota Family Planning program currently provides family planning services in 23 locations across the state, serving a total of 317 adolescents within this reporting year. The goal of the family planning clinics is to provide education and services to better equip men and women to make informed decisions so they can achieve or prevent a pregnancy. Other services such as a physical, birth control methods, cancer screenings, diagnosis, and treatment of STIs, pregnancy testing, counseling and education, basic infertility services, and referrals to other services such as primary care, immunizations, WIC, and nutrition services are also available at a family planning appointment. All family planning clinics provide confidential services to females and males of any age regardless of how much money they do or do not make. Clients are charged for services according to their household income and family size. Private pay, insurance, and Medicaid are accepted. Inability to pay is never a barrier for receiving the services clients may want or need.

Finally, the importance of collaboration was recognized as it was utilized to aid in the development of innovative activities to ensure adolescents are receiving preventative health care. Continuous partnerships across Title V domains (e.g., CSHCN, state priorities, women’s health, etc.) are expected to continue in an effort to braid and layer resources and enhance work efforts to achieve the core goal to improve adolescent health.

Adolescence is an important time in one’s life. This developmental period is characterized by physical, emotional, and intellectual changes, as well as changes in social roles, relationships, and expectations. It is essential to promote healthy development, safety, and the well-being of adolescents in North Dakota and ensure they are receiving all necessary services required for optimal health.

Adolescent Health - Application Year

MCH Population Domain: Adolescent Health

National Performance Priority Area: Adolescent Well Visit, With an Emphasis on Overall Health, Including Depression Screening, Obesity Prevention, and Immunization– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

Adolescence is a time of incredible growth and is a crucial physical, psychological, and social development period. Learning to stay healthy and avoid risks during this period of life can have lifelong effects on health by assisting adolescents to adopt healthy habits, avoid risky behaviors, and prevent disease. As adolescents move from childhood to adulthood, they assume individual responsibility for healthy habits, and those who have chronic health problems take on a greater role in managing those conditions. Physical and mental health is critical to overall well-being and is often influenced by lifestyle factors. To improve the health and well-being of adolescents and young adults, it is critical to ensure they have access to and are receiving appropriate health care services regardless of their geographical location. These necessary services include annual preventative medical visits which help to ensure adolescents and young adults are staying healthy, addressing behavioral health concerns, receiving immunizations, and properly managing their chronic health conditions.

The 2021-2022 National Survey of Children's Health (NSCH) indicated that nationwide, 86.2% of children, ages 12 through 17, reported to have excellent or very good health. North Dakota strives to reach 90.0% of children and adolescents who report excellent health, which they met as North Dakota is currently trending above the national average at 91.8% in this area.

Additionally, the Bright Futures guidelines recommend that adolescents have an annual health checkup from age 11 through 21. The visit should cover a comprehensive set of preventive services, such as a physical examination, immunizations, and discussion of health-related behaviors including healthy eating, physical activity, substance use, sexual behavior, violence, and motor vehicle safety. Looking at the data, North Dakota has some work to do in these areas. According to the 2021-2022 NSCH, 68% of adolescents in North Dakota reported having a preventative health visit in the past year. This is slightly lower than the national average of 69.7%. Furthermore, North Dakota's 2023 Youth Risk Behavior Survey (YRBS) indicated that 35% of adolescents reported experiencing depressive symptoms, which is a slight decrease from the 2021 YRBS of 36%. The YRBS also indicated that 7.4% of North Dakota adolescents reported attempting suicide in 2023. Lastly, the 2023 YRBS verified that 16.3% of North Dakota adolescents are obese. This data is housed through the website for the North Dakota Department Health and Human Services (NDDHHS) (hhs.nd.gov) for easy access by various partners. The North Dakota YRBS will be administered once again in March 2025 to North Dakota middle school and high school students to further assess and compare data trends.

The first Evidence-Based Strategy Measure (ESM) selected for Year 5 will assess the percentage of Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) adolescents, ages 15 through 18, who receive at least one initial or periodic screening. Staff will convene and collaborate with state-level partners and local providers to work towards enhancing adolescent health by developing innovative strategies and work efforts to ensure adolescents are receiving preventative health care. Title V staff plan to assist providers in identifying opportunities to address components of adolescent health, such as during sports physicals and vaccination clinics. Likewise, Title V staff will continue to partner with the NDDHHS Medical Services Division staff to discuss and explore potential partnerships regarding the Health Tracks (EPSDT) program. According to the 2022-2023 data received from NDDHHS Medical Services, 30% of EPSDT adolescents received at least one initial or periodic screening. Therefore, there is an opportunity for North Dakota to work on increasing this rate.

As a result, Title V staff will work to address health inequities regarding well visits by partnering again with the University of North Dakota Family Medicine Clinic (UND FMC) to increase adolescent well visits to high-risk populations on the Standing Rock Reservation and surrounding rural areas. This need was identified by recent data from the NDDHHS Unduplicated Count Report 2021 which indicated that only 23% of 11-18-year-olds in Sioux County had a well-check/Health Tracks visit in 2021.

A pediatrician and staff from UND FMC will travel to the schools on the reservation and provide well child visits free of charge. The well child visit will include a physical exam, mental health assessment, visual acuity screens, weight/height/body mass index calculations, nutrition and lifestyle screening, and lab work to include STI screening, lipid panel, hemoglobin A1C, and other relevant history/physical exam. Delivery of healthy emotional and physical lifestyle information will be shared with patients seen, immunizations will be caught up, and necessary referrals will be made. Along, with the staff from UND FMC, Title V staff will partner with Indian Health Services (IHS). An IHS dentist will attend and provide a dental exam and apply fluoride. A nurse from IHS will also attend and provide any vaccinations the students may need.

Other partners that will be involved with this project will be mental health providers that can meet with students that screen positive the same day via telehealth. This project allows for more well child visits to be completed due to offering them during the school day for the students. Parents do not have to miss work to bring their children, and the children do not need to travel and miss school for these very important appointments. Title V staff will continue to promote well child visits and encourage adolescents to take charge of their own health. Title V staff will also encourage partners and providers to provide education to adolescents on healthcare transition from pediatric to adult health.

In addition to offering well child visits to the Standing Rock Reservation, staff are looking to expand this project and acquire other health care providers that are willing to travel to other areas of the state to offer well child visits at local schools. Discussion will continue to take place to determine if expansion is feasible. Furthermore, staff will also consider creating a Request for Proposal (RFP) for an opportunity for other community partners to introduce new and innovative project ideas targeting adolescent well child visits.

Next, youth engagement is a basic building block to improve infrastructure for comprehensive adolescent health care. Title V staff will continue to seek opportunities to collaborate and partner with adolescents. The North Dakota Youth Advisory Board (YAB), which has tribal representation, has been actively engaged with Title V staff. Therefore, feedback will continue to be solicited through this avenue as an alternative strategy to reach the adolescent population. Any opportunity to partner with the YAB in Year 5 will be sought out as they arise as the board provides valuable input into adolescent-focused projects around topics such as well-visits, immunizations, safer behaviors, mental health, sexual health, diet/obesity prevention, and resource development. The YAB is currently working on developing clips for a social media project on the previously mentioned topics; therefore, partnering with the board on this project is anticipated. The Injury Prevention Program Director and State School Nurse Consultant will continue to participate in future meetings to ensure that partnerships remain intact and MCH needs are brought forward for discussion and collaboration. Collaboration with Tribal Health Liaisons that are employed with NDDHHS and represent each tribe in North Dakota will also continue.

Next, although Title V already has close working relationships with several programs that serve adolescents and youth (e.g., Title V partners, North Dakota Family Planning Clinics, North Dakota Women's Way, North Dakota State University Extension Services, North Dakota Immunization program, the North Dakota Pediatric Mental Health Assess Grant, local public health tobacco prevention programs, etc.), these will continue to be strengthened even further. The NDDHHS will continue evaluating potential opportunities to braid and layer funding or other potential

resources. North Dakota's Title X program has a successful record of effectively providing services to youth and adolescents. Meetings with Title X partners will continue to take place to collaborate on current and new projects, such as the social media campaign previously mentioned. Because Title X is already providing HPV, STI, and pregnancy prevention services to adolescents, these clinic visits are also an opportunity to enhance different aspects of adolescent health in an established clientele.

In addition to promoting optimal physical health in adolescents, mental and behavioral health will remain a priority as this continues to be an emerging issue. The second ESM that was selected for Year 5 is to assess the number of adolescents, age 12 through 17, with a reported visit to an emergency department (ED) involving depression within in the last year.

According to the 2023 Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data, 253 adolescents were seen in the ED for depression within the last year. Title V has a mission to improve access to mental/behavioral health services for adolescents. According to the World Health Organization, multiple factors determine mental health outcomes. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Since 35% of adolescents reported depressive symptoms in the 2023 YRBS, Title V staff will continue to expand collaboration with behavioral health partners to address challenges and provide education around healthy adolescent behavioral health. Staff plan to identify obstacles and challenges that adolescents face when accessing mental and behavioral health services, and partner with the NDDHHS Behavioral Health Unit and Family Voices of North Dakota to promote and disseminate electronic resources that address adolescent mental health. Lastly, Title V staff will work with partners for National Bullying month to distribute news releases and other resources in an aim to decrease the number of bullying incidents reported by school districts. According to the 2023 YRBS, 20.7% of high school students were bullied on school property in the last year. Various resources and trainings that address adolescent mental health will be distributed through a School Nursing listserv, as they are available.

Additionally, some adolescents are also at greater risk of mental health conditions due to various barriers that are faced when accessing services including their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services, which is both a state and national challenge. Questions regarding sexual orientation were added to questionnaires at the University of North Dakota (UND) clinic sites and Family Planning services. To help address the lack of access to mental health services, Title V staff will continue to partner with a special education unit in a rural school district that is hours from a mental health provider. Funding will be provided for students to have access to a mental health provider via telehealth. As part of the program at the school, they have established the Check and Connect program (C&C).

This mentoring program is targeted for at-risk youth in need of support to improve attendance, grades, and behavior. Using caring adults as mentors, the students will have weekly check-ins to review their personal data, set positive goals, and build healthy decision-making skills with a trusted adult. Using the web-based C&C App, mentors will document, monitor, and report on student progress using their tablets or laptops to collect and interpret "Check" data, look for patterns of student engagement, track "Connect" data, and monitor progress. For administrators, the C&C App automates the processes of assessing fidelity of implementation and determining program impact. Student attendance, GPA, Failing Classes grades, and behavior incident reports/referrals will be monitored. Using the data, students can see alongside the support of their mentor areas to focus on for improvement. Setting healthy goals together, the student and mentor will engage with the family to celebrate the positives. If needs come up, the mentor will guide the student and the family in accessing resources to meet the need. The goal is to ensure all students make progress and are on-track for a healthy life and positive school outcomes. The targeted age group for this intervention is grades 5 through 10. Research shows early intervention at these grade levels will increase the

success and overall healthy decision-making skills of students near graduation. In Year 5, the special education unit plans to expand this program to their largest school district. Because the North Dakota Behavioral Health Unit also provides funding to schools to offer this program, Title V will explore potential opportunities to partner with their staff and determine how to best braid and layer resources to enhance effectiveness and efficiency.

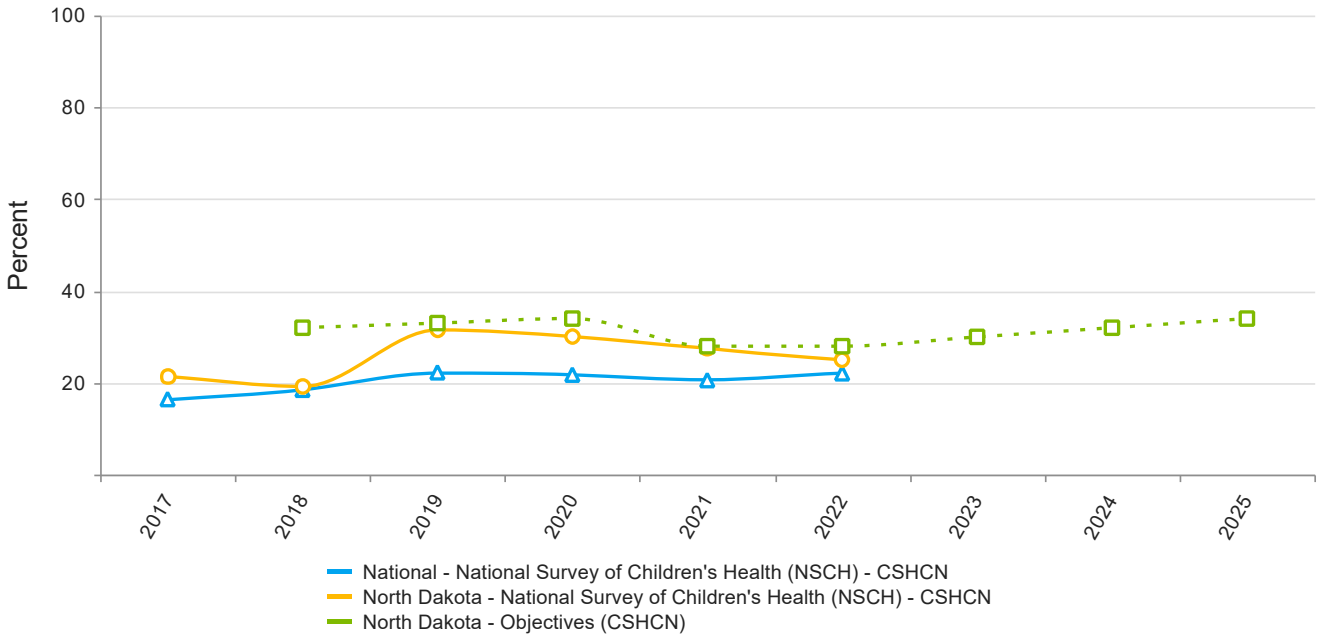
Lastly, the importance of collaboration is recognized and has been utilized to aid in the development of innovative activities to ensure adolescents are receiving adequate preventative health care. Incorporating elements of the medical home model is essential to improve the quality, effectiveness, and efficiency of the care being delivered while responding to each patient's unique needs. It is important for all individuals to have a medical home, including children and adolescents. While the medical home universal measure will be housed within the CSHCN domain, collaboration of Title V staff leading the CSHCN, Adolescent Health, and Child Health domains will be key to ensure work efforts and future medical home projects include all children, including CSHCN. To advance these medical home initiatives, domain leads will interweave resources and work collaboratively to enhance the system of care for all children.

Adolescence is an important time in one's life. This developmental period is characterized by physical, emotional, and intellectual changes, as well as changes in social roles, relationships, and expectations. It is essential to promote healthy development, safety, and the well-being of adolescents in North Dakota and ensure they are receiving all necessary services required for optimal health.

Children with Special Health Care Needs

National Performance Measures

NPM - 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
Indicators and Annual Objectives



NPM TR - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	33	34	28	28	30
Annual Indicator	16.1	26.1	27.5	27.7	25.0
Numerator	2,110	3,271	3,339	3,707	4,265
Denominator	13,101	12,512	12,121	13,390	17,081
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	32.0	34.0

Evidence-Based or –Informed Strategy Measures

ESM TR.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective		80	80	85	90
Annual Indicator	73.6	74.4	81.2	70.6	
Numerator	81	99	125	96	
Denominator	110	133	154	136	
Data Source	The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	95.0	100.0

ESM TR.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			10	10	8
Annual Indicator		8	8	6	
Numerator					
Denominator					
Data Source		The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health and Human S	
Data Source Year		2020	2021	2022	
Provisional or Final ?		Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	10.0	12.0

ESM TR.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			2	3	4
Annual Indicator		1	0	0	
Numerator					
Denominator					
Data Source		The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health and Human Se	
Data Source Year		2020	2021	2022	
Provisional or Final ?		Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	5.0	6.0

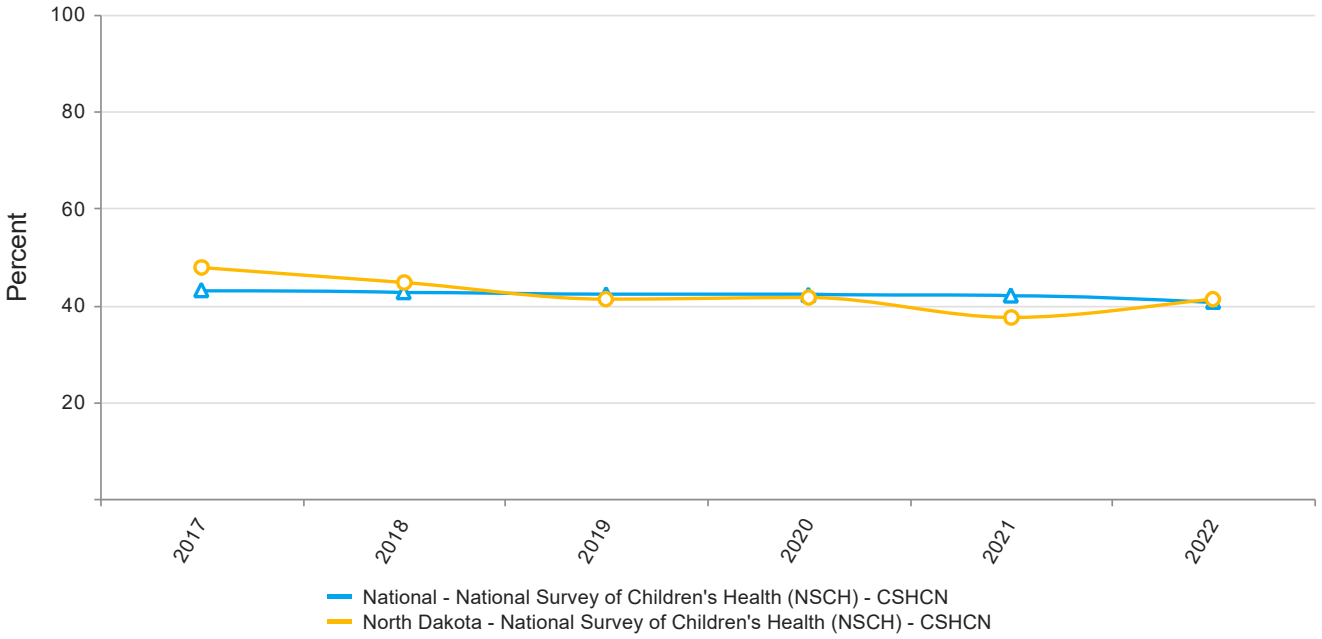
ESM TR.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			13	16
Annual Indicator	3.6	10.6	16.1	
Numerator	286	763	919	
Denominator	7,902	7,170	5,709	
Data Source	The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	19.0	22.0

NPM - 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
Indicators and Annual Objectives



NPM MH - Children with Special Health Care Needs

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - CSHCN	
	2023
Annual Objective	
Annual Indicator	41.2
Numerator	15,526
Denominator	37,687
Data Source	NSCH-CSHCN
Data Source Year	2021_2022

Evidence-Based or –Informed Strategy Measures

None

State Action Plan Table

State Action Plan Table (North Dakota) - Children with Special Health Care Needs - Entry 1
Priority Need
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.
NPM
NPM - 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
Five-Year Objectives
1. Title V will provide resources and technical assistance necessary to implement evidence-based or evidence-informed and/or promising practices to advance health care transition in North Dakota through September 30, 2025.
2. Title V will increase the level of knowledge for providers and other professionals working with families on transitioning from pediatric to adult health care by September 30, 2025.
3. Title V will provide education and resources to expand family-professional partnerships around health transition through September 30, 2025.
Strategies
1a. Fund various projects that develop or further enhance infrastructure and capacity required for successful transitions from pediatric to adult health care for all children, including children with special health care needs.
2a. Increase and enhance transition education to health care providers and professionals from Title V staff through various methods.
2b. Increase and enhance transition education to school personnel from Title V staff through various methods.
3a. Provide funding to family support organizations that will train or assist families in expanding knowledge and leadership capacity around health transition.

ESMs	Status
ESM TR.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.	Active
ESM TR.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.	Active
ESM TR.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.	Active
ESM TR.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.	Active

NOMs
NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

State Action Plan Table (North Dakota) - Children with Special Health Care Needs - Entry 2

Priority Need

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.

NPM

NPM - 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

Five-Year Objectives

Increase the percentage of children with or without special health care needs, ages 0 through 17, who have a medical home.

Strategies

Title V staff who oversee the children with special health care needs (CSHCN) domain will partner with Title V staff who oversee the child health domain to explore opportunities to improve/enhance medical home infrastructure for all children.

ESMs	Status

No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.

NOMs

This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.

MCH Population Domain: Children with Special Health Care Needs

National Performance Priority Area: Transition from Pediatric to Adult Health– 2023 Annual Report Narrative (October 1, 2022 – September 30, 2023):

Transition is defined as the movement, passage, or change from one position or state to another. This occurs for all children but may be more difficult for children and youth that have special health care needs. This is of importance as youth and young adults begin to transition from a pediatric health system to an adult health care provider. Often this requires leaving a pediatric provider that has cared for the child and family with a strategic and hands-on approach for managing their medical needs and a substantial amount of care coordination. As the child ages, it becomes very important for the family and child to start planning for this change early so that their needs can be met prior to the youth turning 18 years of age, when many leave homes for college, work, or other out-of-home living situations. The preparation time required for the transition process is unique to the child and their needs. In many situations, a portion of the planning occurs in the clinic to promote a seamless transition into adult health care. Transition readiness is important for all youth and young adults to receive.

Data from the 2022 National Survey of Children's Health (NSCH) indicates that 21.1% of children through age 17 are children with a special health care need in North Dakota. It should be noted that data from the 2022 NSCH was derived from very small sample sizes and should be interpreted with caution. In addition, this data is not comparable to previous 2020-2021 data. The 2022 NSCH indicates that 23.8% of North Dakota children without special health care needs received services necessary for transition to adult health care, which is above the national average at 16.6%. While transition services that aid in the transition from pediatric to adult health care are essential for all children, children with special health care needs (CSHCN) undergo extra stress and are particularly vulnerable, especially during this transition period. It is imperative that these families receive the extra support needed. Unfortunately, the number of CSHCN ages 12 through 17, that received services necessary for transition to adult health care in North Dakota was 21.9%; this is trending slightly below the 2022 national average at 23.0%. However, 14.1% of CSHCN in North Dakota, ages 0 through 17, who received care in a well-functioning system, versus the national average at 12.8%.

Lastly, medical homes have been shown to be effective in ensuring children are receiving all necessary services. According to the 2022 NSCH, 47.2% of children in North Dakota, ages 12 through 17, reported to have a medical home. This is higher than the national average at 39.5%.

Transition-driven strategies can be categorized by various focus areas (e.g., systems building, families, health care providers, education, etc.); therefore, several Evidence-Based or Informed Strategy Measures (ESMs) were selected specifically to examine the transition impact within each category. First, a systems-focused ESM was implemented to evaluate the percentage of transition aged youth receiving transition assessments at contracted multidisciplinary clinics. Contracts with various health care organizations were initiated to support a variety of pediatric multidisciplinary clinics across the state, including but not limited to, asthma clinics, metabolic clinics, and autism clinics. Grantees were expected to provide transition assessments as necessary to all transition-aged clients that were being served in a multidisciplinary clinic. In addition, grantees included transition data in their required reports that included the number of adolescents that received an assessment and details on the education that was provided to the child and family. The goal of this data collection was to better gauge the level of transition activities occurring amongst patients and families. In State Fiscal Year (SFY) 2023, multidisciplinary clinics reported 73.2% of transition-aged attendees received a transition assessment in addition to transition-focused education; this was a

slight increase from SFY 2022 at 70.1%. Additionally, the multidisciplinary clinics offered services to all individuals at no cost, regardless of residence, insurance coverage, income, and socioeconomic status. Several clinics also offered travel reimbursement for families traveling long distances to ensure their child could attend the clinic. This helped mitigate potential barriers for disparate populations that may have difficulty accessing care. Non-English-speaking individuals were offered interpretive services to assure understanding of the child's condition and plan of care. Lastly, Title V staff partnered and collaborated on an adolescent health project to increase the number of adolescents that receive a well child check. A pediatrician and team of other health care professionals traveled to the Standing Rock Reservation to provide well child checks to their students; transition readiness assessments were given to all 86 transition-aged students.

