

Child Health Needs Annual Plan

North Dakota Maternal and Child Health Priority Goal: Improve accessibility to healthy food options through community resources, such as schools, food banks, health units, etc. (October 1, 2026-September 30, 2027).

As part of North Dakota's Maternal and Child Health (MCH) priorities, addressing household food sufficiency and improving access to nutritious foods remains a critical focus. The 2025 Needs Assessment identified food sufficiency as a top child health performance measure, with widespread stakeholder concern about limited access to healthy, affordable foods, particularly in low-income and rural communities. These barriers contribute to poor nutrition, reduced dietary variety, and higher rates of chronic conditions such as obesity, diabetes, and hypertension. Food insecurity is also linked to mental health challenges, including chronic stress, anxiety, and depression, effects that are especially pronounced among families with children. Reliance on inexpensive, highly processed foods further worsens long-term health outcomes and overall quality of life. These impacts can span generations, underscoring the need for sustainable, systemic solutions.

In response, the North Dakota Department of Health and Human Services (NDDHHS) MCH program prioritizes policy, systems, and environmental (PSE) change strategies aimed at building community-level capacity and improving access to healthy, whole foods. These upstream efforts are central to the MCH mission of creating a universal, accessible system of care that supports the health and well-being of all children and families, especially those at the greatest risk.

By 2030, the North Dakota MCH program will collaborate with Local Public Health Units (LPHUs) and community-based organizations to increase the percentage of children ages 0–11 living in food-sufficient households from the current baseline of 68.7% to 73.5%, as measured by the National Survey of Children's Health (NSCH). This target reflects the state's commitment to addressing social and environmental influences on health and promoting access to nutritious foods.

According to the 2023–2024 NSCH (two-year combined estimate), 66.8% of North Dakota children ages 0–11 could always afford to eat good, nutritious meals, compared to 67.7% nationally. This represents a decline from the 2022–2023 estimate (68.7% in

North Dakota; 68.6% nationally) and from the 2021–2022 estimate (72.1% in North Dakota; 71.2% nationally). Although the decrease is not considered statistically significant, the downward trend highlights an ongoing issue that must be addressed.

Feeding America’s “Map the Meal Gap” reports North Dakota food insecurity rates of 4.8% in 2020, 5.5% in 2021, 8.5% in 2022, and 9.9% in 2023, indicating a clear increase in household food insecurity across the state.

The National Outcome Measure (NOM) for the Child Health domain is the percent of children ages 0–17 who have experienced two or more adverse childhood experiences (ACEs), according to the NSCH. In the 2023–2024 NSCH, 20% of North Dakota children ages 0–17 experienced two or more ACEs, compared to 17.1% nationally. Previous estimates include 19.6% in 2022–2023 (North Dakota) and 17.2% nationally, and 17.8% in 2021–2022 (North Dakota) compared to 17.2% nationally.

Based on the data and stakeholder input, one Evidence-Based or Informed Strategy Measure (ESM) will be implemented to address food insufficiency and improve health outcomes. This ESM aims to increase the percentage of children ages 0–11 living in food-sufficient homes from 68.7% to 73.5%, as measured by the NSCH.

These strategies are grounded in evidence demonstrating the effectiveness of local food systems in increasing access to nutritious foods, promoting healthy eating habits, and strengthening community involvement. By embedding these initiatives within schools and community settings, the North Dakota MCH program aims to enhance food sufficiency and support lifelong healthy behaviors for children and families.

NDDHHS will provide funding to LPHUs and community-based organizations to support the implementation of strategies that increase access to fresh fruits and vegetables and create healthier environments for children and families. This funding will support evidence-based approaches and tools that promote nutrition and healthy eating behaviors.

LPHUs and community organizations will be encouraged to select from a set of evidence-informed resources, including:

- Farm to School, guided by the Bismarck Burleigh Public Health Farm to School Toolkit (farmtoschool.org)
- Farm to Table, supported by the Cavalier County Health District Farm to Table Toolkit
- Strategies from The Community Guide (focused on gardening interventions to increase fruit and vegetable intake among children)

- Guidance from the Centers for Disease Control and Prevention’s Healthy Kids/Nutrition evidence review

These resources were selected to support expansion of Farm to School, Farm to Early Care and Education (ECE), Farm to Table, and community garden efforts statewide. The goal is to increase access to fresh, nutritious foods while fostering sustainable, community-based environments that support improved outcomes for North Dakota children.

