Maternal and Child Health Services Title V Block Grant

North Dakota

FY 2024 Application/ FY 2022 Annual Report

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Table of Contents

I. General Requirements

I.A. Letter of Transmittal

NORTH Dakota | Health & Human Services
Be Legendary.

June 7, 2023

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 2024 Title V MCH Grant Application and FY 2022 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 58505-0250 | 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 F of the 2021 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 *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January 31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

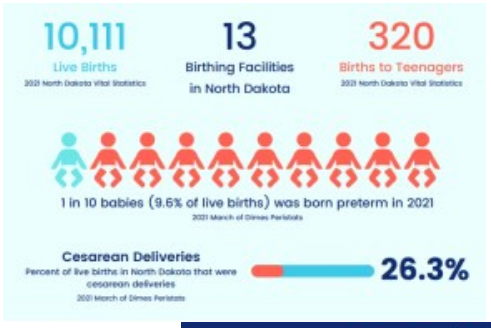
III.A.1. Program Overview

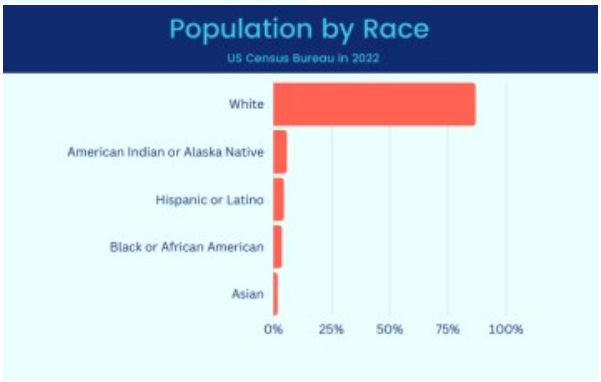
Section III.A.1. Program Overview

North Dakota's Framework:

The vision of the North Dakota Department of Health and Human Services (HHS) is to make North Dakota the healthiest state in the nation. To accomplish the vision, the HHS is committed to delivering one streamlined path to quality, equitable programs, and services; continuing to improve quality, effective, and efficient health and human services; and creating career growth and development opportunities for team members and build a one-team culture. The Public Health Division within HHS includes 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 units provide public health services that benefit North Dakota citizens and ultimately make the state a healthier place to live. The below figure details relevant indicators of the health and well-being of the North Dakota population, including the maternal and child health (MCH) population-based data from the 2020 Census, March of Dimes, and North Dakota Vital Statistics.

North Dakota by Numbers 2023.pdf





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 serves as the Unit Director for the Special Health Services Unit and also serves as a member of the HSC leadership team; thereby, increasing leadership and visibility for MCH within the department.

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 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. Needs assessment of the MCH population in an ongoing collaborative process, one that is critical to program planning and development and enables the state to target services and monitor the effectiveness on interventions that support improvements in the health, safety, and well-being of the MCH population.

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 assisted to help successfully implement the extension of Medicaid eligibility to 12 months postpartum. This officially went into effect on January 1, 2023.

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: For the period of Federal Fiscal Year (FFY) 2022, sixteen new businesses were designated as Infant Friendly Workplaces.

Child domain: Physical activity and nutrition (overall obesity prevention)

- North Dakota Priority: The percentage of children, ages 6 through 11, who are physically active at least 60 minutes per day.

- Significant Accomplishment: North Dakota was chosen as one of three states by the Association of State Public Health Nutritionists to participate in the Children's Healthy Weight State Capacity Building Program. This helps states identify ways to increase MCH nutrition competency and optimize nutrition-related data sources (https://asphn.org/chw-state-capacity-building-program/). North Dakota was also selected for an opportunity to develop a state model in MCH for nutrition integration.

Adolescent domain: Adolescent well visits emphasizing overall health, including depression screening, obesity prevention, and immunization

- North Dakota Priority: Percentage of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

- Significant Accomplishment: North Dakota's Children with Special Health Care Needs (CSHCN) Director, a Title V staff member, and North Dakota Medicaid partners comprised a core team chosen to receive technical assistance from the Center for Healthcare Strategies to improve attendance at annual Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) visits.

Children with Special Health Care Needs (CSHCN) domain: Transition from pediatric to adult health

- North Dakota Priority: Percent of adolescents with and without special health care needs, ages 12 through17, who received services necessary to make transitions to adult health care.

- Significant Accomplishment: Following year-two of data collection, every pediatric provider in the state received a transition toolkit for providers from Got Transition. Sustained work efforts to continue dissemination of transition toolkits will remain an action item for Title V staff.

Crosscutting domain (state priority measure): Maternal and Child Health (MCH) Workforce Development

- 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 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.

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 (MCH) 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.hhs.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 (HHS). In addition, funds are allocated to the Health Statistics and Performance Section in HHS to support data collection and analysis. Collaboration and integration efforts occur not only inside the HHS, 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. 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 North Dakota State University, 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.

Section III.A.3. MCH Success Story

In 2022 the MCH Child Health Domain supported fourteen communities across North Dakota to increase childhood physical activity and nutrition.

Bismarck Burleigh Public Health (BBPH)- A mural (activity maze) was designed to promote physical activity in an indoor zoo building. Movement toolkits were purchased for early childcare facilities and BECEP to keep children physically active during the winter when recess was not an option due to weather. The Bismarck State College's Aquatic Center and the Bismarck Kirkwood Mall installed movement vinyl decals for children and their families to utilize while in those facilities. A tower garden at established at the Bismarck Library to provide leafy greens for all citizens. A bike/walk to school was implemented at a local elementary school in Bismarck. This included 20-minute morning and afternoon opportunities for students to get out and move throughout the day. Over 350 students/staff participated in this program, and they also partnered with a local sporting goods store that would fix bikes if there were any issues. Also, one hundred bike helmets were purchased for children that did not have one, and education was provided on the correct way to wear the helmet. These activities caught a lot of media attention, and the links are provided below.
Moses Moves More and Bike Tune-Up Day

Fargo-Cass Public Health (FCPH)- The Fargo City Commission approved the Child Care Physical Activity ordinance on June 23, 2014. The new health code ordinance standards stipulate that all licensed childcare facilities implement the Child Care Physical Activity Health Code. FCPH also developed "Fast Fuel," a healthy option concession program that has not only been adapted by entities in Fargo, but many of our other grantees have implemented the program in their communities.

North Dakota State University (NDSU) Extension- Most grantees use county extension agents to provide physical activity and nutrition curricula developed for grades K-5. Extension has numerous programs that are utilized by communities across North Dakota.

Full-Service Community Schools (FSCS)- There are six FSCS across the state. Three more schools have committed to becoming FSCS. One school did a color run for the students and their families at one elementary school. Snowshoes were purchased for these schools to use before, during, and after school. Community members are also allowed to check them out. Pickleball was taught in schools to promote lifelong activities.

United Tribes Technical College (UTTC)- Provided PA and nutrition education to 80 students in grades K-6. FITstep, Pro PowerPlus Pack, UltraFit CircuitPro, and Rainbow Pack were purchased for the students. The SPARK curriculum was purchased for students at the elementary school that is embedded on the college campus.

City-County Health Department (CCHD)- Worked with the school district to update the districts wellness policy.

III.B. Overview of the State

Section III.B. Overview of the State

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 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).

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 9th in the nation for the value of crops sold (2017 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).

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. In 2019, the state GDP slightly increased by less than one percent from the previous year (0.9%). In 2019, North Dakota ranked third among all states based on the economic output per working-age adult GDP ($112,454). The median household income in North Dakota in 2019 was $64,577, ranking North Dakota 20th among the 50 states. In 2019, McKenzie County had the highest median household income in the state at $86,890 while Sioux County had the lowest at 37,133 (North Dakota Compass).

For decades, North Dakota experienced out-migration of its young adult population, leaving 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. 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 changing again. From July 1st, 2021 to July 1st, 2022, North Dakota experienced a larger number of people leaving than entering the state, a negative net migration of 1,442 residents. The negative net migration is due to domestic out-migration (-2,710 people) and international in-migration (1,268 people). 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).

While still young compared to most states, North Dakota and most of its counties are getting older. With a median

age 35.8 years in 2022, North Dakota is 3.1 years younger than the national average (median age 38.9 years), according to Vintage 2022 Population Estimates recently released by the US Census Bureau. While North Dakota still looks fairly young overall, in 2022, the median age at the county level greatly varies, ranging from 28.0 (Sioux County) to 54.4 years (Sheridan County). Out of the 53 counties, 43 have a median age older than the state (35.8 years), 39 counties have a median age older than the nation (38.9 years) and seven of those counties have a median age older than 50 years.

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 Census Bureau, in 2021 the white (non-Hispanic) group made up 83.2% of the population compared with 88.9% in 2010. Between 2010 and 2021, the share of the population that is Hispanic/Latino grew the most, increasing 2.4 percentage points to 4.4%. (US Census Bureau).

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 2020, the median age of North Dakota's AI population was 26.8 (US Census Bureau ACS, 2016-2020), approximately eight years younger than North Dakota's overall median age of 35.2 years (US Census Bureau 2020 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. The average age at death for AI is 56.5 years, compared to 75.3 years for the White population (North Dakota Department of Health Division of Vital Records 2021). 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, 24.1% of AI's were estimated to be in poverty in 2020, compared to the overall national poverty rate of 12.8%. In North Dakota, the percent of poverty of AI's was 31.3% during 2016-2020, compared to the overall poverty rate of 10.5% in the state in 2020, and the 2016-2020 national poverty rate for AI was 24.1% (2020, ACS 5-year estimates). The highest point during this timeframe for North Dakota's AI poverty rate was in 2015, at 36.5%, and the lowest was in 2018, at 25.5%. In the nation, North Dakota ranks 17th for the lowest poverty rate among the states in 2020. Since 2015, both the US poverty rate and the North Dakota poverty rates have trended downwards. In 2021, North Dakota had an estimated poverty rate of 10.9% in comparison to the national average of 12.8% (US Department of Agriculture). According to the US Bureau of Labor Statistics, North Dakota has the 4th lowest unemployment rate in the nation at 2.1% (May 2023).

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 44.8% in Sheridan, 41.6%, in Sioux (AI reservation area) to 0.04% 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 2021 SNAP 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 (HHS); although, a close partnership exists between HHS 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) 2022 health care coverage report, 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 2021, 7.3% of North Dakota children under the age of 19 were uninsured, compared to the national average of 5.4%. This report also showed that in 2019, AI children had a higher uninsured rate (18%) compared to White children (5.8%). The rate of uninsured non-elderly individuals under age 65 was 9.2%, compared to the national average of 10.2%.

According to the 2020, American Community Survey (ACS), 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 12.7% of North Dakota adults have a disability, compared to the national average of 13.0% (ND Compass). North Dakotans with disabilities, compared to those without disabilities, were more likely to be of AI descent at 15%, than of white descent at 11% (2020 ACS, 5-year estimates). According to the 2020-2021 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) 37.5%, compared to the nation (42.0%). Also, in the 2020-2021 NSCH, only 55.4% of North Dakota families with CSHCN felt they received effective care coordination if they needed it, and 16.2% 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 (2020-2021 NSCH).

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 29,873 people enrolled in private plans or Qualified Health Plans (QHPs) through the North Dakota exchange during the open enrollment period for 2022 plans. A record-high 29,873 people enrolled in private plans (QHPs) through the North Dakota exchange during the open enrollment period for 2022 plans. Enrollment in North Dakota's exchange had previously peaked in 2021, when 22,709 people enrolled.

North Dakota was one of only a handful of states where exchange enrollment increased every year from 2014 through 2018. In most states that use HealthCare.gov, peak enrollment initially occurred in 2016, with declining enrollment through 2020 (record-high enrollments were the norm for 2022).

For 2023 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 (healthinsurance.org). The overall approved average rate increase for 2023 was approximately 4.4% before subsidies are applied.

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 2023.

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.

The Trump administration began reducing navigator funding in 2017 and again in 2018. When navigator grants were announced in September 2018, only one organization in North Dakota — Family HealthCare Center — received $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, AI's, the justice-involved population, disabled consumers, and Medicaid-eligible populations.

Under the Biden administration, navigator funding grew to record highs in 2021. In North Dakota, Minot State University received Navigator funding that amounted to nearly $1 million in 2021.

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.

In addition to private plan enrollments, North Dakota expanded its Medicaid program under a provision of the ACA. In February 2012, Governor Dalrymple favored the expansion, and the state House approved the measure. Enrollment in Medicaid in North Dakota increased by 72% percent from the end of 2013 to early 2022. Much of that growth has been the result of the COVID pandemic, and the Families First Coronavirus Response Act that prohibits Medicaid eligibility redeterminations during the COVID public health emergency. (healthinsurance.org)

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. The income eligibility limit for children is at 175% of the federal poverty level (FPL). As of March 2023, the total Medicaid and CHIP enrollment was 133,311. (Medicaid.gov and 2023 Kaiser Foundation). On average, North Dakota Medicaid covers one in six children. 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. North Dakota currently covers 11% of women ages 15-49, compared to the national average of 21%.

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 March 2023, the Kaiser Foundation indicated that out of all the monthly North Dakota Medicaid/CHIP enrolled residents, 45% of those were children. This is comparable to the national average of 46%.

Program data from the HHS Special Health Services (SHS) Unit indicated that in Federal Fiscal Year 2022, 84% of the 1,137 children served by SHS had a source of health care coverage. Of these, about 53.4% were privately insured (607); 30.5% were insured by North Dakota Medicaid,16% had no source of coverage, and 8.9% were unknown.

Roles, responsibilities and targeted interests of the department and the influence of the delivery of Title V services:

Legislative activity serves to determine priorities and to identify current and emerging issues. HHS leadership is supportive of having program content expert staff provide testimony on key public health issues.

2023 Legislative session bills of interest for public health included:

HB1111 - a health-related regulation of an international health organization is not enforceable in this state unless enacted through legislation or a signed executive order.

Action: House Human Services concurred with Senate amendments, and it passed in the House, 88 yeas and 3 nays. **Signed by the Governor on 04/06**.

HB1200 – amends and reenacts a section of the state century code, 23-12-20, relating to COVID-19 vaccination and infection information.

Action: Second reading on 04/03 in the Senate failed, 6 yeas and 41 nays.

HB1229 - this is the Cigar Lounge bill. It would severely undercut our smoke-free air law. Tobacco-Free North Dakota is and always will be a steadfast NO on any iteration of this bill.

Action: House Industry, Business, and Labor concurred with Senate amendments, and it passed in the House, 64 yeas and 26 nays. **Signed by the Governor on 04/10** and filed with the Secretary of State on 04/11.

HB1371 – changing state statute around corporate ownership of agricultural land and operations.

Action: The House did not concur with amendments from the Senate and conference committees have been appointed as of 04/07. On 4/13, motion passed that House accede to the Senate amendments and further amend to add an emergency clause. 4/24 Was reported back to conference committee and report adopted. Second reading passed 41 yeas, and 5 nays, Emergency clause carried. Sent to Governor.

HB1491 – state payment for school lunches for students.

Action: Failed in the Senate vote on 03/28 and motion to reconsider failed.

HB1494 – preventing school meal shaming.

Action: House Education concurred with Senate amendments, and it passed the House, 90 yeas and 1 nay. **Signed by the Governor on 04/07**.

HB1502 – relating to access to hospital care and COVID-19 vaccination status.

Action: Passed the Senate, 27 yeas and 17 nays, and returned to the House. **Signed by the Governor on 04/07.**

HB1515 – relating to the sale of raw milk directly to a consumer.

Action: House did not concur with amendments from the Senate. Reported back to conference committee on 4/19, further amended. Conference committee motion (6-0-0) for Senate to recede from Senate 3000 version amendment and further amend to version 2003 (Christmas Tree Bill). Second reading passed as amended 32 yeas, 14 nays. **Signed by Governor on 4/24**.

SB2227 - relating to expanding the membership of the North Dakota Health Council and clarifying the role of the health council. This would include adding a member representing public health.

Action: The Senate Human Services did not concur with House amendments; conference committees have been

appointed as of 04/11. Conference committee motions House to recede from the amendments and amended without “licensed registered” language (6-0-0). Second reading, passed as amended, 74 yeas and 18 nays. **Signed by Governor on 4/25.**

SB2253 – relating to regulation of onsite wastewater treatment system installers; onsite wastewater recycling treatment technologies guide, permits for installation of an onsite wastewater treatment system, investigation of onsite wastewater treatment systems, and sewer and water installers; to repeal a section of the state century code relating to the onsite wastewater recycling technical committee; to provide a penalty; and to provide an effective date.

Action: Failed in the House on 03/31, 1 yea and 87 nays.

SB2273 - to provide an appropriation to the Department of Commerce for a rural grocery store sustainability and food access expansion pilot grant program.

Action: Senate conference committee report was adopted on 04/12 and the second reading passed in the Senate, 46 yeas and 0 nays. On 4/13, passed House 80 yeas and 10 nays. **Signed by Governor on 4/21.**

SB2274 – relating to immunization requirements, inquiring about vaccination status and infection information; exemptions for specific work settings. It also looks to amend and reenact a section of the state century code, 23-12-20.

Action: Second reading in the House on 04/10 passed as amended, 87 yeas and 3 nays. Returned to the Senate and the second reading there on 04/11 passed, 29 yeas and 17 nays. **Signed by Governor on 4/18.**

SB2344 - relating to the health care professional student loan repayment program.

Action: Senate Human Services did not concur with amendments from the House and conference committees have been appointed as of 04/07. On 4/12, Committee work- Senate accede to House amendments (6-0-0). On 4/17 passed the Senate 45 yeas and 1 nay. **Signed by Governor on 4/26.**

SB2362 - relating to safety belt usage; to repeal a section of the North Dakota Century Code, relating to secondary enforcement of safety belt requirements; and to provide a penalty.

Action: Passed the House on 03/30. **Signed by the Governor on 04/04.** It was filed with the Secretary of State on 04/05.

SB2384 – relating to a study on vaccines for respiratory syncytial virus and vaccines developed using messenger ribonucleic acid technology.

Behavioral health is a critical issue for HHS, and partnership between the Public Health Division of HHS (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 an 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 for continuation of current PMHCA awardees whose project began in FY 2018 and 2019. North Dakota is pursuing this opportunity under the leadership of the Behavioral Health Division. Title V staff have dedicated themselves to partner in furthering these efforts if additional funding is received.

Within the Public Health Division of HHS, several staff are engaged in the strategic planning process. Because of these work efforts, the division's mission, strategic initiatives, key objectives and indicators are updated annually. The 2022-2024 Strategic Plan can be found at:
https://www.hhs.nd.gov/sites/www/files/documents/DOH%20Legacy/PH%20administration/NDDoH%20Strategic%2(

The annually reviewed and revised strategic plan assists the department in communicating with partners, setting direction, motivating employees, making decisions, determining priorities and budgets, and monitoring progress and impact. All Public Health Division programs have been linked to the strategic plan goals and objectives.

Title V programs align with the following goals and objectives:

Goal: Create Healthy and Vibrant Communities
- Reduce the risk of infectious disease
- Prevent and reduce chronic diseases
- Support communities in building resiliency
- Promote community driven wellness
- Increase healthy lifestyles and behaviors

Goal: Enhance and Improve Systems of Care
- Improve access to care in underserved and rural areas
- Enhance health care through technology
- Ensure access to and affordable health and preventative services
- Enhance quality and safety through regulation and education
- Promote health-in-all policies
- Foster system-level partnerships across continuums of care

Goal: Strengthen Population-based Health Interventions
- Prevent and reduce tobacco and other substance misuse
- Prevent violence, intentional and unintentional injury
- Reduce the risk of vaccine preventable diseases
- Reduce adverse health outcomes through early detection
- Promote healthy weight across the lifespan

Overarching Goal: Improve Health Equity
Overarching Goal: Use Evidence-based Practices and Make Data-Driven Decisions

In addition to the core mission of the Public Health Division, HHS 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 HHS and Title V in these initiatives can be found in III.E.2.a State Title V Program Purpose and Design.

HHS 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 is the first time since integrating as HHS.

To increase the effectiveness of strategic planning and accreditation, HHS 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 HHS 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 (https://www.hhs.nd.gov/health/data-statistics). Currently, work efforts are underway for the creation of a MCH dashboard, which will be going live on this webpage soon.

State Specific Statues:
Priority setting also is determined by state mandates; see Supporting Document – Title V-MCH 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 HHS organizational chart can be found in Section VI. Organizational Chart.

Section III.C. Needs Assessment Update

2023 Needs Assessment Approach

The 2023 needs assessment process explored changes in the health, health care access and utilization, and mortality trends of women/mothers, perinatal/infants, children, and adolescents over the last five years in North Dakota. This assessment aided in the identification of health disparities impacting the state, such as age, geographic location (urban vs. rural), race and economic status.

A state health assessment was conducted by North Dakota State University, Center for Social Research, which included Maternal and Child Health (MCH) as an integral piece of this assessment; hence, some of the elements encompassed in this assessment included mortality, severe morbidity, and hospitalizations. In 2022, the North Dakota Department of Health and Human Services (NDDHHS) conducted a comprehensive Family Planning Needs Assessment. While the assessment is required under the terms for Title X federal grant requirements, this is a valuable assessment as it supports the need for family planning services in North Dakota by identifying trends and areas of greatest need to help guide the delivery of family planning services. The Family Planning program staff utilize the results of this assessment to inform and improve service delivery. Data below includes relevant information generated from the evaluation of the Title X Family Planning program in the state, including data on births, fertility, pregnancy, behavioral health and substance abuse, and data specific to health care access and utilization. This section also includes conclusions from the North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) from 2017 to 2021. PRAMS is a collaborative surveillance project of the Centers for Disease Control and Prevention (CDC) and the NDDHHS. With these core sources of data, we have a better picture of the health status of the population of mothers and children in North Dakota.

Women's and Maternal Health

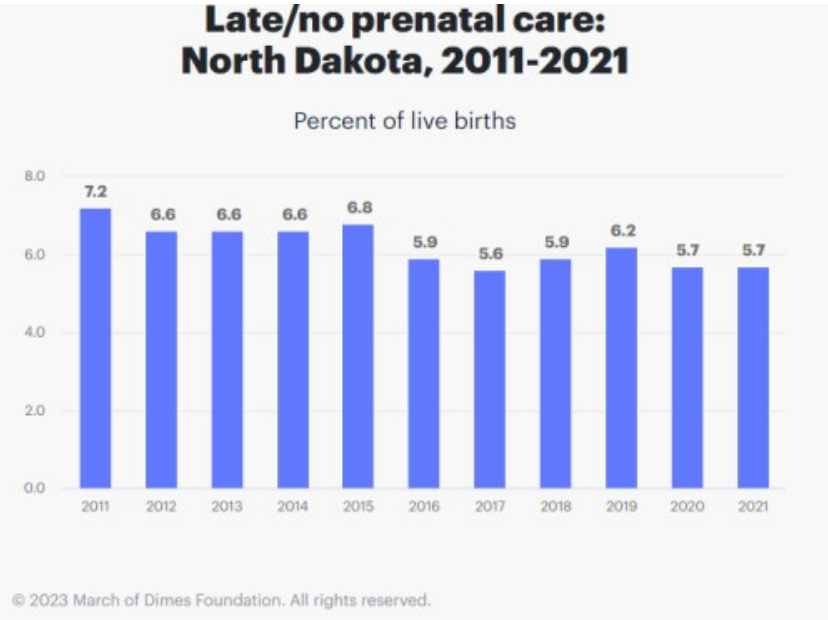
North Dakota continues to be one of the fastest-growing states in the nation, with over a 15.9 percent population increase between 2010 (672,591) and 2021 (779,261). Population growth has in part been due to an increase in fertility rates. According to 2021 NDDHHS Vital Records data, the fertility rate among women ages 15 to 44 in the state was 66.68 per 1,000 women, substantially higher than the United States provisional fertility rate of 56.1 births per 1,000 women aged 15-44 (National Center for Health Statistics, National Vital Statistics System, Births: Provisional data for 2022; NVSS Vital Statistics Rapid Release, Report number 28, June 2023).

Birth rates among American Indians are higher than among White (16.99 vs. 12.00; Centers for Disease Control, WONDER, 2021). In addition, the rate of teen pregnancies in North Dakota (16.64 per 1,000 females 15 to 19 years of age in 2021) is higher than the national rate (13.9 per 1,000 females 15 to 19 years of age in 2021). Moreover, Native American teenagers in North Dakota had substantially higher rates than white teenagers. From 2016 to 2020, Native American teen pregnancies were almost four times that of White teenagers, 46 teenage births per 1,000 live births, compared to ten teenage births per 1,000 live births, respectively (Centers for Disease Control, WONDER).

Of all live births in North Dakota during 2018-2020 (average), 3.4% were to women under the age of 20, 52.9% were to women ages 20-29, 41.7% were to women ages 30-39, and 2.0% were to women ages 40 and older. Babies delivered to younger and older women are often at increased risk of poor birth outcomes, including prematurity, low birthweight, and infant mortality.

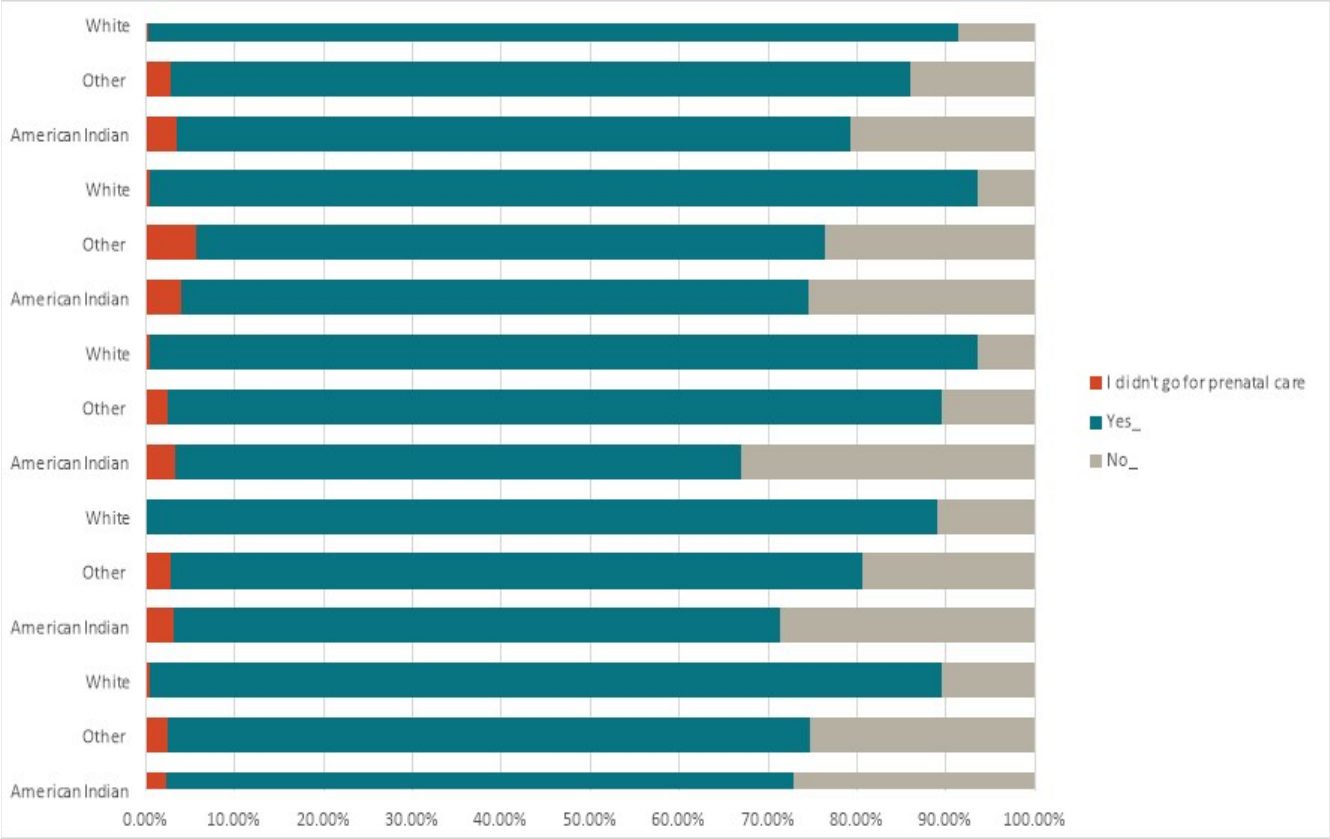
Most women who gave birth in 2021 received prenatal care, 81.7% of women received first-trimester prenatal care,

12.6 percent of women received care in the second trimester and 5.7% of women received late or no prenatal care.