Next, health care professionals and providers play a critical role in initiating the conversation regarding transitioning from pediatric to adult health care. Thus, additional efforts geared towards improving the level of education and training to health care providers/professionals on strategies to better facilitate these discussions with youth and their families were implemented. A second ESM was incorporated to measure the number of health care providers/professionals who have received transition education and/or training specific to CSHCN. In year-three of the grant, five educational opportunities were provided to health care professionals regarding health care transition. Special Health Services (SHS) staff directly lead four of these educational opportunities which educated a total of 120 professionals. These opportunities included presentations at the Bi-Annual Transition Conference, Bi-Annual Autism Conference, and a presentation on a Project ECHO series. Education to health care professionals was also provided by Family Voices of North Dakota who offered various educational trainings regarding transition to a total of 1,370 professionals. Finally, Title V staff also initiated conversations with staff from the National Alliance/GotTransition and the North Dakota Board of Nursing to discuss the potential of offering providers in North Dakota a virtual webinar series on health care transition. These conversations will continue into the next year of the grant.

Likewise, it is also realized that youth spend an exponential amount of time at school. Educational professionals and school nurses play a role in better preparing students for addressing health transition-related challenges and help students be better prepared. A third ESM was initiated to measure the number of educational and training efforts that SHS provided to school professionals to expand knowledge and skills around successful health transitions. First, student Transition Toolkits were created and disseminated (mailed) by Title V staff to all 30 Special Education Units in North Dakota. Two additional toolkits were provided to other school professionals upon request. These toolkits included information from GotTransition such as Student Readiness Assessments, transition timelines and resources, strategies on how to incorporate transition-focused IEP goals, student skills checklist, and an opening letter stating how to utilize these toolkits. Additionally, information and resources were also shared to the school nurse listserv as necessary.

Finally, family engagement and the expansion of family-professional partnerships is imperative in implementing successful health transitions. Support and assistance to family support organizations to train or assist families in expanding knowledge and leadership capacity around health transition was provided. To measure the impact this had on North Dakota families, a fourth ESM was developed to measure the percentage of families served by family support contracts who received education and/or training on health care transition. Funding and support provided to Family Voices of North Dakota allowed their staff to provide education to families across the state through various opportunities including one-on-one support, Leadership Institutes, Caregiver Cafes and Youth Transition Cafes. The Youth Transition Cafes are hosted by Family Voices staff for families and their youth that review self-advocacy, transition preparation, and provider transfer. Topics discussed at these trainings include Readiness Assessments, transition timelines, decision-making, health insurance, budgeting, IEPs/504s, guardianship, etc. Out of all 11,315 families that received services, training, or education by Family Voices, 979 (8.7%) received health care transition-

specific education. While this may seem like a low percentage, it is recognized that Family Voices provides an extraordinary amount of education to families who do not have transition-aged children. In addition, Title V and other family support organization staff participated on the planning committee for the annual Power-Up for Health conference geared towards providing education to individuals with physical and intellectual disabilities and their families. Additionally, provided resources and technical assistance necessary to implement evidence-based or evidence-informed practices to advance health care transition in North Dakota. This was achieved through collaboration with both new and previously existing partnerships that worked to enhance the CSHCN system of care.

Staff from SHS remained actively engaged in various workgroups to bolster collaboration including the North Dakota Department of Public Instruction (NDDPI)'s Transition Community of Practice, which includes a diverse group of stakeholders (e.g., representatives from special education, independent living centers, vocational rehabilitation, family organizations). This committee has provided opportunities for partnership with school personnel, vocational rehabilitation, developmental disabilities program managers, State Council on Developmental Disabilities, and many others who are working with transition-aged youth. The Transition Community of Practice hosted a transition-focused two-day conference which SHS staff participated on the planning committee and presented on the topic of transition from pediatric to adult health care.

In an effort to expand partnerships even further, SHS staff continued to participate on the North Dakota Interagency Task Force on Transition. Key members of this committee included staff from the North Dakota Federation of Families for Children's Mental Health, North Dakota Independent Living Centers, Job Service North Dakota, Vocational Rehabilitation, and the North Dakota Department of Health and Human Services (NDDHHS). Updates were shared from each agency regarding opportunities to collaborate or provide education to stakeholders. Engaging youth with transition-related activities remained a key priority for Title V staff. Therefore, SHS continued partnering with the NDDHHS Community Engagement office who leads the Youth Advisory Board (YAB). SHS staff attended and participated in YAB meetings to seek input and feedback as needed to drive adolescent work efforts and partnerships across North Dakota. Lastly, a new partnership was fostered with the North Dakota Emergency Medical Systems for Children (EMSC) Coordinator. SHS staff worked with the EMSC Coordinator to purchase 250 Carter Sensory Kits for local EMS and law enforcement personnel. Carter Sensory Kits contain clinically proven items known to comfort and appropriately focus children who are on the autism spectrum, as well as many other children who occasionally find themselves overwhelmed or otherwise impacted by traumatic events. The EMSC Coordinator disseminated the kits to local law enforcement and EMS staff and provided education to staff on how to properly utilize the items in the kits.

Next, cross-cutting implementation strategies remained at the heart of all SHS activities and led to continuous quality improvement within programs. These strategies included care coordination, collaboration, information/education, and data-informed decisions. SHS staff sought out feedback from Medical Advisory Council (MAC) members at the annual MAC meeting regarding how they would like to see funding utilized for CSHCN and strategies to improve data-driven decisions around existing priority efforts. In addition, a transition workgroup with interdisciplinary key partners and stakeholders that was previously formed to assist with transition-related strategic planning and work activities continued to be utilized.

Technical assistance was provided to existing grantees of SHS multidisciplinary clinic contracts regarding the transition-focused assessment and education that is to be provided to all transition-aged clients. An overview of transition resources that are currently available was provided to grantees to ensure they were aware of the various resources that could assist with education and assessment. To ensure quality care was delivered and transition needs were addressed, SHS staff conducted several site visits to funded multidisciplinary clinics and provided recommendations for quality improvement strategies. Additional site visits will be completed moving forward to

ensure transition-focused work efforts are incorporated into the visit.

Finally, numerous methods for dissemination of information pertaining to transition were implemented. Resource materials relating to transition have a dedicated location on the SHS website for all families and providers to easily access. These materials include resources from GotTransition for both parents and youth, local resources including Launch my Life North Dakota, and educational resources regarding medical home. Along with these materials, SHS has linked the national centers of excellence to the website so that partners utilize evidence-based materials and strategies in their current and future transition projects or contract workplans. Transition materials were also disseminated at various conferences and stakeholder meetings to ensure partners had up-to-date resources. For example, a SHS staff member attended and had a booth at the Standing Rock Community Health Fair where they disseminated information to approximately 300 students and school staff. Likewise, Title V staff also participated and had a booth at the Gateway to Health event, coordinated by the NDDHHS YAB, which is a free even for community members of all ages to access the Gateway to Science exhibits, interactive health booth and exhibits, and an opportunity for parents, guardians, grandparents, etc., to participate in discussion rooms on topics relevant to their youth's overall health. Participants were also given tools to aid in the discussion of these topics with their youth. Transition-related materials were disseminated at the booth.

In conclusion, transition efforts will continue as a priority as SHS recognizes the importance of enhancing and expanding transition services and education to youth, young adults, and their families across the state. Moreover, SHS will continue their work efforts to provide transition-related education to health care providers and school professionals to meet the needs of transition-aged children and continue to grow and strengthen partnerships with the goal of improving the CSHCN system of care.

MCH Population Domain: Children with Special Health Care Needs

National Performance Priority Area: Transition from Pediatric to Adult Health–2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

Transition preparation and readiness is essential for all youth and young adults to receive. Transition is defined as the movement, passage, or change from one position or state to another. Health transitions occur for all children; however, the shift in care may be more difficult for children and youth that have special health care needs. This is critical to consider as youth and young adults begin to transition from a pediatric to an adult health system of care. Often this requires leaving a pediatric provider that has cared for the child and family with a strategic and hands-on approach for managing their medical needs with a substantial amount of care coordination, and entering an adult system of care, which can be a challenge for youth and young adults. As the child ages, it becomes important for the family and child to start planning and preparing for this change in advance so their needs can be adequately met prior to the youth turning 18 years of age, when many leave home for college, work, or other out-of-home living situations. The preparation time required for the transition process is unique to the child and their needs, making it important to start this journey early to ensure their needs are met. In many situations, it takes an entire team to plan and promote a seamless transition into adult health care, including the pediatric provider, adult provider, family, and the young adult.

Data from the 2022 National Survey of Children's Health (NSCH) indicates that 20.8% of children through age 0 through 17 have a special health care need in North Dakota. Additionally, the 2021-2022 NSCH states that 25% of adolescents in North Dakota, ages 12 through 17, with a special health care need received services necessary to make the transition to adult health care, as compared to 22.1% in the United States (U.S.). While North Dakota is trending above the national average, unfortunately, this is a slight decline compared to the 2020-2021 NSCH data where North Dakota was at 27.7%.

According to the National Outcome Measure: Percent of Children with a Special Health Care Need (CSHCN), ages 0 through 17, Who is Receiving Care in a Well-Functioning System, North Dakota increased from 12.7%, in 2019-2020 to 13.4% in 2020-2021. However, according to the 2021-2022 NSCH, North Dakota has since declined to 12.3%. In addition, North Dakota trends below the national average, where 13.2% of CSHCN are receiving care in a well-functioning system.

Furthermore, adequate, and continuous insurance appears to play a contributing role whether youth received services necessary related to transitioning appropriately to adult health care. The 2021-2022 NSCH revealed that in North Dakota, of the adolescents with special health care needs, ages 12 through 17, who received necessary services to make transitions to adult health care, 30.8% had adequate and continuous health insurance the last year, which is up from 2020-2021 when 29.8% had inadequate or a gap in insurance coverage the last year.

Lastly, an important component of health care that is essential for CSHCN is obtaining a medical home. North Dakota is performing above the national average (40.7%) of the percent of children with special health care needs, ages 0 through 17, who have a medical home at 41.2% in 2021-2022. This is up from 2020-2021 where North Dakota was at 37.5%. Therefore, it is essential to continue to promote not only health transition services, but medical home as well. In addition, elements of the Medical Home Model include providing families with care coordination, a seamless referral process, and family-centered care. The 2021-2022 NSCH indicated that of the CSHCN in North Dakota through the age of 17, only 55.1% received needed care coordination, which is just below the national

average of 55.6%. Lastly, data shows that 68.1% of these children had no difficulty getting referrals versus the national average of 70.3%. Lastly, 78.1% of CSHCN have family-centered care, which is below the national average of 82.2%.

Because strategies have been categorized by various focus areas (e.g., systems building, families, medical providers, educational professionals, etc.), the different Evidence-Based or Informed Strategy Measures (ESMs) have been selected specifically to monitor transition impact within these categories. First, the systems-focused ESM will be implemented to evaluate the percentage of transition-aged youth receiving transition readiness assessments and education at contracted pediatric multidisciplinary clinics. The goal of this ESM is to better gauge the level of transition activities occurring with patients and families within the clinic setting. In State Fiscal Year (SFY) 2023, contracted multidisciplinary clinics reported that 73.2% of transition-aged attendees received a transition assessment. This is up slightly from SFY 2022, where multidisciplinary clinics reported that 70.1% of transition-aged attendees received an assessment. While this percentage has improved, work efforts will continue to encourage contract grantees to incorporate transition readiness assessments and education for all transition-aged youth. Grantees will continue to report what education is being provided to clients through their required report submissions. Although all youth benefit from transition activities, CSHCN generally require a higher level of preparation when transitioning to adult health care. The multidisciplinary clinics offer services to all clients at no cost, regardless of residence, insurance coverage, income, and socioeconomic status. Non-English-speaking individuals will continue to be offered interpretive services to ensure an understanding of the child's condition and plan of care.

Next, health care professionals/providers play a critical role in initiating the conversation regarding transitioning from pediatric to adult health care. Additional efforts will be implemented and geared towards improving the level of education and training to health care providers/professionals on strategies to better facilitate these discussions with youth and their families. It is also realized that youth spend an exponential amount of time at school. Educational professionals, including school nurses, also play a key role in better preparing students for addressing health transition-related challenges and help students become better prepared for adulthood. Therefore, it is critical to continue to connect and foster professional relationships with school professionals and provide them with resources and other materials to aid in a successful student transition.

Due to the importance of providing evidence-based health care transition tools to health care and school professionals, a dedicated webpage on health care transition will be created on the Special Health Services (SHS) website. This webpage will serve as a one-stop-shop for health care transition resources and will have a separate section for each of these target populations including health care professionals, school professionals, youth and young adults, and parents/guardians. In the past, SHS staff have created hard-copy health care transition toolkits for school nurses and pediatricians across the state, which included materials such as transition timelines for pediatricians, and for school health providers there was a helpful document on how incorporate transition goals into student IEPs. Positive feedback was received from these toolkits and staff are hopeful more providers and professionals will utilize these toolkits if they are available electronically. A second ESM will be incorporated to measure the percentage of individuals who deemed the health care transition website valuable. The webpage will include a mechanism to capture end-user feedback to ensure the webpage is found useful. This is expected to have an overall impact on the receipt of care in a well-functioning system.

Finally, family engagement and the expansion of family-professional partnerships is imperative in implementing successful health transitions. Information and educational opportunities on transition will be disseminated and/or provided through family support organizations. To measure the impact this has on North Dakota families, a third ESM will be implemented indicating the percentage of families that are served by family support contracts who receive

education and/or training on health care transition. In Federal Fiscal Year (FFY) 2023, 11,315 families were served by family support contracts and were provided various educational opportunities. Of those families, approximately 9% (979) received education and/or training specifically related to adolescent health care transition. The number of families served is a duplicated count.

Title V will provide resources and technical assistance necessary to implement evidence-based or evidence-informed and/or promising practices to advance health care transition in North Dakota through September 30, 2025. SHS will collaborate with partners to develop or further enhance the infrastructure and capacity required for successful transitions from pediatric to adult health care for all children, including CSHCN. As previously mentioned, contracted clinic requirements will continue to require quality improvement methods regarding transition assessment processes. Grantees receiving funding to provide multidisciplinary clinics will continue to be expected to utilize the Got Transition “Transition Readiness Assessment Survey” for youth and parents/caregivers to assure that those attending the clinics are being assessed for transition readiness as they move into adulthood. In addition to the number of transition assessments that are being conducted on adolescents, contract grantees will also be required to report a highlight of the transition-focused education that was provided during the assessment. These clinics will be made available to all families at no out-of-pocket cost. Some clinics could potentially also offer travel reimbursement for families traveling long distances to receive services. This will help to ensure that barriers are eliminated for disparate populations that may have difficulty accessing care. At the state-coordinated cleft lip and palate clinics, staff will continue to provide written feedback in the child/youth’s medical report to provide guidance to the youth and family in areas of transition that may need to be strengthened over the next year. Appropriate transition information and resources will be made available and provided to transition-aged youth. The compiled recommendations received from the multidisciplinary cleft lip and palate clinic team will be compiled, summarized, and disseminated to the families and providers so that appropriate transition planning can occur. In addition, occasional site visits to contracted clinics will continue to ensure quality services are being delivered, and programmatic contract requirements are being fulfilled.

Engaging family and community partners is essential when working towards improving the system of care for CSHCN. First, it is recognized that family-led support organizations play a key role in providing information to families and partners regarding important topics such as health care transition. SHS has a strong partnership with several family-led organizations that provide leadership, support, and advocacy for families. Four prominent organizations include Family Voices of North Dakota (FVND), Pathfinder Services of North Dakota, Federation of Families, and Designer Genes. Other organizations in the state also actively provide support to target populations such as families in the early intervention system and individuals with down syndrome, autism, or hearing loss. SHS will continue to provide funding to family support organizations that will train or assist families in expanding knowledge and leadership capacity around health transition. Previous funding was provided to FVND to develop a Transition Curriculum that can be used to train families and young adults on transition-related topics such as informed decision-making, budgeting, insurance coverage, guardianship, and self-advocacy. SHS plans to continue to promote this training, as Family Voices staff offers to travel to and provide the training free of charge. In addition, SHS plans to ensure continued engagement and representation of families and family support organizations on various workgroups and advisory boards, including the SHS Family Advisory Council (FAC) and the SHS Medical Advisory Council (MAC).

Next, community partnerships and collaboration are a significant component of the SHS mission. Staff members will continue to work with other state agencies, committees, community stakeholders, and workgroups advocating for successful pediatric-to-adult health transitions. A transition workgroup was developed by SHS staff, which will continue to be utilized to promote engagement and gather valuable feedback and input regarding future health transition strategies and other CSHCN system of care work efforts. In addition, a staff member from SHS will

volunteer to participate on the planning committee for the annual Power-Up for Health conference, which is geared toward individuals with disabilities. Likewise, SHS staff will also participate on the planning committee for the Secondary Transition Interagency Conference to ensure the health of CSHCN is highlighted. Lastly, new partnerships and collaboration will continue to be explored and established through participation on various interdisciplinary and stakeholder groups.

The core goals of health care transition are to improve the ability of youth and young adults to manage their own health care and effectively use health services and to ensure an organized clinical process in pediatric and adult practices to facilitate transition preparation, transfer of care, and integration into adult-centered care. SHS acknowledges the importance of health care transition and will strive to expand the education, knowledge, and resources offered in North Dakota to improve upon the transition process and CSHCN care delivery system.

As mentioned above, partnerships and collaboration are expected to continue, and new key partners will be fostered. Current critical partnerships/initiatives include:

- North Dakota Transition Community of Practice – This committee will provide opportunities for collaboration with school personnel, vocational rehabilitation, developmental disabilities program managers, State Council on Developmental Disabilities, and many others who are working with transition-aged youth.

- The Interagency Task Force on Transition was developed to work on specific Region 7 (Bismarck and surrounding areas) projects and deliverables resulting from the North Dakota Transition Community of Practice committee.

- North Dakota School Nurse Organization – School nurses across the state provide valuable insight and feedback on health care transition work efforts.

- Family Organizations – Family engagement and partnerships are a priority in implementing successful health transitions. Information and educational opportunities on transition will be disseminated and/or provided through family support organizations.

- Health Care Providers – Several health care providers actively participate in the transition workgroup to provide valuable insight and feedback on transition-related activities.

- Got Transition staff – SHS staff will continue to collaborate with Got Transition staff to provide education on health transition to health care providers across the state.

- North Dakota Chapter of the American Academy of Pediatrics (AAP) – SHS staff will collaborate with the AAP to aid in improving health care transition in North Dakota.

While Medical Home was not an NPM that North Dakota selected for the 2020-2025 grant cycle, elements of the medical home model were intertwined into the work being done around CSHCN. Since the Medical Home NPM will be a universal measure for the upcoming 2025-2030 grant cycle, North Dakota plans to house this measure within the CSHCN domain, while ensuring that this measure includes all children by partnering with the Title V staff leading the Child Health domain and the Adolescent Health domain to implement medical home initiatives. To appropriately address the percentage of children with and without special health care needs, ages 0-17, who have a medical home, North Dakota first plans to collect further data on this measure through a comprehensive Needs Assessment. It is critical to gather and assess medical home-focused data to identify where the gaps are (e.g., policy, procedures,

lack of education, funding, etc.) in order to establish proper strategies that can be put into place to mitigate these gaps and challenges. SHS currently has a contract with a large health care facility that has a Medical Home program that helps to provide additional care coordination to children with complex medical needs. Therefore, it is anticipated that Title V staff will discuss future medical home strategies and ideas with that team. In addition, other potential strategies include funding health care facilities to become Patient-Centered Medical Home certified, support practices with technical assistance to develop and implement medical home/family engagement policies, providing outreach to providers and families about the availability and benefits of a medical home, etc. North Dakota is eager to dig into the Needs Assessment data to determine the next steps for this universal measure.

The upcoming North Dakota priorities and activities align with the *CYSHCN Blueprint for Change* as they address health equity, family and child well-being and quality of life, access to services, and financing of services.

First, health equity will be highlighted in various programs and services to promote diversity, equity, and inclusion for CSHCN. Translation services will continue to be available to all children participating in a SHS service or program to mitigate language barriers. Furthermore, travel assistance for families traveling long distances to certain multidisciplinary clinics will be provided through a contract with a health care organization. Various multidisciplinary clinics, including clinics for asthma, autism, metabolic disorders, cleft lip and palate, and neurodevelopmental concerns, will be offered to children free of charge. Based on previous surveys from families attending these clinics, the multidisciplinary format is beneficial as it reduces the number of individual appointments a child needs to attend and improves care coordination and communication among the team and family. In addition, to better engage families and verify that the work being done around CSHCN is valuable, family participation on the FAC is expected to continue. The application for interested families that want to join the Council is available online on the SHS website to ensure all families have this opportunity.

Next, family and child well-being and quality of life activities will be addressed through various strategies. First, as mentioned above, SHS coordinates the FAC, where families of CSHCN are equal partners and aid in decision-making and strategic planning for Title V work efforts. Next, strong partnerships with family support organizations will continue. SHS supports and helps to promote various FVND events including the Leadership Institute for families, Transition Cafes, Extended Learning calls, and their Family-to-Family support system. Next, SHS staff will continue to participate on various advocacy boards and volunteer to help plan various conferences including the Power Up for Health conference. Lastly, as previously mentioned, Title V will be incorporating and promoting the medical home model, which will include funding for the Medical Home Program at Sanford Health in Fargo, ND.

Ensuring CSHCN and their families have access to services is essential for optimal health and wellbeing. North Dakota state priorities and activities align with this element of the *CYSHCN Blueprint for Change* as care coordination plays a significant role in the work being done in Title V. Staff foster strong working relationships with numerous state and local programs to ensure access to services is not a barrier for families with CSHCN. Referral systems are in place to verify children are accessing all programs and services they qualify for. Common referrals for CSHCN include Early Intervention, Right Track, North Dakota Medicaid (NDMA), FVND, North Dakota Association for the Disabled, and the Newborn Screening Long-Term Follow-Up program. Furthermore, Title V will continue funding multidisciplinary clinics across the state to fill gaps in care and ensure CSHCN are being closely monitored and receiving all necessary treatments.

Lastly, financing of services will be incorporated into North Dakota's strategies. SHS has a Financial Coverage program for CSHCN that acts as a payer of last resort for eligible children across the state to help pay for medical expenses. This program will continue to be offered and routinely evaluated for effectiveness. Furthermore, the SHS

Medical Director, a local pediatrician, will continue to actively participate on the North Dakota Medical Advisory Council to discuss potential changes to NDMA based on current needs of CSHCN. As previously stated, care coordination by Title V staff will also continue, including for dual-eligible children to ensure they have adequate insurance coverage. Lastly, providing resources and making referrals to families regarding insurance coverage will continue such as through the *SHS Health Care Coverage Options Resource Booklet* that is available on the SHS website, and referrals to Early Intervention and NDMA.