To support expansion of food sufficiency initiatives, the School Health Specialist will develop a Request for Proposal (RFP) for release to partners. Applicants will be required to submit an action plan, budget template, and summary and narrative proposals outlining their strategies to enhance access to healthy foods using evidence-based approaches. Contracts are projected to begin October 1, 2026.

MCH will also continue supporting the Central Regional Education Association (CREA), home to the North Dakota Full-Service Community Schools Consortium (NDFSCS), which includes four schools statewide. The School Health Specialist will remain on the NDFSCS advisory team, contributing to the strategic direction of school-based initiatives.

NDFSCS provides coordinated support services for students and families across the following pipeline areas:

- Early Childhood Development
- Family Engagement
- Remedial and Academic Enrichment Activities
- Wellness
- Juvenile Justice and Delinquency Prevention
- Workforce Readiness
- Community-Based Support
- Mentoring and Youth Development Programs.

MCH funding will specifically support the Wellness pipeline, with a focus on nutrition (food sufficiency), physical activity, and behavioral health. Participating schools have already implemented strategies such as school food pantries, Meal Repack programs, hydroponics, and school gardens.

To sustain and scale these efforts, NDFSCS will be encouraged to continue:

- Monthly site coordinator network meetings
- Regular one-on-one check-ins with each school
- Ongoing action planning to strengthen wellness initiatives

This partnership reflects MCH's commitment to supporting school-based, community-driven models that advance food sufficiency and support positive developmental outcomes.

As funding allows, MCH will also provide financial support to tribal partners implementing nutrition-focused strategies. MCH will work closely with the NDDHHS Community Engagement Unit (CEU), Tribal Liaisons, and MCH staff to build and strengthen relationships that honor tribal sovereignty and community priorities. These efforts will support culturally relevant, sustainable approaches to improving food access and health outcomes in tribal communities.

If additional funding becomes available, North Dakota State University (NDSU) Extension will be encouraged to continue developing and disseminating resources that support nutrition strategies aligned with LPHU and school efforts. NDSU Extension will also be encouraged to maintain and expand its social media outreach and electronic newsletters promoting healthy eating, mindfulness, and positive lifestyle behaviors.

To expand Farm to School, Farm to ECE, Farm to Table, and community garden initiatives across North Dakota, the School Health Specialist will collaborate with the North Dakota Department of Public Instruction (NDDPI) Farm to School Specialist and the North Dakota Department of Agriculture (NDDA) Local Food Marketing Specialist to pursue grant opportunities supporting ECE garden initiatives.

Although North Dakota was not selected for funding through the FARMWISE initiative supported by the Association of State and Public Health Nutritionists (ASPHN), the state was invited to participate in ongoing technical assistance. This opportunity led to the formation of the North Dakota Farm to Early Care and Education Coalition, which includes representatives from:

- NDDHHS (SHS, Tribal Liaison, ND Head Start Collaboration Administrator, Community Engagement Assistant Director)
- NDDPI
- NDDA
- NDSU Extension
- A Local Public Health Unit representative

The coalition meets monthly to share resources, align strategies, and promote improved nutrition education, local food sourcing, and gardening initiatives for young children.

The School Health Specialist will also collaborate with the North Dakota Lives Well pillar of the Rural Health Transformation program, which focuses on healthy eating and physical activity, by participating in strategic meetings and supporting the development of resources that promote healthy living for children and families.

To enhance nutrition surveillance, the NDDHHS expanded its data collection tools beginning in 2023. Three maternal nutrition questions were added to the Pregnancy Risk Assessment Monitoring System (PRAMS) starting June 1, 2023. The NSCH also remains a key source of parent-reported dietary data for children ages 1–5. These enhanced data sources will inform strategic planning, program development, and evaluation within the MCH program.