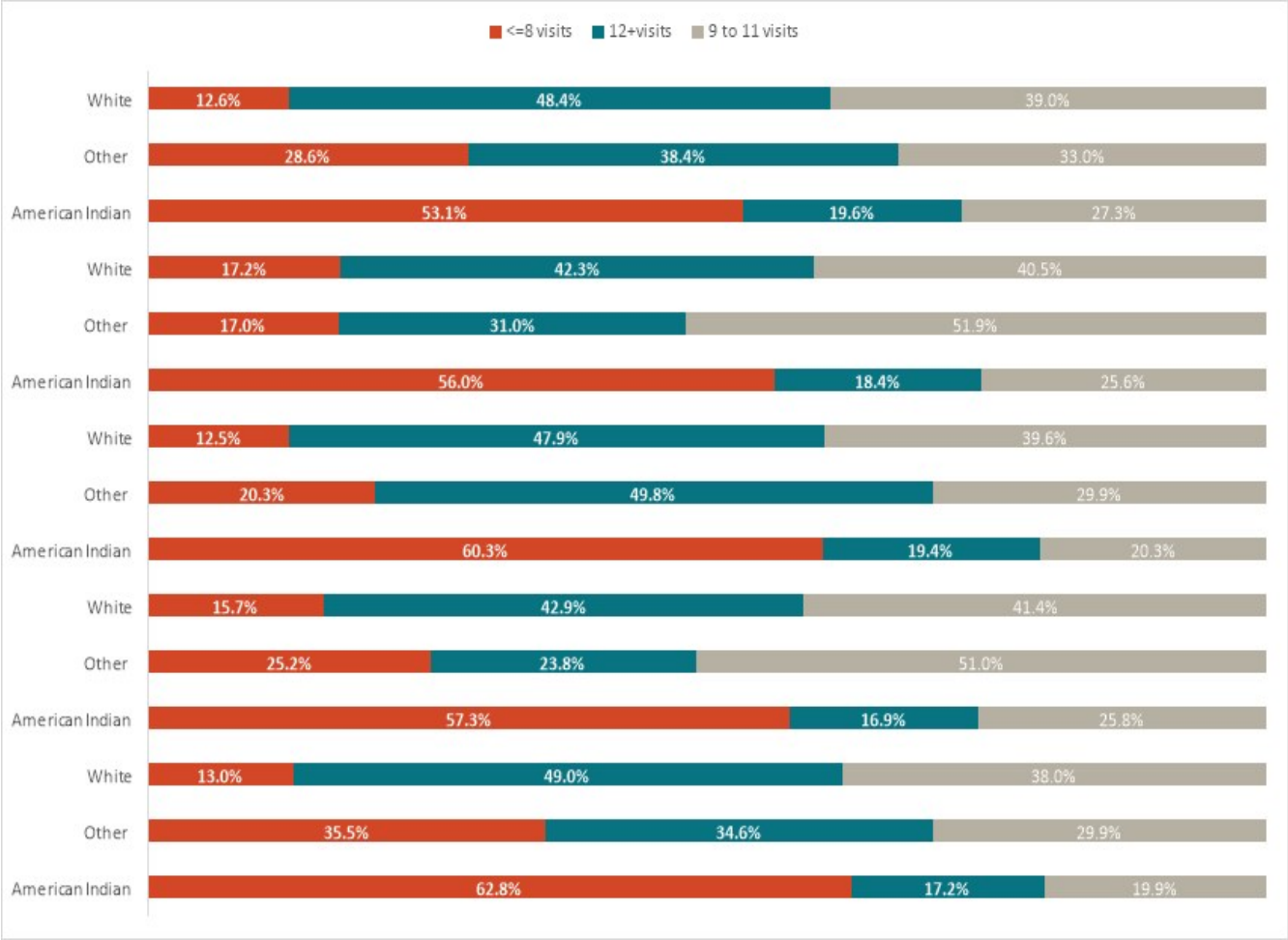


In North Dakota during 2019-2021 (average), White (85.3%) mothers had the highest rates of early prenatal care, followed by Asian/Pacific Islanders (74.5%), Blacks (67.3%) and American Indian/Alaska Natives (45.2%) (National Center for Health Statistics, final natality data. Retrieved June 8, 2023, from Peristats | March of Dimes). The graphs below show the results of the 2017 through 2021 Pregnancy Risk Assessment Monitoring System (PRAMS). Differences were observed in the proportion of women who did not initiate prenatal care during the first trimester by race. A lower percentage of American Indian women initiated prenatal care in the first trimester compared to White women. Lastly, American Indian women, adolescent girls, women in rural areas, and the uninsured had a higher percentage of eight or fewer prenatal care visits.

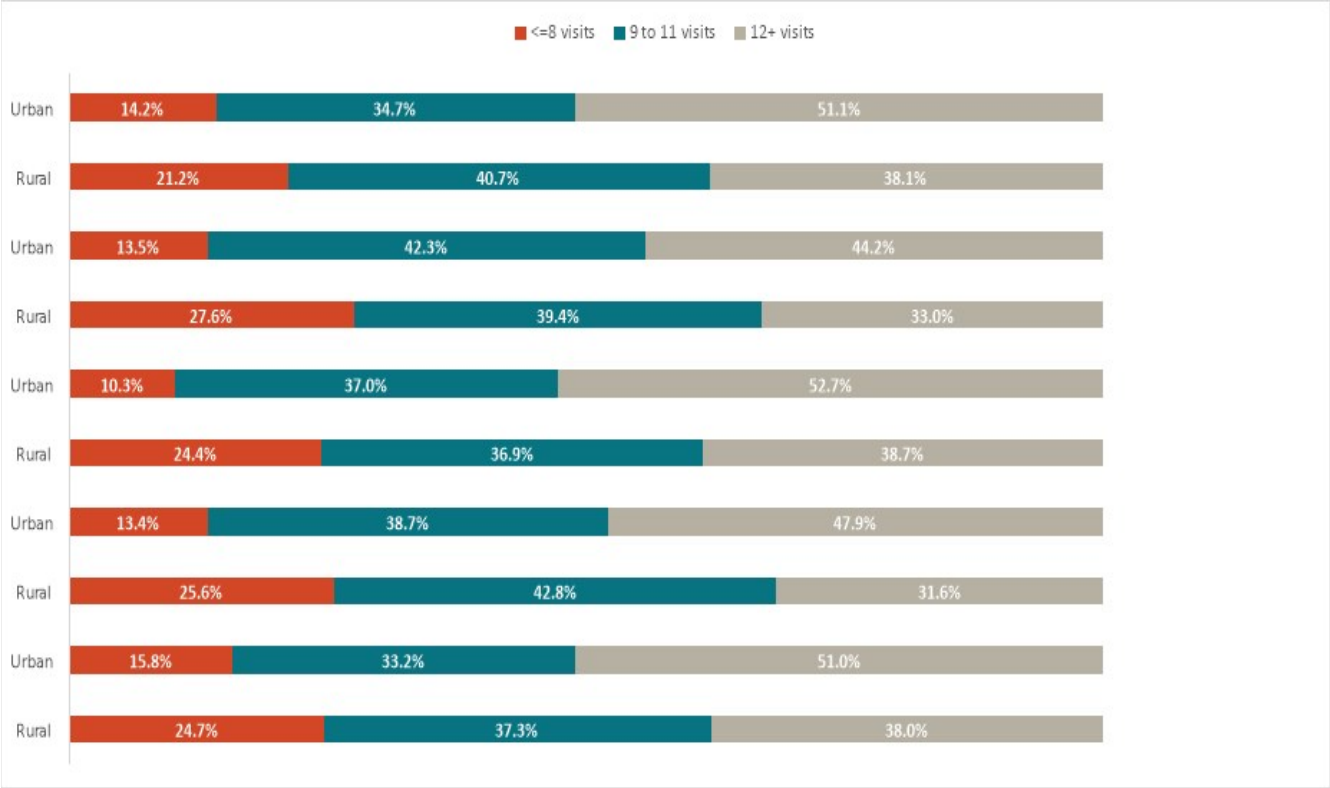
Prenatal care initiation in the first trimester by maternal race (ND PRAMS: 2017-2021)

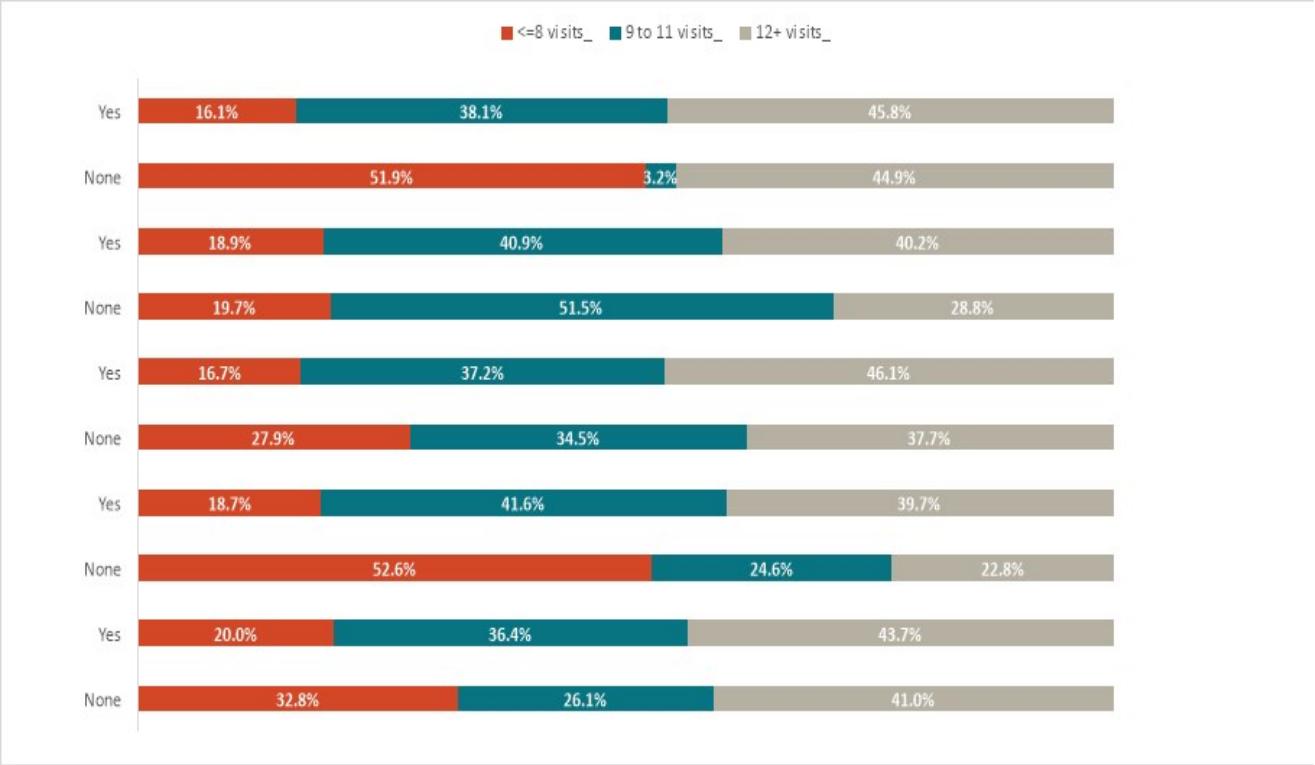


Number of prenatal care visits by maternal race (ND PRAMS: 2017-2021)



Number of prenatal care visits by urban/rural (ND PRAMS: 2017-2021)


<=8 visits
9 to 11 visits
12+ visits
Urban
14.2%
34.7%
51.1%
Rural
21.2%
40.7%
38.1%
Urban
13.5%
42.3%
44.2%
Rural
27.6%
39.4%
33.0%
Urban
10.3%
37.0%
52.7%
Rural
24.4%
36.9%
38.7%
Urban
13.4%
38.7%
47.9%
Rural
25.6%
42.8%
31.6%
Urban
15.8%
33.2%
51.0%
Rural
24.7%
37.3%
38.0%



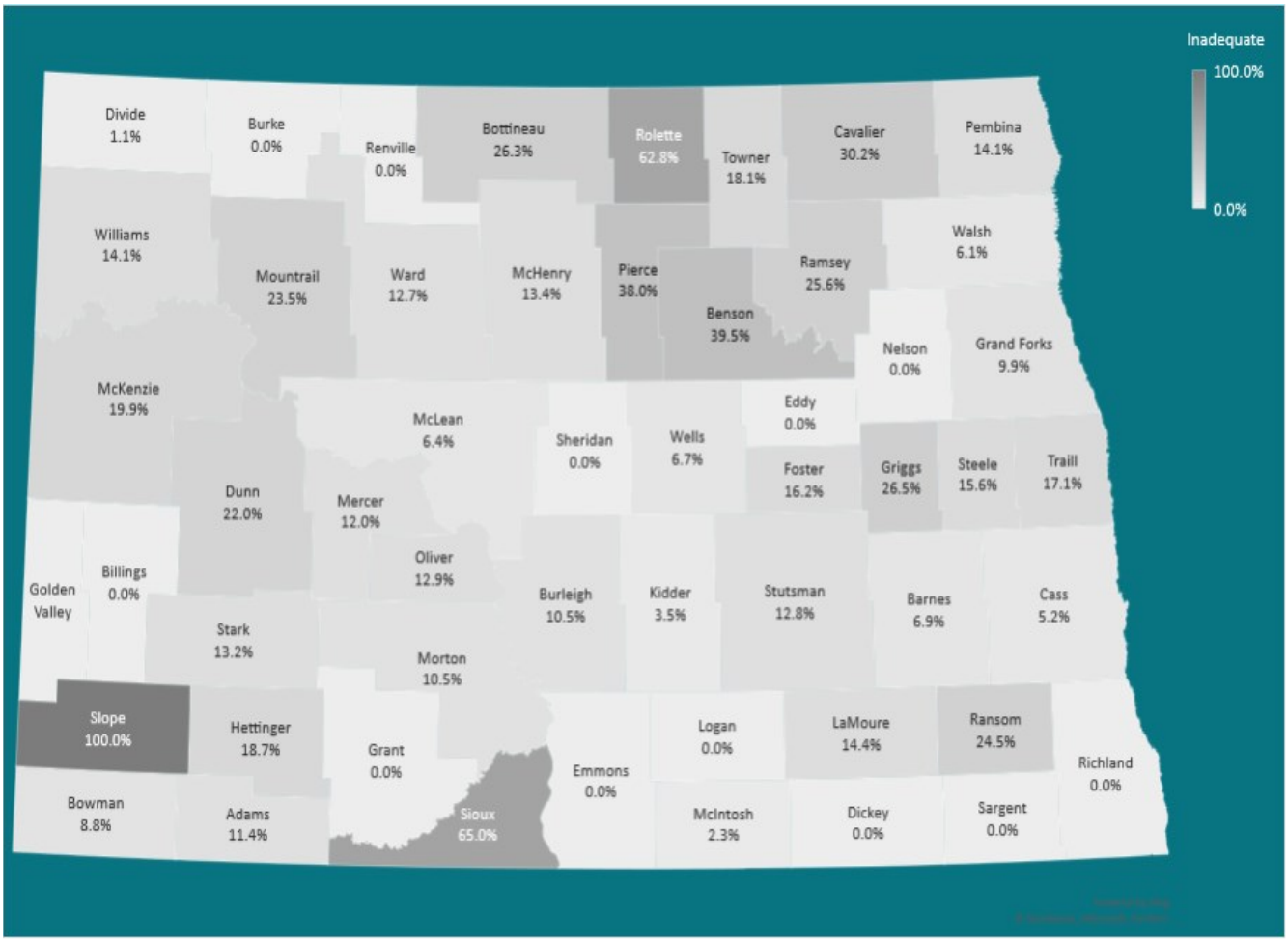
Number of prenatal care visits by insurance status (ND PRAMS: 2017-2021)

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:

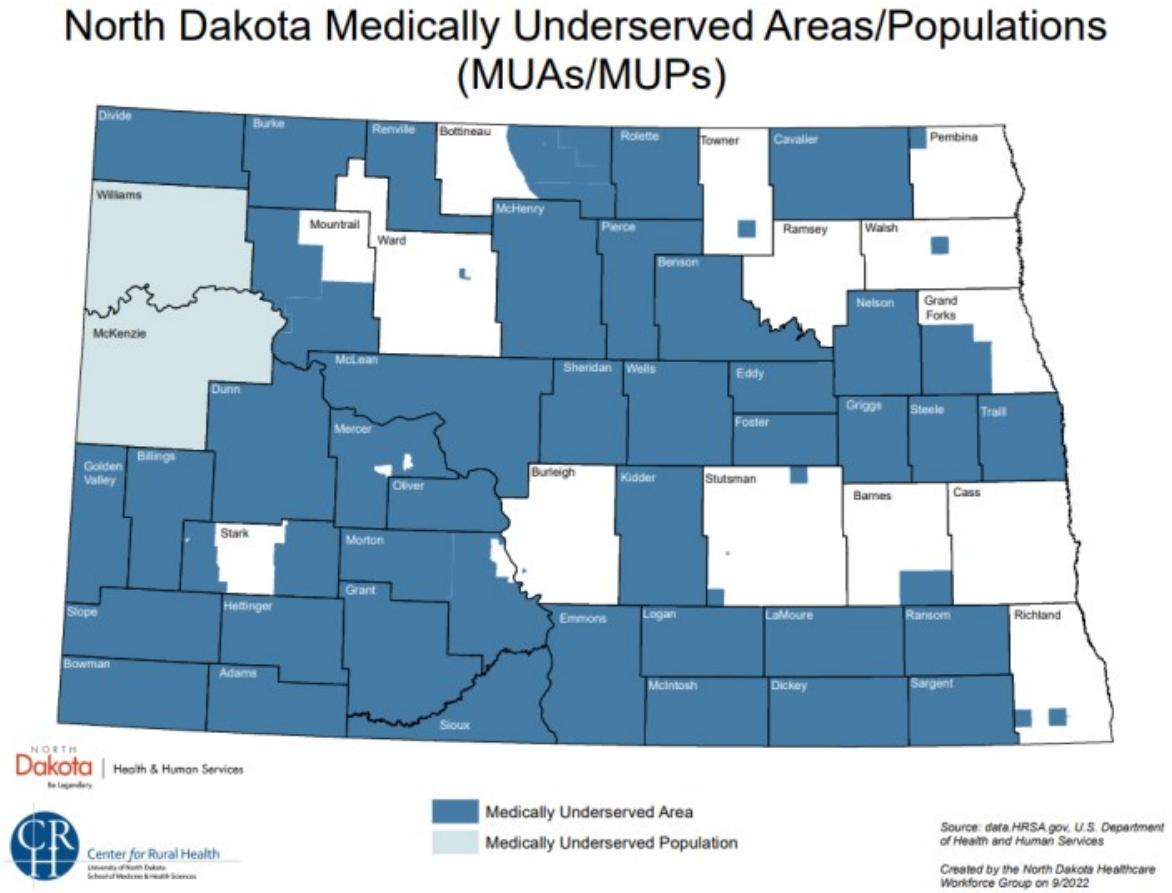
- Inadequate (received less than 50% of expected visits)
- Intermediate (50%-79%)
- Adequate (80%-109%)
- Adequate Plus (110% or more)

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. The maps below show the percentages of inadequacy and adequacy by county. Sioux*,Rolette*, and Benson* counties show the highest percentages in the inadequate category compared to the rest of the counties in the state.

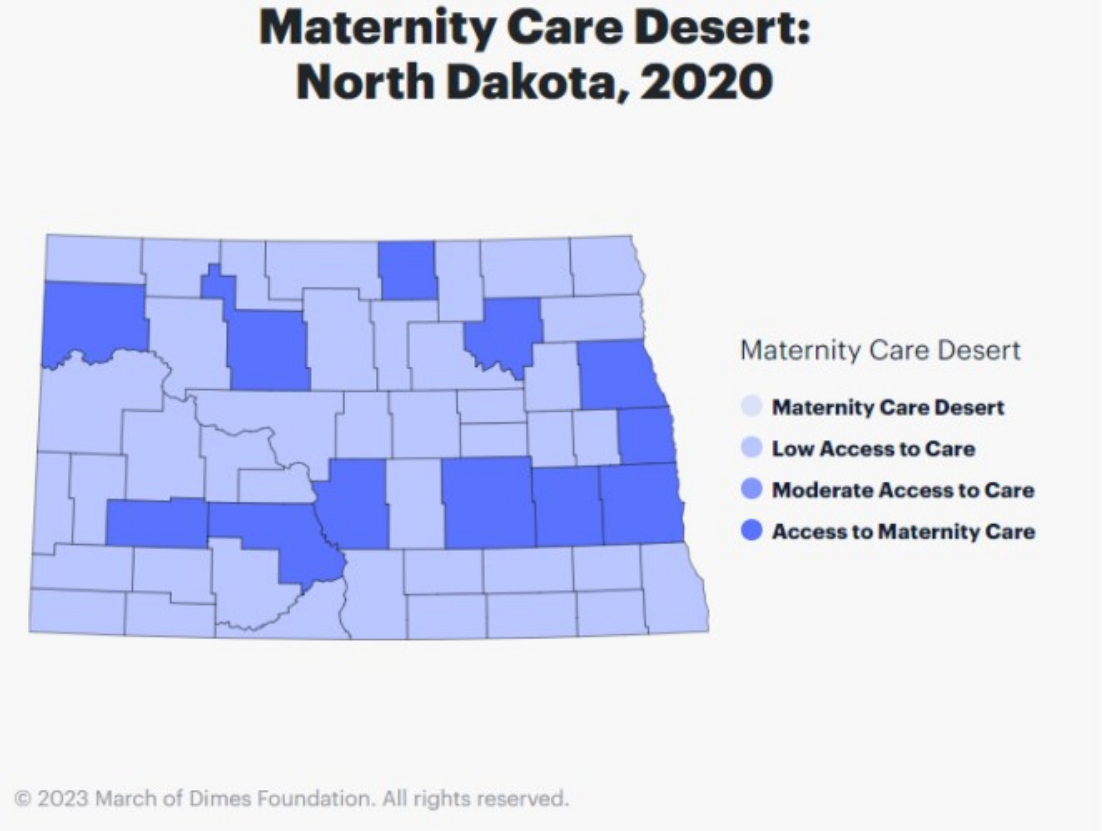
Adequacy Index: Inadequate (ND PRAMS 2017-2021)



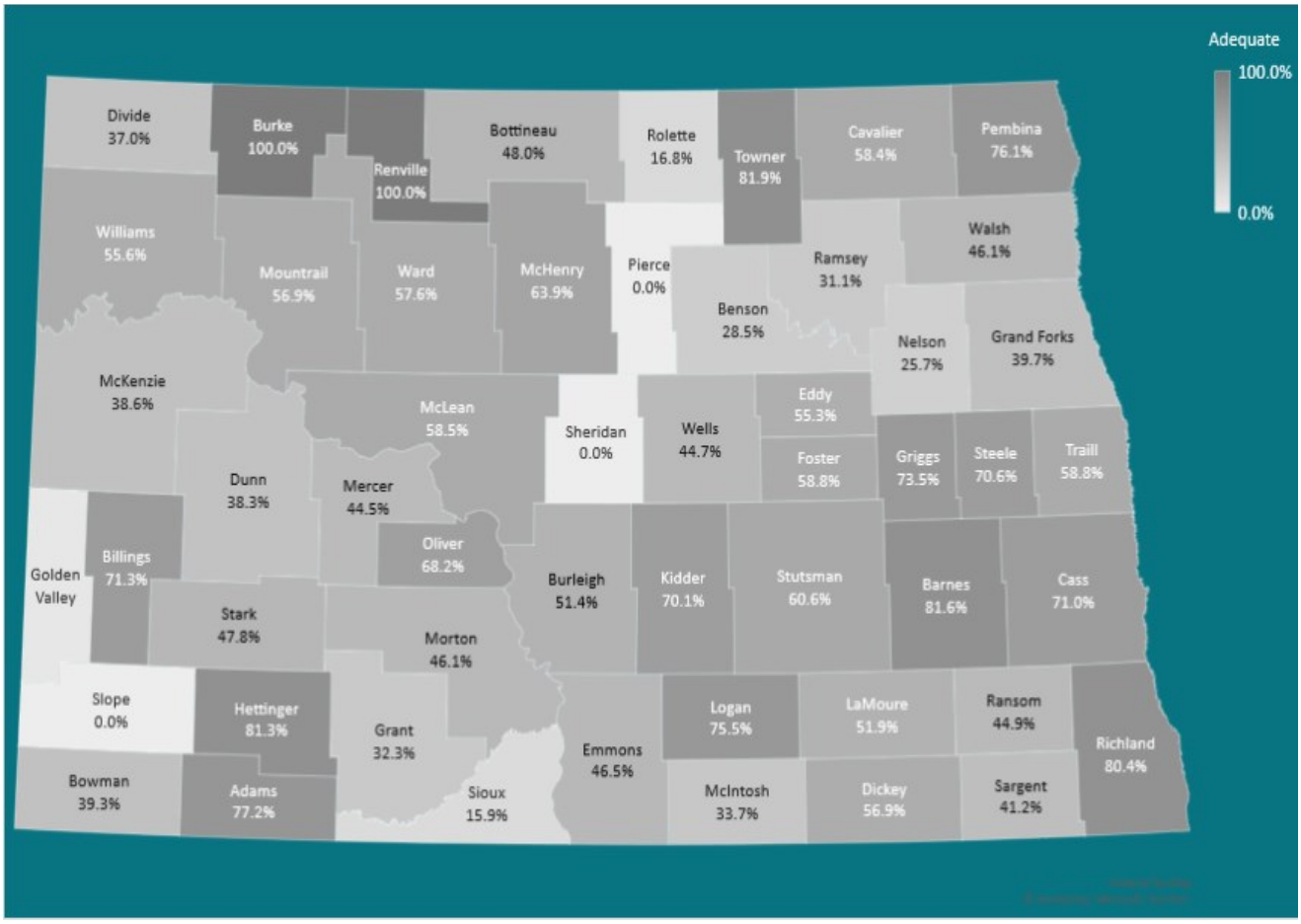
These counties have been identified as high vulnerability counties (2018 overall SVI score). As of 2022, 50 of the 53 North Dakota counties are partially or fully designated as Health Professional Shortage Area and/or Medically Underserved areas. The same is observed for the state's dental health and mental health.



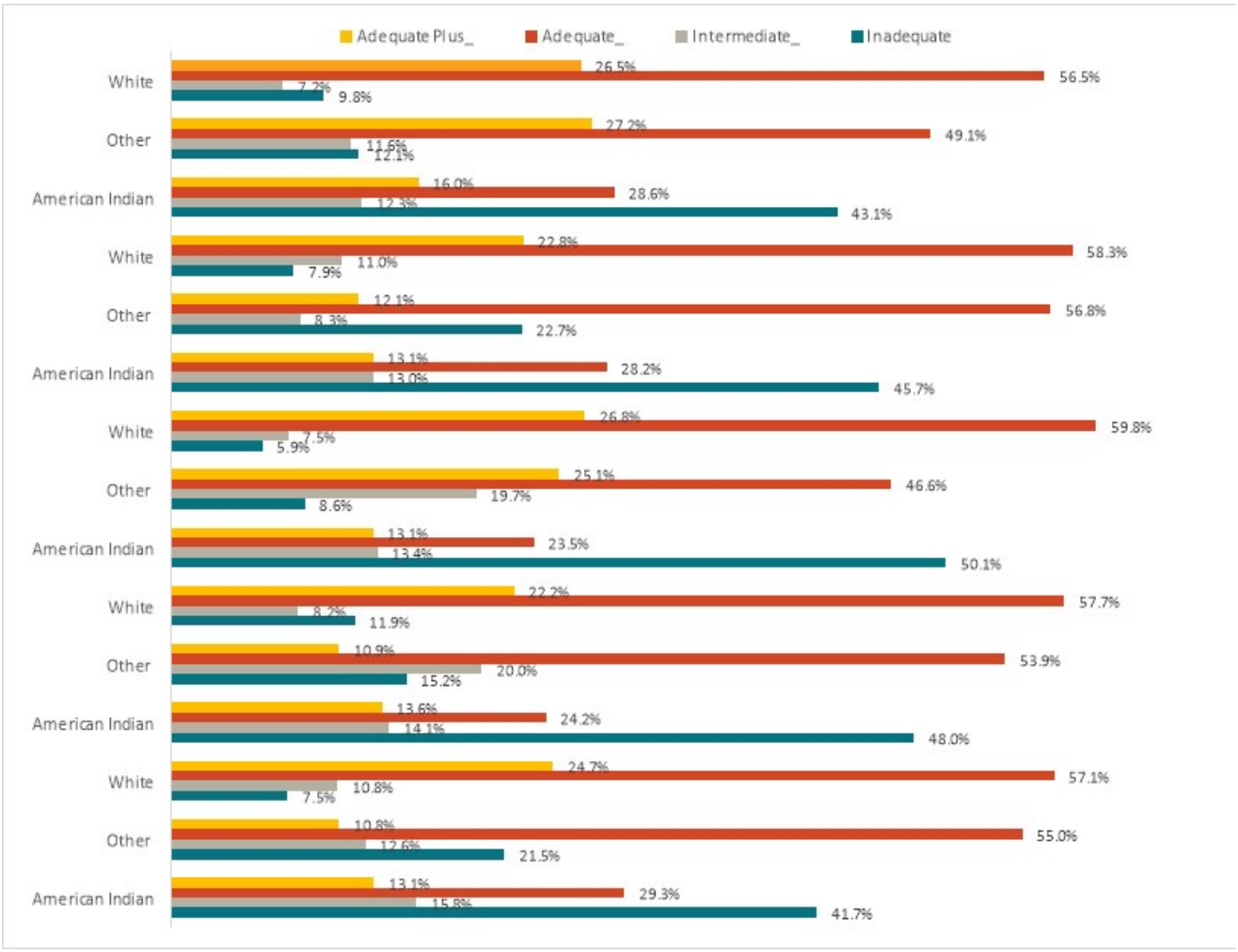
In North Dakota, 77.4% of counties are maternity care deserts. In addition, 7.5% of counties have low or moderate access to care.