In summary, North Dakota plans to continue advancing the system of care for CSHCN and their families. A key component to this goal is to enhance the transition from pediatric to adult health care process. It will be essential to promote and initiate collaboration among stakeholders including health care providers, school professionals, state professionals, and youth and their families. North Dakota strives to ensure all residents have what they need for their child, so they can enjoy a full life, thrive in their community, and grow to become a healthy adult.

Cross-Cutting/Systems Building

State Performance Measures

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.

Measure Status:	Active			
State Provided Data				
	2020	**2021**	**2022**	**2023**
Annual Objective			70	72
Annual Indicator	50	63	68	
Numerator				
Denominator				
Data Source	The North Dakota Department of Health (NDDOH) and	The North Dakota Department of Health (NDDOH) and	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	76.0	80.0

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.

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective	Yes	Yes	Yes	Yes	Yes
Annual Indicator	Yes	Yes	Yes	Yes	
Numerator					
Denominator					
Data Source	ND Century Code, ND Administrative Rules	ND Century Code, ND Administrative Rules	ND Century Code, ND Administrative Rules	The North Dakota Century Code, North Dakota Admini	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Provisional	

Annual Objectives		
	2024	2025
Annual Objective	Yes	Yes

SPM 3 - Maternal and Child Health (MCH) Workforce Development-The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program.

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			45	10	15
Annual Indicator	35	35	4	4	
Numerator					
Denominator					
Data Source	The North Dakota Department of Health.	The North Dakota Department of Health.	The North Dakota Department of Health.	The North Dakota Department	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	20.0	25.0

State Action Plan Table

State Action Plan Table (North Dakota) - Cross-Cutting/Systems Building - Entry 1

Priority Need

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.

SPM

SPM 3 - Maternal and Child Health (MCH) Workforce Development-The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program.

Five-Year Objectives

1. By September 30, 2025, the MCH Navigator on-line assessment will reflect an increase in North Dakota's maternal and child health staff's mean knowledge and skill scores by competency as compared to December 2019.

Strategies

1a. Develop a Maternal and Child Health Workforce Development Plan to improve workforce culture and competencies by contracting with the North Dakota State University, Department of Public Health, to implement a Maternal and Child Health Certificate Program.

1b. Deliver trainings specific to address identified knowledge gaps.

State Action Plan Table (North Dakota) - Cross-Cutting/Systems Building - Entry 2

Priority Need

To reduce annual motor vehicle crash fatalities to fewer than 75 by 2025.

SPM

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.

Five-Year Objectives

1. By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100 (5 year average).

Strategies

1a. Incorporate the E's to Injury Prevention Model into the development of strategies for the activities in this action plan. The E's include; Enforcement, Education, Engineering and Emergency Medical Services.

State Action Plan Table (North Dakota) - Cross-Cutting/Systems Building - Entry 3

Priority Need

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.

SPM

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.

Five-Year Objectives

1. Implement all North Dakota State Mandates for the Maternal Child Health Population.

Strategies

1a. Implement North Dakota State Mandates as cited in North Dakota Century Code (N.D.C.C).

MCH Population Domain: Cross-Cutting/Systems Building

State Performance Priority Area: Vision Zero– 2023 Annual Report Narrative (October 1, 2022 – September 30, 2023):

Motor vehicle crashes are a public health concern throughout the United States and in North Dakota and are one of the leading causes of childhood death in North Dakota. Motor vehicle crashes are preventable, and when proven strategies are implemented, they can decrease fatalities and severe injuries.

According to the North Dakota Department of Transportation (NDDOT), 3.5 per 100,000 of North Dakota children less than 18 years of age died and 268 per 100,000 were injured due to vehicle crashes within the years of 2018-2022. Of those injured, the injury severities were categorized by law enforcement crash reports as:

- Suspected serious injury at 17 per 100,000 population.
- Suspected minor injury at 126 per 100,000 population.
- Possible injury at 125 per 100,000 population

Breaking down the death and injury data by age group for the years 2018-2022, the data shows:

- Children ages 0-13 had a death rate of 1.5 per 100,000 and injury rate of 113 per 100,000.
- Adolescents ages 14-17 had a death rate of 2 per 100,000 and injury rate of 155 per 100,000.

The NDDOT, North Dakota Department of Health and Human Services (NDDHHS) and North Dakota Highway Patrol (NDHP) have implemented Vision Zero as the state's primary traffic safety initiative: https://visionzero.nd.gov . The comprehensive, multi-agency efforts have continued to work toward zero motor vehicle fatalities and serious injuries on North Dakota roads. The Child Passenger Safety (CPS) program has been involved in this initiative and is included in the Vision Zero strategic plan.

The CPS program is responsible for coordinating statewide passenger safety programs to reduce injury and death to children due to motor vehicle crashes. A large component of this program has included offering the *National Child Passenger Safety Technician Certification* training to train and certify professionals in CPS, which is valid for two years. Certified professionals are needed to adequately perform quality child passenger safety outreach, offer child passenger safety best practice presentations to local professionals and caregivers, and offer car seat checkups to all populations within the state. In 2023, the CPS program supported and offered six certification programs certifying 56 professionals. Currently, North Dakota has 265 certified Child Passenger Safety Technicians, 15 CPS instructors and 18 CPS Proxies.
One of the activity goals during this time was to certify at least 10 more law enforcement personnel. Fortunately, this goal was achieved as the program was able to certify more than 10 law enforcement this last year.

In order to maintain CPS certification, Child Passenger Safety Technicians need to be observed by a qualified child passenger safety instructor or a proxy (a proxy can recertify Child Passenger Safety Technicians, but they do not teach the certification curriculum) during a car seat checkup (which is one-on-one assistance with caregivers). Due to the rural nature of the state, it has been a challenge for Child Passenger Safety Technicians to access the limited amount of CPS instructors and proxies for recertification. One of the goals for this program has been to help the state retain Child Passenger Safety Technicians by increasing the number of CPS proxies/instructors in the state. During this time, the number of proxies and instructors available in the state increased from 14 to 15 proxies and 16

to 18 instructors.

To assist Child Passenger Safety Technician's so they are able to maintain their certification and increase their knowledge with CPS technologies, a state CPS Workshop was offered in August of 2023. Sixty-eight Child Passenger Safety Technicians attended the workshop and received two-year's worth of CPS Continuing Education Units (CEUs). Workshop sessions included the following topics:

- ND CPS Update
- Child Restraint Manufacturers Panel and Hands-On Demonstrations
- Knowing Your Scope: Special Healthcare Needs Within a CPS Technician World
- The Evolution of Consumer Driven Innovation
- Car Seat Checkup Data- National Digital Car Seat Check Form
- Scenarios from the Field: Applying Good, Better Best
- CPS Brain Teasers

In addition to presenters, four car seat manufacturers attended the training and offered car seat exhibits so that Child Passenger Safety Technicians could see new products and discuss car seats with the sales personnel.

Furthermore, during the same week as the CPS Workshop, CPS enrichment courses were offered in Bismarck and were well attended. The following CPS enrichment courses were offered:

- National CPS Bus Safety Training (two were offered, one was for Child Passenger Safety Technicians and the other for school transportation personnel)
- National Special Needs Car Seat Training

In 2022-2023, the program utilized NDDOT funding to support seven people/organizations to conduct car seat checkups, recertify Child Passenger Safety Technicians, enter checkup data and offer CPS outreach to the public within their contracted regions. Because these people/agencies have an instructor and proxy on staff, they were able to create infrastructure to assist with maintaining certifications for all Child Passenger Safety Technicians in their counties. One outreach activity included disseminating CPS best practices/CPS law flyers and other CPS educational materials that are available via the CPS program's online order form: https://www.hhs.nd.gov/child-passenger-safety/materials. In addition to the seven organizations that work regionally throughout North Dakota, CPS educational materials have been offered all year long to organizations that work with caregivers that transport young children.

Next, as part of the five-year action plan, a goal to offer 100 (a five-year average) car seat checkups through the program was set (with 69 being the baseline). The five-year average for 2022-2023 was 70 (up from 69 previously). To promote car seat checkups and fitting stations to the public throughout the state, the program continues to use an online CPS resource with geographic information system (GIS) maps. To view the resource, visit this link: https://www.hhs.nd.gov/child-passenger-safety/assistance/events. The maps are kept current throughout the year and promoted through social media and local stakeholders. Additional GIS maps for car seat distribution programs and hospital car seat classes can be found on the link as well.

To increase the public's attendance at the checkups and visits to the CPS program website, the program worked with KK Bold, Odney Advertising, and the department's communication team to create a social media campaign. The communication team created and posted organic posts to the specific areas of the state offering checkups while the advertising companies posted social media ads to steer the public to the CPS program website. Ads were

created and updated throughout the campaign to increase activity and populations were modified to ensure the target populations were receiving the campaign posts. With the help of the communications program and the ad agencies, we will plan a different campaign next year to ensure better reach.

Lastly, during the NDDHHS sponsored car seat checkups offered this year, 722 seats were checked for safety (692 were checked in the previous year). During the NDDHHS sponsored checkups, approximately 179 Child Passenger Safety Technicians were mentored and provided recertification opportunities through contractors and stakeholders.

Additionally, another program goal is to increase the five-year average of car seats checked at NDDHHS sponsored checkups in the state. The baseline for this goal was 747 (five-year average) and the target goal is 772 (five-year average). Since the year of the pandemic in 2020, there has been an upward trend of seats checked per year through the program, however the five-year average drops as follows:

Year	Actual Seats Checked	5-year average	
2016 - 635			
2017 - 852			
2018 - 901			
2019 - 892			
2020 - 458 (Covid-19 year)		2016-2020	747 (Baseline)
2021 - 555		2017-2021	731
2022 - 692		2018-2022	699
2023 - 722		2019-2023	663

To ensure all caregivers have access to car seats for their children, the CPS program continued coordinating car seat distribution programs in most North Dakota counties. With funds from the NDDOT, car seats were provided to all programs and are made available to low-income populations. Approximately 483 child restraints were distributed during this time period. North Dakota has approximately 30 car seat distribution programs in the state. Here is the North Dakota Distribution Program location map: https://www.hhs.nd.gov/child-passenger-safety/assistance/locations.

To promote National Child Passenger Week in North Dakota, the program used MCH funding to contract with an advertisement agency to purchase TV, social media, and radio time (for two campaigns). The campaign promoted booster seat use and to prevent premature transition from booster seat to seat belt for children.

Instead of creating a new booster seat promotion advertisement, the program requested and was granted permission to use the state of Michigan's existing TV commercial and retag it. Social media, TV, and radio promotions were aired for two weeks during National CPS Week.

Effective CPS outreach is important, as many of the deaths due to motor vehicle crashes are preventable. Always buckling children in age and size-appropriate car seats, booster seats, and seat belts reduces serious injuries and death by up to 80%. Therefore, work efforts to reduce motor vehicle injuries and fatalities will continue.

State Performance Priority Area: Maternal and Child Health (MCH) Workforce Development– 2023 Annual Report Narrative (October 1, 2022 – September 30, 2023):

The North Dakota Department of Health and Human Services (NDDHHS) recognizes that a well-trained maternal and child health (MCH) workforce is the first line of defense to prevent disease, protect health, and keep the MCH population safe. State Title V staff have always had the ability to avail themselves of various professional

development opportunities to build their capacity as part of the MCH workforce. State staff have many strengths, including passion, dedication, and knowledge to ensure families receive high-quality services; strong interpersonal abilities required for partnership building, collaboration, and integration; and the capability to manage multiple priorities. To address specific training needs, state Title V staff have developed career aspirations and professional development goals that identify training opportunities to enhance needed knowledge and skills as part of their annual performance review process.

The MCH Navigator online self-assessment was administered to state Title V staff in December 2019. This self-assessment provided an opportunity for professionals to reflect on competency-based strengths and areas of needed growth to identify learning gaps and reinforce new skills that could improve performance. A North Dakota Workforce Snapshot was provided by MCH Navigator that supplied information regarding North Dakota's MCH workforce composition and learning needs. In line with national data trends, North Dakota MCH staff had cultural competency as the largest gap in knowledge and skills, along with family-professional partnerships. Also consistent with national data trends, policy had the lowest knowledge and skills scores across competencies.

Since May 2021, collaboration has occurred between the state's MCH program and the North Dakota State University (NDSU) Department of Public Health (DPH) to enhance the knowledge and skills of the current MCH workforce, build workforce capacity, and facilitate collaboration across the academic and practice communities. This partnership provided much-needed support to address NDDHHS – and statewide – MCH leadership's key concerns regarding the low percentage of MCH staff with formal public health training, low levels of preparedness to meet local and state MCH needs, limited access to expertise for quality community-based or applied public health research, and the need for MCH innovation among public health professionals in academic and practice environments. In August 2022, NDSU DPH successfully developed and implemented an eight-credit MCH Certification Program. This program was geared to build MCH workforce and innovation capacity. Credits from this MCH Certification Program could also be applied to a Master of Public Health (MPH) degree.

NDDHHS has a tuition reimbursement policy that may pay up to 80 percent of tuition and fees, depending upon budget. The college course must be directly job-related and have a stated public health purpose or benefit. This policy makes it more attainable for staff to consider enrolling in the program and advancing their learning and education. In addition to supporting state MCH staff to enroll in the MCH Certificate Program, the program has been promoted statewide.

Regular meetings with NDSU have continued. Although the college-level courses have been well-received by state-level staff who have taken them, it has also been expressed that college courses may not be the best learning mechanism for everyone. Therefore, NDSU has been exploring additional training opportunities (e.g., webinars, book clubs, etc.) for Title V staff who may have been hesitant about registering for an entire course. In December 2023, a contract with NDSU was renewed and revised to include targeted skill development sessions through an MCH institute. Incentives for completion include digital badges indicating completion. A hybrid or online format is being explored to aid in attendance and participation.

In addition to the above-described professional development, state MCH staff have been encouraged to identify and pursue state and national training or individualized opportunities for their programmatic expertise or areas of interest. By providing high-quality education and training, North Dakota has continued to expand and strengthen a diverse, MCH-informed workforce that understands the unique challenges that North Dakota women, infants, children, children with special health care needs and families face.

State Performance Priority Area: Implement State Mandates– 2023 Annual Report Narrative (October 1,

2022 – September 30, 2023):

Responsibilities of the North Dakota Department of Health and Human Services (NDDHHS) are addressed in North Dakota Century Code (N.D.C.C.), Chapter 23-01 Health Division. The State Health Officer (SHO) of the NDDHHS is responsible for the administration of programs carried out with allotments made to the state by Title V. The NDDHHS functions in compliance with Chapter 28-32, Administrative Agencies Practice Act, N.D.C.C.

Priorities are often influenced by state mandates, which in turn, are generally reflective of expressed need within the state over time. Inclusion of these mandates epitomizes the successful federal-state partnership by honoring a state's unique priorities. Focus areas funded by the federal-state Title V Maternal and Child Health (MCH) Block Grant include: Children with Special Health Care Needs (CSHCN), child/teen passenger safety, injury/violence prevention, newborn screening (NBS), MCH epidemiology, maternal and reproductive health, obesity prevention, nutrition, breastfeeding, school health/nursing and infant and child death services (sudden infant death syndrome). North Dakota has several mandates addressing the health of the MCH population that direct Title V work efforts and require use of significant resources for successful implementation. A complete listing of the mandates can be found in Section V., Supporting Documents, Title V-MCH State Mandates and are discussed below.

Abandoned Infant State Mandate

N.D.C.C 50-25.1-15 allows a parent or a parent's agent (another person acting with the parent's consent) who feels they are unable to take care of their infant, to surrender the infant without facing prosecution for abandonment. To be protected by the Baby Safe Haven Law, the child must be unharmed, under one year of age, and surrendered to an on-duty staff person working for a Baby Safe Haven approved location. An MCH Public Health Specialist at NDDHHS developed and implemented a public awareness campaign that provided information, public service announcements, and educational materials regarding the state's Safe Haven Law to the public, including medical providers, law enforcement, and social service agencies as outlined in N.D.C.C. 50-25. 1-15. During the public awareness campaign, a video was created to educate viewers about the North Dakota Baby Safe Haven Law, and was played on the Living Local Network with a total of 280,800 plays. The campaign also included Google Search and Google Display ads statewide. The campaign was successful as the total number of ads displayed was 190,662 and the total number of google searches was 426. There have been 1,366 professionals from approved Safe Haven locations that took the North Dakota Baby Safe Training that was created with 265 of those within this reporting timeframe. For additional information visit the resource page at https://www.hhs.nd.gov/cfs/safe-haven and the Baby Safe Haven Training at: https://babysafehaven.pcand.org/.

Abortion State Mandates

Alternative to Abortion Program, North Dakota Century Code (N.D.C.C) Chapter 50-06-26. During the 2023 legislative session, funding for the Alternative to Abortion (A2A) Program was increased from $600,000 to $1,000,000 per biennium and expanded services from assisting pregnant women and women who believe they may be pregnant, to also include parents or other relatives caring for children twelve months of age or younger.

The Human Services Division of the NDDHHS had historically administered the A2A Program. To align services more effectively, NDDHHS executive leadership made the decision to move the A2A Program to the Public Health Division. Funded through state funds and the Title V grant, a Maternal Health Specialist position was hired to manage the program.

Abortion Control Act, N.D.C.C. Chapter 14-02.1, Section 14-02.1-02.1, Printed Information – Referral Service. To

meet the requirements of this law, the Public Health Division of the NDDHHS developed the *Information About Pregnancy and Abortion* booklet. This publication consists of objective information on specific topics to include: information and resources on various agencies and services available to assist a pregnant woman through pregnancy; anatomical information along with colored photos of development of the unborn child at two-week gestational increments; information regarding the obligations of the father; and materials that describe various surgical and drug-induced methods of abortion as well as any risk factors associated with those methods. In addition to the required information, content was also added on the harmful efforts of tobacco use during and after pregnancy. The booklet can be found at:
https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Information_About_Pregnancy_And_Abortion.pd

During the 2023 North Dakota legislative session, language was included in the NDDHHS appropriation bill, Senate Bill 2012, that required the development and maintenance of a website that provides information and links to social services, financial assistance, adoption services, pregnancy and parenting information, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. The website was developed and operational by August 1, 2023. Several MCH staff were involved in the content development of the website. The website can be found at: https://www.life.nd.gov/.

Umbilical Cord Blood Mandates

N.D.C.C. Chapter 23-45, Umbilical Cord Blood Disposition, Section 23-45-02. Umbilical cord blood - Information pamphlet – Distribution, requires the NDDHHS to prepare a pamphlet that includes information on medical processes involved in the collection of umbilical cord blood; any risks of cord blood collection for both mother and baby; the current and potential future uses for the collected cord blood; the cost of cord blood donation; and options for ownership and future use of the donated material. The pamphlet must be available on the NDDHHS website and be distributed upon request at no charge. The NDDHHS elected to use and disseminate the pamphlet from the Cord Blood Registry titled *Parent's Guide to Cord Blood Banking*. This pamphlet is free to patients, hospitals and other entities that choose to utilize the information. The Title V grant supports the costs associated with these unfunded, state mandates and the MCH Nurse Consultant has been assigned responsibility for both activities.

Children with Special Health Care Needs Mandates

Several mandates in N.D.C.C. address Title V children with special health care needs (CSHCN)-related responsibilities within the NDDHHS. Chapter 23-01-34 includes program administration for CSHCN, including the provision of services and assistance to CSHCN and their families and the development and operation of clinics for the identification, screening, referral, and treatment of CSHCN. Chapter 23-41 mandates administrative duties of state and county agencies, confidential birth reports for newborns with visible congenital deformities, and services for individuals with Russell Silver Syndrome. Chapter 25-17-03 mandates treatment for individuals with phenylketonuria or maple syrup urine disease through the provision of medical food and low-protein modified food products.

N.D.C.C. Chapters 23-01-03.1 and 25-17 mandates the North Dakota Newborn Screening Program (NDNSP). Newborn screening is performed shortly after birth to identify newborns that may have a potentially life-threatening condition that could cause serious illness, disability or death if not identified and treated early. The national Advisory Committee on Heritable Disorders in Newborn and Children (ACHDNC) provides recommendations to state newborn screening programs which disorders should be included on their state panel. The disorders included in the recommendations supported by ACHDNC are known as the Recommended Uniform Screening Panel (RUSP). Currently, North Dakota screens for 32 of the 37 core conditions that are included on the RUSP, with the most recent

condition Spinal Muscular Atrophy added on September 1, 2021. As new conditions are added to the RUSP, the North Dakota Newborn Screening Advisory Committee will review them and determine the feasibility of adding them to the state screening panel. The SHO is the approving authority to add new conditions to the state newborn screening panel. The feasibility of screening is dependent on several factors that may include the program's readiness to:

1. approve the screening
2. conduct laboratory testing
3. conduct short and long-term follow-up
4. provide information technology support
5. access a medical specialist specific to the disorder
6. educate providers and community, and
7. fully implement statewide newborn screening

The screening and follow-up of newborns is performed in collaboration with the University of Iowa State Hygienic Laboratory and the University of Iowa Hospitals and Clinics, as well as Special Health Services (SHS). Intermediate and long-term follow up after NBS has primarily been addressed in SHS by:

- providing follow-up contacts, resource information and care coordination for children with abnormal newborn screening results.
- providing financial support for metabolic disorder clinics that result in coordinated disease management.
- providing no-cost or at-cost medical food and care coordination for newborns and individuals with phenylketonuria (PKU) and maple syrup urine disease (MSUD).
- providing diagnostic and treatment services for children birth to age 21 who meet medical and financial eligibility criteria.

Along with the follow-up calls for babies with abnormal newborn screening results, SHS assists families with referrals for services, care coordination, and support. Information is provided regarding the SHS diagnostic and treatment program as well as other state-wide resources (e.g., WIC, North Dakota Medicaid, Early Intervention) to assist the family in meeting their needs, and to provide them support and direction during a time that can be very stressful and overwhelming. After a diagnosis is confirmed, the baby enters the Long-Term Follow-Up (LTFU) program until the age of six. Within a few weeks after the diagnosis is made, the family is contacted on a quarterly basis for the first year of their baby's life and annually thereafter to ensure the baby is healthy and to see if the family is having any difficulties with things such as insurance coverage, transportation, and medication. Since the inception of the LTFU program for newborn screening in January of 2019, 85 of 102 (83%) children identified with a condition through the screening process have been served. Reasons for not receiving services include: 1) out of state residents, 2) unable to contact after three attempts, 3) the family is not interested in receiving services, and 4) the family moved out of state after the screening was completed.

Financial eligibility for SHS diagnostic and treatment services is legislatively mandated at 185% of the federal poverty level. All current NBS conditions are approved medical conditions for SHS coverage. Title V supports staff to manage the NBS program including a Program Director, LTFU Coordinator, and an Administrative Assistant. In addition, Title V funds support contracts for a Medical Director and metabolic disorder clinic. State funds have also been provided to the program to support medical consultation and genetic counseling services.

Federally, the MCH Block Grant enables the state to address the following on behalf of children with special health care needs and their families: 1) to provide and promote family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs and to facilitate the development of

community-based systems of services for such children and their families, and 2) to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX. Specifics regarding the SHS role in providing rehabilitation services is described below.