Community collaboration remains a cornerstone of MCH efforts. The NDDHHS MCH program maintains strong partnerships, including with the Women, Infants, and Children (WIC) program, which plays a vital role in supporting nutrition for pregnant women, infants, and young children. WIC promotes breastfeeding, provides nutrition education, offers nutritious food packages, and collects anthropometric data for assessment and referral. This collaboration strengthens the system of care and aligns with MCH goals to promote access and improve outcomes across the life course.

MCH staff will continue to collaborate with partners including:

- North Dakota Department of Public Instruction – Farm to School/ECE collaboration
- Regional Education Associations (REA) – partnerships across all seven REAs
- North Dakota Full-Service Community Schools (NDFSCS) – expansion of the Wellness pipeline
- North Dakota Department of Agriculture – collaboration on grant opportunities
- North Dakota Rural Health Transformation Program – coordination on the North Dakota Lives Well Together pillar

North Dakota Maternal and Child Health Priority Goal: Improve care coordination to link the MCH population to essential services and resources (October 1, 2026-September 30, 2027).

The establishment of a medical home is critical to ensure that all children receive the care and support they need to thrive. Medical home care coordination is a proven model for delivering comprehensive, high-quality primary care that emphasizes collaborative partnerships among patients, families, clinicians, and care teams. This model goes beyond traditional clinical practice by addressing the whole child and delivering care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

By integrating these core principles, the medical home model supports not only physical health but also the developmental, emotional, and social needs of children and families. As North Dakota works to strengthen its system of care, embedding medical home strategies across the Child Health domain will help build a more responsive healthcare framework that meets the needs of all children, including those who are underserved or at higher risk.

By 2030, North Dakota Maternal and Child Health (MCH) staff will collaborate with the North Dakota Full-Service Community Schools Consortium (NDFSCS) to improve access to care coordination and increase the percentage of children ages 0–17 receiving medical care coordination services from 75% to 80%, according to the National Survey of Children’s Health (NSCH).

National Performance Measure selected was: Percent of children ages 0–17 who receive needed care coordination (NSCH).

According to the 2023–2024 NSCH (two-year combined estimate), 73.6% of North Dakota children ages 0–17 received needed care coordination, compared to 66.3% nationally. In 2022–2023, 74.9% of North Dakota children received needed care coordination (66.6% nationally), and in 2021–2022, 71.6% received care coordination (68.2% nationally). Although the state consistently performs above the national average, there remains opportunity for improvement.

National Outcome Measure: Percent of children ages 0–17 in excellent or very good health (NSCH).

In 2023–2024, 93.1% of North Dakota children were in excellent or very good health, compared to 89.9% nationally. In 2022–2023, the rate was 92.6% in North Dakota and 90% nationally. In 2021–2022, 92.1% of North Dakota children were in excellent or very good health, compared to 89.9% nationally.

The 2025 MCH Needs Assessment identified key service gaps and priorities for enhancing child health through the medical home model. Stakeholders ranked mental health and substance use support, family support and childcare, and nutrition and exercise support as the top unmet needs. Food sufficiency emerged as the leading child health performance priority, selected by 23% of respondents. In addition, 52% of stakeholders identified care coordination as the most important component of an effective medical home. These findings highlight opportunities to strengthen and integrate support systems within the medical home framework.

In response, Title V staff will incorporate food sufficiency into broader medical home care coordination efforts, ensuring access to nutritious food is recognized as a core component of child health. By aligning stakeholder priorities with MCH strategies, the state will move toward a more comprehensive and coordinated system of care.

To address identified gaps and improve health outcomes, staff will implement an Evidence-Based or Informed Strategy Measure (ESM): Increase the percentage of children ages 0–17, with and without special health care needs, who receive care coordination services necessary for optimal health and well-being (to 80% by 2030), by increasing the number of services offered through the eight NDFSCS pipelines.

The North Dakota Department of Health and Human Services (NDDHHS) seeks to strengthen student and family support systems by funding the Central Regional Education Association (CREA), one of seven Regional Education Associations (REAs) in ND. CREA serves as the fiscal and administrative home for NDFSCS, which currently includes four schools statewide. This initiative addresses student and family needs through a coordinated, school-based service model.

The School Health Specialist (SHS) will continue to serve on the NDFSCS Advisory Team, providing leadership and ensuring alignment with public health goals and cross-sector collaboration.