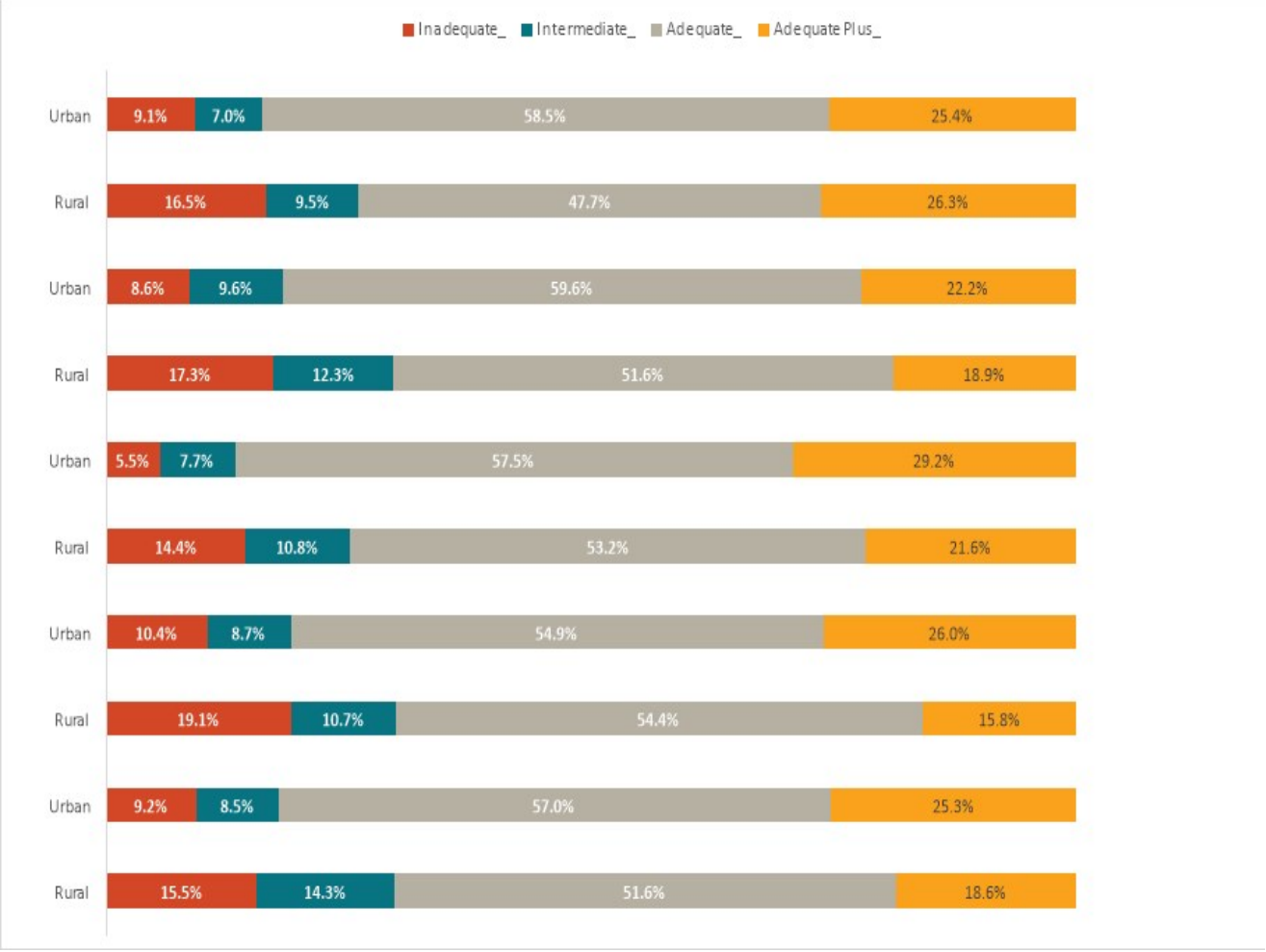
Adequacy Index: Adequate (ND PRAMS 2017-2021)



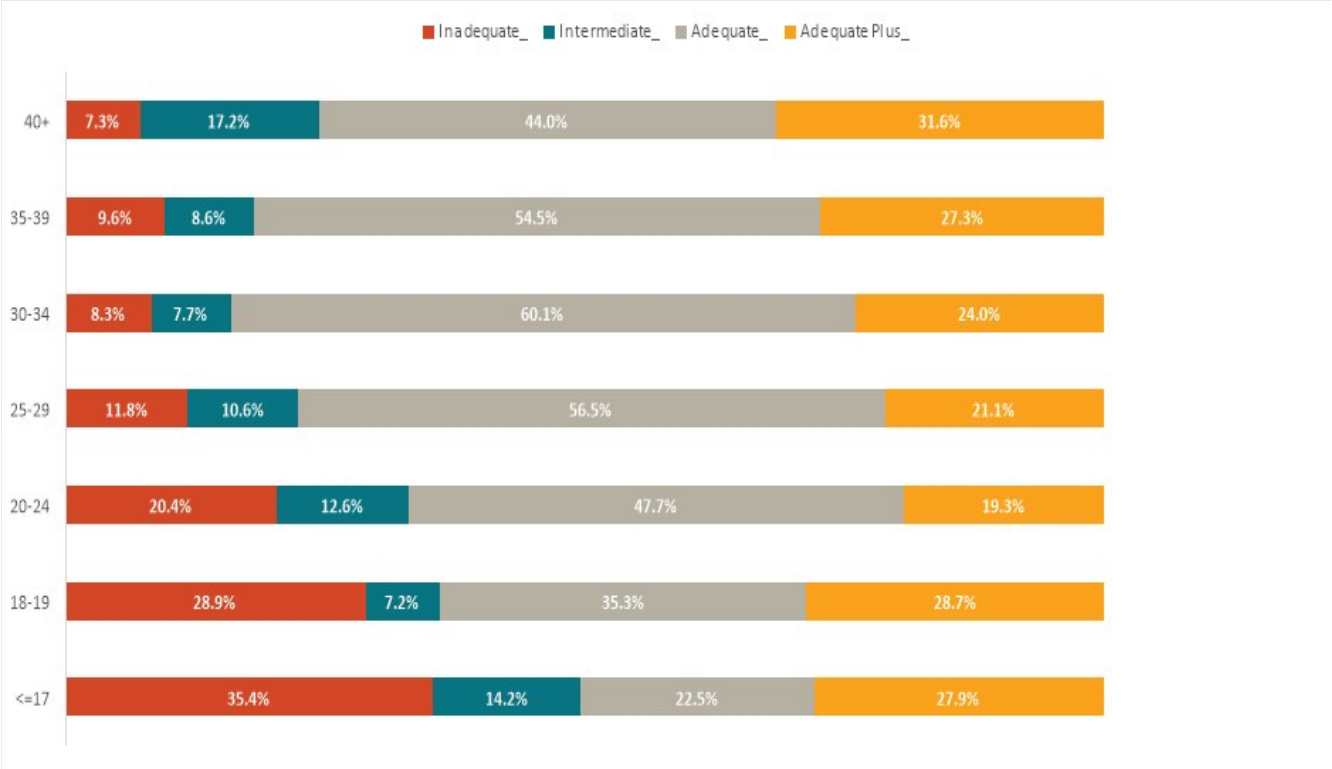
Prenatal care adequacy by maternal race (ND PRAMS 2017-2021)


Adequate Plus_
Adequate_
Intermediate_
Inadequate
White
26.5%
56.5%
7.2%
9.8%
Other
27.2%
49.1%
11.6%
12.1%
American Indian
16.0%
28.6%
12.3%
43.1%
White
22.8%
58.3%
11.0%
7.9%
Other
12.1%
56.8%
8.3%
22.7%
American Indian
13.1%
28.2%
13.0%
45.7%
White
26.8%
59.8%
7.5%
5.9%
Other
25.1%
46.6%
19.7%
8.6%
American Indian
13.1%
23.5%
13.4%
50.1%
White
22.2%
57.7%
8.2%
11.9%
Other
10.9%
53.9%
20.0%
15.2%
American Indian
13.6%
24.2%
14.1%
48.0%
White
24.7%
57.1%
10.8%
7.5%
Other
10.8%
55.0%
12.6%
21.5%
American Indian
13.1%
29.3%
15.8%
41.7%

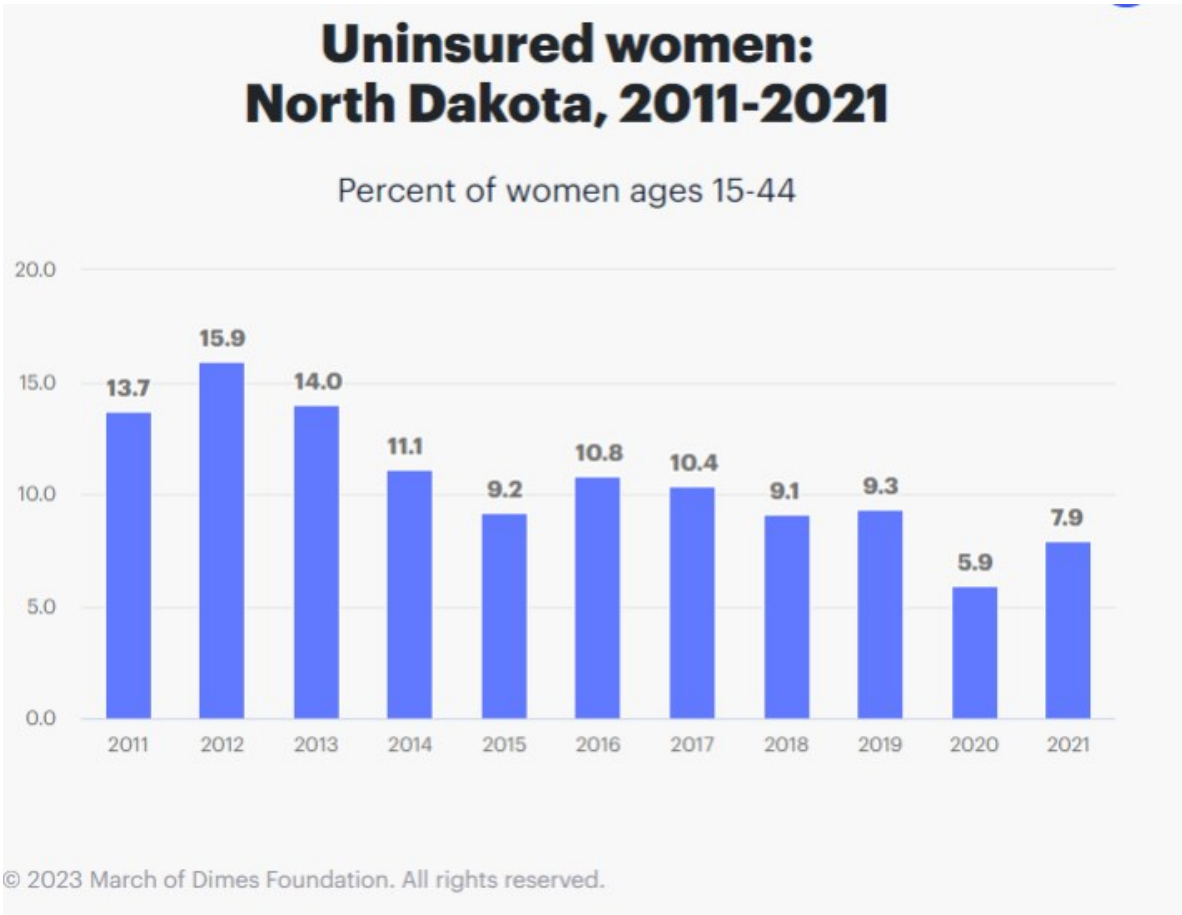
Prenatal care adequacy by urban/rural (ND PRAMS 2017-2021)



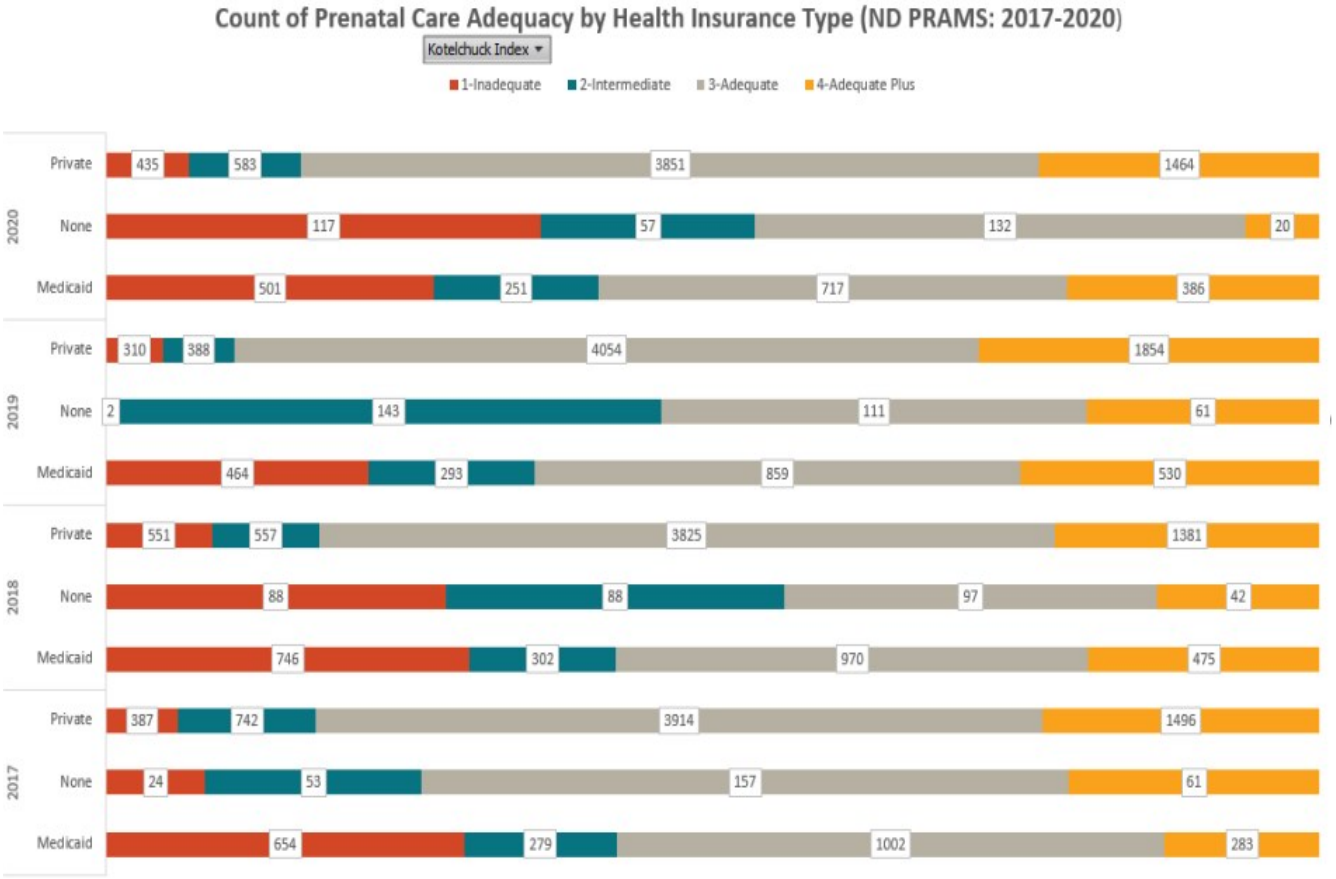
Prenatal care adequacy by Age (ND PRAMS 2017-2021, combined)



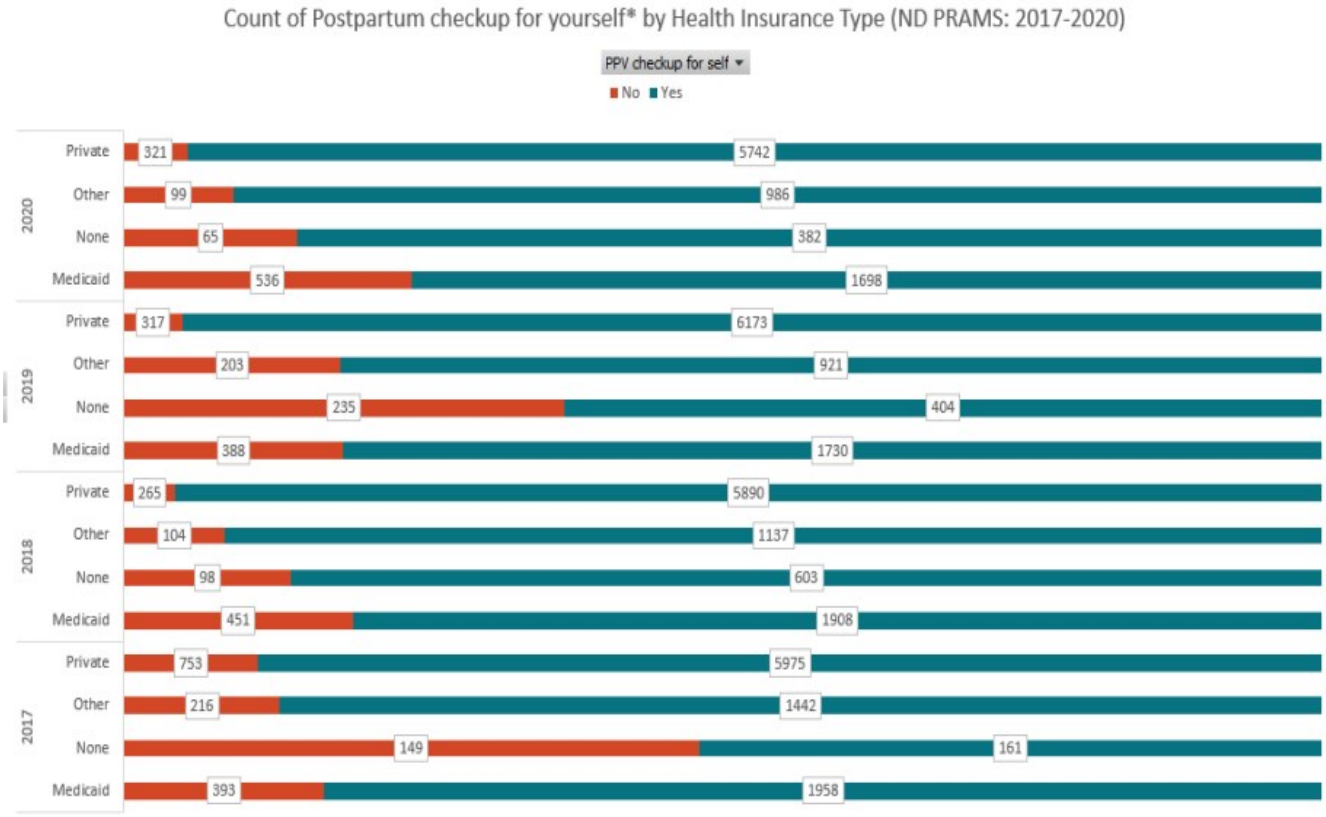
Eight percent of women of reproductive age (15-44 years) were uninsured in 2021, and 24.6% were on North Dakota Medicaid at the time of birth (2021). From 2016 to 2019, there was a slight increase in the percentage of women receiving North Dakota Medicaid (2.4%).



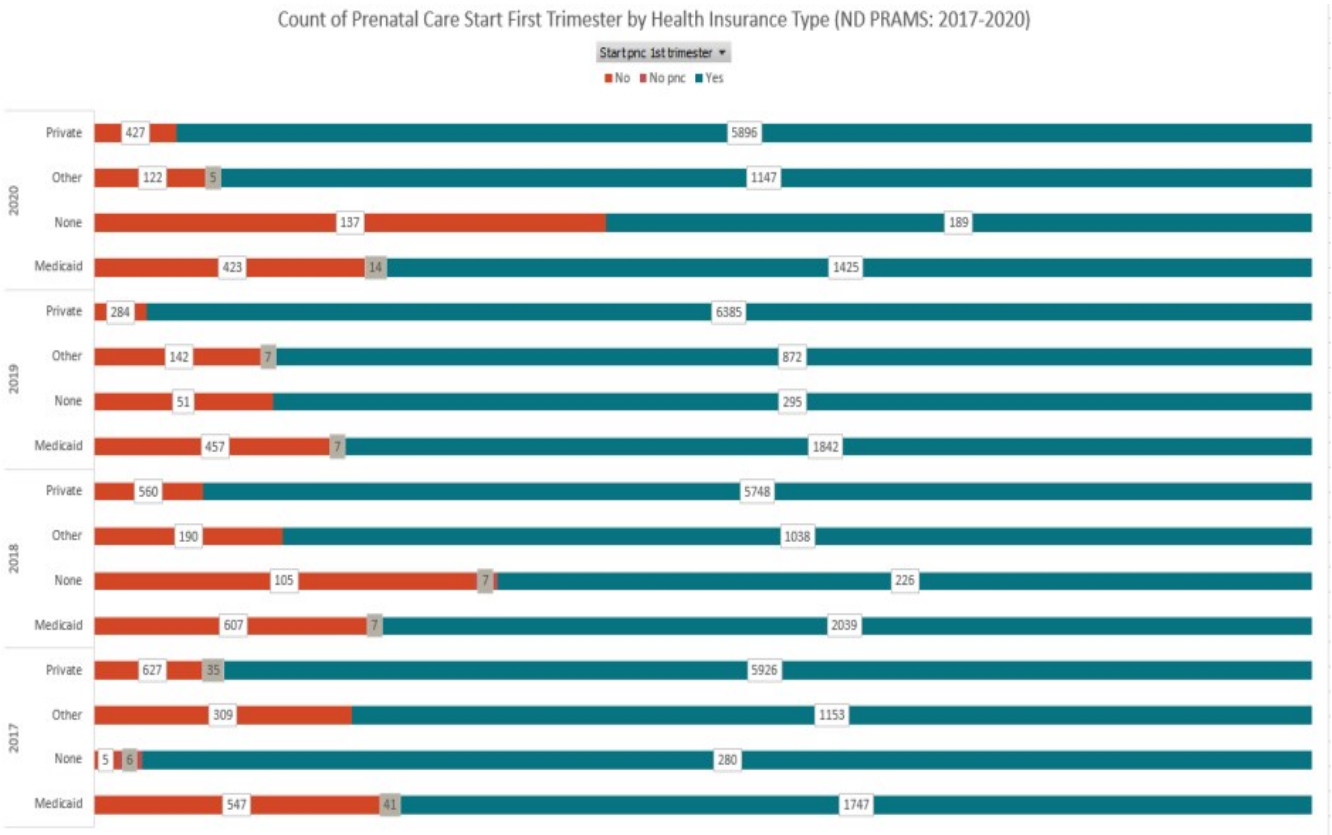
From 2017 to 2020, in those women with Medicaid, there is a trend of decreasing counts of women with adequate prenatal care (Kotelchuck Index=3).


Count of Prenatal Care Adequacy by Health Insurance Type (ND PRAMS: 2017-2020)
Kotelchuck Index
1-Inadequate
2-Intermediate
3-Adequate
4-Adequate Plus
2020
Private 435 583 3851 1464
None 117 57 132 20
Medicaid 501 251 717 386
2019
Private 310 388 4054 1854
None 2 143 111 61
Medicaid 464 293 859 530
2018
Private 551 557 3825 1381
None 88 88 97 42
Medicaid 746 302 970 475
2017
Private 387 742 3914 1496
None 24 53 157 61
Medicaid 654 279 1002 283

From 2017 to 2020, in those women with Medicaid, there is a trend of decreasing counts of women with a postpartum checkup for themselves.



From 2017 to 2020, except for 2018, for those women on Medicaid, there is a decreasing trend in the number of women who did not begin prenatal care in the first trimester of pregnancy.

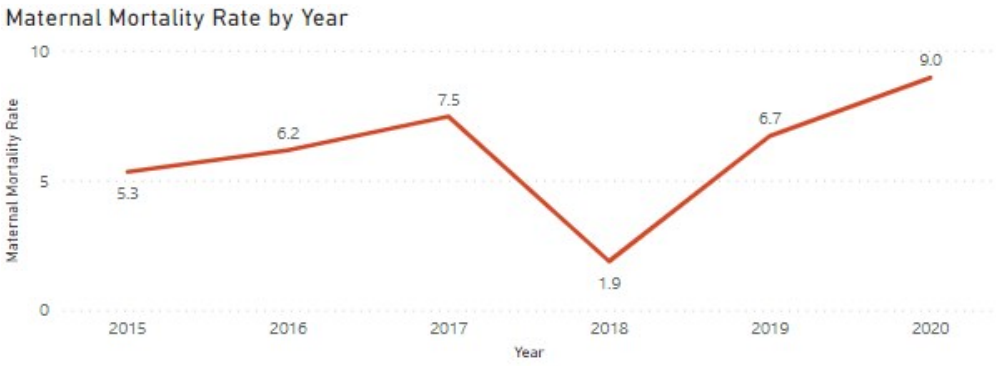


To analyze trends in mortality and severe morbidity in the MCH population, the Special Projects & Health Analytics Unit in Health Statistics and Performance (HSP) creates data dashboards to summarize vital records and hospital discharge data in the efforts to visualize key findings of the statewide health assessment.

A total of 664 deaths occurred among women aged 20-49 in North Dakota from 2017 through 2020. The most frequently reported causes were categorized as other disease (161), accident or injury (124), cancer (101), and suicide (68). Of this total, 11 women were pregnant at the time of death, and an additional 11 were pregnant within 1 year of death.

Hospital discharge data indicates that 41,456 hospitalizations among women aged 18 to 55 occurred from 2016 through 2018. The most common services were obstetrics, general medicine, and general surgery with an average length of stay of 3.2 days. The average treatment cost of inpatient services for this population was over $19,000 and, in total, over $835 million was spent on inpatient treatment costs of women aged 18 to 55.

Maternal Mortality



Maternal Mortality has been on an upward trend since 2015. In 2020, the North Dakota maternal mortality rate was 8.7%. At the same time, pregnancy and birth rates have continuously been declining.

North Dakota trends in pregnancy and birth rates, 2015 to 2021

Year	2015	2016	2017	2018	2019	2020	2021
Pregnancy Rate	18.07	18.28	17.30	17.13	17.00	16.27	14.11
Birth Rate	16.75	16.90	15.97	15.80	15.53	14.94	12.98

Perinatal and Infant Health

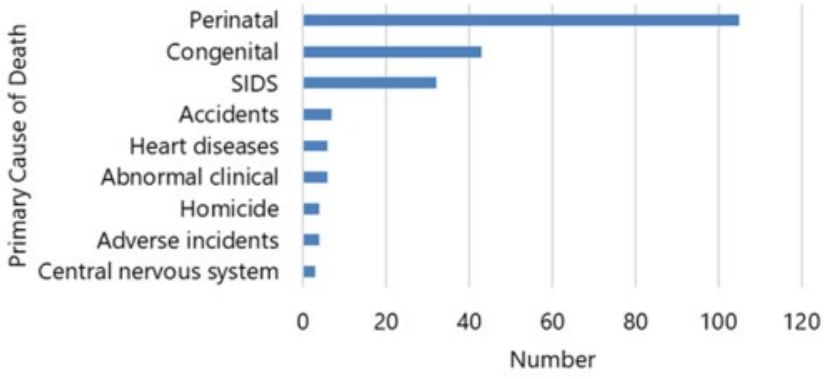
According to the results of the 2020-2021 (combined data) National Survey of Children's Health (NSCH), 93.0% (92.9% Nationwide) of children in the state had health insurance (Child and Adolescent Health Measurement Initiative. 2020-2021 National Survey of Children's Health (NSCH) data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved [06/06/23] from [www.childhealthdata.org].) An estimated 60.3% of children in the state had continuous and adequate health insurance for child's health needs.

The low birthweight rate in North Dakota is slightly lower than national rate. The low birthweight rate is 7% in North Dakota, compared to 8% nationally (2021 County Health Rankings, https://www.countyhealthrankings.org/reports/state-reports/2021-north-dakota-report). North Dakota is roughly in the middle of state rankings for maternal mortality. Between 2011 and 2021, the rate of infants born low birthweight in North Dakota declined more than 1%.

In 2020 state rates for infant mortality were comparable to the national averages, 5.5 deaths per 1,000 live births in North Dakota compared to 5.4 deaths per 1,000 live births nationally (https://wonder.cdc.gov). For Indigenous populations, infant deaths account for 2.2% of all Indigenous deaths. In contrast, infant deaths associated with all other races in North Dakota represented 0.75% of those races' deaths.

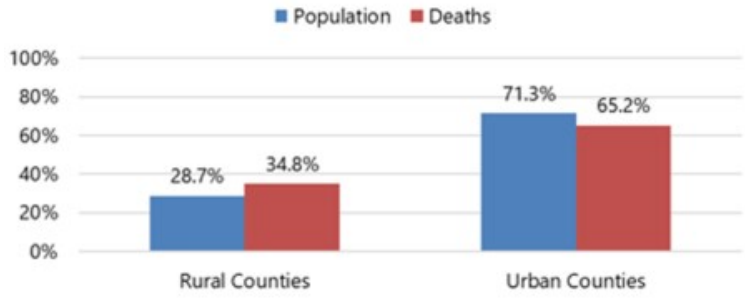
The top five primary causes of death for infants from 2017 through 2020 were perinatal, congenital anomalies, SIDS, accidents, and heart diseases collectively, representing 80 percent of all causes of death among infants.