North Dakota is a 209(b) state, which means Supplemental Security Income (SSI) beneficiaries under 16 years of age are not automatically eligible for North Dakota Medicaid. If assets are an issue affecting North Dakota Medicaid eligibility, children eligible for SSI can be covered under the children and family coverage groups where asset testing is not required. The state CSHCN program pays for or provides rehabilitative services for eligible children that are served by Title V to the extent services are not provided by North Dakota Medicaid. State CSHCN program staff conduct outreach, information and referral activities targeted to the SSI population. On a monthly basis, Disability Determination Services provides referrals electronically to the state CSHCN program. In response, state CSHCN staff provide a direct mailing to families notifying them about potential programs that could be of assistance. In 2023, state CSHCN staff provided outreach to 181 families that applied for SSI. This assures that children are consistently being referred to the Title V program and that families receive information about program benefits and needed services.

The Title V and CSHCN Directors assure compliance for these state mandates and oversee staff assigned to carry out the roles and responsibilities related to the mandates. Title V staff share program accomplishments and challenges at bi-monthly Title V meetings. These meetings serve as an avenue for program updates, sharing and collaboration.

MCH Population Domain: Cross-Cutting/Systems Building

State Performance Priority Area: Vision Zero– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

Motor vehicle crashes continue to be a leading cause of injury and death to North Dakota children. One of the most effective preventable actions one can take to decrease injury and death in a motor vehicle crash is to utilize a correct child restraint. Car seats decrease the risk of a fatal injury by 71% among infants and 54% among toddlers. Booster seats reduce the risk of nonfatal injuries by 45% among four-to-eight-year-old children when compared to the seat belt alone. The North Dakota Department of Health and Human Services (NDDHHS) and the North Dakota Department of Transportation (NDDOT) recognize the impact that motor vehicle crashes have on North Dakota children, and they continue to prioritize efforts to eliminate them from occurring in the future. Both agencies along with the North Dakota Highway Patrol are working together to reach the goal of the Vision Zero plan. Vision Zero is a strategy to eliminate motor vehicle crash fatalities and serious injuries. For more information about Vision Zero, visit https://visionzero.nd.gov/.

According to the NDDOT, during the years of 2019-2023, 3.59 (per 100,000) of North Dakota children less than 18 years of age died (an increase from 3.48), and 254.23 (per 100,000) were injured due to vehicle crashes (a decrease from 259.4). Of those injured, the injury severities were categorized by law enforcement crash reports as:

- suspected serious injury at 17.3 per 100,000 population;
- suspected minor injury at 137.4 per 100,000 population; and
- possible injury at 99.5 per 100,000 population.

Breaking the data down by age group for the years 2019-2023, children 0-13 had a death rate of 1.35 per 100,000 and injury rate of 100 per 100,000 compared to those in an older age group (14-17 years) with a fatality rate of 2.2 per 100,000 and injury rate of 153.2 per 100,000.

For child restraints to be effective during a crash, they must be correctly used according to the manufacturer's instructions. Based on the 2023 fiscal year, NDDHHS car seat checkup data collection through the National Digital Check Form dashboard, 72% of the car seats (1,216 applicable) inspected had at least one form of misuse associated with it.

The strategy for this priority objective will be to incorporate the E's of the Injury Prevention Model into the development of the activities for this action plan. The E's include Enforcement, Education, Engineering and Emergency.

For law enforcement activities, the plan will be to continue communication with law enforcement agencies about child passenger safety (CPS) resources through the online CPS Resource Order Form and CPS Resource Maps. Enforcement of the child passenger safety law is an effective evidence-based activity when it is combined with the E's in the Injury Prevention Model (and is the most effective of all the E's). In addition to enforcing the North Dakota CPS law, it is also important for law personnel to understand CPS best practices. Another goal for this time period will be to certify at least 10 law enforcement personnel through the National CPS Technician Certification Course. This was a recommendation that came from a National Highway Traffic Safety Administration Assessment completed with NDDOT.

As part of education and enforcement, CPS trainings are incorporated into the law enforcement academies offered in North Dakota. This training will be taught in academies in Bismarck, Devils Lake, Grand Forks and Fargo utilizing contracts with local law enforcement that are certified technicians. A new curriculum will be created based off of the National CPS Basics Training for Law Enforcement that will be more personalized to North Dakota.

For law enforcement already working in their field, who will no longer go through the academies to receive the training mentioned above, an online CPS training will be offered to them that offers law enforcement continuing education units (CEUs).

For education activities, the plan is to utilize funding to work with Odney Advertising to create a human-interest story based on a North Dakota family who survived a roll-over crash in North Dakota. The story will focus on how the family survived the crash and how everyone was buckled up as per best practices. The family has four children, and none were seriously injured during the crash. The story will be created in 2024 and shared during both 2024 and 2025 Child Passenger Safety Week observances.

Education to the public through car seat checkups is a proven evidence based educational activity and will be offered to the public statewide. Car seat checkups will be scheduled statewide, and the program plans to continue to build infrastructure to continue checkups throughout North Dakota. Funding from the NDDOT and the Maternal and Child Health (MCH) Block Grant will allow the program to contract with agencies to conduct regional car seat checkups and CPS outreach. Those coordinating the checkups/outreach will offer hands-on education to the public as well as mentorship/recertification activities for local certified child passenger safety technicians. The goal is to increase the number of car seat checkups offered by the NDDHHS for North Dakotans from 69 to 100 (5-year average) and to increase the number of car seats checked statewide from 747 to 772 (5-year average). The program will create additional educational efforts to promote the checkups to increase the attendance at these public events.

The program will work to continue and renew contracts to support CPS coordinators in North Dakota. Special efforts will be given to renew a contract in the southcentral region. The goal during this time period is to increase car seat checkups throughout the state, especially in the west and central regions. To increase attendance at the checkups, the program will continue to promote the use of the NDDHHS CPS website (https://www.hhs.nd.gov/child-passenger-safety/assistance) that allows users to find car seat checkups, car seat classes and car seat distribution programs. This resource will be heavily promoted through social media, stakeholders for the public throughout the year.

The department's CPS program is responsible for coordinating National CPS Technician Certification trainings in North Dakota. Those who become certified by attending this training become certified CPS Technicians. It is important to maintain or increase the number of instructors (able to teach the training) in North Dakota in order to be able to offer the trainings throughout the state. In addition to maintaining instructors, the program will work to increase the number of CPS proxies in the state. Both CPS instructors and proxies are utilized to mentor and recertify existing CPS techs. North Dakota currently has approximately 270 certified CPS Technicians in the state, 14 instructors and 21 proxies.

Currently North Dakota has 50 CPS Technicians working within the 13 birthing hospitals. Of this group of CPS Technicians, 22 have completed the Safe Travel for All Children: CPS Special Needs training (STAC). STAC is a training that teaches CPS Technicians about medical conditions and how to investigate and install specialized restraint systems. It is advantageous for hospital staff to have this training for when a child is born in their hospital with special needs. They can give families hands-on resources and assist them if a seat other than a conventional seat is needed. The program would like to continue to increase the population of STAC-trained CPS Technicians in each hospital and create a quality communication system with the staff. In addition to the above activities, the

program will encourage more hospitals to offer the CPS training “Babies First Ride” to expectant parents in their communities. Currently, six of the thirteen hospitals do not offer CPS instruction such as “Baby’s First Ride” to caregivers.

The program will continue to offer the CPS on School Buses National Training in North Dakota. This training provides an overview of the use of child safety restraint systems on school buses with a focus on preschool-aged children and children with disabilities. The program plans to research ways to integrate this training within the Department of Instruction, specifically with the Special Education program. There will be plans to offer this training again to both CPS Technicians and non-CPS Technicians (two different trainings).

As part of engineering (child restraints), Car Seat Distribution Programs will be maintained and created throughout the state. Evidence-based distribution programs will be made available to low-income families who either do not have access to or cannot afford car seats. Car Seat Distribution Programs are typically coordinated out of public health units. All programs will maintain a certified child passenger safety technician on staff and go through an orientation program to follow the program’s policy and procedure manual. Currently, three of the four tribal communities have an active program. The program will work to increase the number of tribal programs to four and assist them with keeping staff certified. Car seats will be distributed to programs a minimum of two times a year. The NDDOT will provide funding to purchase the seats.

The emergency component of the plan will be to formalize a relationship with NDDHHS Emergency Medical Services for Children (EMSC) staff. The plan is to certify EMSC personnel through the National Child Passenger Safety Technician Certification Course to create a resource person to better address emergency transportation for children during ambulance transport in North Dakota. Once this position is certified, the goal is to create trainings for in-services and conferences so that North Dakota Emergency Medical Services personnel will become more confident in transporting children safely in their emergency vehicles. If for some reason, EMSC is not able to secure this position, other options will be explored to find someone who can.

State Performance Priority Area: Maternal and Child Health (MCH) Workforce Development– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

Building and enhancing public health workforce knowledge and capacity has been a priority for several years. Education and training to equip staff with technical, strategic, and leadership skills are imperative. Promoting a culture of lifelong learning in public health is also necessary. A large sector within the field of public health is Maternal and Child Health (MCH). The MCH Leadership Competencies, Version 4.5 (2023) explains that the essential ability to implement complex thinking requires identifying an issue or problem, framing it into a question, evaluating it from different perspectives, and then solving the problem. MCH public health workers should also know how to identify and propose promising practices and policies that can be used in situations where action is necessary.

Over the last several years, the demands placed on governmental public health workers to evolve from a clinical mindset to systems-based thinking have been constantly evolving. After the recent pandemic, it was even more evident that there is a need for public health staff to be trained and educated appropriately to deliver high-quality programs and address new and emerging health challenges using a population-health-based approach.

Since May 2021, collaboration has occurred between the state’s MCH program and the North Dakota State University (NDSU) Department of Public Health (DPH) to enhance the knowledge and skills of the current MCH workforce, build workforce capacity, and facilitate collaboration across the academic and practice communities. This partnership has been providing much-needed support to address NDDHHS – and statewide – MCH leadership’s

key concerns regarding the low percentage of MCH staff with formal public health training, low levels of preparedness to meet local and state MCH needs, limited access to expertise for quality community-based or applied public health research, and the need for MCH innovation among public health professionals in academic and practice environments. In August 2022, NDSU DPH successfully developed and implemented an eight-credit MCH Certification Program. This program was geared to build MCH workforce and innovation capacity. Credits from this MCH Certification Program could also be applied to a Master of Public Health (MPH) degree. In December 2023, the decision was made to initiate a new contract offering additional learning opportunities for staff to further their learning outside of college-level courses. Examples of such learning would be webinars or in-person training. The MCH curriculum will also continue to be offered, and staff are encouraged to participate if able.

NDDHHS has a tuition reimbursement policy that may pay up to 80 percent of tuition and fees, depending upon budget. The college course must be directly job-related and have a stated public health purpose or benefit. This policy makes it more attainable for staff to consider enrolling in the program and advancing their learning and education. In addition to supporting state MCH staff to enroll in the MCH Certificate Program, the program will continue to be promoted statewide.

In the upcoming year, the Title V leadership team has broadened collaborative efforts around workforce development to other partners at the state and national levels. Conversations have been initiated with the University of North Dakota's Department of Population Health to explore employing or contracting with a graduate-level student with expertise in minority populations to assist with upcoming MCH work efforts. Particular emphasis will be placed on improving access to care for American Indian women.

The Title V Director has also reinitiated conversations with the MCH Navigator team and the MCH Workforce Development team. The MCH Navigator online self-assessment was last administered to state Title V staff in December 2019. This self-assessment provided an opportunity for professionals to reflect on competency-based strengths and areas of needed growth to identify learning gaps and reinforce new skills that could improve performance. A North Dakota Workforce Snapshot was provided by MCH Navigator that supplied information regarding North Dakota's MCH workforce composition and learning needs. Going forward, it is hoped that through national-state level partnerships with the MCH Navigator and MCH Workforce Development Center, the online self-assessment would be completed by state-level MCH annually to ensure any arising educational needs are immediately met through additional training options.

It is the goal of the Title V Director that by 2025, a specific protocol to aid with appropriately training and educating new or existing MCH staff members will be developed and offered to staff to improve their capacity around systems-level thinking and planning of annual activities for the MCH work plans. Additional opportunities to braid MCH training into workforce development initiatives currently being developed in the larger NDDHHS will be explored as workforce continues to be identified as a major priority in the state for not only MCH, but all of public health.

Finally, in addition to the previously mentioned professional development opportunities, state MCH staff will be encouraged to identify and pursue state and national training or individualized opportunities for their programmatic expertise or areas of interest. By providing high-quality education and training, North Dakota will expand and strengthen a diverse, MCH-informed workforce that understands the unique challenges that North Dakota women, infants, children, children with special health care needs and families face.

State Performance Priority Area: Implement State Mandates– 2025 Annual Plan Narrative (October 1, 2024 – September 30, 2025):

Responsibilities of the North Dakota Department of Health and Human Services (NDDHHS) are addressed in North

Dakota Century Code (N.D.C.C.), Chapter 23-01 Health Division. The State Health Officer (SHO) of the NDDHHS is responsible for the administration of programs carried out with allotments made to the state by Title V. The NDDHHS functions in compliance with Chapter 28-32, Administrative Agencies Practice Act, N.D.C.C.

Priorities are often influenced by state mandates, which in turn, are generally reflective of expressed need within the state over time. Inclusion of these mandates epitomizes the successful federal/state partnership by honoring a state's unique priorities. Focus areas funded by the federal-state Title V Maternal and Child Health (MCH) Block Grant include Children with Special Health Care Needs (CSHCN), child/teen passenger safety, injury/violence prevention, newborn screening (NBS), MCH epidemiology, maternal and reproductive health, obesity prevention, nutrition, breastfeeding, school health/nursing and infant and child death services (safe sleep program).

Additional N.D.C.C. mandates distribution of materials relating to umbilical cord blood disposition and donation, and the development and distribution of materials as required in the Abortion Control Act (i.e., information about pregnancy and abortion, pregnancy support, adoption services). These mandates have been assigned to Title V staff.

Abandoned Infant State Mandate

The NDDHHS will continue to implement a public awareness campaign to provide information, public service announcements, and educational materials regarding the state's Safe Haven Law to the public, including medical providers, law enforcement, and social service agencies as outlined in N.D.C.C. 50-25. 1-15. This state law allows a parent or a parent's agent (another person acting with the parent's consent) who feels they are unable to take care of their infant, to surrender the infant without facing prosecution for abandonment. To be protected by the Baby Safe Haven Law, the child must be unharmed, under one year of age, and surrendered to an on-duty staff person working for a Baby Safe Haven approved location. For more specific information on the North Dakota Baby Safe Haven Law please visit the resource page at: https://babysafehaven.pcand.org/.

Abortion State Mandates

To meet the requirements of N.D.C.C. Chapter 14-02.1, Abortion Control Act, Section 14-02.1-02.1, Printed Information – Referral Service, the NDDHHS developed and published an *Information About Pregnancy and Abortion* booklet. This publication consists of objective information on specific topics to include: information and resources on various agencies and services available to assist a pregnant woman through pregnancy (provided through an on-line directory of services); anatomical information along with colored photos of development of the unborn child at two-week gestational increments; information regarding the obligations of the father; and materials that describe various surgical and drug-induced methods of abortion as well as any risk factors associated with those methods. In addition to the required information, content was also added on the harmful efforts of tobacco use during and after pregnancy. The booklet will continue to be updated on as needed basis to ensure that information is accurate, up-to-date, and evidence-based. The booklet, updated in March 2024, is available online at https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/Information_About_Pregnancy_and_Abortion.pd . Hard copy booklets are available upon request. During the 2023 legislative session, a bill was introduced, SB 2185, which was a bill for an act to provide for an appropriation to the Department of Health and Human Services for the development of a pregnancy and parenting resource website. Title V staff launched life.nd.gov on August 1, 2023 that provides information and links to social services, financial assistance, adoption services, pregnancy and parenting information, maternal and childbirth life services, planning guidance, care centers and agencies, and other available public and private resources for expectant families and new parents. Title V staff will continue to maintain and update the website with resources.

Umbilical Cord Blood Mandates

N.D.C.C. Chapter 23-45, Umbilical Cord Blood Disposition, Section 23-45-02. Umbilical cord blood - Information pamphlet – Distribution, requires the NDDHHS to prepare a pamphlet that includes information on medical processes involved in the collection of umbilical cord blood; any risks of cord blood collection for both mother and baby; the current and potential future uses for the collected cord blood; the cost of cord blood donation; and options for ownership and future use of the donated material. The pamphlet must be available on the NDDHHS website and be distributed upon request at no charge. The NDDHHS elected to use and disseminate the pamphlet from the Cord Blood Registry titled Parent's Guide to Cord Blood Banking (https://parentsguidecordblood.org/sites/default/files/uploaded-files/pgcb_brochure_usa.pdf). This pamphlet is free to patients, hospitals, and other entities that choose to utilize the information. The Title V grant supports the costs associated with these unfunded state mandates, and MCH staff members have been assigned responsibility for these activities.

Children with Special Health Care Needs Mandates

Several mandates in N.D.C.C. address Title V CSHCN-related responsibilities within the NDDHHS. Chapter 23-01-34 includes program administration for CSHCN, including the provision of services and assistance to CSHCN and their families and the development and operation of clinics for the identification, screening, referral, and treatment of CSHCN. Chapter 23-41 mandates administrative duties of state and county agencies, confidential birth reports for newborns with visible congenital deformities, and services for individuals with Russell Silver Syndrome. Chapter 25-17-03 mandates treatment for individuals with phenylketonuria or maple syrup urine disease through the provision of medical food and low-protein modified food products.

N.D.C.C. Chapters 23-01-03.1 and 25-17 mandates the North Dakota Newborn Screening and Follow-up program (NDNSFP). Newborn screening is performed shortly after birth to identify newborns that may have a potentially life altering and/or life-threatening disorder that could cause serious illness, disability or death if not identified and treated early. Newborn screening has three parts, blood spot, hearing and heart screening. Blood spot and heart screening are included within this mandated section. Hearing screening is not mandated in North Dakota. The national Advisory Committee on Heritable Disorders in Newborn and Children (ACHDNC) provides recommendations to state newborn screening programs which disorders should be included on their state panel. The disorders included in the recommendations supported by ACHDNC are known as the Recommended Uniform Screening Panel (RUSP). Currently, North Dakota screens for 34 of the 37 core conditions that are included on the RUSP (blood spot, hearing and heart screening are included as core conditions). As new conditions are added to the RUSP, the North Dakota Newborn Screening Advisory Committee will continue to review them to determine if it is feasible to add them to the state screening panel. The feasibility of screening is dependent on several factors that may include the program's readiness to:

1. approve the screening;
2. conduct laboratory screening;
3. conduct short and long-term follow-up;
4. provide information technology support;
5. access a medical specialist specific to the disorder;
6. educate providers and community; and
7. fully implement statewide newborn screening.

The approving authority for the NDNSFP to add a new disorder in North Dakota is the SHO. In the next fiscal year,

the NDNSFP will work with the NBS Advisory Committee to review the three core conditions North Dakota is currently not screening for to address program readiness and feasibility.

The NDNSFP is mandated to provide education and plans to continue providing annual in-person trainings to midwives, birthing facilities, and various clinics throughout North Dakota. The NDNSFP will continue to seek innovative ways to engage partners and the families served via virtual platforms.

The screening and follow-up of newborns is performed in collaboration with the University of Iowa State Hygienic Laboratory and the University of Iowa Hospitals and Clinics, as well as Special Health Services (SHS). Intermediate and long-term follow up after NBS continues to be addressed in SHS by:

- providing follow-up contacts, resource information and care coordination for children with abnormal newborn screening results.
- providing financial support for metabolic disorder clinics that result in coordinated disease management.
- providing no-cost or at-cost medical food and care coordination for newborns and individuals with phenylketonuria (PKU) and maple syrup urine disease (MSUD).
- providing diagnostic and treatment services for children birth to age 21 who meet medical and financial eligibility criteria.

Along with the follow-up calls for babies with abnormal newborn screening results, SHS assists families with referrals for services, care coordination, and support. Information is provided regarding the SHS Diagnostic and Treatment program as well as other state-wide resources (e.g., WIC, North Dakota Medicaid, Early Intervention) to assist the family in meeting their needs, and to provide them support and direction during a time that can be very stressful and overwhelming. After a diagnosis from blood spot screening is confirmed, the baby enters the Long-Term Follow-Up program through age six and the family is contacted on a quarterly basis for the first year of their child's life and annually thereafter. This ongoing communication with the family helps to ensure the child remains healthy and the family has access to all the resources that they find valuable such as insurance, medication, transportation, and community supports. Since it has been four years since the NDNSFP began conducting long-term follow-up, a thorough evaluation of the data and review of the reports will be completed to ensure program objectives are being met as well as the needs of families. On January 1, 2020, reporting for critical congenital heart disease (CCHD) was mandated and the NDNSFP began doing long-term follow-up for patients of a reported CCHD diagnosis in the fall of 2022. Long-term follow-up will continue in the next fiscal year and collaboration will continue with pediatric cardiologists throughout the state to ensure the follow-up meets the needs of the families and the specialists.

The NDNSFP works closely with the North Dakota Early Hearing, Detection, and Intervention (EHDI) program which is based out of the North Dakota Center for Persons with Disabilities (NDCPD) at Minot State University. The NDCPD is the NDDHHS bona fide agent that applies for funding opportunities relating to EHDI. The NDNSFP Director is the state EHDI coordinator and is the liaison between the state and EHDI program. The NDNSFP and EHDI programs provide education and trainings to birthing facilities and various clinics throughout the state. This collaboration benefits both programs, the families that are served and the health care professionals providing the services directly to families. This partnership will continue in the next fiscal year and both programs will seek opportunities to collaborate more closely on educational efforts for those served.
Financial eligibility for the SHS Financial Coverage program is legislatively mandated at 185% of the federal poverty level. Medical eligibility is determined based on a comprehensive list of eligible conditions that is continually being evaluated based on the needs of families in North Dakota. All current NBS conditions are approved medical conditions for SHS coverage. Title V supports staff to manage the NDNSFP including a Program Director, Long-Term Follow-Up Coordinator, and administrative support. In addition, Title V funds support contracts for a Medical

Director and metabolic disorder clinic. A portion of Title V funds and state funds will continue to support medical consultation and genetic counseling services for children with abnormal newborn screening results.

Federally, the Maternal and Child Health Block Grant enables the state to address the following on behalf of children with special health care needs and their families: 1) to provide and promote family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs and to facilitate the development of community-based systems of services for such children and their families, and 2) to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under title XVI, to the extent medical assistance for such services is not provided under title XIX. Specifics regarding the SHS role in providing rehabilitation services is described below.

North Dakota is a 209(b) state, which means Supplemental Security Income (SSI) beneficiaries under 16 years of age are not automatically eligible for North Dakota Medicaid. If assets are an issue affecting North Dakota Medicaid eligibility, children eligible for SSI can be covered under the children and family coverage groups where asset testing is not required. The state CSHCN program pays for or provides rehabilitative services for eligible children that are served by Title V to the extent services are not provided by North Dakota Medicaid. State CSHCN program staff conduct outreach, information and referral activities targeted to the SSI population. On a monthly basis, Disability Determination Services provides referrals electronically to the state CSHCN program. In response, state CSHCN staff provide a direct mailing to families notifying them about potential programs that could be of assistance. This assures that children are consistently being referred to the Title V program and that families receive information about program benefits and needed services.

The Title V and CSHCN Directors assure compliance for these state mandates and oversee staff assigned to carry out the roles and responsibilities related to the mandates. Title V staff share program accomplishments and challenges at bi-monthly Title V meetings. These meetings serve as an avenue for program updates, sharing and collaboration.