NDFSCS provides integrated services across eight pipeline areas:

- Early Childhood Development
- Family Engagement
- Remedial and Academic Enrichment Activities
- Wellness
- Juvenile Justice and Delinquency Prevention
- Workforce Readiness
- Community-Based Support
- Mentoring and Other Youth Development Programs.

The Title V staff will provide targeted funding to support all pipeline areas, with an emphasis on implementing medical home care coordination. This model aims to improve outcomes by surrounding students and families with comprehensive, accessible, community-based services.

To sustain and expand this work, NDFSCS will continue to:

- Facilitate monthly Site Coordinator Network meetings to share best practices and maintain consistent implementation
- Conduct one-on-one check-ins with individual schools to assess progress and address challenges
- Support ongoing school site action planning to ensure services are tailored to community needs.

Each participating school has a dedicated Site Coordinator who identifies student and family needs and connects them with appropriate services. Site Coordinators will also collect data on newly identified services to contribute to the state's ESM framework. In addition to strengthening care coordination, MCH funding will reinforce integration of food sufficiency as a priority within the NDFSCS model. By braiding and layering care coordination and food access, the partnership with CREA is expected to deepen service delivery and improve outcomes in participating schools and communities.

The School Health Specialist will develop a Request for Proposal (RFP) to be released to CREA. The RFP will include an action plan, budget template, and summary and narrative proposals describing strategies to support medical home care coordination. Contracts will begin October 1, 2026. This process will enable targeted investments to expand access to comprehensive support services for children and families across North Dakota.

Incorporating medical home elements is essential to improving the quality, effectiveness, and efficiency of care for children. Although the universal medical home performance measure is housed in the Children with Special Healthcare Needs (CSHCN) domain, North Dakota recognizes that all children, not only those with special health needs, should have access to a medical home. The collaborative leadership of the MCH program, including domain leads for CSHCN, Adolescent Health, and Child Health, will align strategies and ensure medical home initiatives are accessible across the lifespan. These efforts will involve braiding resources, sharing data, and coordinating implementation to create a more integrated system of care. Through this coordinated approach, North Dakota aims to advance medical home practices that are sustainable, scalable, and accessible to all who need them.

To strengthen systems of care for school-aged children and adolescents, the Title V staff is expanding collaborative efforts within the Child Health domain. These efforts align multiple programs and funding streams to improve population health outcomes through a braided and layered service model.

The Child Health domain will partner closely with the CSHCN and Adolescent Health domains, as well as external partners including:

- NDDHHS Behavioral Health Division (BHD)
- North Dakota Department of Public Instruction (NDDPI)

These partnerships rely on established monthly interagency meetings, where MCH staff coordinate efforts across public health and education sectors. A key focus is identifying and supporting school-based initiatives already active in North Dakota communities.

One such initiative is the Check & Connect (C&C) program, an evidence-based intervention for at-risk students in grades 5–10, implemented by CREA with funding from NDDHHS BHD. C&C supports student attendance, behavior, and academic success through organized mentorship and continuous monitoring.

C&C Key Components:

- Weekly check-ins with trained adult mentors
- Review of personal academic and behavioral data (GPA, absences, referrals)
- Goal setting and skill-building activities
- Real-time progress tracking via the C&C web-based app
- Involvement of families in celebrating milestones and addressing challenges.

Research demonstrates that early intervention in grades 5–10 significantly improves academic success and healthy decision-making. The Child Health domain will continue to promote and support the Adolescent Health domain's work to expand the number of schools across the state participating in C&C. All four NDFSCS schools currently implement the program.

North Dakota remains committed to strengthening its system of care to support the health and well-being of children and families. Through coordinated efforts that prioritize education, access to resources, and medical home care coordination, the state aims to ensure every child is surrounded by the support necessary to thrive. By fostering cross-sector collaboration among healthcare providers, state agencies, schools, youth, and families, North Dakota is building a more integrated, family-centered system that supports healthy development and successful transitions to adulthood.

Title V staff will continue working with key partners, including but not limited to:

- Central Regional Education Association (North Dakota Full-Service Community Schools)
- North Dakota Department of Health and Human Services – Behavioral Health Division
- North Dakota Department of Public Instruction.