Top primary causes of death for infants: North Dakota 2017-2020



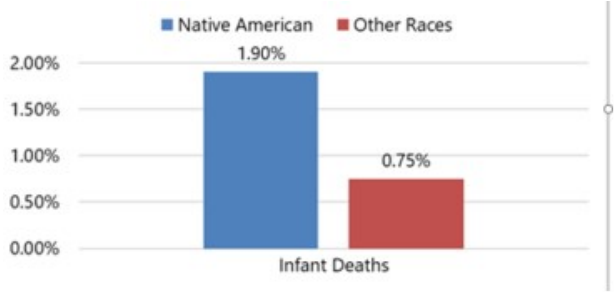
From 2017 through 2019, 29% of North Dakota infants lived in rural counties. A slightly higher percentage of infant deaths occurred in rural counties (35%).

North Dakota infant deaths (%) by urban and rural counties: 2017-2019



Infant deaths accounted for 1.9% of all American Indian deaths in North Dakota from 2017 through 2020. For all other races in North Dakota, infants comprised 0.75% of all deaths.

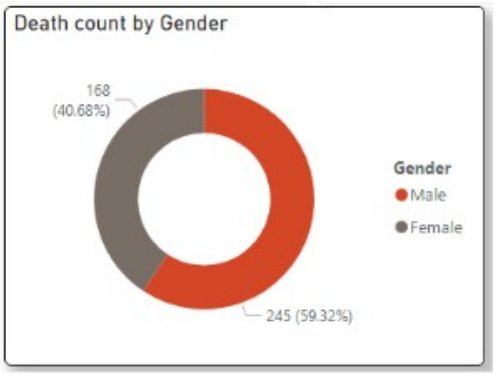
North Dakota infant deaths (%) by Race: 2017-2020



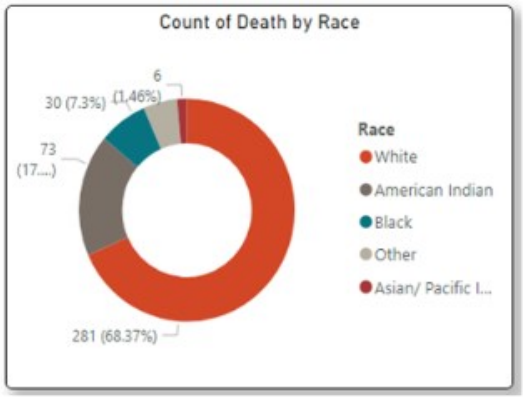
From 2017 through 2020, 32 out of North Dakota's 53 counties had an infant death. When combining the 10 counties with the highest infant mortality rates, the average rate was nearly four times higher than the average for the 10 counties with the lowest infant mortality rates.

Child Health

Among children, from 2017 through 2020, 413 deaths occurred among North Dakotans aged 0 to 19 years old. Of these, 59% occurred among male children.

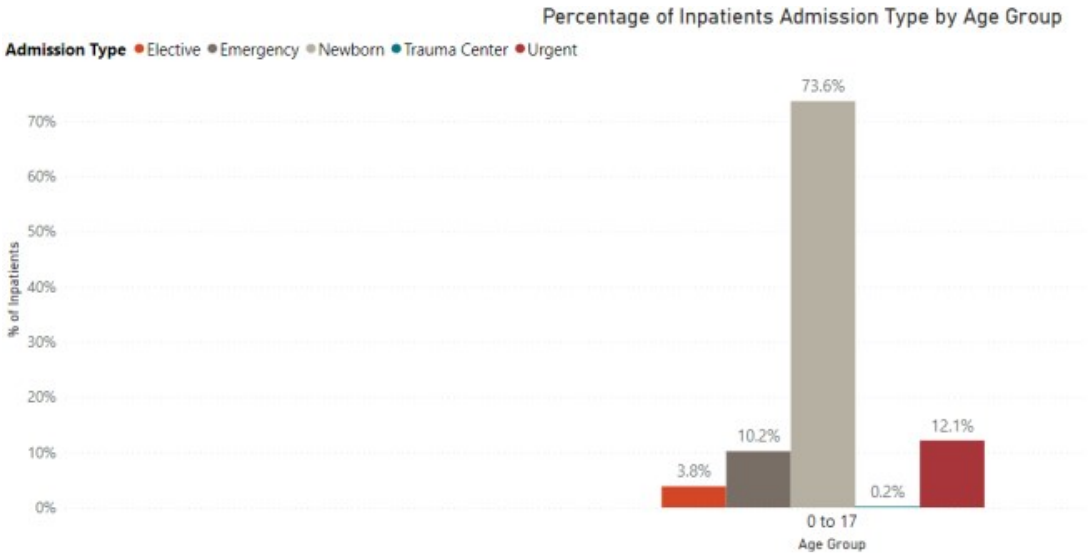


The underlying cause of death for this age group were most frequently categorized as other diseases (210), accident or injury (74), and suicide (47). Race/ethnicity data describes 281 deaths occurred among White children, followed by 73 deaths among American Indian children, representing a notably higher mortality rate among American Indian children in the state.



Rural counties accounted for 30% of the state's youth population but had 44% of youth deaths in the state.

Hospital discharge data from 2016 to 2018 in children aged 0-17 demonstrate over 32,000 inpatient hospitalizations, most frequently utilizing newborn, neonatal, and general medical services. The average length of stay for North Dakota children during this time was 3.8 days. The average cost of treatment for inpatient hospitalizations among children was $13,800 with a total inpatient expenditure of over $445 million from 2016 through 2018.



Health and income disparities among Native American adolescent's populations and those residing in rural areas are evident across nearly all indicators. These preliminary findings from both assessments, Title X, Family Planning Needs Assessment and the Statewide Health Assessment will be instrumental in guiding statewide activities and informing MCH programs.

Children with Special Health Care Needs

According to data from 2020 to 2021 National Survey of Children with Special Health Care Needs (NSCH) in North Dakota, 13.7% percent of children with special health care needs (CSHCN), ages 0 through 17, received care in a well-functioning system compared to 14.4% nationally. Among the components of a well-functioning system, only 27.5% of CSHCN received transition among adolescents, 86.4% had ease to access, 68.3% had preventive medical and dental care, and 48.6% had continuous and adequate insurance. Furthermore, only 42% had medical home and 76.5 % were involved in shared decision-making if it was needed.

According to data from 2019 to 2020 NSCH, in North Dakota, 22.5% of adolescents with special health care needs, ages 12 through 17, received services necessary to make transitions to adult health care compared to 26.1% CSHCN nationally. Among Non-CSHCN, 17.6% in North Dakota received services necessary to make transitions to adult health care compared to 26.6% nationally. Among the components for transition for CSHCN receiving services necessary to make transitions to adult health care: 51.3% of CSHCN received time alone with provider, 66.7% of the providers actively worked with the child, and only 20.3% received anticipatory guidance in North Dakota.

Among adolescents with special health care needs, ages 12 through 17 receiving services necessary to make transitions in North Dakota, 28.9% of children had experienced two or more Adverse Childhood Experiences, 26.5% were females, and only 12.1% were residing in a central North Dakota city rand received services necessary to make transitions to adulthood.

Adolescent Health

According to the 2022 US Census Bureau population estimates, 24.0% of the population in North Dakota is under eighteen years of age. 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 15% of adolescents and 8.5% 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 first out of 50 states, with a binge alcohol use rate of 30.6%, compared to a low of 16.2% 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, 8.5% of North Dakota residents over the age of 12 reported a substance use disorder, compared to the US average of 7.4% (2018-2019 National Survey on Drug Use and Health: Model-Based Prevalence Estimates (50 States and the District of Columbia) (samhsa.gov). North Dakota ranks 12th nationally in suicides rates with 18 suicides per 100,000 (NVSS - National Vital Statistics System Homepage (cdc.gov)) and was the 11th leading cause of death in 2020 (NDDoH, Division of Vital Records, ff2020.pdf (nd.gov)). According to data from 2019-2020, NSCH in North Dakota, 49% of children, ages 3 through 17, with a mental/behavioral condition received treatment or counseling compared to 52.3%, implying the need for mental/behavioral condition treatment or counseling. Children, ages 3 through 17 who received treatment or counseling were of ages 6 through 11 (38.3%), were in household income-poverty ratio 200%-399% (44.1%), were household structure of single parent (48.4%), were females (38.6%), and resided in a non-metropolitan statistical area (43.7%) in the state.

The impact of the COVID-19 pandemic on women/maternal and child health

In wake of the COVID-19 pandemic, the Office of the State Epidemiologist uses data collected during case investigation and contact tracing activities to analyze COVID-19 trends among North Dakota population. The following data are from a summary of trends in COVID-19 data on the population of women/maternal and children ages 0-17 years in the state of North Dakota as April 5, 2022 (since March 2020). This 2023 needs assessment included the most recent data as of June 5, 2023. Data on pregnant women and comorbidities were discontinued at

some point since the original report (April 5, 2022).

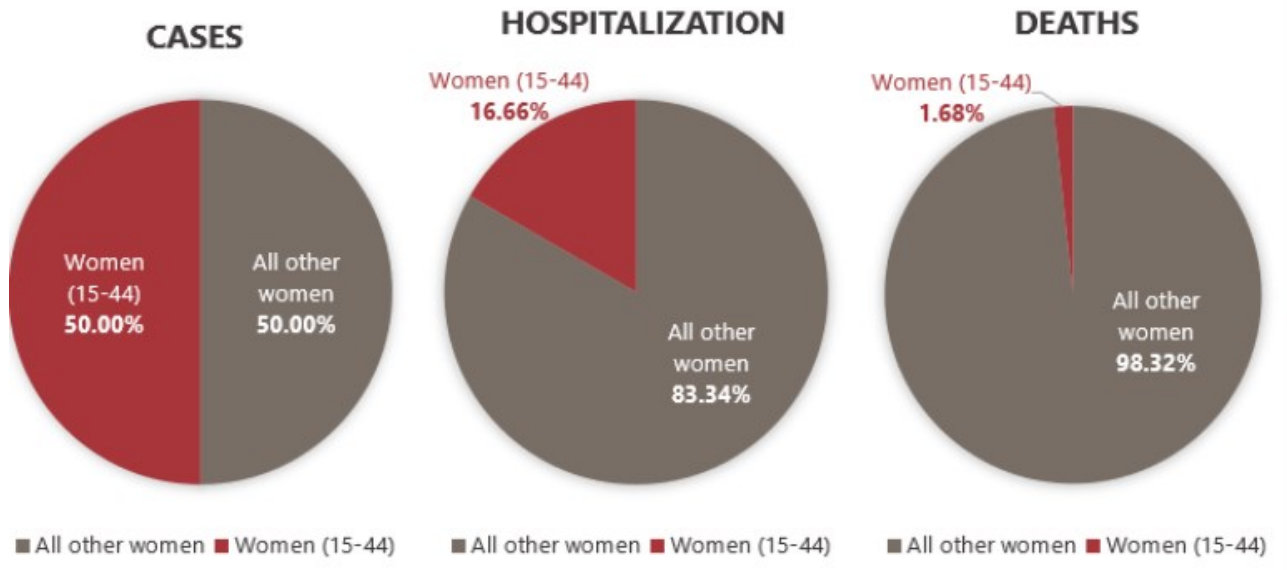
Women/Maternal

The COVID-19 pandemic directly and indirectly affected maternal and child health differently by race, age, and geographic region (urban vs. rural). North Dakota has been experiencing substantial declines in birth numbers since the post-pandemic period. North Dakota saw a substantial increase in March 2021, followed by a decrease in births in 2022. Live births decreased in 2022 in most age groups, except 40-44. The decline was most substantial in women aged 20-24. During the post pandemic year (2021), a substantial increase in the number of American Indian women live births was observed, while the opposite was observed in women of other races.

According to the 2017-2020 North Dakota PRAMS data, 69.2% of women (43.8% of American Indian (AI) women, 75.5% of White women, and 47.8% of women of other races) reported having a "routine" check up in the 12 months prior to becoming pregnant. In 2020, this number decreased to 66.2% (36.7% of AI women, 73.9% of White women, and 39.3% women of other races). The same was observed for mothers residing in a rural geographic area, compared to urban and in teens mom compared to non-teen moms, as described above.

As of June 5, 2023, 50.0% of the total confirmed COVID-19 cases were among women aged 15 to 44. Data for pregnant women will no longer be collected as of April 5, 2022.

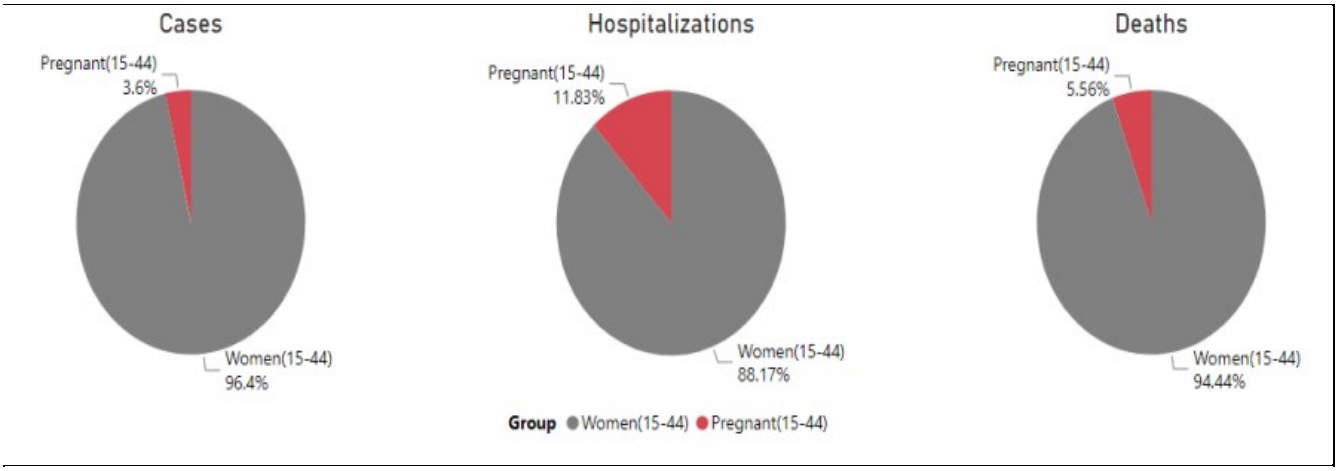
COVID-19 Trends Among Women (15-44 years old) as June 5, 2023



The following data correspond to two years of the COVID-19 pandemic (from March 2020 to April 2022)

As April 5, 2022, 4% were pregnant women. Data regarding cases, hospitalizations, and deaths as June 5, 2023, are shown in the figure below. The rate of COVID-19 cases in the state in women 15-44 years of age for April 2022 is 404.30 cases per 1,000 population. For pregnant women (15-44 years of age) the rate of cases is 15.10 per 1,000 population for the same period. The hospitalization and mortality rates for women 15 to 44 years of age were as follows: 3.95/1,000 population and 0.11/1,00 population, respectively. The hospitalization and mortality rates for pregnant women 15 to 44 years of age were as follows: 0.53/1,000 population and 0.01/1,00 population, respectively.

Covid-19 Trends among pregnant women (15-45 years old) as April 5, 2022*



* Data for pregnant women will no longer be collected as of ± April 5, 2022.

The tables below are exhibiting the rates of cases, hospitalizations, and deaths per 1,000 population in women of age 15 to 44 by race and ethnicity as June 5, 2023. The proportion of cases, hospitalizations and deaths were higher in the American Indian population than any other race. As April 5, 2022, proportion of deaths in non-Hispanic or non-Latino were a bit higher than the Hispanic or Latino even though the case rate and hospitalization rate were almost the same in both groups. Data for Hispanic/Latino will no longer be collected as of ± April 5, 2022.

Rates of COVID-19 Cases, Hospitalizations and, Deaths per 1000 women of age 15 to 44 by race as June 5, 2023

Race	Cases per 1000 population	Hospitalizations per 1000 population	Deaths per 1000 population
White	439.53	3.16	0.06
American Indian	509.36	9.70	0.68
Black	403.03	6.31	0.14
Asian	291.28	3.87	0

The table below exhibit the rate of cases, hospitalizations, and deaths per 1,000 population in pregnant women of age 15 to 44 by race and ethnicity. The proportion of cases and hospitalizations were higher in Black population than any other race. The proportion of cases and hospitalizations in Hispanic or Latino were higher than the non-Hispanic or non-Latino group.

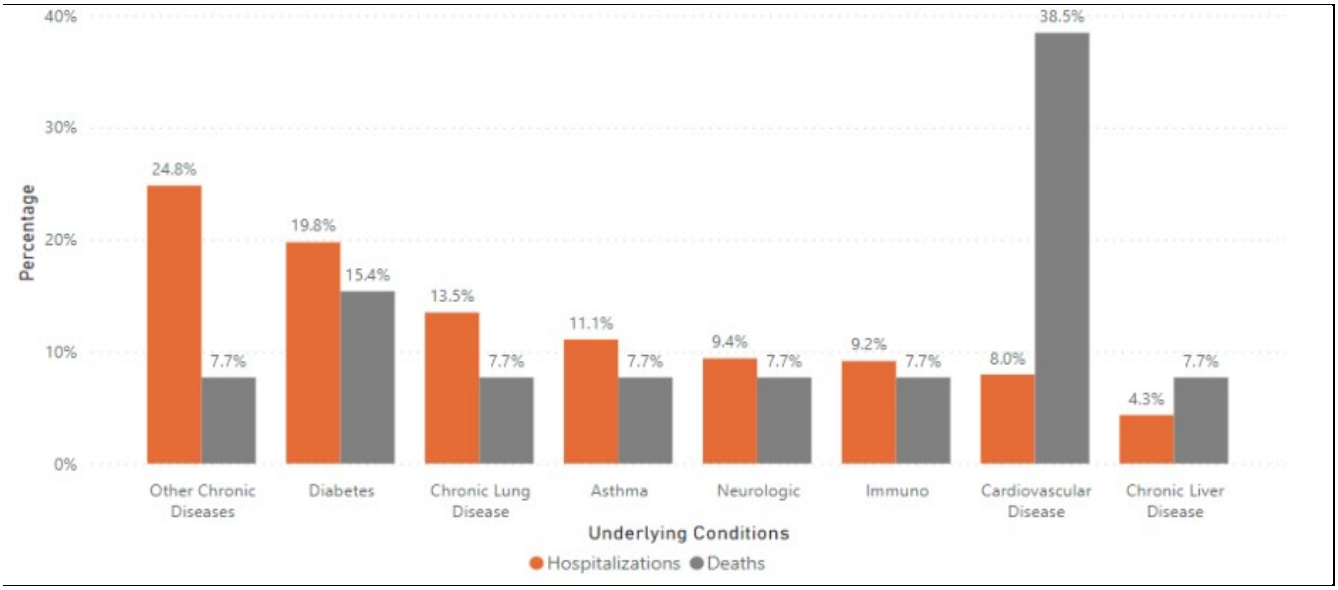
Rates of COVID-19 Cases, Hospitalizations and, Deaths per 1000 pregnant women of age 15 to 44 by race and ethnicity as April 5, 2022*

Race	Cases per 1000 population	Hospitalizations per 1000 population	Deaths per 1000 population
White	12.09	0.37	0.01
American Indian	13.81	0.49	0
Black	16.54	0.99	0
Asian	7.24	0.75	0

*Data for pregnant women will no longer be collected as of ± April 5, 2022.

The plots below display the percentage of hospitalization and deaths in specified underlying conditions. Underlying conditions are self-reported by cases, resulting in the reported values below likely being underestimated. Among women aged 15-44, 38.5% recorded deaths had cardiovascular diseases and 15.4% had diabetes.

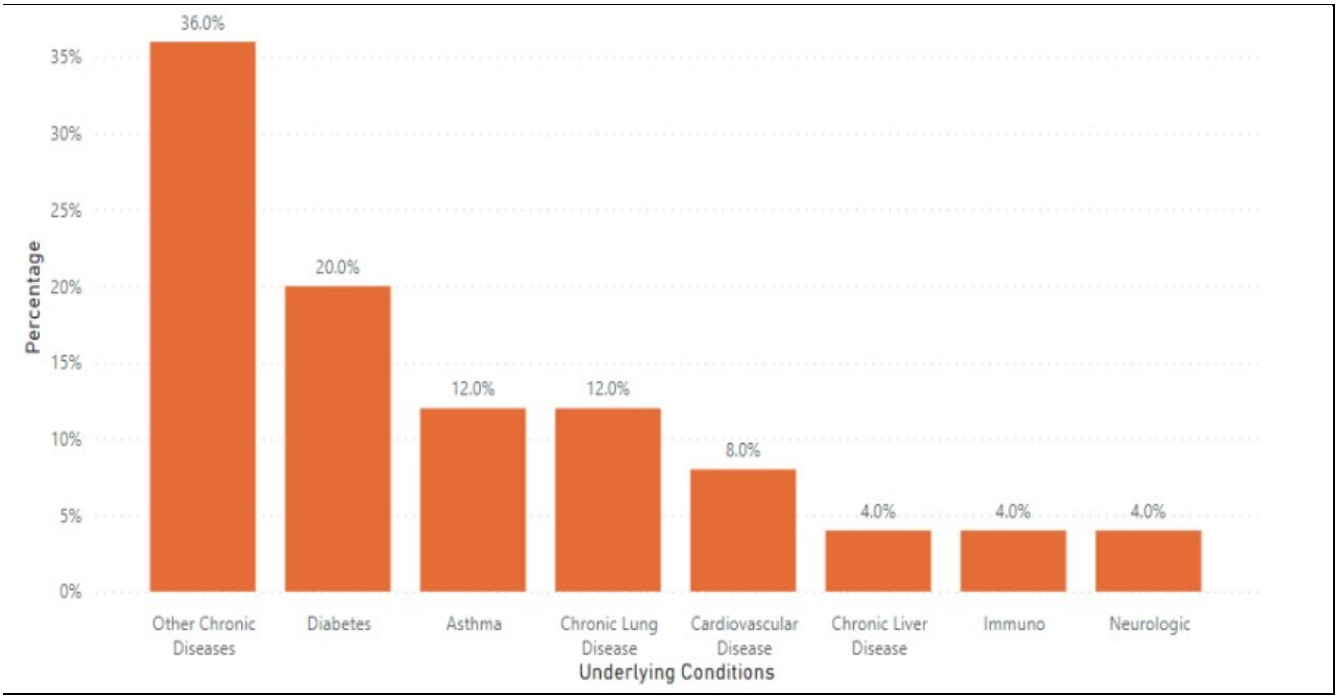
Percent of COVID-19 hospitalizations & deaths with comorbidities* in all women aged 15-44 as April 5, 2022



*Data of comorbidities will no longer be collected as of ± April 5, 2022.

Most hospitalized COVID cases in pregnant women (15 to 44 years old) had other chronic diseases and diabetes. There were no reported deaths that had the underlying conditions listed below.

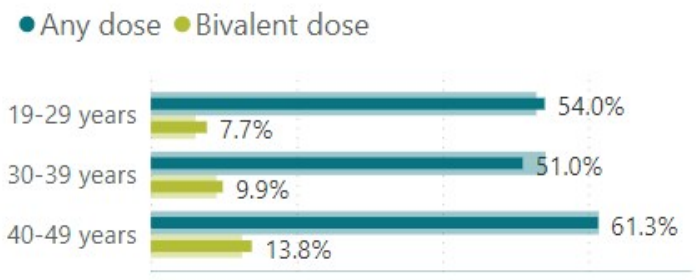
Percent of COVID-19 hospitalizations with comorbidities in pregnant Women Aged 15-44 as April 5, 2022*



* Data for pregnant women will no longer be collected as of ± April 5, 2022.

From the three age groups displayed, the 40-49 age group of women are fully vaccinated by 61.3% and 13.8% received the bivalent dose, which is higher than the other age groups displayed.

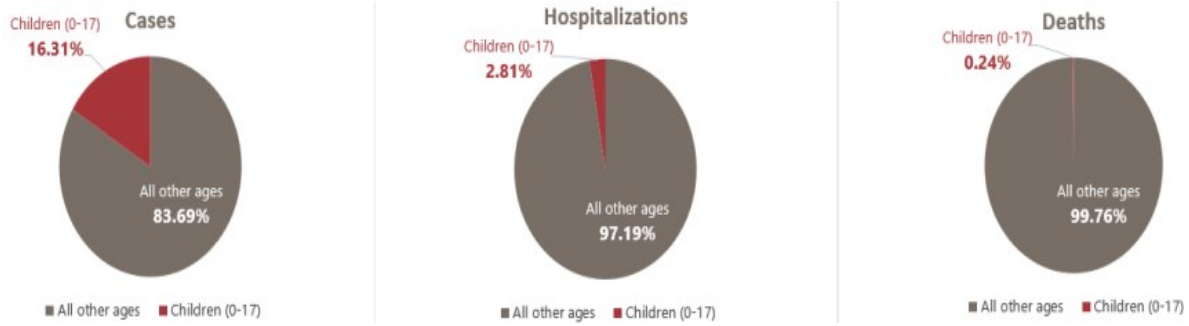
Vaccination status percentages for women ages 19 to 49 as of June 5, 2023



Children aged 0 to 17 years old

In North Dakota, 45% of confirmed COVID cases among children in the first 12 months of the pandemic were determined to be contracted through household contact. Shared spaces made isolation and quarantine within the household difficult, resulting in more frequent exposure and transmission among household members. Further, children had more household contacts than the adult population, with 3.5 and 1.7 average household contacts, respectively, in North Dakota. As of June 5, 2023, 16.3% of the total confirmed COVID-19 cases were among children aged 0 to 17. Case, hospitalization and death data as June 5, 2023, are shown in the figure below. The rate of COVID-19 cases in the state in children aged 0 to 17 years of age for March 2020 to April 2022 is 222.05 cases per 1,000 population. The hospitalization and mortality rates for children aged 0 to 17 years old were as follows: 0.99/1,000 population and 0.02/1,00 population, respectively.

COVID-19 Trends Among Children (0-17 years old) as June 5, 2023



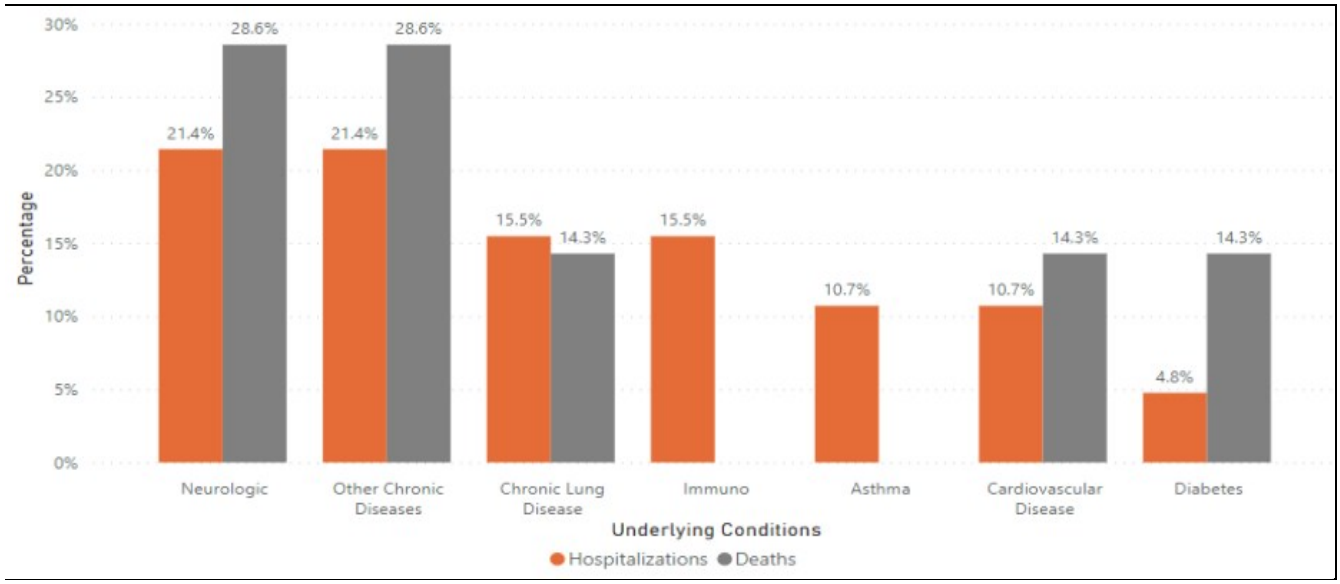
The tables below are exhibiting the rate of cases, hospitalizations, and deaths per 1,000 population in children aged 0 to 17 by race and ethnicity as June 5, 2023. Severe outcomes and death caused by COVID-19 were relatively rare in North Dakota children. As of April 5, 2022, no deaths were registered in the non-Hispanic category even though the cases and hospitalizations are registered higher than the Hispanic category.