III.F. Public Input

Section III.F. Public Input

Public input is an essential and integral part of North Dakota's Title V Maternal and Child Health (MCH) Block Grant application and annual report during its development and after its transmittal.

In the summer of 2018, planning began for the 2020 needs assessment and prioritization process. Recognizing that many other grant programs required needs assessments, the NDDHHS (formerly NDDoH) and Prevent Child Abuse North Dakota (North Dakota's Maternal, Infant and Early Childhood Home Visiting grantee) determined the need to bring partners together to collaborate and streamline needs assessment processes. As a result, the *Work As One: Needs Assessment Integration* initiative was started. Several meetings were held between November 2018 through January 2020 to obtain partner input and feedback. Once the new 2021 – 2025 MCH priorities were selected in February 2020, partners were brought together to provide input on workplan goals, objectives, strategies, and activities. Because this process went well and provided opportunities to braid and layer resources between partners, this process was repeated in 2021, 2022, 2023, and 2024 to further existing strategic initiatives in the workplans and build upon current activities. For the upcoming needs assessment, input will be collected from health care and community partners through a survey.

The Pregnancy Risk Assessment Monitoring System (PRAMS) Survey has been an important component to our state's needs assessment process and has also been used as an avenue for seeking public input in MCH efforts through the development of the PRAMS Steering Committee. The PRAMS Steering Committee was instrumental in developing the North Dakota PRAMS questionnaire and marketing materials. North Dakota's questionnaire has two types of questions, those which must be asked by all participating states, and state-specific questions. In shaping the North Dakota PRAMS specific questions for the questionnaire, the Steering Committee took into consideration 1) the areas where the state had no alternate data sources, 2) emerging issues in the state, and 3) the risk factor areas in which the state has not been showing improvements. This led to the inclusion of questions on topics such as prenatal care access barriers, maternal substance abuse, oral health care barriers, Adverse Childhood Experiences (ACEs), among others. Receiving input and feedback from the PRAMS Steering Committee and other partners are critical to ensure continued success with MCH priorities. In addition, PRAMS for Dads is an additional work effort initiated in June 2023 to ensure fathers are included in education and data collection.

Besides the needs assessment process, public/stakeholder input is gathered on a regular basis throughout the year. The Title V and CSHCN Directors provide updates on the MCH grant and grant application process to various groups (e.g., local public health, Special Health Services Advisory Councils, Early Childhood Education Council, North Dakota State Council on Developmental Disabilities, Interagency Coordinating Council, Family Voices of North Dakota). All these groups have a broad range of representatives from throughout the state who provide input in directing public health efforts.

Furthermore, the Title V Director participates in scheduled quarterly meetings with staff who administer the Pediatric Mental Health Care Access (PMHCA) project. This project is led by the Behavioral Health Unit. The Title V Director is actively engaged in these conversations, which helps to identify opportunities for collaboration and new partnerships. The Behavioral Health Planning Council (BHPC) has been selected as the program's advisory committee. This advisory committee also serves as an avenue for input and feedback.

Next, the Community Engagement Unit has been beneficial as a mechanism for outreach to an even larger number of stakeholders through additional partnership building. Key components of the MCH grant include promoting health

equity and reducing disparities in health through a comprehensive needs assessment process. The formation and growth of three advisory boards – America/Foreign Born/Immigrant Advisory (NFI), LGBTQ2S+, and Youth – have been important avenues for public feedback and input. More information on each of these boards can be found at https://www.hhs.nd.gov/health/engagement/advisory-boards. In addition, four Tribal Health Liaisons within the Community Engagement Unit work to initiate and foster relationships and enhance communication strategies with tribal partners.

Additionally, an MCH Dashboard displaying North Dakota Federally Available Data was developed by Title V staff to paint a better picture of how the state is performing across the MCH population domains. The dashboard includes the link to the workplans and contact information for each population domain lead in case community members and partners wish to be involved in future strategic planning and work effort implementation or would like to provide input and feedback. This dashboard will be uploaded to the NDDHHS website once officially approved.

Finally, a news release is sent out annually to most major media outlets in the state that provides information about the state priority needs that had been identified for the MCH population through the statewide needs assessment and announces that the Title V/MCH application and annual report is available for public comment. The press release is also posted on the NDDHHS social media platforms. Copies of the application and annual report are provided to certain entities every year such as Family Voices of North Dakota and provided to other entities and/or individuals as requested. Historically, questions about the grant and requests received for the application and annual report have been minimal.

All these activities serve to increase stakeholder knowledge of MCH and provide opportunities for public comment prior to, during, and after the application process.

III.G. Technical Assistance

III. G. Technical Assistance

North Dakota's Title V Program has identified the following potential areas of needed technical assistance:

- Assistance with the creation of an overarching strategic plan around MCH population issues that can expand across units within the North Dakota Department of Health and Human Services (NDDHHS).
- Training to support and enhance systems-level skills of Title V staff, with special emphasis on incorporating quality improvement and evidence-based strategies to improve outputs of key work activities.
- Opportunities to grow emerging MCH leaders with special emphasis on the MCH Leadership Competencies (https://mchb.hrsa.gov/programs-impact/focus-areas/building-mch-leaders-mch-workforce/leadership-competencies).
- Training on how to utilize data to formulate strong objectives, strategies, and activities (e.g., data-driven decision-making).

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - Title V Medicaid MOU 7.2020.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - 2023 ND Maternal Health Focus Study Report final.pdf

Supporting Document #02 - MCH Workforce Capacity 6.pdf

Supporting Document #03 - Nutrition and Physical Activity North Dakota CBP 2 Page Summary_Final.pdf

Supporting Document #04 - SHS Program Data Report FFY 23.pdf

Supporting Document #05 - State Mandates for HSC1.2024.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - Combination Org Chart 6.5.24.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: North Dakota

	FY 25 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 1,786,380	
A. Preventive and Primary Care for Children	$ 786,007	(43.9%)
B. Children with Special Health Care Needs	$ 571,642	(32%)
C. Title V Administrative Costs	$ 160,234	(9%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,517,883	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,239,942	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 100,000	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 1,339,942	
A. Your State's FY 1989 Maintenance of Effort Amount $ 1,206,293		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 3,126,322	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 345,000	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 3,471,322	

OTHER FEDERAL FUNDS	FY 25 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program	$ 345,000

	FY 23 Annual Report Budgeted		FY 23 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 1,750,204 (FY 23 Federal Award: $ 1,786,380)		$ 1,786,380	
A. Preventive and Primary Care for Children	$ 612,571	(35%)	$ 596,692	(33.4%)
B. Children with Special Health Care Needs	$ 695,000	(39.7%)	$ 672,071	(37.6%)
C. Title V Administrative Costs	$ 105,012	(6%)	$ 114,102	(6.4%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,412,583		$ 1,382,865	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,257,806		$ 1,394,023	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 55,000		$ 105,023	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0		$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 1,312,806		$ 1,499,046	
A. Your State's FY 1989 Maintenance of Effort Amount $ 1,206,293				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 3,063,010		$ 3,285,426	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 39,204,700		$ 377,750	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 42,267,710		$ 3,663,176	

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 14,422,596	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Oral Disease Prevention Program	$ 522,431	$ 0
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 1,471,034	$ 0
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Prevention and Services Grants to States for Domestic Violence Shelters and Supportive Services	$ 767,737	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 428,761	$ 0
US Department of Agriculture (USDA) > Food and Nutrition Services > The Loving Support Peer Counseling Program (Breastfeeding)	$ 169,182	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Breast and Cervical Cancer Early Detection Program (NBCCEDP)	$ 3,103,317	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Comprehensive Cancer Control Program (NCCCP)	$ 0	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Programs	$ 969,644	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 445,000	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Grants to States to Support Oral Health Workforce	$ 347,516	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 237,106	$ 0

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ELC Enhance Expansion (4506)	$ 592,378	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ELC Covid-19 Enhanced (4501)	$ 92,832	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Immunization Covid-19 Immunization Warp Speed	$ 93,375	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Covid-19 Health Disparities	$ 11,150,939	$ 0
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening Follow-up	$ 110,000	$ 377,750
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Family Planning Telehealth	$ 388,203	$ 0
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Covid ARP Testing	$ 351,533	$ 0
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Covid ARP Sexual Assault	$ 242,904	$ 0
Department of Health and Human Services (DHHS) > Other > Initiative to Document and Sustain Disparity Reducing Interventions	$ 250,000	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > HIV Prevention	$ 30,248	$ 0
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > STD Prevention	$ 12,963	$ 0
Department of Justice > Office of Violence Against Women > STOP Violence	$ 851,775	$ 0
Department of Justice > Office of Violence Against Women > Sexual Assault Service Program	$ 376,569	$ 0

OTHER FEDERAL FUNDS	FY 23 Annual Report Budgeted	FY 23 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Diabetes & HDSP	$ 1,776,657	$ 0

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: More state funds spent than originally anticipated.	
2.	**Field Name:**	**4. LOCAL MCH FUNDS**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: More local funds spent than originally anticipated.	
3.	**Field Name:**	**Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
4.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Oral Disease Prevention Program**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
5.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	

6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Prevention and Services Grants to States for Domestic Violence Shelters and Supportive Services**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
7.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
8.	**Field Name:**	**Other Federal Funds, US Department of Agriculture (USDA) > Food and Nutrition Services > The Loving Support Peer Counseling Program (Breastfeeding)**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
9.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Breast and Cervical Cancer Early Detection Program (NBCCEDP)**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
10.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Comprehensive Cancer Control Program (NCCCP)**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**

	Field Note: This grant does not fall under the direction of the new Title V Director.	
11.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Programs**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
12.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
13.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Grants to States to Support Oral Health Workforce**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
14.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
15.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ELC Enhance Expansion (4506)**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**

	Field Note: This grant does not fall under the direction of the new Title V Director.	
16.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ELC Covid-19 Enhanced (4501)**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
17.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Immunization Covid-19 Immunization Warp Speed**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
18.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Covid-19 Health Disparities**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
19.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Family Planning Telehealth**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
20.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Covid ARP Testing**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**

	Field Note: This grant does not fall under the direction of the new Title V Director.	
21.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence Covid ARP Sexual Assault**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
22.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Other > Initiative to Document and Sustain Disparity Reducing Interventions**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
23.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > HIV Prevention**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
24.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > STD Prevention**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
25.	**Field Name:**	**Other Federal Funds, Department of Justice > Office of Violence Against Women > STOP Violence**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	

26.	**Field Name:**	**Other Federal Funds, Department of Justice > Office of Violence Against Women > Sexual Assault Service Program**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	
27.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Diabetes & HDSP**
	Fiscal Year:	**2023**
	Column Name:	**Annual Report Expended**
	Field Note: This grant does not fall under the direction of the new Title V Director.	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: North Dakota

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	$ 89,399	$ 144,648
2. Infants < 1 year	$ 134,098	$ 216,972
3. Children 1 through 21 Years	$ 786,007	$ 596,692
4. CSHCN	$ 571,642	$ 672,071
5. All Others	$ 45,000	$ 41,895
Federal Total of Individuals Served	$ 1,626,146	$ 1,672,278

IB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Pregnant Women	$ 113,583	$ 140,269
2. Infants < 1 year	$ 174,161	$ 215,080
3. Children 1 through 21 Years	$ 469,476	$ 579,780
4. CSHCN	$ 428,782	$ 474,156
5. All Others	$ 33,750	$ 11,509
Non-Federal Total of Individuals Served	$ 1,219,752	$ 1,420,794
Federal State MCH Block Grant Partnership Total	$ 2,845,898	$ 3,093,072

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

None

Data Alerts: None

Form 3b
Budget and Expenditure Details by Types of Services

State: North Dakota

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	$ 300,572	$ 286,618
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 99,583	$ 96,478
B. Preventive and Primary Care Services for Children	$ 106,268	$ 80,673
C. Services for CSHCN	$ 94,721	$ 109,467
2. Enabling Services	$ 571,326	$ 546,346
3. Public Health Services and Systems	$ 914,482	$ 953,416
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 28,873
Physician/Office Services		$ 17,874
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 10,999
Dental Care (Does Not Include Orthodontic Services)		$ 6,187
Durable Medical Equipment and Supplies		$ 2,749
Laboratory Services		$ 43,957
Other		
metabolic food, direct service contracts		$ 175,979
Direct Services Line 4 Expended Total		$ 286,618
Federal Total	$ 1,786,380	$ 1,786,380

IIB. Non-Federal MCH Block Grant	FY 25 Application Budgeted	FY 23 Annual Report Expended
1. Direct Services	$ 213,661	$ 200,457
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 70,051	$ 78,122
B. Preventive and Primary Care Services for Children	$ 72,561	$ 41,895
C. Services for CSHCN	$ 71,049	$ 80,440
2. Enabling Services	$ 374,346	$ 469,625
3. Public Health Services and Systems	$ 631,745	$ 750,712
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 21,781
Physician/Office Services		$ 13,484
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 8,298
Dental Care (Does Not Include Orthodontic Services)		$ 4,667
Durable Medical Equipment and Supplies		$ 2,074
Laboratory Services		$ 13,065
Other		
metabolic food, direct services		$ 137,088
Direct Services Line 4 Expended Total		$ 200,457
Non-Federal Total	$ 1,219,752	$ 1,420,794

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: North Dakota

Total Births by Occurrence: 11,065 **Data Source Year: 2023**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	11,034 (99.7%)	363	18	18 (100.0%)

Program Name(s)				
3-Hydroxy-3-Methyglutaric Aciduria	3-Methylcrotonyl-Coa Carboxylase Deficiency	Argininosuccinic Aciduria	Biotinidase Deficiency	Carnitine Uptake Defect/Carnitine Transport Defect
Citrullinemia, Type I	Classic Galactosemia	Classic Phenylketonuria	Congenital Adrenal Hyperplasia	Critical Congenital Heart Disease
Cystic Fibrosis	Glutaric Acidemia Type I	Glycogen Storage Disease Type II (Pompe)	Guanidinoacetate Methyltransferase (GAMT) Deficiency	Hearing Loss
Holocarboxylase Synthase Deficiency	Homocystinuria	Isovaleric Acidemia	Long-Chain L-3 Hydroxyacyl-Coa Dehydrogenase Deficiency	Maple Syrup Urine Disease
Medium-Chain Acyl-Coa Dehydrogenase Deficiency	Methylmalonic Acidemia (Cobalamin Disorders)	Methylmalonic Acidemia (Methylmalonyl-Coa Mutase)	Mucopolysaccharidosis Type I (MPS I)	Mucopolysaccharidosis Type II (MPS II)
Primary Congenital Hypothyroidism	Propionic Acidemia	S, ßeta-Thalassemia	S,C Disease	S,S Disease (Sickle Cell Anemia)
Severe Combined Immunodeficiences	Spinal Muscular Atrophy Due To Homozygous Deletion Of Exon 7 In SMN1	ß-Ketothiolase Deficiency	Trifunctional Protein Deficiency	Tyrosinemia, Type I
Very Long-Chain Acyl-Coa Dehydrogenase Deficiency	X-Linked Adrenoleukodystrophy			

2. Other Newborn Screening Tests

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
ND Early Hearing Detection and Intervention	11,065 (100.0%)	11,107	5	5 (100.0%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

Newborn Blood Spot Screening - Long term follow-up activities include:
1) Care coordination for presumptive positive screens.
2) Diagnostic and treatment services for eligible children.
3) Multidisciplinary metabolic disorder clinics.
4) Medical food for individuals with PKU and MSUD.
5) Long-term follow-up database for confirmed babies is in development.
Critical Congenital Heart Disease (CCHD) - Long term follow-up activities include:
1) Cardiac Care for Children Program.
2) Diagnostic and treatment services for eligible children with cardiac conditions.
ND Early Hearing Detection and Intervention (EHDI) - EHDI staff provide short-term follow-up to ensure that hearing screening is performed on newborns prior to hospital discharge and hearing loss is identified early so the newborn can receive early intervention. Long term follow-up activities include diagnostic and treatment services for eligible children with hearing loss.

Form Notes for Form 4:

None

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2023**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: Data Source: ND Vital Records, 2024	
2.	**Field Name:**	**Data Source Year**
	Fiscal Year:	**2023**
	Column Name:	**Data Source Year Notes**
	Field Note: Data Source: ND Vital Records, 2024	
3.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: Data Source: North Dakota Vital Records, 2023	
4.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: Data Source: Newborn Screening Program, 2023	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**
	Field Note: Data Source: Newborn Screening Program, 2023	
6.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Core RUSP Conditions**

	Field Note: Data Source: Newborn Screening Program, 2023	
7.	**Field Name:**	**ND Early Hearing Detection and Intervention - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Data Source: North Dakota Vital Records, 2023	
8.	**Field Name:**	**ND Early Hearing Detection and Intervention - Total Number Presumptive Positive Screens**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Data Source: ND Early Hearing Detection and Intervention, 2023 ND EHDI OCCURRENT BIRTH DENOMINATOR = 11,107 11,107 = Births occurring in ND hospitals, homebirths, and “other” category ND EHDI OCCURRENT BIRTH DENOMINATOR = 11,107 11,107 = Births occurring in ND hospitals, homebirths, and “other” category • 9542 Birth Screen Pass • 1322 Birth Screen Refer • 24 Refused (2 returned and passed on outpatient follow-up) • 34 Deceased • 4 Not Indicated (results not available or medical condition) • 181 Missed (Birth hearing screening) – no documentation of a birth hearing screening	
9.	**Field Name:**	**ND Early Hearing Detection and Intervention - Total Number Confirmed Cases**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Data Source: ND Early Hearing Detection and Intervention, 2023 5 children with permanent hearing loss that are ND residents.	
10.	**Field Name:**	**ND Early Hearing Detection and Intervention - Total Number Referred For Treatment**
	Fiscal Year:	**2023**
	Column Name:	**Other Newborn**
	Field Note: Data Source: ND Early Hearing Detection and Intervention, 2023	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: North Dakota

Annual Report Year 2023

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women						
2. Infants < 1 Year of Age						
3. Children 1 through 21 Years of Age						
3a. Children with Special Health Care Needs 0 through 21 years of age^						
4. Others						
Total	0					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	9,567					
2. Infants < 1 Year of Age	11,102					
3. Children 1 through 21 Years of Age	223,262					
3a. Children with Special Health Care Needs 0 through 21 years of age^	48,771		Not Available			
4. Others	545,906					

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

None

Field Level Notes for Form 5b:

None

Data Alerts:

1.	This form has not yet been started. Please fill out all sections in the form.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: North Dakota

Annual Report Year 2023

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State									
Title V Served									
Eligible for Title XIX									
2. Total Infants in State									
Title V Served									
Eligible for Title XIX									

Form Notes for Form 6:

None

Field Level Notes for Form 6:

None

Form 7
Title V Program Workforce

State: North Dakota

Form 7 Entry Page

A. Title V Program Workforce FTEs	
Title V Funded Positions	
1. Total Number of FTEs	19.80
1a. Total Number of FTEs (State Level)	14.80
1b. Total Number of FTEs (Local Level)	5
2. Total Number of MCH Epidemiology FTEs (subset of A. 1)	0.25
3. Total Number of FTEs eliminated in the past 12 months	0
4. Total Number of Current Vacant FTEs	0
4a. Total Number of Vacant MCH Epidemiology FTEs	0
5. Total Number of FTEs onboarded in the past 12 months	0.50

B. Training Needs (Optional)	
1	MCH Leadership Competency Training
2	
3	
4	

Form Notes for Form 7:

None

Field Level Notes for Form 7:

Form 7 Field Level Notes Table

1.	**Field Name:**	**Total Number of FTEs (Local Level)**
	Field Note: Currently funding 20 Local Public Health Units (LPHU's) along with approximately 5 community based organizations. Salary requests range from $2,048-$6,221 per person in salaries at the local level. Therefore, approximating about 0.2 FTE per local-level contract. 0.2 x 25=5	
2.	**Field Name:**	**Total Number of FTEs onboarded in the past 12 months**
	Field Note: This only includes state-level staff.	

Form 8
State MCH and CSHCN Directors Contact Information

State: North Dakota

1. Title V Maternal and Child Health (MCH) Director	
Name	Kimberly Hruby
Title	Special Health Services Director/Title V Director
Address 1	600 E. Boulevard Ave., Dept. 325
Address 2	
City/State/Zip	Bismarck / ND / 58505
Telephone	(701) 328-4854
Extension	
Email	krhruby@nd.gov

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Danielle Hoff
Title	Special Health Services Assistant Director/CSHCN Director
Address 1	600 E. Boulevard Ave., Dept. 325
Address 2	
City/State/Zip	Bismarck / ND / 58505
Telephone	(701) 328-4669
Extension	
Email	dwhoff@nd.gov

3. State Family Leader (Optional)	
Name	Melissa (Moe) Swanson
Title	AMCHP Family Delegate/Family Voice of ND Representative
Address 1	2211 117th Ave. SE
Address 2	
City/State/Zip	Valley City / ND / 58072
Telephone	(701) 793-8339
Extension	
Email	mswanson@encompassfss.net

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

5. SSDI Project Director	
Name	Anastasia Stepanov
Title	State System Development Initiative (SSDI) Coordinator
Address 1	600 E. Boulevard Ave., Dept. 325
Address 2	
City/State/Zip	Bismarck / ND / 58505
Telephone	(701) 328-1292
Extension	
Email	astepanov@nd.gov

6. State MCH Toll-Free Telephone Line	
State MCH Toll-Free “Hotline” Telephone Number	(800) 755-2714

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: North Dakota

Application Year 2025

No.	Priority Need
1.	To increase the percent of women who have an annual preventive visit.
2.	To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.
3.	To increase the percent of adolescents who have a preventive medical visit.
4.	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.
5.	To reduce annual motor vehicle crash fatalities to fewer than 75 by 2025.
6.	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.
7.	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.
8.	To increase the percent of children and adolescents who are physically active.

Form Notes for Form 9:

None

Field Level Notes for Form 9:

Field Name:

Priority Need 1

Field Note:
Well-woman care, with an emphasis on American Indian women.
Goal: To increase the percent of women who have an annual preventive visit.
Data Source: Behavioral Risk Factor Surveillance System (BRFSS).

Field Name:

Priority Need 2

Field Note:
Breastfeeding, with a priority amongst minority, low-income and American Indian women.
Goal: To increase the percent of infants who are breastfed and who are breastfed exclusively through six months
Data Source: National Immunization Survey (NIS), Pregnancy Risk Assessment Survey (PRAMS).

Field Name:

Priority Need 3

Field Note:
Adolescent well visit, with an emphasis on overall health, including depression screening, obesity prevention, and immunization.
Goal: To increase the percent of adolescents who have a preventive medical visit.
Data Source: National Survey of Children's Health.

Field Name:

Priority Need 4

Field Note:
Transition (from pediatric to adult health care).
Goal: 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.
Data Source: National Survey of Children's Health (NSCH).

Field Name:

Priority Need 5

Field Note:
Vision Zero – Eliminate fatalities and serious injuries caused by motor vehicle crashes.
Goal: To reduce annual motor vehicle crash fatalities to fewer than
75 by 2025.
Data Source: North Dakota Department of Transportation.

Field Name:

Priority Need 6

Field Note:
Maternal and Child Health (MCH) Workforce Development.
Goal: 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, including ongoing transformation of the Title V Block Grant.
Data source: The North Dakota Department of Health.

Field Name:

Priority Need 7

Field Note:
Implement North Dakota State Mandates for the Maternal Child Health Population.
Goal: To implement all North Dakota state mandates delegated to the North Dakota Department of Health Title V/Maternal and Child Health Programs.
Data Source: North Dakota Department of Health.