Rates of COVID-19 Cases, Hospitalizations and, Deaths per 1000 children of age 0 to 17 by race and ethnicity as June 5, 2023

Race	Cases per 1000 population	Hospitalizations per 1000 population	Deaths per 1000 population
White	212.46	1.11	0.02
American Indian	306.92	1.81	0.06
Black	159.25	1.12	0.00
Asian	159.23	1.26	0.00

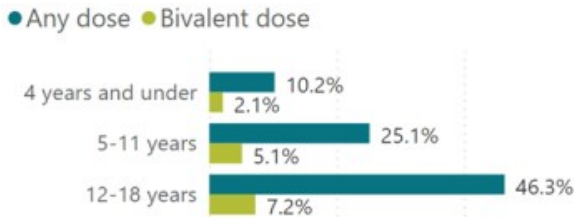
The plots below display the percentage of Hospitalization and Deaths in this population specified by underlying condition. Underlying conditions are self-reported by cases, resulting in the reported values below likely being underestimated. Among hospitalized children, neurological and other chronic diseases were most frequently reported.

Percent of Hospitalizations & Deaths with comorbidities in Children Aged 0-17 as April 5, 2022



The coverage rate in children in the 5-11 age group seems less than in the age group 12-18, as the COVID-19 vaccines were available early for 12 years and older in May 2021 and later in November 2021 for 5 years and older.

Vaccination status percentages for children ages 5 to 18 as of June 5, 2023



Conclusions

Health disparities among Native American populations, adolescent girls, those in rural areas, and the uninsured rural populations are evident across nearly all indicators. COVID-19 was a challenge to North Dakota and to the MCH population. The findings from this assessment will help to guide programs and policies to address the state's need for MCH services.

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

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

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,739,627	$1,748,881	$1,748,881	$1,750,204
State Funds	$1,259,872	$1,530,009	$1,266,813	$1,480,791
Local Funds	$45,000	$97,044	$45,000	$75,043
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$3,044,499	$3,375,934	$3,060,694	$3,306,038
Other Federal Funds	$25,244,560	$23,899,623	$24,712,036	$52,001,119
Total	$28,289,059	$27,275,557	$27,772,730	$55,307,157

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$1,750,204	$1,759,550	$1,750,204	
State Funds	$1,257,805	$1,448,832	$1,257,806	
Local Funds	$55,000	$75,043	$55,000	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$3,063,009	$3,283,425	$3,063,010	
Other Federal Funds	$40,667,386	$30,021,431	$39,204,700	
Total	$43,730,395	$33,304,856	$42,267,710	

	2024	
	Budgeted	Expended
Federal Allocation	$1,759,550	
State Funds	$1,264,816	
Local Funds	$55,000	
Other Funds	$0	
Program Funds	$0	
SubTotal	$3,079,366	
Other Federal Funds	$182,094	
Total	$3,261,460	

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) 2022 is contained in Forms 2, 3a and 3b.

Form 2:
The FFY 2022 budgeted amount was $1,750,204. However, the actual Federal Allocation of $1,759,550 was entirely expended.

The amounts expended for Preventive and Primary Care for Children ($598,275 ~ 34%); Children with Special Health Care Needs ($696,767 ~ 39.6%); and Title V Administrative Costs ($96,657 ~ 5.5%) comply with the 30%-30%-10% requirements.

State funds expended were more than budgeted ($1,448,832 vs. $1,257,805).

Local MCH funds expended were also more than budgeted ($75,043 vs. $55,000). Local MCH funds include grantees other than local public health that provide match. More local maternal and child health (MCH) funds were expended due to the number of contracts awarded.

Total Federal and State funds expended for FFY 2022 were $3,283,425 vs. the budgeted amount of $3,063,009. This increase in total expended funds was due to increased state fund allocation and increase match from grantees.

Other federal funding expenditures for FFY 2022 were lower than budgeted ($30,021 vs. $40,667,386). This decrease is likely due to the winding-down of alternate sources of funding post-pandemic.

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

- Pregnant women – $452,401
- Infants < 1 year – $224,546
- Children 1 through 21 years – $1,212,477
- CSHCN – $1,166,358
- All Others – $50,898

The Federal-State MCH Block Grant Partnership Expenditures total is $3,106,680 which includes $1,662,893 in federal funds and $1,443,787 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 2022 includes $304,752 for direct services (9.5%) 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 – $68,223
2. Preventive and Primary Care Services for Children – $17,500
3. Services for CSHCN – $219,029

The expenditures for FFY 2022 also includes:

- $1,166,242 for Enabling Services (37.5%) of the federal and non-federal total)
- $1,732,343 for Public Health Services and Systems (55.8%) of the federal and non-federal total)

The Federal-State Title V Block Grant Partnership Total is $3,203,337 which includes $1,759,550 in federal funds and $1,443,787 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 breastfeeding support and adolescent health services. 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 – $62,523 for CSHCN
Physician/Office Services (Charges) – $45,851 for CSHCN
Hospital Charges (Includes Inpatient and Outpatient Services) – $16,673 for CSHCN
Dental Care (Includes Orthodontic Services, as these charges could not be broken out separately) – $4,168 for CSHCN
Durable Medical Equipment and Supplies – $8,337 for CSHCN
Laboratory Services – $52,288 for primarily Family Planning Program laboratory support
Other – $114,912 for CSHCN medical food, breastfeeding support, 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 2024 Maternal and Child Health (MCH) federal allocation ($1,759,550) is based on the previous year’s funding award. Population percentages, match, and maintenance of effort requirements are met. The budget allocates $588,145 (33.4%) to Preventive and Primary Care for Children and $695,000 (39%) for Children with Special Health Care Needs (CSHCN’s). Administrative costs budgeted at $105,573 (6%) 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 ($1,264,816) 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 ($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 $1,319,816 which exceeds the 1989 maintenance of effort requirement ($1,206,293).

The state MCH budget total is $3,079,366.

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 ($387,920) 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 for infants under 1 year ($191,066) support state and local programs such as infant mortality initiates, infant and child death services, safe sleep activities, infant home visits, injury prevention, and breastfeeding.
- Funds for children ages 1 through 21 years ($1,029,307) support state and local programs such as school health, injury prevention, nutrition education, 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) ($1,216,311) 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 ($70,000) include state laboratory expenses to support the Family Planning Program.

The Federal-State MCH Block Grant Partnership total is $2,894,604 which includes $1,653,977 in federal funds and $1,240,627 in non-federal funds.

Form 3b

The following figures represent combined federal and non-federal funds by types of services):
The budget for FFY 2024 includes $456,674 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 – $190,575
2. Preventive and Primary Care Services for Children – $35,000
3. Services for CSHCN – $231,099

The budget for FFY 2024 also includes:

- $985,919 for Enabling Services (32.9% of the federal and non-federal total)
- $1,557,584 for Public Health Services and Systems (51.9% of the federal and non-federal total)

The Federal-State Title V Block Grant Partnership total is $3,000,177, which includes $1,759,550 in federal funds and $1,240,627 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 purchase of formula and low-protein modified food products for the metabolic food program. Local Title V grantees utilize a portion of Title V funds to provide breastfeeding support and school telehealth services. State

Title V also funds 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 human service zone staff 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 2,319 employees of the North Dakota Department of Health & Human Services (HHS). 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 (HHS) 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 June 2023, the Public Health Division of HHS employs 345 people, with 206 full-time equivalents (FTEs) and about 139 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 HHS is to make North Dakota the healthiest state in the nation and have identified the following goals: 1) Deliver one streamlined path to quality, equitable programs and services; 2) Continue to improve quality, effective, and efficient health and human services; and 3) Create career growth and development opportunity for team members and build a one-team culture. HHS team members work to help North Dakotans of all ages enhance their well-being and quality of life by supporting equitable access to the social determinants of health, which include economic stability, housing, education, food, community, and health care. HHS promotes the state’s emergency readiness and response preparedness, achieves strategic outcomes using all available resources, strengthens stakeholder engagement and collaboration and manages emerging public health challenges.

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 goals, 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 & Vibrant Communities
- Enhance & 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 the maternal and child health (MCH) priority areas; 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:
1) Special Projects and Health Analytics, 2) Surveillance and Data Management and
3) Vital Records. 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 located within the HSP Section. The HSP Section provides epidemiological expertise, oversight, and enhanced data support not only to MCH programs, but to the HHS 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) 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 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: a skilled workforce; smart, efficient infrastructure; and healthy, vibrant communities: https://www.nd.gov/living-nd/main-street-nd.

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 HHS. 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 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 HHS representative on the State Council on Developmental Disabilities and the Interagency Coordinating Council, focusing on systems that support individuals with disabilities and their families.

Annually, the state CSHCN program convenes a meeting between the Disability Determination Services (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 HHS.

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 assure care and improve health status is in place between 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.

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

Recruitment and retention of qualified staff

The North Dakota Department of Health and Human Services (HHS) 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. HHS policies for reimbursement for professional licensures and tuition reimbursement are also positive recruiting and retention tools. As a result of COVID-19, staff are allowed, and 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 that need support.

About 70% 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 68% last year and 75% 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).

Training and growth opportunities

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. 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.

In December 2019, Title V staff completed the MCH Navigator on-line self-assessment. This self-assessment provides an opportunity for professionals to reflect on competency-based strengths and areas to grow in order to identify learning needs and reinforce new skills to 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.

In May 2021, a proposal was received to initiate a formal Academic Health Department partnership between the former North Dakota Department of Health's (NDDoH) MCH program and the NDSU 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 MCH leadership's key concerns, departmentally and statewide, 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. To effectively build MCH workforce and innovation capacity in North Dakota, NDSU DPH required two (2) formally trained MCH faculty with research expertise. By August 2022, these faculty had successfully developed and implemented an eight credit MCH Certification Program. Credits from this MCH Certification Program can be applied to an MPH degree. NDSU DPH will additionally commit a dedicated percentage of time supporting the data analysis and research needs of North Dakota's MCH programs.

Regular meetings with NDSU have continued throughout the year. Staff are working diligently to complete the MCH curriculum, and courses for the new MCH Certificate program will be offered in Fall of 2023. NDSU personnel have also discussed the possibility of offering additional training opportunities (e.g., webinars, books clubs, etc.) for Title V staff who may have been hesitant about registering for a full college-level course.

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), has 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.

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.

Innovations in staffing structures and workforce financing

HHS 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. Currently, one MCH staff has submitted their application for acceptance into the fall 2023 Public Health Certificate Program. In addition to supporting state MCH staff to enroll into the MCH Certificate Program, the program is being widely announced and promoted statewide. At least one other MCH staff member has submitted their application to complete their graduate degree, starting in the Fall of 2023.

Title V and all of HHS 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 HHS, 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 Health Equity 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 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 HHS 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.

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 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 review.

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.

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.

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.

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 all its service contracts and required annual reports. At a

departmental level, a customer satisfaction survey process has been implemented. Ongoing feedback is solicited from the website and from staff email correspondence. In addition, customer feedback ratings have been incorporated into the North Dakota Department of Health and Human Services' (HHS) strategic plan. 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 workforce 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.

HHS's Family Health and Wellness (FHW) Unit is involved with families through various programmatic activities. Educational materials, such as brochures and magnets, are disseminated to children, parents, and other caretakers at health fairs, schools, childcare, and health care settings. The North Dakota School Health Specialist within FHW oversees 14 grantees. These grantees work with schools and other community organizations to increase physical activity (PA) and educate on the benefits of eating healthy. Through collaboration with the North Dakota State University Extension program, a map of North Dakota was developed to indicate where all MCH child health grantees are across the state. The idea behind the map is to visually show the grantees that other grantees are working in the same community or region, allowing them to collaborate and not duplicate services. Other grantees continue to use the "Fast Fuel" initiative. One of the grantees developed this to increase healthy options in concession stands in schools and other locations with concessions.

The North Dakota MCH program will develop one model for integrating nutrition within MCH Programs. In addition to physical activity strategies for children, the North Dakota Department of Health and Human Services was selected an opportunity to develop a state model in MCH for nutrition integration which will take place through September 30, 2025. North Dakota's project will focus on integrating nutrition by building local public health 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 the efforts. Further information can be found on their website: Children's Healthy Weight State Capacity Building Program - ASPHN. Through this opportunity, two of the LPHUs are developing digital resources that are a step-by-step guide on implementing Farm to School and Farm to Table in a community. These projects will be completed by August 30, 2023.

Regarding obesity prevention, breastfeeding has been proven to help reduce obesity. Breastfeeding promotion and support are also integral to the state MCH Nutritionist work.

Two of North Dakota's Regional Education Associations (REA) help to support the North Dakota Full-Service Community Schools Consortium (FSCS). The North Dakota FSCS is comprised of partners across various sectors who share the mission of supporting schools, students, and families across the state. FSCS is both a place and a set of partnerships that serve as a hub for a neighborhood or community. FSCS partners with other organizations to provide a coordinated and integrated set of comprehensive supports that include early childhood development, family engagement, remedial and academic enrichment activities, community-based supports, wellness, juvenile justice & delinquency prevention, and workforce readiness. The FSCS aligns with HHS's recommendation for schools to use the Whole School, Whole Community, Whole Child (WSCC) model. WSCC is the Centers for Disease Control and Prevention (CDC) framework for addressing health in schools. The WSCC model is student-centered and emphasizes the role of the community (family engagement) in supporting the school, the connections between health and academic achievement, and the importance of evidence-based school policies and practices. FSCS began in 2019 with three pilot sites and moved forward with three additional schools. In the upcoming 2023

school year, four more schools will be added across North Dakota.

The work done by the child health priority grantees encompasses PA and nutrition and, by doing so, keeps family engagement at its core. The HHS MCH program is currently contracting with 11 of the 28 LPHUs. In addition to the LPHUs, contracts with two tribal entities, the FSCS and the North Dakota State University Extension program. All these contracts are held under the Family Health and Wellness Unit.

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 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 is a variety of educational materials available that cover the poison prevention area, including stickers, magnets, and brochures.

Staff provide education to families regarding child passenger safety (CPS) through the HHS’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 as to 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 HHS and NDDOT guidelines.

Cultural and linguistic competence and the promotion of health equity continue to be a priority in the HHS. With the growing American Indian, immigrant, refugee and migrant populations, North Dakota is developing a diverse society of extensive cultural, educational, economic, and language differences that may hamper the ability of some groups to participate in the improvements of health enjoyed by many in the state.

Please refer to III.E.2.b.i. MCH Workforce Development for additional information relating to health equity for Title V staff.

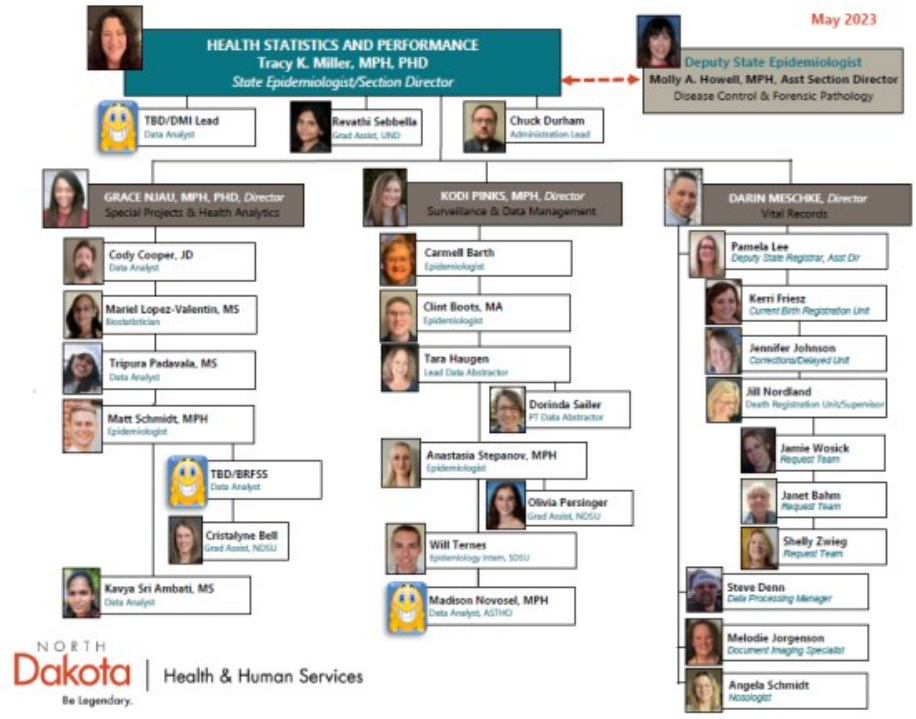
III.E.2.b.iii. MCH Data Capacity

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 (HHS). 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 HHS, 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 and 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, state partners and collaborators. North Dakota paid claims data was used to monitor and understand the utilization of telehealth services as they continue after the pandemic, assess antibiotic prescribing and its stewardship, to learn about hypertension among pregnant women who were enrolled in North Dakota Medicaid, and to understand postpartum depression after deliveries and type of deliveries. 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 over samples women of other minority races to adequately monitor health risk behaviors of rapidly growing populations in the state. A new PRAMS for Dads survey has been 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 recently been extended until July 31, 2024 due 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.
Long-term Follow-up for Severe Combined Immunodeficiency and other Newborn Screening Conditions	The goal of this program is to ensure that newborns and children identified through newborn screening achieve the best possible outcomes by expanding the ability

	of state public health agencies to provide screening, counseling, and services to these newborns and children and to collaborate with clinicians, public health agencies and families to create a system of care that can assess and coordinate follow-up and treatment to newborn screening conditions. A set of long-term follow-up quality measures at multiple levels of systems of care will be used to conduct quality improvement projects to address long-term follow-up gaps. The project is anticipated to run from August 1, 2021, through July 31, 2023.
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 (HHS) (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 in 2022 include: • Access to mental and behavioral health support services • Access to preventive care • Chronic disease prevention • Infant and child health promotion • The SHIP Strategy Framework includes the requirement for strategies to address the social determinants of health (root causes) and racial disparities.

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 (HHS). 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 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, pharmaceuticals, and training.

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.

The EPR Unit has many response plans posted on their website: https://www.hhs.nd.gov/health/emergency-preparedness-and-response/redacted-response-plans. The plans available on the website have been redacted to remove names and sensitive information. 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 HHS 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.

The Public Health Division of HHS works closely with the North Dakota Department of Emergency Services (DES) on emergency planning and preparedness. DES conducts planning, coordination, communications, and operations for the safety and security of all citizens of North Dakota.

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. In July 2020, the Title V 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., 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 HHS 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.

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 that contribute to, or expand, the capacity and reach of the state Title V MCH and children with special health care needs (CSHCN) programs. 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 Healthy and Safe Communities Section Director, who also oversees North Dakota Title V Programs within her section, is an active member of this grant's advisory committee. The Title V Director serves as the ND Department of Health and Human Service's (HHS) 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, to build awareness and provide a simple daily method for tracking fetal movement in the third trimester of pregnancy.

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 Cribs for Kids Program have been established in 34 sites 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. Some human service center zone staff receive provide assistance with statewide cleft lip and palate clinics. 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 HHS

Additional partnerships within the HHS, 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, family planning/reproductive health, and domestic violence/rape crisis.

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 HHS. 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. HHS 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. HHS and DPI will continue to work together to administer the Youth Risk Behavior Survey (YRBS) and Youth Tobacco Survey (YTS). The HHS 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 HHS 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. The meetings include representation from the ND Tribal Nations, HHS, ND Indian Affairs Commission, ND Department of Public Instruction, Bureau of Indian Affairs Education, Great Plains Regional Indian Health Services, NDSU, University of North Dakota (UND), Local Public Health and Human Services Zones.

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 HHS 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.

Public Health and Health Professional Educational Programs and Universities

NDSU and UND collaboratively offer a Master of Public Health (MPH) program. NDSU offers the only MPH degree in the nation with a specialization in American Indian public 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.

Family/Consumer Partnerships and Leadership Programs

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.

An additional contract was added to their workload this past year to focus on the transition with a family's perspective at the forefront. This contract will end June 30, 2023, but the health transition curriculum will continue to be utilized by families.

COVID-19 Partnerships

The pandemic actually improved MCH partnerships. Enhanced partnerships include those with local public health, DPI, and the ND Department of Commerce. The MCH School Health Specialist was the lead for COVID-19 school response efforts. This resulted in a close relationship with local public health that she did not have prior to the COVID-19 pandemic. Having this relationship with local public health continues to bring new opportunities with her efforts in childhood obesity prevention. In addition, new partnerships were formed, and internal partnerships were enhanced.

Section III. E2.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 (e.g., continuous glucose monitors for individuals with diabetes, over the counter medically necessary metabolic supplements for children, etc.).

- 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 (HHS) to ensure accuracy of payments.

- SHS staff attend scheduled Management Review Board (MRB) meetings for the North Dakota Health Enterprise MMIS to ensure any issues within the system are addressed.

- 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 SHS Unit Director and an SHS Program Administrator will continue serving on a core team alongside North Dakota Medicaid partners as technical assistance is received from the Center for Healthcare Strategies in an effort to improve attendance at annual Health Tracks (EPSDT) visits.

- 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.

- Title V staff facilitated meetings with North Dakota Medicaid to implement the extension of North Dakota Medicaid eligibility to 12 months postpartum and spread awareness to clients.
    1. The MCH Epidemiologist is assisting with collecting and analyzing data to support this effort.
    2. Title V assisted with outreach to potential clients through various state-wide partnerships and the development of outreach materials.

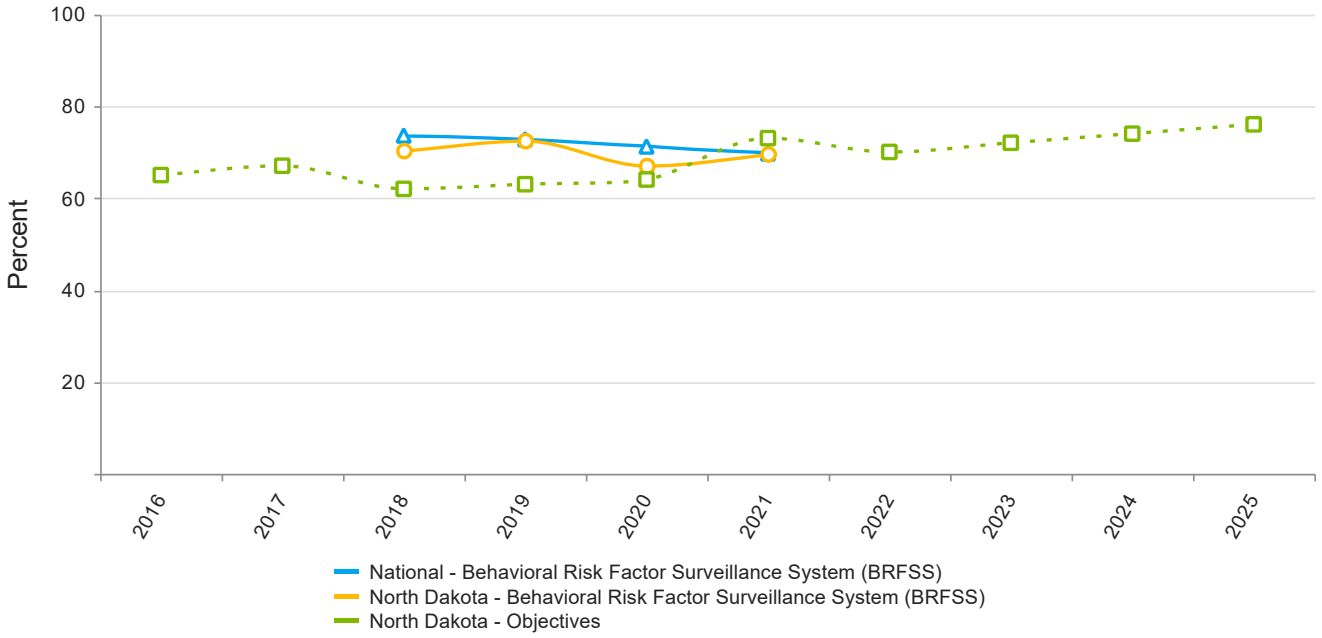
Please refer to IV. Title V – Medicaid IAA/MOU for additional information relating to collaboration and partnerships between Title V and North Dakota Medicaid.

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

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



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

Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives			
	2023	2024	2025
Annual Objective	72.0	74.0	76.0

Evidence-Based or –Informed Strategy Measures

ESM 1.3 - 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
Annual Objective		
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			
	2023	2024	2025
Annual Objective	78.0	88.0	98.0

ESM 1.4 - The percentage of women receiving women's preventative health educational materials.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
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			
	2023	2024	2025
Annual Objective	50.0	60.0	70.0

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 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past 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 1.1 - Percentage of women screened in pediatric clinics at the piloting clinics	Inactive
ESM 1.2 - Number of tailored messages developed targeting low-income and minority women.	Inactive
ESM 1.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.	Active
ESM 1.4 - The percentage of women receiving women’s preventative health educational materials.	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

National Performance Priority Area: Well-Woman Care, with an Emphasis on Minority and Low-Income Women (October 1, 2021 – September 30, 2022):

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--general physical exam, not an exam for a specific injury, illness, or condition. In 2017, the number of women ages 18-44 with a routine checkup according to BRFSS data was 58.7%. In 2021, that number had improved to 70.9% of women. Aside from lower numbers in 2020, progress is being made toward increasing preventative care in North Dakota to reach the national average of 75.5% women having a routine checkup.

North Dakota's Pregnancy Risk Assessment Monitoring System (PRAMS) data assesses women in the months after giving birth. According to 2018-2019 North Dakota PRAMS data, 37.9% of women (44.8% of American Indian (AI) women, 37.4% of White women, and 39.5% of women of other races) reported having a "routine" check-up in the 12 months prior to becoming pregnant. In 2020, this number increased to 41.3% (46.6% of AI women, 41.0% of White women, and 42.3% of women of other races). While the improvement over time is encouraging, the number of women receiving a routine checkup in the period before a pregnancy is much lower than the number of women 18-44 with a checkup in the last year overall. The period before getting pregnant is a critical time to seek preventative health services, to ensure a healthy pregnancy. Therefore, in North Dakota, much of the focus of well-woman care is on the interpregnancy interval, particularly the months after a woman gives birth.

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 may be 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 have continued to employ strategies that capitalize on connecting with women where they are, drawing them into the health system, particularly in pregnancy and in the months following, when women may be more likely to be connected to the health care services.

The areas highlighted below are all included in the Title V team's well-woman work. Each of these provide precursory and critical steps to preventive health care across the continuum of care and ultimately lead to improved preventative health for women:

1. Expanding North Dakota Medicaid coverage postpartum, as improved health care coverage is a crucial first step for women to be able to access preventative health care.
2. Improving support for postpartum depression, through screening at well-child visits, partnering with Title X clinics, and deepening the network of support available through family home visiting, doulas and other peer support.
3. Partnering with Community Based Organizations (CBOs) to reach low income and minority women, especially New American, Foreign Born, Immigrant (NFI) and Indigenous women in the state. Campaigns have helped women in these communities to learn about and access preventative health services.

Nationally, a major focus of many women's health campaigns is extending postpartum access to Medicaid. There is widespread understanding that extending Medicaid coverage is a strategic way to provide better access to preventative health care. Expanding Medicaid postpartum was a high priority for North Dakota in the 2021-22 plan and significant movement was made toward this goal. Medicaid financed 2,440 births in North Dakota, which is nearly 25% of all babies born in the state. Extending Medicaid into the period after birth will allow a greater number of women to access critical preventative services during a particularly vulnerable time-period in their lives, when

coverage rates are higher.

When insurance lapses, preventative care is neglected. In 2021, about 1 in 13 women of childbearing age (7.9%) was uninsured in North Dakota. However, insurance coverage through Medicaid may increase when a woman becomes pregnant. In 2020, 10% of women 19-64 were covered by Medicaid, yet nearly 25% of births are financed by Medicaid, suggesting that a larger number of women were covered by Medicaid during pregnancy than outside the pregnancy period. One possible reason is that some uninsured women may have income levels that are too high to qualify for Medicaid. During pregnancy, income requirements change, allowing those with higher income to qualify for Medicaid coverage, potentially closing the gap between those with lowest income levels and those that cannot afford Marketplace insurance yet typically do not qualify for Medicaid. Further, during pregnancy, some otherwise uninsured women may reach out to enroll in Medicaid, knowing that expenses related to birth can be covered by Medicaid.

Moreover, Medicaid in North Dakota covers a disproportionate share of women in underserved populations. According to 2019 PRAMS data in North Dakota, nearly 66% of AI respondents reported utilizing Medicaid as their primary insurance; in contrast, just under 20% of white respondents and 32% of “other races” respondents listed Medicaid as their health insurance. The high coverage among AI women as compared to their White counterparts suggests that extending the Medicaid postpartum coverage will also disproportionately improve the health of minority groups.

Combined, North Dakota’s data suggest it is important to reach out to women during the pregnancy and postpartum period, to build a bridge between pregnancy-related care and critical preventative services while the women may be most likely to have Medicaid coverage. Further, during the pregnancy period and when giving birth, there is a higher likelihood for women to be engaged with the medical system, offering a unique opportunity to connect women with preventative care.

As part of the 2021-2022 MCH workplan, Title V staff convened a taskforce to discuss Medicaid extension postpartum. Further, the staff achieved their goals of collating resources from other states and national organizations to outline the need for Medicaid extension of coverage to 1-year post-partum in North Dakota, sharing these with internal and external partners.

The efforts to lay groundwork for this initiative served as a springboard for additional movement to extend Medicaid: In spring of 2022, the American Rescue Plan Act (ARPA) provided an opportunity for states to expand postpartum Medicaid coverage to one year. North Dakota Medical Services quickly determined that North Dakota should pursue this opportunity. Title V lead staff was designated as the North Dakota Department of Health (DoH) representative on the team to extend Medicaid. Over the year, Title V staff were part of taskforces related to communications about Medicaid extension, logistics of the extension that addressed Medicaid-related changes that would need to occur, and Title V staff co-led meetings to create an evaluation plan.

By September 30, 2022, North Dakota’s State Plan Amendment (SPA) was nearing completion and was ready to submit to the Centers for Medicare and Medicaid Services (CMS). The evaluation plan was nearly complete as well. A communications plan was starting to be implemented, and in September 2022, funds from Title V were used to develop and print posters, rack cards, business cards and banners that could be used when the Medicaid extension postpartum was approved.

A second strategy employed by Title V staff was to increase screening for depression in the postpartum and perinatal periods. According to the CDC, about 1 in 8 women have symptoms of postpartum depression and there is a robust literature linking postpartum depression with negative outcomes for both mother and baby. According to the National Institute of Health (2019), untreated postpartum depression can have negative consequences for both the

mother and baby. Implications for the mother can include obesity, alcohol/drug use, breastfeeding issues, and relationship disturbances. Implications for the babies can include lower cognitive functioning, violent behaviors, and psychiatric/medical disorders in adolescence. Screening and treating depression are critical to ensuring health and wellbeing of mom and baby.

Beyond averting negative health outcomes due to depression, screening and referral to additional care may help ensure those who need support most are not 'lost' from the health care continuum. Screening for depression may be an important step to maintain women's connection to the health care system while improving their mental health status, so that later, they will seek preventative health care.

Taken together, early identification and treatment of depression in women of childbearing years is one key component to improving the over-all health and well-being of women (and their children) in the state. It has the potential to improve health equity, by disproportionately impacting minority women and those with lower income.

The 2021-2022 MCH workplan included three activities to address depression among postpartum and perinatal women: partnering with Title X clinics to maintain number of referrals for behavioral health services after a positive depression screening, approaching pediatric clinics to identify roadblocks and strategize to standardize screening or referrals, and explore peer support models, such as home visiting to identify models that could be expanded or created to increase screening and referral in the postpartum or perinatal periods.

Title X clinics are designed to serve people who are at risk for limited resources and entry into main-stream health care establishments and are an important place to connect women to the health care system. Often women seek care at a Title X clinic to confirm pregnancy. These visits provide an opportunity to screen women for perinatal depression. This early detection of depression can help facilitate early treatment/management and reduce the number of adverse maternal and infant outcomes that are often associated with untreated depression. The number of unduplicated women served in Title X clinics across North Dakota from October 2021 through September 2022 was 3,533. Of those, 3,147 received an initial depression screening utilizing the Patient Health Questionnaire – 2 (PHQ-2) and 350 received an additional screening, the PHQ-9. Results of both of these screenings led to the following: 139 referred to a private counselor, 2 taken to the hospital, 15 referred to a Human Services Center, 3 referred to the National Lifeline, and 139 counseled by the provider.

While Title X clinics are primarily reaching women during the perinatal period, postpartum depression was an important focus for Title V staff, with well-child visits as an important touch-point for screening for postpartum depression. During a well-child visit, women are aiding their child to access health care; screening for postpartum depression inserts a connection-point for *her* to connect to health care for her own needs. For women who may be likely to fall out of care overall, elevating care in the postpartum period for mental health when they are focusing on their child's health could be a critical step in improving preventative health for women in North Dakota.

Further, postpartum depression screening at well-child visits may be a strategy that impacts minority women and women of lower income at a higher rate than other women. According to 2019 PRAMS data for North Dakota, 24% of AI mothers, 20% of White mothers, and 8% of mothers of other races reported they experienced depression during their pregnancy. The higher number of AI women experiencing depression suggests that screening and referral may disproportionately impact AI.

The Title V staff planned to leverage findings from a 2020-21 pilot pediatric site to expand screening for postpartum depression at well-child visits. In 2021, the pilot site had identified three areas for quality improvement: use of a consistent screening tool and place to document results, how charges/coding should be entered, and how referrals for any necessary follow up should be made and documented. The team planned to expand the pilot site work to other clinics, and to leverage the information from this pilot site, who offered to share their findings with other clinics.

However, in the 2021-22 year, the pilot site was unable to provide data to the team and was not able to share their experiences with other clinics. Given the challenges of working with this site and inability to find additional sites to partner, the Title V staff refocused their work with pediatric clinics and made a new plan for improving postpartum depression screening, which will be implemented in 2022-23.

In addition to depression screening at Title X clinics and screening for postpartum depression at well-child visits, The Title V team began to explore peer support models to reach women with depression screening and support in 2021-22. In 2021-22, several peer support models were explored, including postpartum doulas and Community Health Representative (CHR) programs. Early on, it was clear to Title V staff that peer support models should be combined with nearly all other strategies to improve well-woman care. Therefore, this will be incorporated in the 2022-23 plan.

First, CHR programs were identified as an important partner to reach Indigenous communities. CHR programs are found in several tribal nations in North Dakota and provide one-on-one support for community members. One of the participatory grantees was the Spirit Lake CHR program, who organized several events to educate the community about resources available and to provide on-site preventative health services. Partnership resulted in many women getting information, education and preventative care.

Second, postpartum doulas were identified as a viable option to reach women where they are, especially if combined with a one-year Medicaid extension. Title V staff began to explore the trainings, Medicaid reimbursement models, and partnership opportunities to expand postpartum doulas in the state. These two peer support models will be incorporated into the 2022-23 plan.

The third and final strategy by Title V staff and partners in 2021-22 was to implement culturally specific media campaigns by partnering with local CBO’s. These campaigns aimed to educate women on availability of preventative care and providers and focused on women of lower incomes and/or from a minority demographic. Working with organizations that serve minority communities is a critical strategy to improve health equity in preventative health outcomes.

Participatory grant making was used to divide funding across CBOs. This novel approach uses shared decision-making strategies to allow grantees to contribute to the distribution of the available funding. This method was piloted in 2020-21, and quality improvement was important to increase the efficacy and impact of this method. Therefore, the 2022 process was expanded from the previous grant cycle by requiring grantees to record how many women were reached and how many obtained care. Further, the process was improved by utilizing lessons learned in the previous grant cycle, particularly, ensuring a higher level of technical assistance was available from the Title V team. Each grantee was assigned one of three points of contact, who were available to answer questions and provide detailed support. There was increased specificity on reporting requirements for these funds and of very specific and detailed instructions for use of state grant reporting systems as the population applying for such grants are not necessarily accustomed to such systems.

Applications for the participatory grant making session were accepted in late 2021. In early 2022, the Title V team held a second participatory grant making group, with seven small nonprofit organizations reaching underserved communities. Six of these nonprofits serve NFI groups while one worked within a tribal setting. The participatory grant making session was in-person and was facilitated by a nationally recognized participatory grant facilitator. Partners from across the state joined, presenting their project plans that would incorporate culturally specific channels to reach women where they are. Five organizations completed the grant work. As planned, the grantees had more rigorous reporting requirements, reporting on the number of individuals reached through participatory grant projects. Over 400 individuals were reached through this grant process. A complete description of participating organizations and their activities and results is below.

Several partners from the 2020-21 participatory grant making collaborated to submit an Association of Maternal and Child Health programs (AMCHP) presentation. The abstract and presentation information can also be found below.

Participatory Grant Making Partners, projects, and outcomes:

Women Empowering Women (WEW)
A non-profit with the aim of improving the living conditions of Latino families in Dickinson, by increasing access to knowledge about health care and disease prevention. WEW organized one event on September 26 which was focused on education on preventive cervical and breast health, training on automatic external defibrillator (AED) use, 1 hand cardiopulmonary resuscitation (CPR) and heart health. Approximately 40 (38 Hispanic, 2 foreign-born African American) women attended the event with an additional 15 connected to services such as mammograms with *Women's Way*; 30 women were scheduled for pap smears/pelvic exams at Connect Medical. Eighteen well-woman/pap/pelvis and 17 mammograms were completed.

SONTAK
SONTAK Family Clinic, located in Bismarck, generally provides primary care services by going beyond the traditional healthcare approach and working with individuals in the process of maximizing quality of life and overall health in a compassionate, personalized, and affordable manner. In the well-woman project, the clinic focused on reaching low-income and minority women in the Bismarck/Mandan Area, especially, Hispanic women. Two events were hosted with Title V funds; one was in collaboration with the Mexican Consulate to create awareness for the second event which was focused on breast cancer awareness, as well as assisting clients with mammogram and pap-smear appointments. Approximately 41 women attended both events with 10 setting up screening appointments. Through this grant cycle, the clinic was able to establish connections with organizations such as University of North Dakota, Community Churches, *Women's Way*, and Global Network.

New Hope for Immigrants
New Hope for Immigrants is a non-profit organization that promotes 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 community in Grand Forks through outreach and sensitization programs. At the end of the grant cycle, 2 health education-focused events were organized in May and September 2022. These events included topics such as a health resource fair, preventive health screenings such as mammograms, etc. Overall, these events reached 83 women, 20 men, and 3 children (2 boys and 1 girl). Peripheral to the grant-specific events were other monthly meetings hosted by the organization that reached 90 women (of which 4 were out of state),13 girls, and 2 boys.

New American Consortium for Wellness & Empowerment
The New American Consortium, formerly called the Refugee Consortium of North Dakota, 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 of 4 health education-focused events were organized for the month of June (3 events) and September (1 event). These events included topics such as women's health education and awareness events as well as physical and mental health education. There was an establishment of collaboration with organizations such as *Women's Way* and Family Healthcare, a federally qualified health center. Approximately, 30 women attended all the events with the New American women planning to schedule for mammograms, blood pressure and other health testing 15 of these attending multiple events in the series. Additionally, 5 to 7 planned and responded to follow-up questions on whether they attended the appointments. A

significant challenge was that several women had issues with transportation and had to carpool.

Spirit Lake Community Health Representatives (CHR)

The Spirit Lake CHR program provides home visits, provides medical services as well as participates in community education and prevention events, advocates for the needs of individuals, and refers individuals to other programs for additional resources available. This partner organized two events in the Spirit Lake community to address preventative women's health. First, there was a health fair, open to public, and many people attended. Participants had the opportunity to learn about a variety of community resources at the fair and were able to make appointments for preventative health services. Fifty-four women in the first event made appointments for preventative women's health services at this event. Then, a second event provided follow-up services for those who had made appointments: of the 54 who made appointments at event one, 28 attended and received services at the second event.

Partner	Appointment type	Scheduled appointments	Appointments attended
Women Empowering Women	Mammogram and cervical screen/pelvis/Well-Woman	30 people	18 Well-Woman/pap/pelvis and 17 mammograms
Sontak clinic	Mammogram and cervical screen	10	Not recorded
New Hope for Immigrants	NA	Not recorded	NA
New American Consortium	Unknown	NA	5
Spirit Lake CHR	Preventative health	54	28

Population Served	Number Reached	Group Reached	Number of Events/Meetings
Women	366 (4 from outside North Dakota)	Hispanic, Foreign-born African American, American Indians	29
Men	20		
Boys	4		
Girls	14		

The data above is preliminary. Total number of women reached during the 2021-22 grant period is final, whereas the number of appointments kept is still preliminary, as at the time of this report, some grantees were still following up on the services obtained during the 2021-22 period.

This has been a highly successful year for Title V regarding promotion of well-woman care. In addition to the movement to extend Medicaid coverage postpartum care to one year, nearly 400 women from diverse communities were reached with information and support to obtain preventative care. Participatory grant making was implemented

successfully a second time, with significant improvements. CBOs recorded number of women reached by their campaigns and made great strides to follow-up to record number of women receiving services. The pilot work with participatory grant making and several of the grantees involved collaborated to submit an abstract to a national conference and had their panel presentation accepted (due to a schedule change, they could not do their presentation).

Exciting new projects were developed, not initially identified as a strategy in the annual plan. For example, an innovative Prenatal Care Advocate program for Indigenous women of the Spirit Lake Tribe was developed in 2021-22. This program aims to provide support and education to women who may be unwilling or unable to seek care through a traditional clinic. Supporting women in the prenatal period is an important area of focus for the Title V staff, since during this time, some women wish to connect with the health system but may be hesitant to get the support they need. The exciting new Prenatal Care Advocate program helped to identify at risk women and provide support in pregnancy and postpartum in the Spirit Lake Tribe. The program helped reach women wherever they are in Spirit Lake, with the advocate meeting women in their car, the casino, Walmart, etc. just to provide appropriate prenatal information and emotional support. The program helped serve at-risk women, connecting them into the health care system, referring them to the CHR programs, and helping bridge the gap between birth and postpartum programs.

To provide peer support in the postpartum period, a postpartum parenting support program is being developed in Spirit Lake as well. This program brings women together in a group for support and education. Screening for depression and supporting women to obtain other preventative services will be incorporated into the program.

In the 2022-23 plan, the Title V staff aims to leverage Medicaid extension postpartum, expand on peer support models, find ways to provide education on preventative care services and support to minority women, and continue to identify ways to increase postpartum depression screening.

Association of Maternal and Child Health programs (AMCHP), accepted panel presentation:

Participatory Grant Making: A Strategy to Equitably Allocate Title V Funds

Full Description

BACKGROUND: Participatory grant making is a method for allocating grant funds using a shared decision-making strategy across grantees. In 2020, the North Dakota Department of Health (NDDoH) chose to allocate a portion of Title V Maternal and Child Health Services Block Grant funds utilizing the participatory grant making process.

OBJECTIVE(S): To pilot the use of the participatory grant making process for allocating funds to community-based organizations.

METHOD: Eight potential grantees serving low income and/or minority women from targeted geographic populations submitted a one-page application or short video detailing their proposal to improve preventative health visits for women in their communities. All applicants joined together to make decisions about who would be awarded funds. Following the grant making session, contracts were executed by NDDoH. Grantees met together several times to discuss the projects' progress and opportunities for collaboration.

RESULTS: Overall, grantees reported satisfaction with the process and appreciated the opportunity to award funds to viable projects. The process allowed for fostering partnerships and collaborations and grantees reported learning a great deal from other agencies. Challenges encountered included lack of expertise in navigating online registration platforms, little knowledge on grant processes, and apprehension being partially responsible for designating funds to other community-based organizations.

CONCLUSION: In 2022, a revised version of the process was developed. The new process includes a structured application and registration process for grantees, extensive training for grantees on the grant making process, and an in-person grant making session to improve communication and comprehension.

Abbreviated Description:

North Dakota Department of Health (NDDoH) Title V staff along with leaders from community organizations will discuss the participatory grant making process, a transparent and equitable way to allocate funds to community partners. This method was used by NDDoH in 2020 to allocate a portion of the Title V Maternal and Child Health Services Block Grant funds. Eight potential grantees serving low income and/or minority women from targeted geographic populations participated in the process and were awarded funds. In response to grantees' feedback regarding the process, in 2022, participatory grant making will be used again, with revisions to facilitate the grant making process.

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

MCH Population Domain: Women/Maternal Health

National Performance Priority Area: Well-woman Care, with an Emphasis on Minority and Low-income Women– 2024 Annual Plan Narrative (October 1, 2023– September 30, 2024):

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 number of women ages 18-44 with a routine checkup according to BRFSS data was 58.7%. In 2021, that number had improved to 70.9% of women. Aside from lower numbers in 2020, progress is being made toward increasing preventative care in North Dakota to reach the national average of 75.5% of women having a routine checkup.

In addition to BRFSS, the North Dakota's Pregnancy Risk Assessment Monitoring System (PRAMS) data has been used to evaluate progress for preventative women's health in North Dakota. PRAMS assesses women in the months after giving birth. According to 2018-2019 North Dakota PRAMS data, 37.9% of women (44.8% of American Indian women, 37.4% of White women, and 39.5% of women of other races) reported having a "routine" check-up in the 12 months prior to becoming pregnant. In 2020, this number increased to 41.3% (46.6% of American Indian women, 41.0% of White women, and 42.3% of women of other races). While the improvement over time is encouraging, the number of women receiving a routine checkup in the period before a pregnancy is much lower than the number of women 18-44 with a checkup in the last year overall. 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, particularly the months after a woman gives birth.

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 in pregnancy and in the months following.

The areas highlighted below are the strategies that the Title V team will be focusing on in Federal Fiscal Year 2024 (FFY24). To create successful strategies for the upcoming year, the team took a step back, evaluating efforts implemented over the last few years. Without changing the overall scope of the work, staff recategorized the action plan. Many of the 'strategies' listed in the plan in previous years were being implemented as specific activities. Therefore, the team renamed the strategies to better capture the overarching processes they reflect. Doing this, the team identified three broad strategies, under which all other work falls as activities.

Each strategy provides precursory and critical steps to preventive health care across the continuum of care and ultimately lead to improved preventative health for women:

1. Strategy one: collaborate with state-level organizations and entities to improve access to care. Activities will include promotion and evaluation of the new extended Medicaid coverage for postpartum women, developing a strategic plan with the North Dakota Maternal Mortality Review Committee (MMRC), and developing a state-wide task force to address preventative health for women.

2. Strategy two: 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. 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. It 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 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. Within this strategy, there are multiple activities that will help the team 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. Entities with state-wide impact such as Medicaid, the MMRC, and the state-level task force all have the ability to impact women's health across North Dakota, and result in state-wide changes for women's health. Medicaid and MMRC have been a focus of many women's health campaigns across the nation, due to their potential to have widespread impact. The Title V team is partnering with North Dakota Women's Network to create a state-level task force to help address preventative health care and disseminate preventative health information to women who may otherwise be difficult to reach with traditional, main-stream messaging.

There is widespread understanding that extending Medicaid coverage is a strategic way to provide better access to preventative health care. In 2022, Medicaid financially supported 2,098 births in North Dakota, which was 22% of all babies born in the state. Moreover, Medicaid in North Dakota covers a disproportionate share of women in underserved populations. According to 2020 PRAMS data in North Dakota, nearly 69% of American Indian (AI) respondents reported utilizing Medicaid as their primary insurance; in contrast, just 17% of White respondents and 35% of "other races" respondents listed Medicaid as their health insurance. The high coverage among AI women as compared to their White counterparts suggests that extending the Medicaid postpartum coverage will also disproportionately improve the health of minority groups.

Extending Medicaid into the period after birth will allow a greater number of women to access critical preventative services during a particularly vulnerable time-period in their lives, when coverage rates are higher. This initiative was a high priority for North Dakota in the 2022-2023 plan and it was successfully implemented on January 1, 2023.

Activities that will be conducted in FFY24 related to the Medicaid extension include:

- Working closely with the Communications team to ensure dissemination of materials and efficacy of the state-wide media campaign around the Medicaid extension. With the Public Health Emergency coming to a close, and state-level changes in Medicaid administration, it will be particularly important to publicize this new coverage, to ensure all eligible women have access.
- Evaluation of the initiative to extend Medicaid postpartum. It will be important to ensure women are accessing services available to them through the enhanced Medicaid coverage.

Many of the activities throughout the plan, including those in strategies two and three, leverage the increased access to preventative services provided through Medicaid extension postpartum, and their effectiveness will be increased by this strategy within the plan.

Another activity of the Title V team in FFY24, is to partner with the North Dakota MMRC. The MMRC was officially mandated in the 2021 legislative session in North Dakota. It was created in close partnership with the Department of Health and Human Services (HHS). One activity the team will conduct in 2023-2024 is creating a strategic plan with the MMRC, which will support closer alignment between the Title V team and the MMRC, enhancing its impact. The plan will create a framework for when reviews should take place, committee composition, and the dissemination of report findings annually. This activity will lead to improved impact as the root causes of poor maternal outcomes can be identified and addressed.

Partnership with Sanford to develop a HRSA grant application to develop a maternity home model is an important activity for the Title V team. The Sanford Health System has a significant impact on North Dakota's overall health and wellbeing. Nearly half of the babies born in the state are birthed through Sanford and many of the highest risk women are treated in this system. If awarded, the grant would significantly improve birth outcomes for women in North Dakota. Collaboration with Sanford is a high priority for the Title V team, and staff time will be designated to supporting their efforts. The current plan will be considered along with the Title V priorities in developing the application. Should Sanford be awarded, the Title V team will help support their project plans and will work to enhance collaboration and partnership with Sanford across the state.

The final activity the team will work on in FFY24 in strategy one is helping to develop a state-wide women's task force. A women's task force comprised of agencies focused on women's health across the state will be convened by North Dakota Women's Network. The goal of the task force is to increase the percentage of women who have an annual preventive health visit among the low income and/or minority population.

Strategy two in the FFY24 plan is to intersect with women in pregnancy and the postpartum periods. In pregnancy, as mentioned above, women may be most likely to be in contact with the healthcare system. North Dakota data also suggests that more women have insurance coverage such as Medicaid that would allow them to access preventative health services. Furthermore, the new postpartum extension initiative in North Dakota makes additional services for preventative health available and more accessible to women who have just had a baby.

North Dakota's data suggest the importance of reaching out to women during pregnancy and the postpartum period, to build a bridge between pregnancy-related care and critical preventative services while the women may be most likely to have Medicaid coverage. Further, during the pregnancy period and when giving birth, there is a higher likelihood for women to be engaged with the medical system, offering a unique opportunity to connect women with preventative care.

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 home visiting, doulas, and prenatal advocate programs.
- Exploring the 'hand off' between the obstetric provider and the primary care physician.

Pregnancy is 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. Therefore, in 2022, the Title V team convened a group to begin developing prenatal education materials that were tailored to the needs of specific groups, such as new immigrants arriving from Ukraine. No materials were available that specifically addressed concerns faced by the diverse immigrant populations in North Dakota during pregnancy. The group paused their efforts due to changing staff and shifting workloads, and the work will begin again in FFY24, in collaboration with Refugee Health Services at HHS. 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.

The Title V team has been excited to explore and advance the use of peer support programs to reach women during pregnancy and postpartum. Group prenatal care, partnership with family home visiting programs such as Family

Spirit and Community Health Representative (CHR) programs, and postpartum/parenting groups will be explored and expanded in FFY24 to reach women. In 2023, a new group prenatal care program launched at Sacred Pipe, a nonprofit serving urban American Indian women in Mandan, North Dakota. In FFY24, this program will be evaluated. Further, Elbowoods Memorial Health Center, located at Three Affiliated Tribes in North Dakota also wishes to begin a group prenatal care program in FFY24. These programs allow women to get support in a more culturally appropriate way, from fellow women, while also getting prenatal care.

A group peer support model in the postpartum period is also an important way to ensure women stay connected to the health care system, are screened for postpartum depression, and get information about remaining healthy between pregnancies. In FFY24, the Title V team will look for ways to partner with peer support postpartum programming, such as partnering with Postpartum Support International (PSI) which has a new chapter in North Dakota. Further, the team will help launch a postpartum parenting support program at Spirit Lake Nation. This program will bring women together in a group for support and education. Screening for depression and supporting women to obtain other preventative services will be incorporated into the program.

In addition to group-level peer support, individualized support is also an important way to reach women during the pregnancy and postpartum period. As mentioned above, supporting women in the prenatal period is an important area of focus for the Title V staff, since during this time, some women wish to connect with the health care system but may be hesitant to get the support they need.

In 2022-2023, an innovative Prenatal Care Advocate program was launched for Indigenous women of the Spirit Lake Nation. The program is currently providing individualized support for pregnant women in Spirit Lake. This program aims to provide support and education to women who may be unwilling or unable to seek care through a traditional clinic. In FFY24, Three Affiliated Tribes is exploring replicating the program and the Title V team will assist.

Doulas are another way to provide individualized support. Title V staff began to explore the trainings, Medicaid reimbursement models, and partnership opportunities to expand postpartum doulas in the state in 2022-2023. Building a bridge between doulas and obstetric providers was identified as an important way to expand doula access. In particular, obstetric providers identified a gap in services between when a woman gives birth and when she returns for follow up care at about six weeks postpartum. A postpartum doula could help support a woman during this particularly vulnerable postpartum period, ensuring postpartum symptoms such as hypertension are identified and addressed, providing lactation support, and giving women the emotional support needed. In FFY24, the team will finalize and evaluate a pilot doula program, specifically working with the immigrant community to identify immigrant doulas who wish to professionalize their work. The pilot project will identify these women and train them as doulas. Obstetric providers will be identified to support the new doulas and help integrate them into the health care system. Further, the team will explore the potential to leverage doulas or other peer support in the prenatal period to specifically focus on prevention of behavioral health concerns that could develop in the postpartum period, such as the evidence-based ROSE program for preventing postpartum depression.

Family home visiting is an important way to provide individual support to women across the state. Family home visiting programs across the state reach hundreds of women that may not otherwise be contacting the mainstream health care system. Further, evidence-based programs are available to provide culturally appropriate materials to specific women; for example, Family Spirit is designed for American Indian women. These programs offer an important place for postpartum depression screening and promotion of preventative health. The Title V team will continue to look for opportunities to partner more closely with existing home visiting programs in FFY24. One opportunity may be to integrate Family Spirit training/curriculum into existing programs, or to explore partnering within an incarceration setting to bring better support to pregnant women in the North Dakota penitentiary.

The third and final strategy Title V staff will use is to partner with local CBOs, Title X Family Planning, other initiatives within Title V, 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.

Activities in strategy three will include:

- Work with the Women's Task Force to develop/disseminate information through non-traditional settings.
- Partner with ethnic-led CBOs to reach women belonging to specific racial and ethnic groups.
- 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 and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).
- Encourage Pediatricians to screen and refer more women for postpartum depression, when they bring their child for well-child visits.

The impact of strategy two relies on strategy three, as the most women will be reached during pregnancy and interpregnancy interval if effective strategies are used for outreach. Strategy three leverages other Title V partnerships, projects within Title X, and other community partners to reach women wherever they are.

Reaching women in non-health-related settings may be an important way to inform them about preventative health. One goal of the new Women's Task Force is to develop communication strategies and materials to increase the understanding of importance and availability of preventive health care resources in North Dakota. The task force will strategically partner with pilot sites to assist in disseminating materials to women via non-traditional routes for preventative women's health education, such as food banks, ethnic grocery stores that reach specific groups of women, and shops such as thrift stores and Dollar Stores. The percentage of women receiving women's preventative health educational materials is measured as Evidence-Based Strategy Measure (ESM) 1.4. This year, it is expected that this number will be improved dramatically from last year, as this extensive collaboration will allow many more organizations to help the Title V team reach more women.

The Title V team has worked closely with ethnic-led CBOs every year, to reach specific racial and ethnic groups, to support increased preventative screening, ESM 1.3. The last three years, the team has used participatory grant making, a process where applicants divide grant money among themselves after orally sharing their project proposals with one another. Over the last three grant cycles, participants have built on the projects of the year before, adding complexity to their project design, improving their follow-up with participants, and enhancing their partnership with local resources, such as health centers. In FFY24, the Title V team may choose to do this strategy again or may collaborate with the same partners as the past, to continue to expand the success of current grantees.

In FFY24, the Title V team will identify partners that are reaching women through other programming. For example, other Title V partners, Title X Family Planning, WIC and Women's Way are all providing programming that reaches women in North Dakota. By being more intentional in partnering with these existing programs, the Title V team can expand its reach.

The team will explore partnerships and relationships between Family Planning Clinics, Women's Way agencies and WIC offices across North Dakota to ensure a collaborative approach to greatly enhance well women care across the state.

North Dakota state staff will present to program and clinic staff with information on programming and set up a referral program to decrease barriers and challenges to improve knowledge and linkage about programs. The Title V team will work with other programs to provide high-quality bidirectional referrals by assessing individual clients' circumstances, identifying potential barriers, and helping them to problem-solve and reduce all barriers, therein increasing their ability to access referral services.

In addition, in FFY24, the Title V team will request technical support to build a strategic plan for reaching women through other programs. This strategic plan will provide a roadmap for intentional partnership across existing

programs in the Healthy and Safe Communities Section (HSC) at HHS. In future years, this plan could be expanded to include other programs outside of the HSC, including other programs within the Division of Public Health, and even programs in other Departments, such as the Department of Commerce or Department of Transportation which reach hundreds of women across the state.

The Title V team has been working on identifying ways to partner with pediatricians to increase postpartum depression screening rates at well-child visits. Studies revealed barriers for pediatricians to integrate postpartum depression screening in well-child visits including the lack of time and inadequate knowledge. The team is developing a webinar targeted to pediatricians to educate them about the importance of postpartum depression screening and the process to integrate the screening into the well-child visits. The team also will be working with the University of North Dakota (UND) to develop Continuing Medical Education (CME) credits for the webinar. This webinar will be an important tool to overcome the lack of knowledge barrier among pediatricians and to help them identify ways to integrate the screening and referral into the well-child visit more easily. The goal is to place the webinar in some upcoming local conferences with medical and public health attendance. Previously, referring women with positive screens may have been challenging, as time-limited Medicaid coverage may have prevented a woman from following up. With new extended coverage postpartum, follow up and treatment will be more possible.