Field Name:

Priority Need 8

Field Note:
Physical activity, and nutrition (overall obesity prevention)
Goal: To increase the percent of children and adolescents who are physically active.
Data Source: North Dakota Department of Health. Family Health and Nutrition program.

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	To increase the percent of women who have an annual preventive visit.	New
2.	To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.	Continued
3.	To increase the percent of adolescents who have a preventive medical visit.	New
4.	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.	Continued
5.	To reduce annual motor vehicle crash fatalities to fewer than 75 by 2025.	New
6.	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.	New
7.	To implement all North Dakota state mandates delegated to the North Dakota Department of Health Title V/Maternal and Child Health Programs.	Continued
8.	To increase the percent of children and adolescents who are physically active.	Revised

Form 10
National Outcome Measures (NOMs)

State: North Dakota

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

None

NOM - Percent of pregnant women who receive prenatal care beginning in the first trimester (Early Prenatal Care, Formerly NOM 1) - PNC

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	80.9 %	0.4 %	7,603	9,394
2021	81.7 %	0.4 %	8,028	9,821
2020	80.4 %	0.4 %	7,842	9,756
2019	79.2 %	0.4 %	7,932	10,013
2018	80.2 %	0.4 %	8,097	10,099
2017	79.3 %	0.4 %	8,102	10,221
2016	78.1 %	0.4 %	8,504	10,891
2015	77.8 %	0.4 %	8,488	10,916
2014	76.7 %	0.4 %	8,396	10,950
2013	74.5 %	0.4 %	7,693	10,327
2012	73.2 %	0.5 %	7,193	9,822
2011	72.6 %	0.5 %	6,776	9,327
2010	74.2 %	0.5 %	6,528	8,792
2009	75.1 %	0.5 %	6,559	8,729

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM PNC - Notes:

None

Data Alerts: None

NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	63.7	8.4	58	9,103
2020	61.6	8.1	58	9,420
2019	57.1	7.6	57	9,984
2018	47.2	6.8	48	10,173
2017	61.7	7.7	64	10,375
2016	45.0	6.4	49	10,891
2015	45.9	7.6	37	8,057
2014	65.9	8.0	69	10,472
2013	45.9	7.1	42	9,154
2012	54.5	7.8	49	8,996
2011	37.5	6.5	33	8,796

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM SMM - Notes:

None

Data Alerts: None

NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018_2022	21.6	6.5	11	50,828
2017_2021	21.2	6.4	11	51,998
2016_2020	20.6	6.2	11	53,269
2015_2019	NR	NR	NR	NR
2014_2018	NR	NR	NR	NR

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM MM - Notes:

None

Data Alerts: None

NOM - Percent of low birth weight deliveries (<2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	7.1 %	0.3 %	683	9,565
2021	6.6 %	0.3 %	672	10,110
2020	6.9 %	0.3 %	693	10,057
2019	6.8 %	0.3 %	708	10,450
2018	6.6 %	0.2 %	698	10,634
2017	6.7 %	0.2 %	720	10,732
2016	6.6 %	0.2 %	752	11,374
2015	6.2 %	0.2 %	700	11,309
2014	6.2 %	0.2 %	704	11,359
2013	6.4 %	0.2 %	679	10,597
2012	6.2 %	0.2 %	625	10,104
2011	6.7 %	0.3 %	637	9,523
2010	6.7 %	0.3 %	607	9,103
2009	6.4 %	0.3 %	572	9,000

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM LBW - Notes:

None

Data Alerts: None

NOM - Percent of preterm births (<37 weeks) (Preterm Birth, Formerly NOM 5) - PTB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	10.3 %	0.3 %	987	9,559
2021	9.6 %	0.3 %	966	10,102
2020	9.8 %	0.3 %	987	10,052
2019	9.5 %	0.3 %	993	10,450
2018	9.6 %	0.3 %	1,018	10,633
2017	8.8 %	0.3 %	944	10,728
2016	9.1 %	0.3 %	1,040	11,379
2015	8.4 %	0.3 %	955	11,311
2014	8.4 %	0.3 %	948	11,353
2013	8.5 %	0.3 %	902	10,593
2012	9.1 %	0.3 %	918	10,103
2011	8.5 %	0.3 %	805	9,526
2010	9.7 %	0.3 %	887	9,102
2009	9.2 %	0.3 %	826	8,997

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM PTB - Notes:

None

Data Alerts: None

NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	28.6 %	0.5 %	2,733	9,559
2021	28.5 %	0.5 %	2,876	10,102
2020	27.0 %	0.4 %	2,712	10,052
2019	26.8 %	0.4 %	2,805	10,450
2018	26.3 %	0.4 %	2,800	10,633
2017	24.3 %	0.4 %	2,612	10,728
2016	23.9 %	0.4 %	2,721	11,379
2015	22.8 %	0.4 %	2,578	11,311
2014	22.9 %	0.4 %	2,605	11,353
2013	22.3 %	0.4 %	2,357	10,593
2012	24.7 %	0.4 %	2,500	10,103
2011	25.2 %	0.4 %	2,397	9,526
2010	26.6 %	0.5 %	2,424	9,102
2009	28.8 %	0.5 %	2,595	8,997

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20, a confidence interval width >20% points or >1.2 times the estimate, or >10% missing data and should be interpreted with caution

NOM ETB - Notes:

None

Data Alerts: None

NOM - Percent of non-medically indicated early elective deliveries (Early Elective Delivery, Formerly NOM 7) - EED

Data Source: CMS Hospital Compare

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2022/Q1-2022/Q4	2.0 %			
2021/Q4-2022/Q3	2.0 %			
2021/Q3-2022/Q2	2.0 %			
2021/Q2-2022/Q1	3.0 %			
2021/Q1-2021/Q4	6.0 %			
2020/Q4-2021/Q3	6.0 %			
2020/Q3-2021/Q1	7.0 %			
2019/Q4-2020/Q3	3.0 %			
2019/Q1-2019/Q4	3.0 %			
2018/Q4-2019/Q3	2.0 %			
2018/Q3-2019/Q2	1.0 %			
2018/Q2-2019/Q1	4.0 %			
2018/Q1-2018/Q4	4.0 %			
2017/Q4-2018/Q3	4.0 %			
2017/Q3-2018/Q2	5.0 %			
2017/Q2-2018/Q1	4.0 %			
2017/Q1-2017/Q4	4.0 %			
2016/Q4-2017/Q3	4.0 %			
2016/Q3-2017/Q2	3.0 %			
2016/Q2-2017/Q1	2.0 %			
2016/Q1-2016/Q4	2.0 %			
2015/Q4-2016/Q3	2.0 %			
2015/Q3-2016/Q2	2.0 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	2.0 %			
2014/Q4-2015/Q3	2.0 %			
2014/Q3-2015/Q2	2.0 %			
2014/Q2-2015/Q1	3.0 %			
2014/Q1-2014/Q4	3.0 %			
2013/Q4-2014/Q3	4.0 %			
2013/Q3-2014/Q2	4.0 %			
2013/Q2-2014/Q1	6.0 %			

Legends:

NOM EED - Notes:

None

Data Alerts: None

NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	4.2	0.7	43	10,138
2020	6.6	0.8	67	10,095
2019	6.2	0.8	65	10,485
2018	5.3	0.7	57	10,665
2017	5.0	0.7	54	10,766
2016	6.7	0.8	76	11,418
2015	6.9	0.8	78	11,350
2014	5.3	0.7	60	11,390
2013	6.6	0.8	70	10,627
2012	5.5	0.7	56	10,136
2011	6.8	0.9	65	9,561
2010	7.2	0.9	66	9,133
2009	5.2	0.8	47	9,026

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM PNM - Notes:

None

Data Alerts: None

NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	2.8	0.5	28	10,112
2020	5.5	0.7	55	10,059
2019	7.5	0.9	78	10,454
2018	5.6	0.7	60	10,636
2017	4.4	0.6	47	10,737
2016	6.4	0.8	73	11,383
2015	7.2	0.8	81	11,314
2014	5.1	0.7	58	11,359
2013	6.0	0.8	64	10,599
2012	6.3	0.8	64	10,106
2011	6.5	0.8	62	9,527
2010	6.8	0.9	62	9,104
2009	6.3	0.8	57	9,001

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM IM - Notes:

None

Data Alerts: None

NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	2.0	0.4	20	10,112
2020	3.6	0.6	36	10,059
2019	4.6	0.7	48	10,454
2018	3.4	0.6	36	10,636
2017	3.3	0.6	35	10,737
2016	4.4	0.6	50	11,383
2015	4.4	0.6	50	11,314
2014	2.9	0.5	33	11,359
2013	4.7	0.7	50	10,599
2012	3.3	0.6	33	10,106
2011	4.0	0.7	38	9,527
2010	5.1	0.8	46	9,104
2009	3.3	0.6	30	9,001

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Neonatal - Notes:

None

Data Alerts: None

NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	NR	NR	NR	NR
2020	1.9	0.4	19	10,059
2019	2.9	0.5	30	10,454
2018	2.3	0.5	24	10,636
2017	1.1	0.3	12	10,737
2016	2.0	0.4	23	11,383
2015	2.7	0.5	31	11,314
2014	2.2	0.4	25	11,359
2013	1.3	0.4	14	10,599
2012	3.1	0.6	31	10,106
2011	2.5	0.5	24	9,527
2010	1.8	0.4	16	9,104
2009	3.0	0.6	27	9,001

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Postneonatal - Notes:

None

Data Alerts: None

NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	108.8	32.8	11	10,112
2020	198.8	44.5	20	10,059
2019	210.4	44.9	22	10,454
2018	131.6	35.2	14	10,636
2017	130.4	34.9	14	10,737
2016	193.3	41.3	22	11,383
2015	167.9	38.6	19	11,314
2014	140.9	35.2	16	11,359
2013	235.9	47.2	25	10,599
2012	158.3	39.6	16	10,106
2011	147.0	39.3	14	9,527
2010	164.8	42.6	15	9,104
2009	122.2	36.9	11	9,001

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM IM-Preterm Related - Notes:

None

Data Alerts: None

NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	NR	NR	NR	NR
2020	129.2	35.9	13	10,059
2019	124.4	34.5	13	10,454
2018	NR	NR	NR	NR
2017	NR	NR	NR	NR
2016	105.4	30.5	12	11,383
2015	150.3	36.5	17	11,314
2014	88.0	27.9	10	11,359
2013	94.3	29.9	10	10,599
2012	197.9	44.3	20	10,106
2011	167.9	42.0	16	9,527
2010	109.8	34.8	10	9,104
2009	166.6	43.1	15	9,001

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM IM-SUID - Notes:

None

Data Alerts: None

NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	NR	NR	NR	NR

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM DP - Notes:

None

Data Alerts: None

NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	7.5	0.9	68	9,114
2020	7.7	0.9	71	9,279
2019	6.2	0.8	61	9,802
2018	4.0	0.6	41	10,212
2017	4.4	0.7	44	10,085
2016	4.7	0.7	50	10,603
2015	4.8	0.8	38	7,939
2014	4.8	0.7	49	10,175
2013	3.7	0.7	31	8,416
2012	3.0	0.6	24	8,081
2011	1.7	0.4	14	8,472

Legends:

Indicator has a numerator ≤10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM NAS - Notes:

None

Data Alerts: None

NOM - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL) (Newborn Screening Timely Follow-Up, Formerly NOM 12) - NBS

Federally available Data (FAD) for this measure is not available/reportable.

NOM NBS - Notes:

None

Data Alerts: None

NOM - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL) (School Readiness, Formerly NOM 13) - SR

Federally available Data (FAD) for this measure is not available/reportable.

NOM SR - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year (Tooth decay or cavities, Formerly NOM 14) - TDC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	12.2 %	1.2 %	20,704	170,110
2020_2021	11.6 %	1.2 %	19,480	167,517
2019_2020	9.9 %	1.2 %	16,341	164,925
2018_2019	10.3 %	1.3 %	16,668	162,102
2017_2018	10.8 %	1.5 %	17,302	160,082
2016_2017	9.6 %	1.3 %	15,231	158,169

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM TDC - Notes:

None

Data Alerts: None

NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	23.8	5.1	22	92,494
2021	12.6	3.7	12	94,949
2020	19.0	4.5	18	94,626
2019	15.8	4.1	15	94,649
2018	14.9	4.0	14	94,099
2017	14.1	3.9	13	92,484
2016	12.8	3.7	12	93,530
2015	19.6	4.6	18	91,835
2014	18.1	4.5	16	88,621
2013	19.9	4.8	17	85,223
2012	17.4	4.7	14	80,401
2011	22.0	5.3	17	77,351
2010	17.2	4.8	13	75,740
2009	18.9	5.1	14	73,913

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM CM - Notes:

None

Data Alerts: None

NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	38.3	6.1	40	104,569
2021	44.8	6.6	46	102,589
2020	42.1	6.6	41	97,332
2019	39.7	6.5	38	95,645
2018	23.2	4.9	22	94,930
2017	44.8	6.9	42	93,853
2016	34.1	6.0	32	93,820
2015	36.1	6.2	34	94,131
2014	30.4	5.7	28	92,162
2013	39.7	6.6	36	90,573
2012	46.7	7.3	41	87,701
2011	44.5	7.1	39	87,706
2010	48.1	7.4	42	87,264
2009	50.0	7.5	44	88,015

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM AM - Notes:

None

Data Alerts: None

NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	20.2	3.6	31	153,288
2019_2021	19.1	3.6	28	146,396
2018_2020	11.2	2.8	16	142,639
2017_2019	11.3	2.8	16	141,830
2016_2018	10.5	2.7	15	143,001
2015_2017	20.0	3.7	29	145,163
2014_2016	19.1	3.6	28	146,923
2013_2015	21.0	3.8	31	147,485
2012_2014	22.7	3.9	33	145,625
2011_2013	26.3	4.3	38	144,479
2010_2012	26.6	4.3	38	143,039
2009_2011	24.4	4.1	35	143,509
2008_2010	24.3	4.1	35	144,259
2007_2009	30.1	4.5	44	146,356

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Motor Vehicle - Notes:

None

Data Alerts: None

NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2022	9.5	1.8	29	304,490
2019_2021	12.9	2.1	38	295,566
2018_2020	12.9	2.1	37	287,907
2017_2019	14.1	2.2	40	284,428
2016_2018	12.0	2.1	34	282,603
2015_2017	11.0	2.0	31	281,804
2014_2016	10.4	1.9	29	280,113
2013_2015	11.2	2.0	31	276,866
2012_2014	11.5	2.1	31	270,436
2011_2013	10.9	2.0	29	265,980
2010_2012	12.2	2.2	32	262,671
2009_2011	13.3	2.3	35	262,985

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM AM-Suicide - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17 (CSHCN, Formerly NOM 17.1) - CSHCN

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	20.9 %	1.4 %	37,687	180,737
2020_2021	19.4 %	1.4 %	34,399	177,681
2019_2020	18.0 %	1.5 %	31,468	174,763
2018_2019	17.6 %	1.5 %	30,514	173,184
2017_2018	16.7 %	1.4 %	28,877	173,199
2016_2017	17.4 %	1.3 %	29,949	172,034

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM CSHCN - Notes:

None

Data Alerts: None

NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	12.3 %	2.3 %	4,641	37,687
2020_2021	11.9 %	2.0 %	4,104	34,399
2019_2020	12.3 %	2.2 %	3,857	31,468
2018_2019	9.7 %	2.0 %	2,975	30,514
2017_2018	9.8 %	2.5 %	2,832	28,877
2016_2017	12.6 %	2.7 %	3,760	29,949

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM SOC - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder (Autism, Formerly NOM 17.3) - ASD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	3.8 %	0.9 %	5,773	150,644
2020_2021	3.7 %	0.9 %	5,357	146,741
2019_2020	1.9 %	0.5 %	2,773	144,446
2018_2019	1.4 %	0.4 %	1,910	141,243
2017_2018	1.2 %	0.3 %	1,667	135,865
2016_2017	1.3 %	0.3 %	1,830	135,572

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ASD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) (ADD or ADHD, Formerly NOM 17.4) - ADHD

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	10.9 %	1.2 %	16,314	150,129
2020_2021	9.3 %	1.2 %	13,667	146,339
2019_2020	8.3 %	1.2 %	11,918	144,267
2018_2019	8.2 %	1.1 %	11,558	141,388
2017_2018	7.4 %	1.1 %	10,057	135,381
2016_2017	8.2 %	1.1 %	10,985	134,641

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM ADHD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	51.1 %	4.5 %	15,320	29,960
2020_2021	49.1 %	4.9 %	11,796	24,031
2019_2020	46.6 %	5.3 %	11,104	23,812
2018_2019	56.9 %	5.6 %	12,512	21,996
2017_2018	67.6 %	5.2 %	12,590	18,619
2016_2017	66.8 %	4.8 %	12,247	18,326

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM MHTX - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	92.1 %	1.0 %	166,360	180,575
2020_2021	91.8 %	1.1 %	162,700	177,216
2019_2020	91.4 %	1.2 %	159,081	173,974
2018_2019	91.4 %	1.2 %	157,834	172,702
2017_2018	91.6 %	1.4 %	158,535	173,127
2016_2017	91.7 %	1.2 %	157,579	171,889

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM CHS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS

Data Source: WIC

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020	15.9 %	0.7 %	488	3,072
2018	15.4 %	0.5 %	703	4,560
2016	14.3 %	0.5 %	677	4,723
2014	14.4 %	0.5 %	659	4,586
2012	14.0 %	0.5 %	685	4,883
2010	14.5 %	0.5 %	794	5,484
2008	14.2 %	0.5 %	720	5,072

Legends:

Indicator has a denominator <20 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	16.3 %	1.0 %	5,030	30,913
2019	14.0 %	1.2 %	4,437	31,714
2017	14.9 %	0.9 %	4,421	29,694
2015	14.0 %	0.8 %	4,167	29,706
2013	13.5 %	0.9 %	3,974	29,490
2011	11.0 %	0.9 %	3,250	29,604
2009	10.9 %	0.8 %	3,330	30,430
2007	9.9 %	0.9 %	3,149	31,919
2005	11.1 %	1.2 %	3,640	32,686

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021_2022	14.6 %	1.6 %	16,586	113,519
2020_2021	15.0 %	1.7 %	16,702	111,151
2019_2020	13.7 %	1.6 %	14,645	106,961
2018_2019	14.9 %	1.8 %	15,494	104,002
2017_2018	13.3 %	1.8 %	13,390	100,683
2016_2017	13.0 %	1.6 %	12,799	98,653

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM OBS - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, without health insurance (Uninsured, Formerly NOM 21) - UI

Data Source: American Community Survey (ACS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2022	4.4 %	0.9 %	7,868	179,857
2021	6.4 %	1.1 %	11,673	181,040
2019	8.1 %	1.4 %	14,327	177,211
2018	6.6 %	1.1 %	11,326	172,665
2017	6.8 %	1.2 %	11,722	171,881
2016	9.7 %	1.3 %	16,798	173,062
2015	8.4 %	1.2 %	14,527	172,154
2014	6.7 %	1.1 %	11,198	167,227
2013	7.7 %	1.2 %	12,249	160,051
2012	7.4 %	1.2 %	11,393	153,362
2011	7.6 %	1.1 %	11,464	151,192
2010	6.6 %	1.0 %	9,910	149,865
2009	6.3 %	0.9 %	8,879	142,087

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM UI - Notes:

None

Data Alerts: None

NOM - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months (Childhood Vaccination, Formerly NOM 22.1) - VAX-Child

Data Source: National Immunization Survey (NIS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2018	83.1 %	2.9 %	8,000	10,000
2017	68.0 %	3.7 %	7,000	11,000
2016	77.5 %	3.5 %	9,000	11,000
2015	75.9 %	3.5 %	9,000	12,000
2014	76.0 %	3.7 %	9,000	12,000
2013	68.0 %	3.9 %	8,000	11,000
2012	72.7 %	3.5 %	8,000	10,000
2011	72.0 %	3.5 %	7,000	10,000

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths >20 or that are inestimable might not be reliable

NOM VAX-Child - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022_2023	45.9 %	2.4 %	80,059	174,421
2021_2022	57.7 %	2.8 %	97,766	169,480
2020_2021	61.0 %	3.1 %	105,604	173,121
2019_2020	69.0 %	2.3 %	114,810	166,391
2018_2019	64.9 %	2.1 %	107,205	165,185
2017_2018	62.5 %	2.2 %	102,774	164,580
2016_2017	65.3 %	2.1 %	105,236	161,083
2015_2016	63.4 %	2.6 %	95,831	151,082
2014_2015	62.0 %	2.8 %	91,358	147,470
2013_2014	63.0 %	2.4 %	89,232	141,667
2012_2013	62.2 %	2.6 %	88,228	141,914
2011_2012	53.7 %	2.9 %	71,887	133,968
2010_2011	53.9 %	3.5 %	72,959	135,359
2009_2010	46.4 %	4.1 %	67,497	145,468

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or because the relative standard error is >0.3.