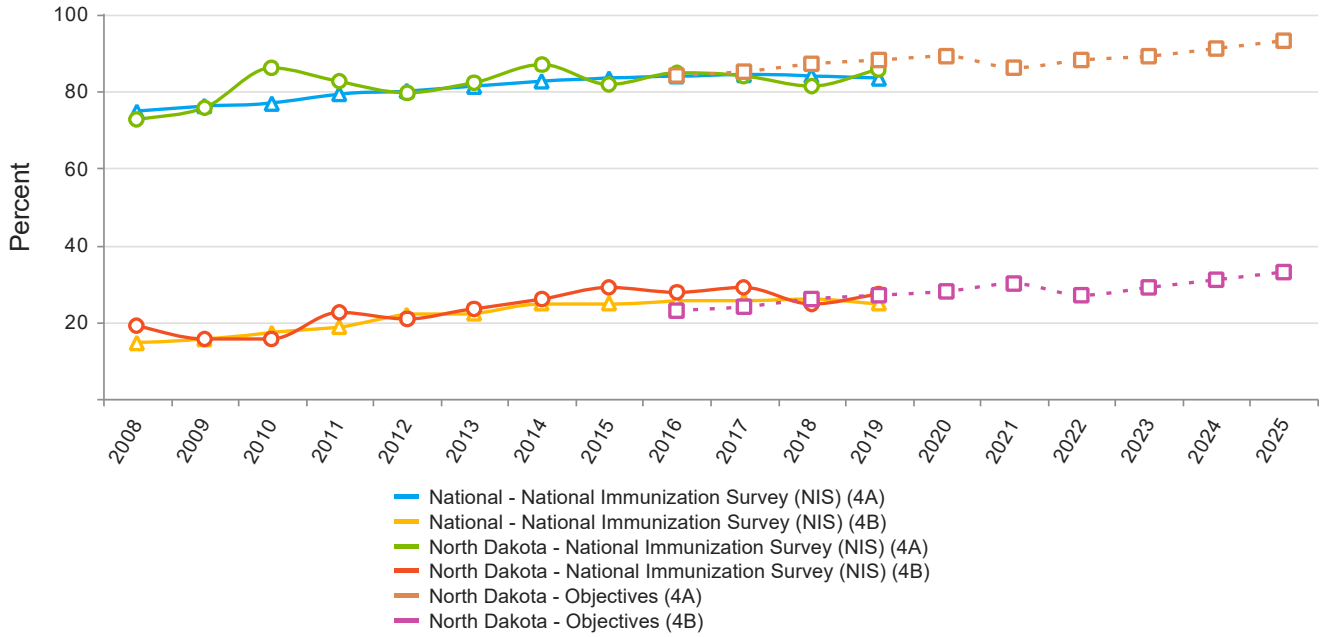
In the FFY24 plan, the Title V team will use three strategies and a variety of activities to improve women's preventative health care across North Dakota. The strategies are all interconnected and intertwine to reach the women who most need improved preventative care. Strategies impact women from a variety of angles, including state-level, local/community level and individual level. The team focuses on collaboration and strategies that impact women across a continuum of care, particularly in pregnancy and the postpartum periods. Diversity among populations of women in North Dakota is increasing, and the strategies used by the team will ensure all women are reached.

Perinatal/Infant Health

National Performance Measures

NPM 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Indicators and Annual Objectives



NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	87	88	89	86	88
Annual Indicator	81.7	84.8	84.0	81.2	85.7
Numerator	8,874	9,913	8,265	6,673	7,176
Denominator	10,856	11,690	9,841	8,219	8,377
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	89.0	91.0	93.0

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	26	27	28	30	27
Annual Indicator	29.1	27.9	29.1	24.9	27.4
Numerator	3,070	3,143	2,759	1,991	2,261
Denominator	10,554	11,273	9,494	8,000	8,254
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	29.0	31.0	33.0

Evidence-Based or –Informed Strategy Measures

ESM 4.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.

Measure Status:	Active			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			40	15
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			
	2023	**2024**	**2025**
Annual Objective	20.0	25.0	30.0

ESM 4.2 - Number of businesses designated Infant Friendly Workplaces.

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			150	155
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			
	2023	2024	2025
Annual Objective	165.0	175.0	185.0

ESM 4.3 - Percent of maternity care staff trained with the EMPower curriculum.

Measure Status:	Active		
State Provided Data			
	2020	**2021**	**2022**
Annual Objective			10
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			
	2023	**2024**	**2025**
Annual Objective	15.0	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 4 - A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months
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 partnerships with programs serving American Indian women to identify opportunities to incorporate/enhance breastfeeding education and messaging.
2a. By September 30, 2025, increase the number of businesses designated as Infant Friendly Workplaces from 140 to 200.
2b. Establish a model for Continuity of Care in North Dakota by September 30, 2025.

ESMs	Status
ESM 4.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.	Active
ESM 4.2 - Number of businesses designated Infant Friendly Workplaces.	Active
ESM 4.3 - Percent of maternity care staff trained with the EMPower curriculum.	Active

NOMs
NOM 9.1 - Infant mortality rate per 1,000 live births
NOM 9.3 - Post neonatal mortality rate per 1,000 live births
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

National Performance Priority Area: Breastfeeding, with a priority amongst American Indian Women (October 1, 2021 – September 30, 2022):

According to the 2019 National Immunization Survey (NIS), 85.7% of North Dakota mothers initiated breastfeeding and 27.4% exclusively breastfed their infants at six months of age. Breastfeeding initiation and exclusivity have steadily increased since 2007 when rates were 75% and 13.8% respectively. North Dakota has work to do to reach the Healthy People (HP) 2030 goal for exclusivity at six months of age (42.4%).

According to the 2020 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS), American Indian (AI) mothers are less likely to initiate breastfeeding (70.7%), than mothers of other races (white mothers; 91.0% and other mothers; 87.6%). In the PRAMS survey under the section “Things that may have happened at the hospital where your new baby was born”, 94.5% of mothers reported breastfeeding their baby in the hospital (88.1% AI mothers, 96.7% other mothers, 94.6% white mothers); although only 62.1% reported their baby was fed only breastmilk at the hospital, (52% AI mothers, 41.0% other mothers, 66.4% 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 (50.8%) and my baby had difficulty latching or nursing (30.2%).

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 2019, according to the National Vital Statistics System (NVSS), the Infant Mortality rate was 7.5 per 1,000 live births. This is higher than the United States (US) rate of 5.6 per 1,000 live births and an increase since 2016 when the North Dakota rate was 6.4 per 1,000 live births. The postneonatal mortality rate was 2.9 per 1,000 live births and an increase in North Dakota since 2016 (2.0). The SUID rate from 2019 was 124.4 per 100,000 live births and was higher than the US average (89.8) and a decline from 2015 (150.3). 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 2-3 times higher risk of infant mortality, postneonatal mortality and SUID than white infants.

The Evidence-Based or Informed Strategy Measures (ESMs) are defined as:

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.

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

In 2020, a partnership was established with the Family Birthplace Manager at Jamestown Regional Medical Center to provide the *EMPower BreastfeedingT*raining (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 ESM tied to this strategy is ESM 4.4, Percent of maternity care staff trained with the *EMPower* curriculum. This ESM helps track progress with training at least 80% of maternity care staff within the six birthing hospitals. In 2022 our reach was 75%. The training aims to improve evidence-based maternity practices by providing hospitals with training to increase staff capacity and knowledge. Two birthing hospitals, Altru Health System and CHI St. Alexius Health – Bismarck, previously completed the training in January 2021 and May 2021. This past grant year, they completed training with their maternity care staff, with Altru training 92% and CHI St. Alexius Health – Bismarck training 94% of their staff. Support was provided to both hospitals via monthly coaching calls. Two additional hospitals, CHI St. Alexius Health – Williston and Trinity Health Minot have expressed interest in the training for the upcoming 2022 -2023 program year.

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 focused on during 2021-2022 was the Infant Friendly Workplace Designation (https://www.hhs.nd.gov/cfs/north-dakota-breastfeeding/breastfeeding-support-workplace) with an overall goal to increase the number of workplaces designated from 133 to 200 by 2025. Two ESM's tie to this strategy, ESM 4.2 Number of businesses who receive information and technical assistance on workplace breastfeeding policies and ESM 4.3 Number of businesses designated Infant Friendly Workplaces. Both ESM's provide information on the outreach to workplaces and the number who follow up to become designated. In 2022, 14 workplaces were provided information on the designation and a total of 155 workplaces have been designated across North Dakota. Activities to support this goal included: providing nineteen grants of up to $500 for workplaces across North Dakota to create a private space for employees, social and digital media, and public relation releases during the month of August to bring awareness to the Infant Friendly Workplace Designation and convening Infant Friendly Committee monthly to communicate with local partners promoting the designation. As a result of these activities, sixteen new workplaces were designated from October 1, 2021, through September 30, 2022, impacting over 1,750 employees.

In addition, another initiated strategy focused on the number of businesses who receive information and technical assistance on workplace breastfeeding policies. This strategy was carried out by four local public health units, Fargo Cass Public Health (FCPH), Grand Forks Public Health (GFPH), Rolette County Public Health District (RCPHD), and Walsh County Public Health (WCPH) as they 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 2021-2022 program year each grantee had the following successes:

- FCPH: Assisted 6 workplaces with becoming Infant Friendly. Reached 30 mothers with the Back 2 Work Mom class and enrolled 223 mothers in the Back 2 Work Mom text messaging program.
- GFPH: Trained 75 nursing and nutrition and dietetic students at the University of North Dakota with the Breastfeeding Skills Training. Acted in a leadership role for their local breastfeeding coalition, which included a strategic planning session. Key areas identified include milk depot, referral and follow-up for breastfeeding mothers, communication, training, and resources for professionals.

- RCPHD: Completed a survey of mothers in their county to determine current breastfeeding practices and resource. Completed a breastfeeding resource guide for their county. Re-established their local breastfeeding coalition in partnership with their Women, Infants and Children (WIC) program.

- WCPH: Supported their local clinic with providing breastfeeding clinics. Trained one additional Certified Lactation Counselor in their county to being offering breastfeeding support.

Additional critical partnerships/initiatives to support this priority include:

- Women, Infants and Children (WIC) program breastfeeding initiation bag project (implemented in two tribal local agencies and six rural local agencies), breastfeeding peer counseling (implemented in six agencies), providing training to local agency WIC staff using the new USDA/FNS WIC Breastfeeding Curriculum, support of local agency staff attaining advanced breastfeeding credentials (Certified Lactation Counselor (CLC) and International Board-Certified Lactation Consultant) and provide 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 Maternal and Child Health (MCH) Nutritionist, and the North Dakota WIC Breastfeeding Coordinator is the immediate supervisor to the MCH Nutritionist. This relationship encourages strong partnership and awareness of activities between state and

local WIC agencies and MCH program and grantees.

- North Dakota Breastfeeding Coalition (NDBC) –Both entities share the common 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.

- North Dakota Newborn Screening program (NBS) – Breastfeeding is included in the educational presentations done by the NBS staff during annual site visits with each birthing hospital.

- Association of State Public Health Nutritionist (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 which embed nutrition into MCH.

MCH Population Domain: Perinatal/Infant Health

National Performance Priority Area: Breastfeeding, with a Priority Amongst American Indian Women– 2023 Annual Plan Narrative (October 1, 2023– September 30, 2024):

According to the 2019 National Immunization Survey (NIS), 85.7% of North Dakota infants were ever breastfed, and 27.4% were exclusively breastfed at six months of age. Breastfeeding initiation and exclusivity have steadily increased and maintained 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 2019 North Dakota Pregnancy Risk Assessment Monitoring System (PRAMS) data, noting American Indian (AI) mothers are less likely to initiate breastfeeding (65%) than mothers of other races (white mothers; 92.3% and other mothers; 84.7%).

In the PRAMS survey under the section *Things that may have happened at the hospital where your new baby was born*, 93.7% of mothers reported breastfeeding their baby in the hospital (89.4% AI mothers, 92.3% other mothers, 94.2% white mothers). However, only 68.7% said their baby was fed only breastmilk at the hospital (60.1% AI mothers, 63.9% other mothers, and 69.9% 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* (59.7%), and *My baby had difficulty latching or nursing* (42.7%). This highlights key opportunities to focus future strategies on the maternity care setting and continuity of care 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 increase 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.

The Evidence-Based or Informed Strategy Measures (ESM) are:

ESM 4.1: The number of businesses who receive information and technical assistance on workplace breastfeeding policies

ESM 4.2: The number of businesses designated Infant Friendly Workplaces.

ESM 4.3: Percent of maternity care staff trained with the EMPower curriculum.
For additional information on each ESM, refer to the ESM Detail Sheets.

To help plan for the 2023-2024 Annual Plan, feedback was gained through the following partners: Emily Woodley, Jamestown Regional Medical Center's Family Birthplace Manager and Infant Friendly Workplace Committee members.

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. The training is provided by Jamestown Regional Medical Center's (JRMC) Family Birthplace Manager, who participated in the Centers for Disease Control and Preventions (CDC) EMPower training from 2017-2019. Two North Dakota birthing hospitals, Altru Health Systems and CHI St. Alexius Bismarck, trained key staff with the curriculum, developed training plans, trained over 90% of their maternity staff, and developed sustainability plans to train new staff. Hospitals will continue to monitor their perinatal core measure for exclusive breastfeeding rates (PC-05 score) to track training impacts on exclusive breastfeeding initiation rates. In Year 4, 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 to expand the training. For three to five key staff, a date will be secured to hold the training. After the training, staff develop their goals and plan for training at least 80% of their maternity care staff and a sustainability plan for onboarding new staff. This can take up to six months to implement. Technical assistance will be provided through coaching calls monthly after the training.

The second strategy is establishing partnerships with programs serving American Indian (AI) women and identifying opportunities to incorporate/enhance breastfeeding education and messaging. Contracts are in place with Rolette County Public Health District, The Indigenous Association, and United Tribes Technical College (UTTC). Rolette County Public Health District serves the Turtle Mountain Band of Chippewa; The Indigenous Association serves the urban AI population in Fargo; UTTC serves its students and employees, whose student population represents 95% AI population. In the grant year 2023-2024, HHS will offer funds to the three current programs and identify one additional program serving families in Benson or Sioux county.

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%.

According to North Dakota PRAMS 2019 data, 24.2% of mothers (16% AI mothers, 29.9% other mothers, and 24.4% white mothers) reported *I went back to work* as a reason for stopping breastfeeding. One strategy that will continue in 2023-2024 to address increasing breastfeeding exclusivity at six months is the *Infant Friendly Workplace Designation* (https://www.hhs.nd.gov/cfs/north-dakota-breastfeeding/breastfeeding-support-workplace). The goal is to increase the number of businesses designated from 140 to 200. As of March 15, 2023, 171 businesses have been designated Infant Friendly in North Dakota. One activity to increase awareness of the designation will be promoting monthly social media messages highlighting businesses that have created private space for employees. Other activities to increase the number of Infant Friendly Workplaces will include providing funding of up to $500 to businesses unable to achieve the designation due to funding restraints with creating a private space. A grant application will be made and 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, 2024, or until all funds are distributed. The grants will be shared through the Infant Friendly Workplace Committee, led by the MCH Nutritionist, the North Dakota Breastfeeding Coalition (NDBC), and HHS social media. The Infant Friendly Workplace Committee comprises partners from six different Local Public Health Units (LPHUs) who work in their communities with workplaces to become Infant Friendly. The committee meets quarterly to review updates on the designation and discuss any needs or barriers partners face in promoting the designation.

Last, funding will be offered 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, 3, 5, and 7 were selected for LPHUs to focus on. The MCH Nutritionist and School Health Specialist will prepare a request for proposal (RFP) to be distributed to all 28 LPHUs by May 31, 2023, for the 2023-2024 grant year. The applications include work plan and budget templates and summary and narrative proposals. Applications will be due August 4, 2023, with contracts starting October 1, 2023. Currently funded LPHUs will be encouraged to continue their work, and assistance will be provided to additional LPHUs interested in applying. MCH staff will review and award communities' funding to work on the Continuity of Care in Breastfeeding Support and the Infant Friendly Workplace designation.

Additional critical partnerships/initiatives to support this priority include:

- The Women, Infants, and Children (WIC) program will be promoting the breastfeeding initiation bag project (implemented in two tribal, local agencies and six rural local agencies), breastfeeding peer counseling (implemented in six agencies), providing training to local agency WIC staff using the new USDA/FNS WIC Breastfeeding Curriculum, support of local agency staff attaining advanced breastfeeding credentials (Certified Lactation Counselor (CLC) and International Board-Certified Lactation Consultant) and provide 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.

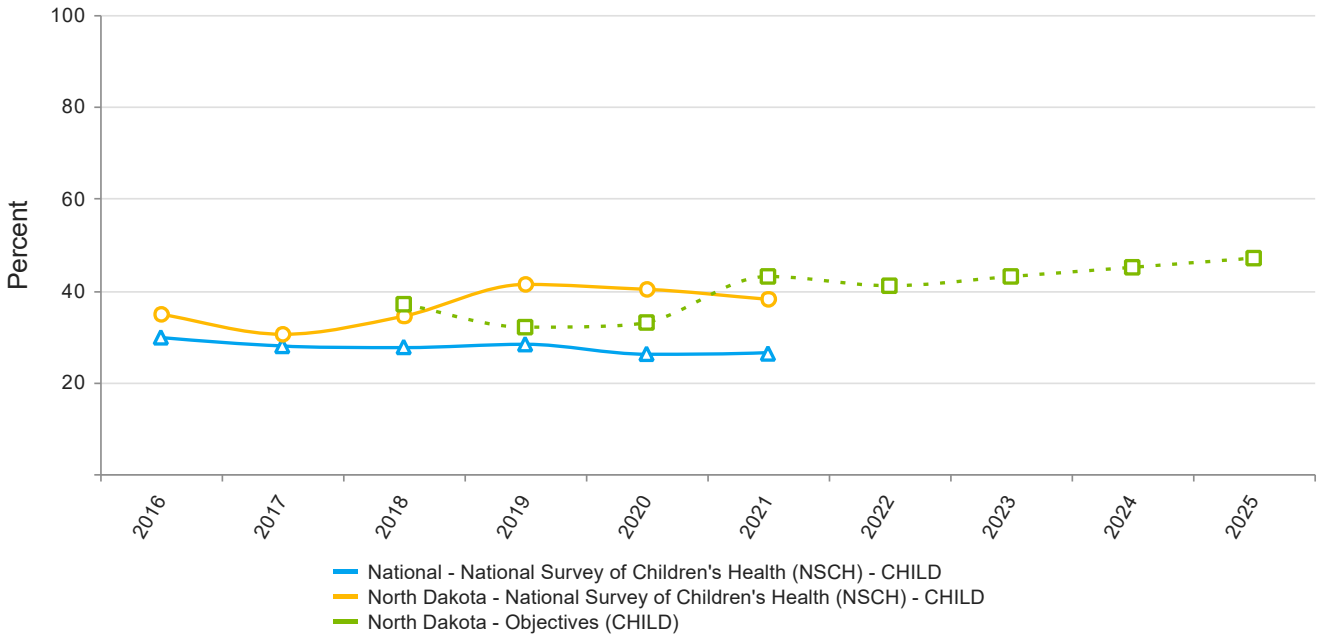
- North Dakota Breastfeeding Coalition (NDBC) –Both entities share the vision of increasing breastfeeding initiation and duration across the state. The NDBC is utilized to disseminate consistent information to professionals across the state via bi-monthly member conference calls.

- 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.

Child Health

National Performance Measures

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day
Indicators and Annual Objectives



Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	37	32	33	43	41
Annual Indicator	30.5	34.3	41.3	40.2	38.2
Numerator	17,213	20,279	25,974	24,470	22,897
Denominator	56,431	59,089	62,891	60,820	59,972
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	43.0	45.0	47.0

Evidence-Based or –Informed Strategy Measures

ESM 8.1.1 - Number of communities actively involved with the physical activity / nutrition strategies.

Measure Status:	Active		
State Provided Data			
	2020	**2021**	**2022**
Annual Objective			30
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			
	2023	**2024**	**2025**
Annual Objective	24.0	28.0	32.0

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 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day	
Objectives	
By September 30, 2025 North Dakota Title V Program will have developed one model for integrating food and nutrition security within MCH Programs.	
Strategies	
1a. Participate on the Full Service Community School (FSCS) advisory committee to identify opportunities to promote Physical Activity/Nutrition in children.	
1b. Release funding opportunities to communities (LPHU, FSCS, ND REA's, Tribal agencies, and other state agencies) to work on Physical Activity/Nutrition evidence-based strategies or CDC Comprehensive School Physical Activity Programs (one or more).	
1c. Collaborate with the North Dakota Department of Transportation (NDDOT) on Safe Routes to Schools (SRTS) and the Transportation Alternative Selection committee.	
1d. Provide funding to 15 school teams to attend the annual Roughrider (RR) conference.	
1e. Serve on the Health Equity Committee	
2a. Assure access to healthy eating and good nutrition for children.	
ESMs	**Status**
ESM 8.1.1 - Number of communities actively involved with the physical activity / nutrition strategies.	Active
NOMs	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)	

National Performance Priority Area: Physical Activity and Nutrition (Overall Obesity Prevention) (October 1, 2021 – September 30, 2022)

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 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 (NDDoH) MCH program recognizes by promoting and increasing the capacity for policy, system, and environmental changes. This will provide 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). This number has increased over time: 11% in 2009, 11.1% in 2011, 13.5% in 2013,13.9% in 2015, 14.9% in 2017, and an increase in 2021 from 14% in 2019.

As reported by the National Survey for Children's Health (NSCH), 2020-2021 (combination of two years), 12.6% of children ages 10-17 are obese (BMI at or above the 95th percentile), while the national average is 17%.

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 physical education (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, only 30.3% of North Dakota students in grades 9 through 12 were physically active for at least 60 minutes/day on all seven days, while grades 6-8 were physically active 34.5% on all seven days.

The NSCH, 2020-2021 (combination of two years) indicates 38.2% of North Dakota children ages 6-11 are physically active at least 60 minutes a day, seven days a week, while the national average is 26.3%. North Dakota children ages 12-17 are physically active 20.8% 60 minutes a day seven days a week, while the national average is 14.8%.

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

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)-YRBS. Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)-NSCH. The Evidence-Based or Informed Strategy Measures (ESM) is ESM 8.1.1 - Number of communities actively involved with the physical activity/nutrition strategies.

Objective 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%. 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 National Survey of Children's Health (NSCH).

In 2021, the North Dakota School Health Specialist became a part of the North Dakota Full-Service Community School (FSCS) advisory team. The role of the advisory team is to provide input regarding developing, adapting, and expanding a FSCS model for the purpose of enhancing the North Dakota FSCS statewide ecosystem and solving perceived problems related to finance, policy, and integration of North Dakota FSCS with other statewide initiatives. The North Dakota School Health Specialist's primary purpose was to provide guidance for the wellness pipeline, which is one of eight FSCS pipelines. The North Dakota School Health Specialist attended the North Dakota FSCS quarterly meetings and the annual meeting held in June 2022.

Funding was offered to all 28 Local Public Health Units (LPHUs) in the state to work on increasing childhood physical activity and nutrition. Unfortunately, with the COVID-19 pandemic, many North Dakota LPHUs were at staffing capacity and did not accept the funding. Nine LPHUs accepted funding to work on increasing childhood physical activity and nutrition. Funding was then offered to the North Dakota State University Extension program and the North Dakota FSCS initiative.

In addition to the strategies above, the NDDoH supported fifteen teams in attending the North Dakota Roughrider Health Promotion Conference (RRHC) in May 2022. The North Dakota RRHC is a health conference established for 36 years. North Dakota schools formed teams or individuals to attend and spend 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. An award is given out each year called the Roughrider Bully Award. The award is in recognition of valuable contributions of attitude and effort to provide excellence in wellness to North Schools. The 2022 award was given to the NDDoH School Health Specialist.

Objective 2: By September 30, 2025, North Dakota Title V Program will have developed one model for integrating food and nutrition security within MCH Programs.

The NDDoH School Health Specialist and Nutritionist collaborated with the NDDoH Health Equity Office Tribal Liaisons to identify partners on reservations to increase access to nutritious food. Collaboration with the NDDoH Health Equity Office worked with partners on two North Dakota reservations to assure access to healthy food. United Tribes Technical College (UTTC) and the Spirit Lake Food Distribution program were the two tribal entities established.

By September 30, 2025, the North Dakota MCH program will develop one model for integrating nutrition within MCH Programs. In addition to physical activity strategies for children, the North Dakota Department of Health and Human Services was selected for an opportunity to develop a state model in MCH for nutrition integration which will take place through September 30, 2025. North Dakota's project will focus on integrating nutrition by building local public health 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 the efforts. Further information can be found on their website: Children's Healthy Weight State Capacity Building Program - ASPHN.

Regarding obesity prevention, breastfeeding has been proven to help reduce obesity. Breastfeeding promotion and support are also integral to the state MCH Nutritionist work.

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 body mass index or BMI) frequently on participating children and provides counseling and referrals to their healthcare providers as appropriate.

- North Dakota Department of Public Instruction (NDDPI)- The NDDoH and the NDDPI collaborated in sharing resources on physical activity 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 NDDoH supported this newsletter by providing any resources that are made available to the department.

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

- Full-Service Community Schools (FSCS)- the NDDoH 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.

- NDDoH Health Equity Office-the collaboration between the NDDoH Health Equity office and the MCH staff established two tribal entities.

MCH Population Domain: Child Health

National Performance Priority Area: Physical Activity and Nutrition (Overall Obesity Prevention)– 2024 Annual Plan Narrative (October 1, 2023– September 30, 2024):

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 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 (HHS) 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 fight 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)-Youth Risk Behavior Survey (YRBS). Percent of adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)-National Survey for Children's Health (NSCH)

According to the 2021 YRBS, 16.3% of North Dakota 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 a slight decrease in 2019 from 14.9% in 2017, 14% in 2019. As reported by the 2020-2021 NSCH,12.6% of North Dakota children ages 10-17 are obese (BMI at or above the 95th percentile) (increase of 2.6% from 2019-2020), while the national average is 17%.

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 physical education (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 indicated in 2021, 30.3% (an increase of 5.1% from 2019) of North Dakota students in grades 9 through 12 were physically active for a total of at least 60 minutes/day on all seven days, while grades 6-8 are physically active 34.5% on all seven days.

The NSCH, 2020-2021 (combination of two years) indicates 38.2% (decrease of 2% from 2019-2020) of North Dakota children ages 6-11 are physically active at least 60 minutes a day, seven days a week, while the national average is 26.3%. North Dakota children ages 12-17 are physically active 20.8% 60 minutes a day, seven days a week, while the national average is 14.8%.

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

The Evidence-Based or Informed Strategy Measures (ESM) is ESM 8.1.1 -Number of communities actively involved with the physical activity/nutrition strategies. For additional information on the ESM, refer to the ESM Detail Sheet.

The North Dakota Department of Health (NDDoH, now HHS) took a new approach to develop the 2020-2025 MCH work plans. The Child Health domain convened a stakeholder group from multi-sector agencies (state and local partners) that share the same objective (increase physical activity and improve nutrition in North Dakota children). In North Dakota, there are four Regional Public Health Networks (RPHN). They are required to submit an annual plan (October 1) to how they will be sharing services with HHS for approval. The plan also includes outcomes and measures. Their plans aim to address a community health priority more efficiently and effectively through a network of shared services, expertise, and opportunities to build capacity. After meeting with the four RPHN, the MCH Child Health staff concluded that HHS would need to move in a different direction. The MCH Child Health staff will convene

all 28 North Dakota Local Public Health Units (LPUHs) for feedback on how to gain more traction on state-wide childhood obesity prevention. Also, feedback (barriers) from those LPHUs that do not accept MCH funding.

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 NSCH.

The North Dakota HHS MCH School Health Specialist (MSHS) will continue to serve on the Full-Service Community Schools (FSCS) Advisory team. A FSCS 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 North Dakota FSCS initiative through September 30, 2023. At that time, MCH staff will evaluate and decide if further MCH funding should continue.

MCH staff will prepare a request for proposal (RFP) to be distributed to all 28 LPHUs by May 31, 2023, for the 2023-2024 grant year. The applications include work plan and budget templates and summary and narrative proposals. Applications will be due August 4, 2023, with contracts starting October 1, 2023. Currently funded LPHUs will be encouraged to continue their work, and assistance will be provided to additional LPHUs interested in applying. MCH staff will review and award communities' funding to work on the Centers for Disease Control and Prevention (CDC) Comprehensive School Activity programs (CSCP) or other evidence-based strategies developed by North Dakota entities to prevent overweight and obesity.

The HHS MSHS will collaborate with the North Dakota Department of Transportation (NDDOT) to promote Safe Routes to Schools (SRTS) funding, to new and existing partners. This will increase opportunities for safe physical activity, to and from schools, while providing education and awareness.

In addition, the HHS MSHS will serve on the NDDOT Transportation Alternative (TA) Project Selection Committee. The Director of NDDOT has established the TA Project Selection Committee for selecting Transportation Alternatives projects. TA funds will be awarded through a statewide competitive process that is reviewed by the TA Project Selection Committee. The committee is made up of representatives from seven state agencies that play an intricate role in providing safe transportation alternative options across North Dakota.

Over the past two years the HHS supported and will continue to support North Dakota Schools to attend the North Dakota Roughrider Health Promotion Conference. The conference has been held for thirty-seven 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: (1) Develop a realistic and attainable Healthy School and Community Action Plan. (2) Expand knowledge of research-based prevention curriculum, enhancement through after-school programming, and classroom behavior management strategies. (3) Expand prevention efforts specific to environmental strategies, and evidence-based programs. (4) Share successful teaching techniques, prevention strategies, and programs. (5) Expand knowledge of North Dakota health initiatives, resources, and community programs for healthy students, schools, and communities. The outcomes are: (1) Provide data-driven decision-making choices. (2) Understand Coordinated School Health approaches. (3) Realize healthy students make better learners. (4) Facilitate a sustained collaboration between schools and community. (5) Prevent substance abuse in all communities of North Dakota. (6) Understand how your Regional Education Association (REA) can help your school.