Estimates with 95% confidence interval half-widths > 10 might not be reliable

NOM VAX-Flu - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	82.9 %	3.0 %	42,258	50,950
2021	83.8 %	3.3 %	40,451	48,246
2020	79.8 %	2.6 %	37,800	47,362
2019	88.8 %	1.9 %	40,676	45,807
2018	76.7 %	3.1 %	33,849	44,151
2017	72.5 %	2.7 %	31,688	43,703
2016	67.6 %	3.2 %	29,575	43,778
2015	66.3 %	3.1 %	28,639	43,191

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM VAX-HPV - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	93.8 %	1.8 %	47,802	50,950
2021	94.9 %	1.8 %	45,799	48,246
2020	91.0 %	2.1 %	43,115	47,362
2019	96.7 %	0.9 %	44,304	45,807
2018	90.2 %	2.2 %	39,828	44,151
2017	90.6 %	1.7 %	39,606	43,703
2016	92.0 %	1.9 %	40,257	43,778
2015	88.9 %	2.3 %	38,395	43,191
2014	92.1 %	2.0 %	38,582	41,880
2013	95.0 %	1.5 %	38,912	40,960
2012	89.6 %	2.6 %	36,201	40,425
2011	87.5 %	3.1 %	37,250	42,592
2010	83.1 %	2.4 %	35,143	42,273
2009	71.7 %	3.0 %	29,669	41,411

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate > 1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM VAX-TDAP - Notes:

None

Data Alerts: None

NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	96.0 %	1.5 %	48,899	50,950
2021	95.5 %	1.7 %	46,079	48,246
2020	93.8 %	1.6 %	44,403	47,362
2019	95.8 %	1.1 %	43,893	45,807
2018	92.5 %	2.0 %	40,857	44,151
2017	91.9 %	1.5 %	40,150	43,703
2016	92.0 %	1.9 %	40,268	43,778
2015	91.7 %	2.0 %	39,582	43,191
2014	91.8 %	1.7 %	38,445	41,880
2013	93.7 %	1.7 %	38,380	40,960
2012	88.1 %	2.5 %	35,608	40,425
2011	84.2 %	3.5 %	35,867	42,592
2010	76.8 %	2.6 %	32,448	42,273
2009	66.0 %	3.2 %	27,342	41,411

Legends:

Estimate not reported because unweighted sample size for the denominator < 30 or 95% confidence interval width/estimate >1.2

Estimates with 95% confidence interval widths > 20 or that are inestimable might not be reliable

NOM VAX-MEN - Notes:

None

Data Alerts: None

NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	11.7	0.7	305	25,978
2021	12.9	0.7	317	24,554
2020	13.7	0.8	319	23,203
2019	15.6	0.8	355	22,784
2018	16.4	0.9	372	22,718
2017	16.2	0.8	368	22,705
2016	20.3	0.9	469	23,107
2015	22.5	1.0	527	23,460
2014	24.1	1.0	564	23,431
2013	24.1	1.0	563	23,347
2012	26.3	1.1	603	22,929
2011	28.3	1.1	647	22,890
2010	28.9	1.1	659	22,824
2009	28.7	1.1	663	23,133

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM TB - Notes:

None

Data Alerts: None

NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2022	10.5 %	1.6 %	960	9,121
2021	13.2 %	1.7 %	1,275	9,693
2020	14.5 %	1.6 %	1,377	9,471
2019	16.1 %	1.7 %	1,594	9,898
2018	11.7 %	1.3 %	1,184	10,101
2017	9.9 %	1.5 %	985	9,993

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has an unweighted denominator between 30 and 59 or a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

NOM PPD - Notes:

None

Data Alerts: None

NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021_2022	2.7 %	0.6 %	4,816	180,028
2020_2021	3.6 %	0.8 %	6,379	177,339
2019_2020	3.5 %	0.8 %	6,135	174,298
2018_2019	3.9 %	0.9 %	6,729	172,177
2017_2018	3.6 %	0.9 %	6,203	172,472
2016_2017	2.0 %	0.7 %	3,501	171,156

Legends:

Indicator has an unweighted denominator <30 and is not reportable

Indicator has a confidence interval width >20% points, >1.2 times the estimate, or that is inestimable and should be interpreted with caution

NOM FHC - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: North Dakota

NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Federally Available Data					
Data Source: Behavioral Risk Factor Surveillance System (BRFSS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective		64	73	70	72
Annual Indicator	70.1	72.3	66.8	69.4	72.3
Numerator	93,175	96,797	89,779	94,912	99,011
Denominator	132,850	133,888	134,347	136,859	137,010
Data Source	BRFSS	BRFSS	BRFSS	BRFSS	BRFSS
Data Source Year	2018	2019	2020	2021	2022

Annual Objectives		
	2024	**2025**
Annual Objective	74.0	76.0

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of infants who are ever breastfed (Breastfeeding, Formerly NPM 4A) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	88	89	86	88	89
Annual Indicator	84.8	84.0	81.2	85.7	87.6
Numerator	9,913	8,265	6,673	7,176	7,626
Denominator	11,690	9,841	8,219	8,377	8,702
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Vital Statistics System (NVSS)	
	2023
Annual Objective	89
Annual Indicator	84.8
Numerator	7,558
Denominator	8,911
Data Source	NVSS
Data Source Year	2022

Annual Objectives		
	2024	**2025**
Annual Objective	91.0	93.0

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of infants breastfed exclusively through 6 months (Breastfeeding, Formerly NPM 4B) - BF

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	27	28	30	27	29
Annual Indicator	27.9	29.1	24.9	27.4	28.4
Numerator	3,143	2,759	1,991	2,261	2,432
Denominator	11,273	9,494	8,000	8,254	8,576
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2016	2017	2018	2019	2020

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH)	
	2023
Annual Objective	29
Annual Indicator	28.6
Numerator	6,736
Denominator	23,569
Data Source	NSCH
Data Source Year	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	31.0	33.0

Field Level Notes for Form 10 NPMs:

None

NPM - 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

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	32	33	43	41	43
Annual Indicator	34.3	41.3	40.2	38.2	31.9
Numerator	20,279	25,974	24,470	22,897	19,703
Denominator	59,089	62,891	60,820	59,972	61,720
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	45.0	47.0

Field Level Notes for Form 10 NPMs:

None

NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH)					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			77	77	72
Annual Indicator	75.4	75.5	75.0	67.6	68.0
Numerator	36,073	37,391	39,331	37,880	37,986
Denominator	47,851	49,536	52,409	56,000	55,881
Data Source	NSCH	NSCH	NSCH	NSCH	NSCH
Data Source Year	2016_2017	2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	76.0	80.0

Field Level Notes for Form 10 NPMs:

None

NPM - 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 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	33	34	28	28	30
Annual Indicator	16.1	26.1	27.5	27.7	25.0
Numerator	2,110	3,271	3,339	3,707	4,265
Denominator	13,101	12,512	12,121	13,390	17,081
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2017_2018	2018_2019	2019_2020	2020_2021	2021_2022

Annual Objectives		
	2024	**2025**
Annual Objective	32.0	34.0

Field Level Notes for Form 10 NPMs:

None

NPM - A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	93.2
Numerator	8,561
Denominator	9,189
Data Source	PRAMS
Data Source Year	2022

Field Level Notes for Form 10 NPMs:

None

NPM - B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV

Federally Available Data	
Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)	
	2023
Annual Objective	
Annual Indicator	85.7
Numerator	7,331
Denominator	8,555
Data Source	PRAMS
Data Source Year	2022

Field Level Notes for Form 10 NPMs:

None

NPM - 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 - All Children

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - All Children	
	2023
Annual Objective	
Annual Indicator	52.3
Numerator	94,277
Denominator	180,420
Data Source	NSCH-All Children
Data Source Year	2021_2022

Field Level Notes for Form 10 NPMs:

None

NPM - 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 - Children with Special Health Care Needs

Federally Available Data	
Data Source: National Survey of Children's Health (NSCH) - CSHCN	
	2023
Annual Objective	
Annual Indicator	41.2
Numerator	15,526
Denominator	37,687
Data Source	NSCH-CSHCN
Data Source Year	2021_2022

Field Level Notes for Form 10 NPMs:

None

Form 10
State Performance Measures (SPMs)

State: North Dakota

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.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			70	72
Annual Indicator	50	63	68	
Numerator				
Denominator				
Data Source	The North Dakota Department of Health (NDDOH) and	The North Dakota Department of Health (NDDOH) and	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	76.0	80.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: CY 2020:The North Dakota Department of Health (NDDOH), the North Dakota Department of Transportation, and the National Digital Car Seat Check Form: https://carseatcheckform.org/national-dashboard Data reported is for federal fiscal year.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: CY 2021:The North Dakota Department of Health (NDDOH), the North Dakota Department of Transportation, and the National Digital Car Seat Check Form: https://carseatcheckform.org/national-dashboard Data reported is for federal fiscal year.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: The North Dakota Department of Health & Human Services, Family Health and Wellness Unit. Data reported is for Federal Fiscal Year.	

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.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective	Yes	Yes	Yes	Yes	Yes
Annual Indicator	Yes	Yes	Yes	Yes	
Numerator					
Denominator					
Data Source	ND Century Code, ND Administrative Rules	ND Century Code, ND Administrative Rules	ND Century Code, ND Administrative Rules	The North Dakota Century Code, North Dakota Admini	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Provisional	

Annual Objectives		
	2024	**2025**
Annual Objective	Yes	Yes

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2019 North Dakota Century Code, North Dakota Administrative Code for North Dakota Department of Health, and Title V / Maternal and Child Health Program.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2020 North Dakota Century Code, North Dakota Administrative Code for North Dakota Department of Health, and Title V / Maternal and Child Health Program.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2020 North Dakota Century Code, North Dakota Administrative Code for North Dakota Department of Health, and Title V / Maternal and Child Health Program.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 2022-Data Source: The North Dakota Century Code, North Dakota Administrative Code for North Dakota Department of Health and Human Services, and Title V / Maternal and Child Health Program. Calendar Year data - CY	

SPM 3 - Maternal and Child Health (MCH) Workforce Development-The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			45	10	15
Annual Indicator	35	35	4	4	
Numerator					
Denominator					
Data Source	The North Dakota Department of Health.	The North Dakota Department of Health.	The North Dakota Department of Health.	The North Dakota Department	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	20.0	25.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**

Field Note:
Data Source: The North Dakota Department of Health.
The data reported in 2019 is for : Workforce Development - the number of individuals who receive MCH workforce development that report public health competency.

2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Data Source: The North Dakota Department of Health.
The data reported in 2020 is for : Workforce Development - the number of individuals who receive MCH workforce development that report public health competency.

3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Data Source:The North Dakota Department of Health (NDDoH), tracking and reporting from the North Dakota State University’s contract.

There was a wodring change for reporting for the Calendar year 2022:

The wording changed from MCH Workforce Development - the number of individuals who receive MCH workforce development that report public health competency-changed to-SPM 3 - Maternal and Child Health (MCH) Workforce Development-The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program.

4 were enrolled in the Maternal and Child Health (MCH) Certificate Program as of August 6, 2022.

4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
CY 2022: Data Source: The North Dakota Department of Health and Human Services (NDDHHS), tracking and reporting from the North Dakota State University’s contract.

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: North Dakota

ESM WWV.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.

Measure Status:	Active

State Provided Data			
	2021	2022	2023
Annual Objective			78
Annual Indicator	0	68	
Numerator			
Denominator			
Data Source	The North Dakota Department of Health, Division of	The North Dakota Department of Health and Human S	
Data Source Year	2021	2022	
Provisional or Final ?	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	88.0	98.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source:The North Dakota Department of Health, Division of Family Health and Wellness.Utilizing Federal Fiscal Year Data (October-September) as furnished through interim and annual reporting from MCH grantees.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.Utilizing Federal Fiscal Year Data (October-September) as furnished through interim and annual reporting from MCH grantees.	

ESM WWV.4 - The percentage of women receiving women's preventative health educational materials.

Measure Status:	Active

State Provided Data			
	2021	2022	2023
Annual Objective			50
Annual Indicator	0	68	
Numerator	0		
Denominator	100		
Data Source	Data Source-The North Dakota Department of Health,	The North Dakota Department of Health and Human Se	
Data Source Year	2021	2022	
Provisional or Final ?	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	60.0	70.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source:The North Dakota Department of Health, Division of Family Health and Wellness.Utilizing Federal Fiscal Year Data (October-September) as furnished through interim and annual reporting from MCH grantees.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.Utilizing Federal Fiscal Year Data (October-September) as furnished through interim and annual reporting from MCH grantees.	

ESM BF.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			40	15	20
Annual Indicator		30	8	14	
Numerator					
Denominator					
Data Source		North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	The North Dakota Department of Health and Human S	
Data Source Year		2020	2021	2022	
Provisional or Final ?		Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	25.0	30.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: North Dakota Department of Health. Family Health and Nutrition Program.Data reported is for Federal Fiscal Year.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: North Dakota Department of Health. Family Health and Nutrition Program.Data reported is for Federal Fiscal Year.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022:Data source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit. Data reported is for Federal Fiscal year.	

ESM BF.2 - Number of businesses designated Infant Friendly Workplaces.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			150	155	165
Annual Indicator	133	136	145	155	
Numerator					
Denominator					
Data Source	North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	The North Dakota Department of Health and Human Se	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	175.0	185.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data source: North Dakota Department of Health. Family Health and Wellness Division.Data reported is for federal fiscal year.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data source: North Dakota Department of Health. Family Health and Wellness Division.Data reported is for federal fiscal year.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data source: North Dakota Department of Health. Family Health and Wellness Division.Data reported is for federal fiscal year.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data source:The North Dakota Department of Health and Human Services. Family Health and Wellness Unit. Data is reported for Federal Fiscal year.	

ESM BF.3 - Percent of maternity care staff trained with the EMPower curriculum.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			10	15
Annual Indicator		4.8	49.2	
Numerator		12	123	
Denominator		250	250	
Data Source		North Dakota Department of Health. Fa	The North Dakota Department of Health and Human Se	
Data Source Year		2021	2022	
Provisional or Final ?		Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	20.0	25.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data source: North Dakota Department of Health. Family Health and Wellness Division.EMPower Training Measures Tool – Excel document. Completed by birthing hospital. Data reported is for federal fiscal year.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data source: The North Dakota Department of Health and Human Services. Family Health and Wellness Unit. EMPower Training Measures Tool – Excel document. Completed by birthing hospital. Data reported: FFY	

ESM PA-Child.1 - Number of communities actively involved with the physical activity / nutrition strategies.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			30	24
Annual Indicator	0	0	20	
Numerator				
Denominator				
Data Source	North Dakota Department of Health. Family Health a	North Dakota Department of Health. Family Health a	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	28.0	32.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: North Dakota Department of Health. Family Health and Wellness Division.Data reported is for federal fiscal year.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: North Dakota Department of Health. Family Health and Wellness Division. The data reported is for Federal Fiscal Year. This ESM: 8.1.1- was modified with wording change to capture data for Federal Fiscal Year 2022.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data source: The North Dakota Department of Health and Human Services. Family Health and Wellness Unit. This ESM: 8.1.1- was modified with wording change to capture data for Federal Fiscal Year 2022.	

ESM AWV.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.

Measure Status:			Active	
State Provided Data				
	2020	**2021**	**2022**	**2023**
Annual Objective			26	28
Annual Indicator	24.9	29.8	29.8	
Numerator	1,961	2,721	2,721	
Denominator	7,863	9,117	9,117	
Data Source	North Dakota Department of Human Services, Early a	North Dakota Department of Human Services, Early a	Data Source-The North Dakota Department of Health	
Data Source Year	2020	2021	2021	
Provisional or Final ?	Final	Final	Provisional	

Annual Objectives		
	2024	**2025**
Annual Objective	30.0	32.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: North Dakota Department of Human Services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This is also referred to as Health Tracks. The annual EPSDT report (form CMS-416). Data reported is federal fiascal year.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: North Dakota Department of Human Services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This is also referred to as Health Tracks. The annual EPSDT report (form CMS-416). Data reported is federal fiascal year.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health & Human Services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This is also referred to as Health Tracks. The annual EPSDT report (form CMS-416). Data is for federal fiscal year. The data reported is for Federal Fiscal Year 2021.	

ESM AWV.2 - Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			330	310
Annual Indicator	293	358	272	
Numerator				
Denominator				
Data Source	North Dakota's Electronic Surveillance System for	North Dakota's Electronic Surveillance System for	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	290.0	270.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
Data Source: North Dakota's Electronic Surveillance System for the Early Notification of Community-Based Epidemics (Essence). This system captures syndromic surveillance data from approximately 84% of hospitals in the state. Data reported is for the calendar year.
Note: Data for this specific query indicates those with a sole or primary reason for the visit as being related to depression. These numbers represent a syndrome definition that utilizes both ICD-10 codes and the chief complaint with key words. Not every hospital submits both ICD-10 and chief complaint. Some hospitals only submit data on ND residents, so transient populations may not be included. Finally, an increase in the number may be due to actual increases or could be due to an increase in the number of facilities participating.

2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
Data Source: North Dakota Department of Health. North Dakota's Electronic Surveillance System for the Early Notification of Community-Based Epidemics (Essence). This system captures syndromic surveillance data from approximately 84% of hospitals in the state.Data reported is for the calendar year.

Note: Data for this specific query indicates those with a sole or primary reason for the visit as being related to depression. These numbers represent a syndrome definition that utilizes both ICD-10 codes and the chief complaint with key words. Not every hospital submits both ICD-10 and chief complaint. Some hospitals only submit data on ND residents, so transient populations may not be included. Finally, an increase in the number may be due to actual increases or could be due to an increase in the number of facilities participating.

3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
Data Source:The North Dakota Department of Health & Human Services. North Dakota's Electronic Surveillance System for the Early Notification of Community-Based Epidemics (Essence).

CY 2023: Here is the description of ND Essence: The Electronic Surveillance System for the Early Notification of Community-Based Epidemics (Essence), captures syndromic surveillance data from approximately 84% of the hospitals in the State. This data consists of emergency department, urgent care and walk-in-clinic visit information. The purpose is to capture and analyze health-indicator data to identify abnormal health conditions, events, and enable early detection of outbreaks.

Caveats of this data:
1.These numbers represent a syndrome definition that utilizes both ICD-10 codes and chief complaint which looks for key words. These should not be considered a true "number of cases." Syndromes may also contain "noise" meaning that the syndrome data may count actual non-related events.
2.NOT every hospital submits both ICD and chief complaint so some visits may be missing.
3.Some hospitals only submit data on ND residents. Transient populations may not be included; therefore, underestimating the impact.
4.Increase in number may be due to actual increases or it may be due to increase in number of facilities participating.

ESM TR.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective		80	80	85	90
Annual Indicator	73.6	74.4	81.2	70.6	
Numerator	81	99	125	96	
Denominator	110	133	154	136	
Data Source	The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health	
Data Source Year	2019	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	95.0	100.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2019-North Dakota Department of Health, Division of Special Health Services. Client data listed in PRS through SHS multidisciplinary clinics indicating receiving a transition assessment. Data Issues: None Note: The data is collected based on state fiscal year (July through June).	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2019-North Dakota Department of Health, Division of Special Health Services. Client data listed in PRS through SHS multidisciplinary clinics indicating receiving a transition assessment. Data Issues: None Note: The data is collected based on State fiscal year (July through June).	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2019-North Dakota Department of Health, Division of Special Health Services. Client data listed in PRS through SHS multidisciplinary clinics indicating receiving a transition assessment. Note: The data is collected based on State fiscal year (July through June).	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.Utilizing State Fiscal Year Data as Reported by SHS Grantees.SFY-The data is collected based on State Fiscal Year (SFY) (July through June).	

ESM TR.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.

Measure Status:				Active	
State Provided Data					
	2019	**2020**	**2021**	**2022**	**2023**
Annual Objective			10	10	8
Annual Indicator		8	8	6	
Numerator					
Denominator					
Data Source		The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health and Human S	
Data Source Year		2020	2021	2022	
Provisional or Final ?		Final	Final	Final	

Annual Objectives		
	2024	**2025**
Annual Objective	10.0	12.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: The North Dakota Department of Health. Division of Special Health Services. Data reported is for federal fiscal year.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: The North Dakota Department of Health. Division of Special Health Services. Data reported is for federal fiscal year.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.Utilizing Federal Fiscal Year Data.FFY	

ESM TR.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.

Measure Status:	Active

State Provided Data					
	2019	2020	2021	2022	2023
Annual Objective			2	3	4
Annual Indicator		1	0	0	
Numerator					
Denominator					
Data Source		The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health and Human Se	
Data Source Year		2020	2021	2022	
Provisional or Final ?		Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	5.0	6.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: The North Dakota Department of Health. Division of Special Health Services. Utilizing Federal Fiscal Year Data.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: The North Dakota Department of Health. Division of Special Health Services. Data reported is for federal fiscal year.. Note: Due to COVID 19,educational opportunities were not provided to school personnel.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.Utilizing Federal Fiscal Year Data.FFY.	

ESM TR.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.

Measure Status:	Active

State Provided Data				
	2020	2021	2022	2023
Annual Objective			13	16
Annual Indicator	3.6	10.6	16.1	
Numerator	286	763	919	
Denominator	7,902	7,170	5,709	
Data Source	The North Dakota Department of Health. Division of	The North Dakota Department of Health. Division of	The North Dakota Department of Health and Human S	
Data Source Year	2020	2021	2022	
Provisional or Final ?	Final	Final	Final	

Annual Objectives		
	2024	2025
Annual Objective	19.0	22.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data Source: The North Dakota Department of Health. Division of Special Health Services. Data reported is for federal fiscal year.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Data Source: The North Dakota Department of Health. Division of Special Health Services. Data reported is for federal fiscal year.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: CY 2022: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.Utilizing Federal Fiscal Year Data.FFY.	

Form 10
State Performance Measure (SPM) Detail Sheets

State: North Dakota

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.
Population Domain(s) – Cross-Cutting/Systems Building

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>By 2025, Increase the number of car seat checkups offered by the NDDoH for North Dakotans from 69 to 100 (5-year average).</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of car seat checkups offered through the NDDoH for the calendar year.</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Healthy People 2030 Objective:</td><td>IVP-1 Reduce fatal and nonfatal injuries
IVP-2 Reduce fatal and nonfatal traumatic brain injuries
IVP-2.1Reduce fatal traumatic brain injuries
IVP-3.1Reduce fatal spinal cord injuries
IVP-13 Reduce motor vehicle crash-related deaths
IVP-16 Increase age-appropriate vehicle restraint system use in children</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The North Dakota Department of Health (NDDOH), the North Dakota Department of Transportation,and the National Digital Car Seat Check Form:

https://carseatcheckform.org/national-dashboard</td></tr>
<tr><td>Significance:</td><td>Enhancing roadway safety is critical to the health and well-being of the citizens of North Dakota and to the others who travel on North Dakota roads. The North Dakota Vision Zero program is based on the premise that even one crash related death is unacceptable. North Dakota’s Vison Zero’s core principle acknowledges motor vehicle crash deaths are preventable. Human error on the roadway necessitates safeguards to reduce crash fatalities and an interdisciplinary, data-driven approach provides the foundation.</td></tr>
</table>

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.
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	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.
Definition:	**Unit Type:** Text **Unit Number:** Yes/No **Numerator:** North Dakota Title V/Maternal Child Health mandates implemented. **Denominator:**
Healthy People 2030 Objective:	Reduce the rate of infant deaths — MICH-02 Increase the proportion of newborns who get screened for hearing loss by age 1 month — HOSCD-01 Reduce maternal deaths — MICH-04 Increase the proportion of women who get screened for postpartum depression — MICH-D01 Increase the proportion of children who receive a developmental screening — MICH-17 Increase the proportion of children with developmental delays who get intervention services by age 4 years — EMC-R01 Increase the proportion of children and adolescents who receive care in a medical home — MICH-19 Increase the proportion of children and adolescents with special health care needs who have a system of care — MICH-20
Data Sources and Data Issues:	North Dakota Century Code, North Dakota Administrative Code for the North Dakota Department of Health and Human Services, and the Title V/Maternal and Child Health Program.
Significance:	Priorities are often influenced by state mandates, which in turn, are generally reflective of expressed need within the state over time. Inclusion of these mandates epitomizes the successful federal/state partnership by honoring a state’s unique priorities.

SPM 3 - Maternal and Child Health (MCH) Workforce Development-The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program.
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	To support workforce development of state Title V leaders, staff, and partners to meet current public health MCH policy and programmatic imperatives around health transformation, including ongoing transformation of the Title V Block Grant.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** The number of individuals enrolled in the Maternal and Child Health (MCH) Certificate Program. **Denominator:**
Healthy People 2030 Objective:	Increase the proportion of state public health agencies that use core competencies in continuing education — PHI-06 Increase the proportion of local public health agencies that use core competencies in continuing education — PHI-07 Increase the proportion of tribal public health agencies that use core competencies in continuing education — PHI-D01 Increase the proportion of territorial public health agencies that use core competencies in continuing education — PHI-D02 Explore and expand practice-based continuing education for public health professionals — PHI-R01 Expand public health pipeline programs that include service or experiential learning — PHI-R02 Increase use of core and discipline-specific competencies to drive workforce development — PHI-R03 Monitor and understand the public health workforce — PHI-R04 Monitor the education of the public health workforce — PHI-R05
Data Sources and Data Issues:	Data Source: The North Dakota Department of Health (NDDoH), tracking and reporting from the North Dakota State University's contract.
Significance:	Maternal and Child Health (MCH) leadership involves a set of specific qualities and characteristics, including understanding MCH values, mission and goals, possession of core knowledge of MCH populations and needs, and pursuit of new knowledge and skills throughout one's career. North Dakota's workforce training needs include MCH leadership development, increasing understanding about health reform, adaptive skills to lead through change, skills to work effectively within integrated systems, and skills to measure the quality and return on investment of current programs.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: North Dakota

No State Outcome Measures were created by the State.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: North Dakota

ESM WWV.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.
NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Measure Status:	Active
Goal:	To increase the number of women, ages 18 through 44 who have an annual preventive visit.
Definition:	**Unit Type:** Count **Unit Number:** 100 **Numerator:** Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees. **Denominator:**
Data Sources and Data Issues:	The North Dakota Department of Health & Human Services, Family Health and Wellness Unit. Utilizing Federal Fiscal Year Data (October-September) as furnished through interim and annual reporting from MCH grantees.
Evidence-based/informed strategy:	The strategy for this measure focuses greatly on the ability to partner with others, both at the state and local level. Local, trusted organizations are trusted leaders in their communities. When these organizations serve as messengers—providing group-based education to the low-income and minority women they serve--this is an effective and evidence-based strategy for improving well-woman care. According to the MCH Evidence database, community-based group education is an evidence-based strategy for improving preventative health visits for women. (https://www.mchevidence.org/tools/strategies/1-2.php). This is also a key function of the MCH grantees. When groups are based on race/ethnicity--bringing women of similar backgrounds together —the impact of group-based educational activities is highly effective in increasing preventative screening. (https://www.mchlibrary.org/evidence/established-results.php?q=&NPM=1%3A+Well-Woman+Visit&Intervention=Community-Based+Group+Education) In a recent systematic review, medical mistrust among marginalized communities (low socioeconomic status and/or racial ethnic minorities) was directly related to poorer health outcomes.1 By utilizing providers with similar ethnic backgrounds, trust can be gained, and more medical visits might take place.

Significance:	A well-woman or preconception visit provides a critical opportunity to receive recommended clinical preventive services, including screening, counseling, and immunizations, which can lead to appropriate identification, treatment, and prevention of disease to optimize the health of women before, between, and beyond potential pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight and smoking cessation, can be advanced within a well woman visit to promote women's health prior to and between pregnancies and improve subsequent maternal and perinatal outcomes. MCH grantees working towards improving well-woman health through preventative visits have been chosen though a participatory grant making process. Participatory grant making is an equitable, flexible, and progressive strategy for allocating funding. This is especially beneficial for partners with limited grant-writing experience, as they are invited to share a brief, informal proposal and budget. There is shared decision making between partners, and they mutually determine funding levels for each of the proposed projects. Utilizing data obtained through these MCH grantees will better gauge potential gaps and allow for focused funding efforts throughout the priority cycle. Successful projects showing positive trends also have the opportunity for duplication in other areas of the state, particularly to underserved communities or specific populations of women unable to obtain preventative services.

ESM WWV.4 - The percentage of women receiving women's preventative health educational materials.
NPM – Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV

Measure Status:	Active
Goal:	To increase the awareness of women, ages 18 through 44 who receive education regarding the importance of annual preventative visits.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of educational materials disseminated to women seen at pilot sites. **Denominator:** Total number of women 18 through 44 seen at the pilot sites.
Data Sources and Data Issues:	The North Dakota Department of Health and Human Services Data will be obtained from five pilot sites per calendar year assessing the number of educational materials disseminated to women being seen at these locations.
Evidence-based/informed strategy:	In an effort to improve knowledge and provide education to women, educational materials regarding preventative health and well-woman care will be integrated into five pilot sites that serve lower-income, minority women. These sites will provide education to women that may not get health information through traditional health sources and may be harder to reach. The organizations providing the information will likely be trusted messengers in their community, helping to reduce medical mistrust. According to the MCH Evidence database, community-based group education is an evidence-based strategy for improving preventative health visits for women. (https://www.mchevidence.org/tools/strategies/1-2.php). According to the MCHbest Strategy Database, (https://www.mchevidence.org/tools/strategies/1-10.php) engagement of other MCH Programs to disseminate information and make referrals for well-woman visits is an effective strategy for improving well woman care. Educational materials that can be provided through other programs, such as home visiting, WIC, and Healthy Start can help connect women to their primary care providers and can be leveraged to improve well woman care.
Significance:	Educational materials that can be provided through other programs, such as home visiting, WIC, and Healthy Start can help connect women to their primary care providers, and since these services are targeted to lower-income women, this strategy fits well with our goal of improving well woman care for lower-income women. This ESM falls in quadrant 2, measuring quality of effort, 'how well did we do it?' as we will assess percent of women in other evidence-based MCH Programs who receive information about the well-woman visit. By utilizing this data, Title V staff can more accurately assess the reach of programmatic educational materials and re-strategize if gaps are identified.

ESM BF.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.
NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>200</td></tr>
<tr><td>Numerator:</td><td>Number of businesses who receive information and technical assistance on workplace breastfeeding policies.</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The North Dakota Department of Health and Human Services</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>ESM 4.2. Number of businesses who receive information and technical assistance on workplace breastfeeding policies.
By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 140 to 200.

The Center for Disease Control and Prevention’s (CDC) Guide to Strategies to Support Breastfeeding Mothers and Babies lists intentions to work full-time are associated with lower rates of breastfeeding initiation and shorter duration. The CDC’s Implementation Guide for the Notice of Funding Opportunity: State Physical Activity and Nutrition Program lists evidence demonstrates supportive policies and programs at the workplace enable women to continue providing breast milk for their infants for significant periods after they return to work.

North Dakota Department of Health. Family Health and Nutrition Program.</td></tr>
<tr><td>Significance:</td><td>Number of businesses who receive information and technical assistance on workplace breastfeeding policies. This ESM will provide an indicator of the number of workplaces across the state who have been contacted regarding the Infant Friendly Workplace designation. This can help us track how efforts to provide education translate into workplaces implementing a policy and becoming designated as Infant Friendly.

The Infant Friendly Workplace designation recognizes employers who implement breastfeeding support policies addressing adequate break time; a clean, private location for milk expression; and available resources for clean water and breast milk storage for employees. By providing technical assistance and education to employers about how to implement a breastfeeding support policy, more women will be supported at work and breastfeed longer, thereby increasing the percentage of infants who are breastfed exclusively for 6 months, NPM 4b.</td></tr>
</table>

ESM BF.2 - Number of businesses designated Infant Friendly Workplaces.
NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>200</td></tr>
<tr><td>Numerator:</td><td>Number of businesses designated Infant Friendly Workplaces.</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The Center for Disease Control and Prevention’s (CDC) Guide to Strategies to Support Breastfeeding Mothers and Babies lists intentions to work full-time are associated with lower rates of breastfeeding initiation and shorter duration. The CDC’s Implementation Guide for the Notice of Funding Opportunity: State Physical Activity and Nutrition Program lists evidence demonstrates supportive policies and programs at the workplace enable women to continue providing breast milk for their infants for significant periods after they return to work.

The Infant Friendly Workplace designation recognizes employers who implement breastfeeding support policies addressing adequate break time; a clean, private location for milk expression; and available resources for clean water and breast milk storage for employees. By providing technical assistance and education to employers about how to implement a breastfeeding support policy, more women will be supported at work and breastfeed longer, thereby increasing the percentage of infants who are breastfed exclusively for 6 months, NPM 4b.

By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 133 to 200.
The North Dakota Department of Health & Human Services, Family Health and Wellness Unit. Data reported: Federal Fiscal Year (FFY)</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The Infant Friendly Workplace designation recognizes employers who implement breastfeeding support policies addressing adequate break time; a clean, private location for milk expression; and available resources for clean water and breast milk storage for employees. By providing technical assistance and education to employers about how to implement a breastfeeding support policy, more women will be supported at work and breastfeed longer, thereby increasing the percentage of infants who are breastfed exclusively for 6 months, NPM 4b.
ESM 4.3. Number of businesses designated Infant Friendly Workplaces.
By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 133 to 200.</td></tr>
<tr><td>Significance:</td><td>Number of businesses designated Infant Friendly Workplaces. This ESM will provide the number of workplaces across the state who have implemented a policy and became designated as an Infant Friendly Workplace.
The Infant Friendly Workplace designation recognizes employers who implement</td></tr>
</table>

	breastfeeding support policies addressing adequate break time; a clean, private location for milk expression; and available resources for clean water and breast milk storage for employees. By providing technical assistance and education to employers about how to implement a breastfeeding support policy, more women will be supported at work and breastfeed longer, thereby increasing the percentage of infants who are breastfed exclusively for 6 months, NPM 4b.

ESM BF.3 - Percent of maternity care staff trained with the EMPower curriculum.
NPM – A) Percent of infants who are ever breastfed B) Percent of children, ages 6 months through 2 years, who were breastfed exclusively for 6 months (Breastfeeding, Formerly NPM 4) - BF

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the percent of infants who are breastfed and who are breastfed.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of maternity care staff trained with the EMPower curriculum.</td></tr>
<tr><td>Denominator:</td><td>Number of maternity care staff.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The NPM 4: Breastfeeding: Evidence Review Report lists hospital policies as having mixed evidence to support breastfeeding initiation.

Training Measures Tool – Excel document. Completed by birthing hospital.
The North Dakota Department of Health & Human Services, Family Health and Wellness Unit. Data reported: Federal Fiscal Year (FFY)</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The EMPower training provides a curriculum to birthing hospitals to train their maternity care staff with five hours of skills-based content. The content aligns with Baby Friendly USA training guidelines and ensures related policies and procedures supportive of breastfeeding are implemented safely within the hospital. By providing training to maternity care staff, more women will experience adequate breastfeeding support in the hospital, thereby increasing the percentage of infants ever breastfed, NPM 4a. Increase the number of hospitals trained maternity care staff with the EMPower training from 55% to 100% by September 30, 2025.</td></tr>
<tr><td>Significance:</td><td>Percent of maternity care staff trained with the EMPower curriculum. This ESM will help us track progress with training at least 80% of maternity care staff within the six birthing hospitals intended to reach.</td></tr>
</table>

ESM PA-Child.1 - Number of communities actively involved with the physical activity / nutrition strategies.
NPM – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day (Physical Activity - Child, Formerly NPM 8.1) - PA-Child

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the percent of children, ages 6-11, who are physically active at least 60 minutes per day.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>75</td></tr>
<tr><td>Numerator:</td><td>Number of communities actively involved with the physical activity / nutrition strategies.</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The North Dakota Department of Health & Human Services, Family Health and Wellness Unit.Data Reported for Federal Fiscal Year (FFY).</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Number of communities actively involved with the physical activity/ nutrition strategies. Working with communities will impact increased physical activity in children and potentially reduce obesity.
The CDC and MCH Navigator websites lists communities with the department of education to design and implement school-based physical activity programs at the state or district level as an example strategy for NPM 8.

Creating or modifying environments to make it easier for people to walk or bike helps increase physical activity and can make our communities better places to live. Communities designed to support physical activity are often called active communities. The Guide to Community Preventive Services recommends strategies to increase physical activity that are related to walkability. Examples include community-scale urban design, street-scale urban design, and improving access to places for physical activity, including providing maps and descriptive information.

https://www.cdc.gov/physicalactivity/community-strategies/index.htm
https://www.mchevidence.org/tools/npm/8-physical-activity.php
Engaging with communities, ND’s tribal, frontier,urban, rural, ND REA’s, FSCS, ND DPI, ND DoH, will elevate physical activity as a priority throughout the state by bringing multiple partners together to advance and align work across North Dakota agencies.</td></tr>
<tr><td>Significance:</td><td>Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Physical activity in children and adolescents improves bone health, weight status, cardiorespiratory and cardiometabolic health, and brain health, including improved cognition and reduced depressive symptoms. Physical activity reduces the risk of early life risk factors for cardiovascular disease, hypertension, Type II diabetes, and osteoporosis. In addition to aerobic and muscle-strengthening activities, bone-strengthening activities are especially important for children</td></tr>
</table>

and young adolescents because the majority of peak bone mass is obtained by the end of adolescence.
U.S. Department of Health and Human Services. Physical Activity Guidelines for Americans, 2nd edition. Washington, DC: U.S. Department of Health and Human Services; 2018. https://health.gov/sites/default/files/2019-09/Physical_Activity_Guidelines_2nd_edition.pdf

By Engaging with new communities, tribal frontier, rural, urban ND REA's, FSCS, ND DPI, ND DoH, will elevate physical activity as a priority throughout the state by bringing multiple partners together to advance and align work across North Dakota agencies.
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ESM AWV.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.
NPM – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the number of Medicaid EPSDT eligible adolescents that receive at least one initial or periodic screen.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen during the past year.</td></tr>
<tr><td>Denominator:</td><td>Number of Medicaid EPSDT eligible adolescents ages 15 through 18 during the past year.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>State-level data obtained from the North Dakota Department of Human Services, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program. This is also referred to as Health Tracks.

Supporting information for Medicaid obtained from the Kaiser Family Foundation (KFF).</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>The goal of this measure is to increase the number of Medicaid EPSDT eligible adolescents that receive at least one initial or periodic screen. The Bright Futures Guidelines, created by the American Academy of Pediatrics (AAP) recommend that adolescents have an annual checkup from age 11 through 21. Ensuring adolescents are being seen at least once per year will assist with preventing adverse health outcomes and minimize risky behaviors. These annual preventative visits will offer the opportunity for adolescents to seek information address concerns while receiving proper education and resources from their health care providers.

EBP Data Sources:
•Bright Futures/AAP</td></tr>
<tr><td>Significance:</td><td>Adolescents face a variety of health risks and health problems including unintended pregnancies, sexually transmitted diseases, substance-use disorders, and depression, among others. Getting an annual well-visit provides an opportunity for adolescents to discuss any physical, emotional, and behavioral health issues they may have.

Medicaid provides comprehensive benefits for children, known as Early Periodic Screening Diagnosis and Treatment (EPSDT) services. Medicaid also provides health and long-term care for millions of America’s poorest and most vulnerable people. By working towards improving the number of Medicaid-eligible adolescents receiving their annual EPSDT visit, progress will be made with the sector of the adolescent population that needs it the most.</td></tr>
</table>

ESM AWV.2 - Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year.
NPM – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To decrease the number of adolescent emergency department (ED) visits for depression-related issues.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>1,000</td></tr>
<tr><td>Numerator:</td><td>Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) for depression within the last year.</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>North Dakota’s Electronic Surveillance System for the Early Notification of Community-Based Epidemics (Essence). This system captures syndromic surveillance data from approximately 84% of hospitals in the state.

Data for this specific query indicates those with a sole or primary reason for the visit as being related to depression. These numbers represent a syndrome definition that utilizes both ICD-10 codes and the chief complaint with key words. Not every hospital submits both ICD-10 and chief complaint. Some hospitals only submit data on ND residents, so transient populations may not be included. Finally, an increase in the number may be due to actual increases or could be due to an increase in the number of facilities participating.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Evidence-based / informed strategy:The goal of this measure is to reveal improvement with access to preventative screening and routine behavioral health care if a decrease in depression-related encounters in the ED setting is noted.

EBP Data Sources:
•Bright Futures/AAP
•World Health Organization (WHO)
•National Alliance on Mental Illness (NAMI)</td></tr>
<tr><td>Significance:</td><td>According to the World Health Organization, adolescence is a crucial period for developing and maintaining social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; taking regular exercise; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Supportive environments in the family, at school and in the wider community are also important. An estimated 10-20% of adolescents globally experience mental health conditions, yet these remain underdiagnosed and undertreated.

Adolescents with mental health conditions are in turn particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviors, physical ill-health and human rights violations.

It is crucial for access to behavioral health services and screenings be monitored closely, since the National Alliance on Mental Illness emphasizes that mental health screenings allow for early identification and intervention. Early identification and treatment leads to better outcomes. Early treatment may also lessen long-term disability and prevent years of suffering.</td></tr>
</table>

ESM TR.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.
NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of individuals ages 14 through 21 receiving transition assessments in SHS multidisciplinary clinics annually.</td></tr>
<tr><td>Denominator:</td><td>Number of individuals ages 14 through 21 served in SHS multidisciplinary clinics annually.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The North Dakota Department of Health. Division of Special Health Services (SHS). SHS will utilize State Fiscal Year Data as reported by SHS contract grantees to determine the number of transition assessments that were completed within the clinic for individuals ages 14 through 21.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>It is important for North Dakota to not only fund various projects that develop infrastructure and capacity, but to also expand contracted clinic requirements to include quality improvement methods regarding transition assessments completed. This is essential to further enhance and increase utilization that is required for successful transitions from pediatric to adult health care.

According to GotTransition, use of a standardized transition readiness assessment (TRA) is helpful in engaging youth and parents/caregivers to set health priorities, addressing self-care skill needs to prepare them for an adult approach to care at age 18, and preparing them to independently use health care services. Clinicians can use the results of the TRA to jointly develop a plan of care with youth and parents/caregivers.

Funding projects to support health care transition and expanding reporting requirements will provide an opportunity for all young adults being seen in the clinic the chance to complete a TRA and empower themselves to become self-advocates. Health care providers will also have an opportunity to readily educate and address concerns from the child and their parent/guardian.

EBP Data Sources:
•GotTransition</td></tr>
<tr><td>Significance:</td><td>While North Dakota continually strives to improve upon transition, the state continues to trend below the national average on transition-related measures. This ESM focuses on ensuring TRAs are being completed by clinic grantees making it significant as it will provide valuable data to indicate the number of TRAs that are being completed within the clinics. This data will aid in determining the impact of these assessments, reveal any barriers or obstacles young adults are facing while in the transition phase, and will aid in activity and strategy development for stakeholders in North Dakota.</td></tr>
</table>

Establishing, enhancing, and continuously building upon TRA processes by making evidence-based decisions will aid in process improvement and drive change to ensure all steps that are necessary for transition are being adequately addressed by clinic staff.

Ensuring all clinic grantees are not only completing transition assessments with the child but taking the opportunity to provide transition education and address areas of concern is essential to certify young adults have the ability and confidence to take charge of their own health and develop a unique plan of care tailored to their own needs.

ESM TR.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.

NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Count</td></tr>
<tr><td>Unit Number:</td><td>50</td></tr>
<tr><td>Numerator:</td><td>Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.</td></tr>
<tr><td>Denominator:</td><td></td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>North Dakota Department of Health. Division of Special Health Services (SHS) will utilize Federal Fiscal Year Data to determine the number of educational opportunities that were provided to health care providers.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>A core goal for North Dakota is to increase and enhance transition-focused education to health care providers and professionals. According to GotTransition, an updated systematic review of health care transition (HCT) studies published between May 2016 and December 2018 found statistically significant positive outcomes for youth with special health care needs as a result of a structured transition process. Providing various educational opportunities regarding the importance of HCT to health care professionals across North Dakota is vital to achieve a consistent, comprehensive, and successful transition for all young adults.
Providing education on GotTransition’s Six Core Elements of Transition will aid providers in defining the basic components of a structured HCT process. This HCT approach, recommended in the 2018 AAP/AAFP/ACP Clinical Report, can be customized for clinics/practices/health systems serving youth and parents/caregivers.
A 2020 review by the Journal of Pediatric Nursing found that a structured HCT process for youth with special health care needs can show improvements in adherence to care, disease-specific measures, quality of life, self-care skills, satisfaction with care, health care utilization, and HCT process of care.
With more education being offered and distributed to health care professionals on evidence-driven strategies, there will be an increase in awareness and knowledge regarding successful HCT processes. Addressing transition early will help mitigate potential issues and prepare youth for upcoming changes.

EBP Data Sources:
•GotTransition
•Journal of Pediatric Nursing
•AAP/AAFP/ACP</td></tr>
<tr><td>Significance:</td><td>This ESM will provide valuable insight into the number of educational opportunities on HCT are currently being offered. It will also reveal areas of education health care providers are seeking. This is a valuable opportunity for Title V staff to partner with health care providers to educate and support practice initiatives focused on preparation for transition to adulthood, including providing technical assistance to practices on using the Six Core Elements resources. This measure will put HCT on the radars of health care professionals and assist in successful transitions.</td></tr>
</table>

ESM TR.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.

NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR

Measure Status:	Active
Goal:	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.
Definition:	**Unit Type:** Count **Unit Number:** 50 **Numerator:** Number of educational opportunities provided to school personnel from Title V regarding health care transition. **Denominator:**
Data Sources and Data Issues:	North Dakota Department of Health, Division of Special Health Services. Utilizing Federal Fiscal Year Data (Education to school staff)
Evidence-based/informed strategy:	The strategy for this measure is to increase and enhance health care transition education to school personnel from Title V staff through various methods. For a child with special health care needs, it often helps to begin planning for this transition in conjunction with the Individualized Education Plan (IEP) transition planning at school, which often begins around age 14. Communication among members of the student's healthcare team outside the school and the school multidisciplinary team, including the school nurse, is critical to identifying the transition needs of the student and determining how to best address those needs (AAP, 2016). EBP Data Sources: •American Academy of Pediatrics •GotTransition •National Association of School Nurses (NASN) .
Significance:	Children spend a significant amount of time in the school setting. According to the North Dakota Department of Public Instruction, middle school and high school students are required to have at least 1,050 hours of instruction time. By providing the school staff with education around health care transition and the tools, like the GotTransition Six Core Elements, they can utilize this information to educate adolescents. This will improve the number of students that receive proper information and help adolescents with a successful transition into adult healthcare. According to the National Association of School Nurses (NASN), at the policy development and implementation level, school nurses provide system-level leadership and act as change agents, promoting education and healthcare reform. The school nurse can improve the quality of life for students and families through development and implementation of a transition plan to promote student health, academic success, and success in postsecondary endeavors.

ESM TR.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.
NPM – Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transitions to adult health care (Transition, Formerly NPM 12) - TR

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>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.</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of families served by family support grantees receiving support, education and/or training on healthcare transition.</td></tr>
<tr><td>Denominator:</td><td>Total number of families served for all outcomes by family support grantees.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>The North Dakota Department of Health, Division of Special Health Services.

Utilizing Federal Fiscal Year Data (October-September) as furnished in a report by Family Voices of North Dakota. (Percent of families with transition as the area of service provided).</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>. The strategy for this measure is to provide funding to family support organizations that will train or assist families in expanding knowledge and leadership capacity around health care transition. Family engagement plays a crucial role in successfully delivering health care services. Family participation engages families in the planning development and evaluation of programs and policies at the community, organizational and policy levels (Association of Maternal and Child Health Programs [AMCHP], 2010). Data collection will show the impact that family support has on developing successful transition plans.

EBP Data Sources:
•AMCHP
•Family Voices</td></tr>
<tr><td>Significance:</td><td>Families of children with special health care needs (CSHCN) face complex challenges, many of which only another family with similar challenges may understand. Family-to-Family Information Centers, are a vital resource for families, and provide assistance with finding appropriate care, referrals to providers, and a range of other services (Family Voices, 2020). Family engagement plays a crucial role in successfully delivering health care services. Family participation engages families in the planning development and evaluation of programs and policies at the community, organizational and policy levels (Association of Maternal and Child Health Programs [AMCHP], 2010). Family support in North Dakota helps families feel empowered, build confidence, and become resilient, which results in optimal health and an improved quality of life for children and their families across the state. According to AMCHP, the most successful programs are those that require involvement from parents and families, regularly teach and train their staff about the importance of family engagement and provide guidance for family and staff on effective methods of enhancing family engagement (AMCHP, 2016; Family Voices, 2008).</td></tr>
</table>

Form 11
Other State Data

State: North Dakota

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
Part 1 – MCH Data Access and Linkages

State: North Dakota

Annual Report Year 2023

None

Form Notes for Form 12:

None

Field Level Notes for Form 12:

None

Form 12
Part 2 – Products and Publications (Optional)

State: North Dakota

Annual Report Year 2023

Products and Publications information has not been provided by the State.