By September 30, 2025, the North Dakota MCH program will develop one model for integrating food and nutrition security within MCH Programs. In addition to physical activity strategies for children, the HHS was selected for an opportunity to develop a state model in MCH for nutrition integration, the Children's Healthy Weight State Capacity Building program (SCBP). 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/

North Dakota's 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, an online survey was sent to all 28 LPHUs in North Dakota to assess and understand the implementation of public health nutrition-related interventions. One-on-one follow-up interviews were conducted with LPHUs who indicated an interest in sharing additional information. North Dakota State University (NDSU) conducted the survey and interviews. A report with recommendations (to be completed by August 30, 2023) will inform training and education opportunities offered during the 2023-2024 grant year. The HHS MCH Nutritionist and MSHS are also partnering with the University of Minnesota to provide the *Systems Approaches to Healthy Communities Course* (https://extension.umn.edu/nutrition-education/systems-approaches-healthy-communities) to two LPHUs in May 2023. The two LPHUs will pilot the course as an opportunity to increase the integration of Policy, Systems, and Environmental (PSE) approaches into their MCH grant work. The course lasts three months, including five online modules and three coaching calls. Additional courses will be offered during the 2023-2024 grant year, with the intent to offer to additional LPHUs.

Integration of nutrition strategies into the Title V program occurs in partnership with MCH funding offered to all 28 LPHUs for the child health priority. In addition to CDC CSCP strategies, evidence-based strategies for nutrition are provided to LPHUs, including NDSU Extensions On the Move to Better Health program and *Fargo Cass Public Health's Fast Fuel Toolkit* (https://fargond.gov/city-government/departments/fargo-cass-public-health/health-promotion/fast-fuel). Two LPHUs have toolkits under development, with funding support from the SCBP, to highlight work occurring in their communities with Farm to School. Other LPHUs can use the toolkits to add additional nutrition strategies to their MCH work.

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.

Contracts are in place with Rolette County Public Health District, Spirit Lake Food Distribution program, Lake Region District Health Unit, and United Tribes Technical College (UTTC). Rolette County Public Health District serves the Turtle Mountain Band of Chippewa; The Spirit Lake Food Distribution serves the rural AI population on the Spirit Lake Indian Reservation; Lake Region District Health Unit serves the Spirit Lake Indian Reservation which spans over four counties (Benson, Eddy, Nelson, and Ramsey); UTTC serves its students and employees, whose student population represents 95% AI population. In the grant year 2023-2024, HHS will offer funds to the four current programs and identify one additional program serving families in Benson or Sioux county.

In addition, the HHS MSHS will serve on the Health Equity Committee. The North Dakota Health Equity Committee is a statewide leadership committee to address health inequities that include social, economic, and environmental disparities. Members are dedicated to increasing access to quality health care concerning affordability, availability, accessibility, accommodation, and acceptability. The committee will promote cultural strengthening and safety while implementing strategies founded on collaboration, data, advocacy, policy, and resource alignment for all North Dakotans. Members will serve to educate, inform, and advise the HHS agency, ensuring that social determinants of health and matters related to health equity are adequately addressed.

When it comes to obesity prevention, breastfeeding has been proven to help reduce obesity. Breastfeeding

promotion and support are also an integral component of the state MCH Nutritionist work. 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% 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.

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

- North Dakota Department of Public Instruction- HHS and the NDDPI collaborate in sharing resources on physical activity and nutrition. The NDDPI sends out quarterly newsletters to schools on safe and healthy-related topics and wellness professional development opportunities happening in the state. HHS supports this newsletter by providing any resources that are made available to the department. Partnership is being strengthened through the development of a state-level workgroup to create consistent wellness messaging.

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

- Full-Service Community Schools (FSCS)- HHS 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 lesson on healthy lifestyles, such as, increase physical activity and healthy food choices.

- North Dakota Department of Transportation (NDDOT)- to promote SRTS funding to new and existing partners.
- 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.

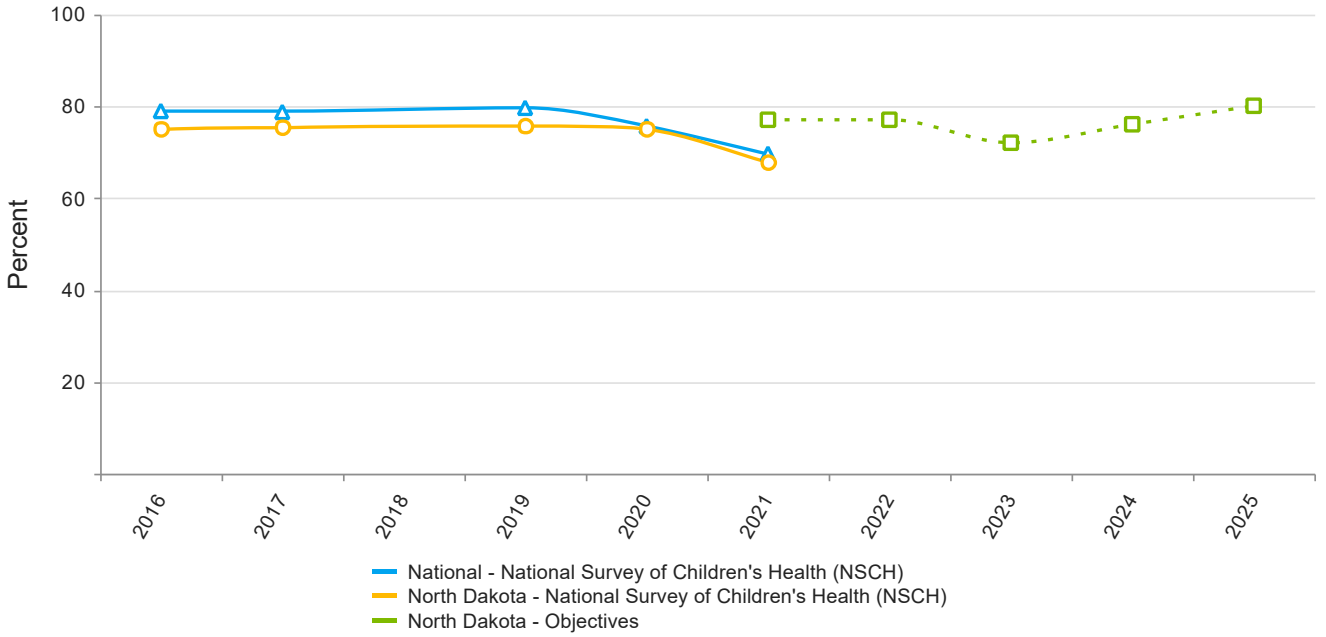
- North Dakota Health and Human Services, Early Education Unit- to collaborate with the childcare educational modules for licensed childcare providers.

- Association of State Public Health Nutritionist (ASPHN)- collaboration to support state and national leadership on food and nutrition policy, programs, and services, is leading the efforts.

Adolescent Health

National Performance Measures

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.
Indicators and Annual Objectives



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

Annual Objectives			
2023	**2024**	**2025**	
Annual Objective	72.0	76.0	80.0

Evidence-Based or –Informed Strategy Measures

ESM 10.1 - 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**
Annual Objective			26
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			
	2023	**2024**	**2025**
Annual Objective	28.0	30.0	32.0

ESM 10.2 - 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**
Annual Objective			330
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			
	2023	**2024**	**2025**
Annual Objective	310.0	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 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past 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. Decrease the number of bullying incidents reported by school districts.	
ESMs	**Status**
ESM 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.	Active
ESM 10.2 - 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 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

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

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

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

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

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

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

National Performance Priority Area: Adolescent Well Visit, With an Emphasis on Overall Health, Including Depression Screening, Obesity Prevention, and Immunization (October 1, 2021 – September 30, 2022):

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 adopt healthy habits, avoid risky behaviors, and prevent disease. As adolescents move from childhood to adulthood, they assume individual responsibility for health habits, and those who have chronic health problems take on a greater role in managing those conditions. Physical health is critical to overall well-being and is often influenced by lifestyle factors. Initiation of risky behaviors, such as unsafe sexual activity, unsafe driving, and substance use is a critical health issue during adolescence, as adolescents try on adult roles and behaviors. 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 educate adolescents and young adults on staying healthy, address behavioral health concerns, offers an opportunity to receive immunizations, and manage chronic conditions.

While the 2021 National Survey of Children's Health (NSCH) indicates that 89.8% of children, ages 12 through 17, reported to have excellent or very good health, North Dakota strives to improve to 90.0% of children and adolescents to report excellent health. North Dakota is above the national average at 86.0%.

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 2021 NSCH, 67.6% of adolescents in North Dakota reported having a preventative health visit in the past year. This is slightly lower than the national average of 69.6%. However, North Dakota's 2021 Youth Risk Behavior Survey (YRBS) indicated that 36.0% of adolescents reported experiencing depressive symptoms, which is an increase from the 2019 YRBS of 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 are 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 by various partners. The North Dakota YRBS will be administered once again in March 2023 to North Dakota middle school and high school students to further assess and compare data trends.

The first Evidence-Based Strategy Measure (ESM) 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 North Dakota Department of Human Services (NDDHS) staff to discuss and explore potential partnerships regarding the Health Tracks (EPSDT) program. According to 2021-2022 data received from the NDDHS 24.9% of EPSDT adolescents received at least one initial or periodic screening. Therefore, North Dakota has work to do in this area. Title V staff partnered with Dickey County Public Health to increase adolescent well visits through their Health Tracks program by providing outreach and education to families around the importance of completing yearly visits. In addition, Title V staff also worked to partner with the NDDoH Oral Health program to ensure adolescents have access to preventative oral health services. Staff played an active role on the Oral Health Coalition and attend all scheduled meetings.

Youth engagement is a basic building block to improve infrastructure for comprehensive adolescent health care. Opportunities were created for collaboration and partnerships with adolescents. The North Dakota Youth Advisory Board (YAB) has been actively engaged with Title V staff, and tribal representation is present on this board. Therefore, feedback has been solicited through this avenue as an alternative strategy to reaching this population group. Collaboration with tribal health liaisons that are employed with the NDDoH and represent each tribe in North Dakota was also initiated.

The YAB participants are actively engaged and have provided 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. 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 six 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.

An ongoing goal for this domain has been to collaborate with the YAB and other partners within the NDDoH 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 future collaboration on

projects will continue moving forward.

Although Title V already had close working relationships 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 NDDoH has continued 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 have taken 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 an established clientele.

In addition to promoting optimal physical health in adolescents, mental and behavioral health has continued to be addressed, as this is a continued emerging issue. A second ESM 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 2021 Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data, there were 358 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 have expanded collaboration with behavioral health partners to examine the referral process for mental health/behavioral health services. Title V staff also partnered with a rural Special Education Unit, Northern Plains Special Education Unit, to provide their students access to mental health telehealth visits within the school. Discussions took place with the NDDHS on how to gather data on the number of adolescents accessing mental and behavioral health services. While the collection of the data did not take place this last year, staff are hopeful to begin to gather and analyze this data in the near future. Furthermore, various resources and trainings that addressed adolescent mental health were distributed on a School Nursing listserv.

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. In addition, Title V has collaborated with the Health Equity Office on the LGBTQ2S+ Safe Space initiative. According to information obtained from the North Dakota Health Equity Office, the LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit) population has the highest rates of tobacco, alcohol, and drug use in North Dakota. L.E.A.P is an initiative that could potentially create a safe space for the LGBTQ2S+ community to ensure their health care needs are met. L.E.A.P stands for:

L: Legitimate care providers

E: Effective treatment

A: Affordable service

P: Providing service in a safe manner

By bringing L.E.A.P to North Dakota, the barriers of stigma and discrimination may be reduced against the LGBTQ2S+ community. This initiative can create an inclusive health care system in North Dakota by allowing all individuals access to non-judgmental health care. The goal has been to increase the percentage of patients who receive non-judgmental care from North Dakota providers. Title V staff has been continuing work efforts with North Dakota Family Planning clinics to complete the necessary training and requirements to acquire a sticker to be recognized as a LGBTQ2S+ friendly business, which indicates health support to the LGBTQ2S+ community.

The importance of collaboration is recognized and has been utilized to aid in the development of innovative activities to ensure adolescents are receiving preventative health care. Continuous partnership across Title V domains (e.g., CSHCN, state priorities, women's health, etc.) is expected to occur 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

National Performance Priority Area: Adolescent Well Visit, With an Emphasis on Overall Health, Including Depression Screening, Obesity Prevention, and Immunization (October 1, 2023 – September 30, 2024):

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 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.

While the 2021 National Survey of Children's Health (NSCH) indicated that 89.8% 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. North Dakota is above the national average in this area at 86.0%.

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 2020-2021 NSCH, 67.6% of adolescents in North Dakota reported having a preventative health visit in the past year. This is slightly lower than the national average of 69.6%. Moreover, North Dakota's 2021 Youth Risk Behavior Survey (YRBS) indicated that 36.0% of adolescents reported experiencing depressive symptoms, which is an increase from the 2019 YRBS of 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 verified that 16.3% of North Dakota adolescents are 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 by various partners. The North Dakota YRBS will be administered once again in March 2023 to North Dakota middle school and high school students to further assess and compare data trends.

The first Evidence-Based Strategy Measure (ESM) selected 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 North Dakota Department of Health and Human Services (HHS) Medical Services Division staff to discuss and explore potential partnerships regarding the Health Tracks (EPSDT) program. According to the 2021-2022 data received from HHS Medical Services, 24.9% of EPSDT adolescents received at least one initial or periodic screening. Therefore, North Dakota has work to do in this area. Title V staff will partner 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 will visit the schools on the reservation and provide well child visits. Title V staff will not only partner with UND FMC, but also with the American Academy of Pediatrics North Dakota Chapter to encourage medical residency students to provide well child visits to the children on the Eastern side of the state. 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.

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. Collaboration with Tribal Health Liaisons that are employed with HHS and represent each tribe in North Dakota will continue.

The YAB participants are actively engaged and provide 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 social media on the previously mentioned topics. 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 six 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.

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 HHS 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. A second ESM was selected 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 2022 Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) data, 272 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 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 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 HHS Behavioral Health 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 2021 YRBS, 15.8% 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.

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. In addition, Title V has collaborated with the HHS Community Engagement Unit on the LGBTQ2S+ Safe Space initiative. According to information obtained from the HHS Community Engagement Unit, the LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer, Two-Spirit) population has the highest rates of tobacco, alcohol, and drug use in North Dakota. L.E.A.P is an initiative that could potentially create a safe space for the LGBTQ2S+ community to ensure their health care needs are met. L.E.A.P stands for:

L: Legitimate care providers

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By bringing L.E.A.P to North Dakota, the barriers of stigma and discrimination may be reduced against the LGBTQ2S+ community. This initiative can create an inclusive health care system in North Dakota by allowing all individuals access to non-judgmental health care. The goal has been to increase the percentage of patients who receive non-judgmental care from North Dakota providers. Title V staff will continue work efforts with North Dakota Family Planning clinics to complete the necessary training and requirements to acquire a sticker to be recognized as a LGBTQ2S+ friendly business, which indicates health support to the LGBTQ2S+ community.

The importance of collaboration is recognized and has been utilized to aid in the development of innovative activities to ensure adolescents are receiving preventative health care. Continuous partnership across Title V domains (e.g., CSHCN, state priorities, women's health, etc.) is expected to occur in an effort to braid and layer resources and enhance work efforts to achieve the core goal to improve adolescent health.

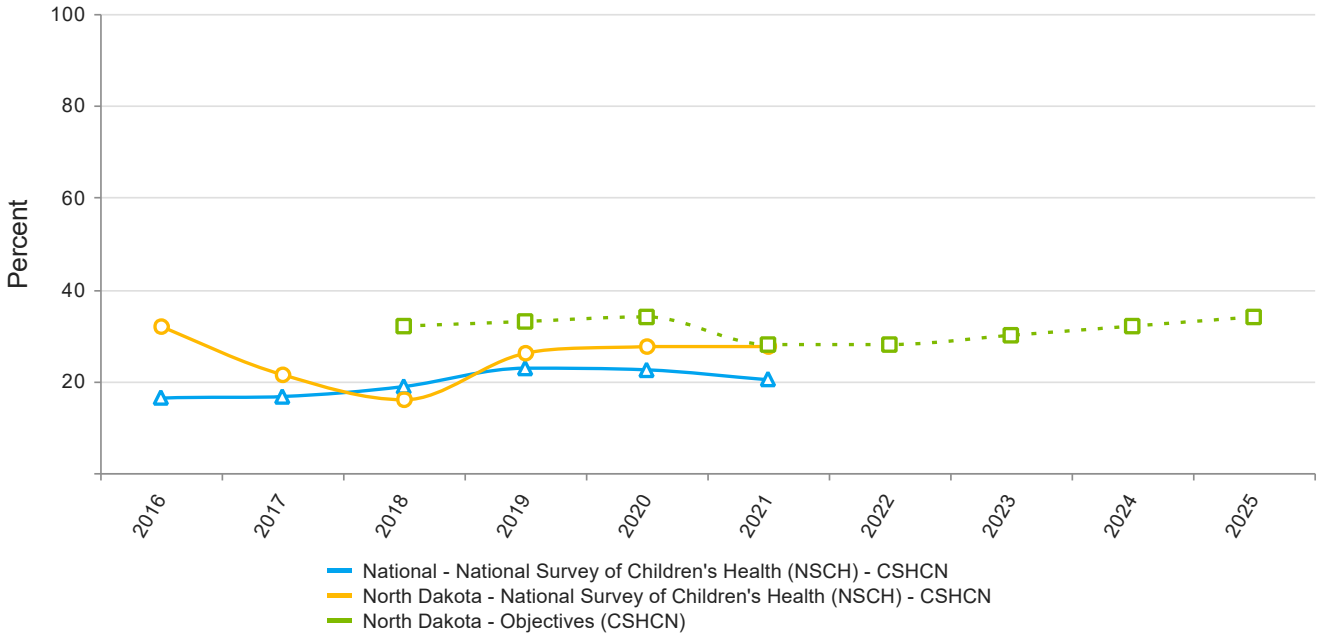
Adolescence is an important time in one's life. This developmental period is characterized by physical, emotional, and intellectual changes, as well as changes in social roles, relationships, and expectations. It is essential to promote healthy development, safety, and the well-being of adolescents in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

receiving all necessary services required for optimal health.

Children with Special Health Care Needs

National Performance Measures

NPM 12 - 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
Indicators and Annual Objectives



NPM 12 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	32	33	34	28	28
Annual Indicator	21.4	16.1	26.1	27.5	27.7
Numerator	2,873	2,110	3,271	3,339	3,707
Denominator	13,440	13,101	12,512	12,121	13,390
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	30.0	32.0	34.0

Evidence-Based or –Informed Strategy Measures

ESM 12.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective			80	80	85
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			
	2023	2024	2025
Annual Objective	90.0	95.0	100.0

ESM 12.2 - 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
Annual Objective			10	10
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			
	2023	2024	2025
Annual Objective	8.0	10.0	12.0

ESM 12.3 - 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
Annual Objective			2	3
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			
	2023	2024	2025
Annual Objective	4.0	5.0	6.0

ESM 12.4 - 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**
Annual Objective			13
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			
	2023	**2024**	**2025**
Annual Objective	16.0	19.0	22.0

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 12 - 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

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 12.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.	Active
ESM 12.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.	Active
ESM 12.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.	Active
ESM 12.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.	Active

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

National Performance Priority Area: Transition from Pediatric to Adult Health Care (October 1, 2021 – September 30, 2022):

The transition to adulthood is a critical developmental period for all youth but is especially important for children with special health care needs (CSHCN). According to the 2020-2021 National Survey of Children's Health (NSCH), 19.4% of children in North Dakota are children with a special health care need; this percentage rose slightly from 2019-2020 at 17.3%. Fortunately, the number of CSHCNs that received services necessary for transition to adult health care in North Dakota slightly increased from 27.5% in 2019-2020 to 27.7% in 2020-2021; this is trending above the 2020-2021 national average of 20.5%. Unfortunately, the 2020-2021 NSCH indicated that 26.3% North Dakota children without special health care needs received services necessary for transition to adult health care, which declined slightly from the 2019-2020 NSCH which reported 28.4% received transitions services. However, when compared to the national average of 16.0%, North Dakota is still performing well in this area. While transition services that aid in the transition from pediatric to adult health care are essential for all children, CSHCN undergo extra stress and are particularly vulnerable, especially during this transition period. It is imperative that these families receive the extra support needed. North Dakota is performing well above the national average when it comes to the percent of adolescents with special health care needs, ages 12 through 17, who received services necessary to make transitions to adult health care. According to the 2020-2021 NSCH, 27.7% of CSHCNs received services necessary for transition to adult health care versus the national average of 20.5%. Lastly, medical homes have been shown to be effective in ensuring children are receiving all necessary services. According to the 2020-2021 NSCH, 35.1% of children, ages 12 through 17, in North Dakota received services necessary for transition in a facility that met medical home criteria. This is higher than the national average of 18.6%.

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 very 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 home for college, work, or other out-of-home living situations. The preparation time required is different for all children. In many situations, a portion of the planning can occur in the clinic to promote a seamless transition into adult health care. Transition readiness is important for all youth and young adults.

The transition-driven strategies have been categorized by various focus areas (e.g., systems building, families, medical providers, education, etc.); therefore, several Evidence-Based or Informed Strategy Measures (ESMs) were selected specifically to examine the transition impact within each category. The systems-focused ESM was implemented to evaluate the percentage of transition aged youth receiving transition assessments at contracted multidisciplinary clinics. These transition assessment requirements were expanded to include quality improvement methods regarding transition assessments completed. The goal of this was to better gauge the level of transition activities occurring amongst patients and families. Following year-two data collection for State Fiscal Year 2021, multidisciplinary clinics reported 70.1% of transition-aged attendees received a transition assessment in addition to transition-focused education. 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 attend clinic. This was to help ensure that barriers are eliminated for disparate populations that may have difficulty accessing care. Non-English-speaking individuals will

continue to be offered interpretive services to assure understanding of the child's condition and plan of care.

Health care professionals/providers play a critical role in initiating the conversation regarding transitioning from pediatric to adult health care. Additional efforts have been 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. An ESM was incorporated to measure the number of health care providers/professionals who have received transition education and/or training specific to CYSHCN. Following year-two of data collection, six educational opportunities were provided to health care professionals/providers from Title V regarding health care transition. SHS staff directly lead five of these educational opportunities which educated 193 professionals. While transition toolkits were previously mailed out to all pediatricians across the state, more toolkits were provided to providers that requested them including multidisciplinary clinic coordinators. In addition, partnerships with other Title V groups were established to ensure transition curriculum was incorporated into their work efforts, such as adolescent well-visit education. Lastly, while conversations were had on how transition-related fields could be integrated into the Care Coordination module within the North Dakota Health Information Network (NDHIN), additions to the module were not made. Work efforts and collaboration within the NDHIN will continue.

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. An ESM was implemented to measure the education and training efforts that SHS would provide to school staff and partners to expand knowledge and skills around successful health transitions. Work efforts regarding this ESM were impacted by the COVID-19 pandemic due to restrictions that were put in place within the school systems along with other competing priorities. Due to these barriers that were faced, Title V staff were unable to provide education and/or trainings to school staff. However, Title V staff were still able to collaborate and build professional partnerships with stakeholders within the school system, including special education teachers and staff from the Department of Public Instruction and Vocational Rehabilitation. Year-three activities include the development and dissemination of transition toolkits for adolescent-aged students.

Family engagement is a key priority when implementing successful health transitions. Information and educational opportunities on transition were disseminated and/or provided through family support organizations. To measure the impact this had on North Dakota families, an ESM was developed to indicate the level of education and training provided regarding health care transition. Satisfaction with education and training received was evaluated internally by SHS through contract management with family support organizations. Following year-two of work efforts, 5,709 families were served by family support contracts and were provided educational opportunities. Of those families, approximately 16.1% (919) received education and/or training related to health care transition. This is a duplicated count as it is not unusual for families to receive education more than once.

Title V will continue to 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 and further enhance infrastructure and capacity required for successful transitions from pediatric to adult health care for all children, including CYSHCN.

Staff from SHS has remained actively engaged in 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 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 Transition Community of Practice hosts a transition-focused two-day conference biannually which SHS staff will join the planning committee and plan to present on transition from pediatric to adult health care. In addition, partnerships with special education professionals have continued to explore additional opportunities to collaborate on regarding the development of educational toolkits and outreach strategies.

SHS has a contract with and has partnered with Family Voices of North Dakota to develop a transition-related curriculum and training for both the adolescent and the parent or caregiver. The curriculum was developed, and a two-day training on the content was piloted in two locations, including a local school, for both the youth and the caregiver. This training was provided by Family Voices staff to any individuals interested in attending and they received great feedback from attendees. SHS staff had the opportunity to observe a training and aid in promoting the curriculum. The interest in the training is increasing among professionals across the state.

To expand partnerships even further, an SHS staff member 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, the Department of Human Services Division of Developmental Disabilities, Job Service North Dakota, Vocational Rehabilitation, and the NDDoH. Updates are shared from each agency regarding opportunities to collaborate or provide education to stakeholders. Engaging youth with transition-related activities has continued to be challenging. Therefore, SHS has continued partnering with the Health Equity Office in the NDDoH and their Youth Advisory Board (YAB). SHS staff attended and participated in YAB meetings to seek input and feedback as needed to drive adolescent partnerships across North Dakota. Furthermore, SHS staff participated in the Power-Up for Health Conference planning committee to help incorporate transition-related speakers and education into the conference, which is geared towards empowering youth and young adults with a special health care need. SHS staff had the opportunity to present at the conference on transition from pediatric to adult health care in addition to having a booth at the conference to provide additional transition-related materials and resources to attendees.

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 shared transition data with partners at the annual SHS Medical Advisory meeting to improve data-driven decisions around existing priority efforts. A transition workgroup with interdisciplinary key partners and stakeholders that was previous formed to assist with transition-related strategic planning and work activities continued to be utilized. Additional data that illustrated the importance of SHS programmatic efforts to improve transition services were also shared in several presentations provided by SHS staff throughout this reporting period. Data around various topic areas, including individuals with special needs, were discussed with the YAB, Human Service Zone staff, and individuals attending the Fetal Alcohol Spectrum Disorder Conference and the Power Up for Health Conference.

Technical assistance was provided to existing grantees of SHS multidisciplinary clinic contracts regarding the transition-focused client data fields that are to be completed for all transition-aged clients. A review of transition-related resources was reviewed to ensure grantees were aware of the available resources that could assist with education and assessment. These tools furnished providers with information needed to facilitate further discussion regarding the aspects that were most needed for each patient to successfully transition to adult health care. Strategies were implemented to ensure that these work efforts were standardized and consistent amongst the various professionals. Clinic coordinators have previously indicated that these changes were beneficial to their clinics and contributed to more positive patient outcomes for transition. To ensure quality care was delivered and transition needs were addressed, SHS staff conducted a site visit to a funded multidisciplinary clinic and provided recommendations for quality improvement. More site visits will be completed moving forward to ensure transition-

focused work efforts are incorporated into the visit.

Various methods for dissemination of information pertaining to transition were implemented. Resource materials pertaining 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 transition projects or contract workplans. Transition materials were also disseminated at various conferences and stakeholder meetings to ensure partners had current resources.

While barriers as a result of COVID-19 were challenging and impacted transition activities, transition efforts will continue to resume and accelerate as SHS recognizes the importance of enhancing and expanding transition services and education to children and young adults across the state. Moreover, SHS will continue their work efforts to provide transition-related education to providers and professionals to meet the needs of transition-aged children and continue to form and strengthen partnerships.

Transition from Pediatric to Adult Health– 2024 Annual Plan Narrative (October 1, 2023– September 30, 2024):

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 2020-2021 National Survey of Children's Health (NSCH) indicates that 19.4% of children through age 17 has a special health care need in North Dakota. Additionally, 27.7% of adolescents in North Dakota with a special health care need received services necessary to make the transition to adult health care, as compared to 20.5% in the United States (U.S.). North Dakota seems to be moving in the right direction when providing transition-aged adolescents with proper transition services as data from the 2018-2019 NSCH indicated that 26.1% of adolescents in North Dakota with a special health care need received services necessary to make the transition to adult health care. According to National Outcome Measure (NOM) 17.2, the percentage of children with a special health care need (CSHCN) receiving care in a well-functioning system in North Dakota increased from 12.7%, in 2019-2020 to 13.4% in 2020-2021. However, North Dakota continues to trend below the national average of CSHCN that are receiving care in a well-functioning system at 15.4%.

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 2020-2021 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, 29.8% had adequate and continuous health insurance the last year, whereas 24.7% 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 below the national average (42%) of the percent of children with special health care needs, ages 0 through 17, who have a medical home at 37.5%. Therefore, it is essential to promote not only health transition services, but medical home as well.

Because strategies have been categorized by various focus areas (e.g., systems building, families, medical providers, education, etc.), the different Evidence-Based or Informed Strategy Measures (ESMs) have been selected specifically to monitor transition impact within each category. First, the systems-focused ESM will be implemented to evaluate the percentage of transition aged youth receiving transition assessments at contracted multidisciplinary clinics. The goal of this will be to better gauge the level of transition activities occurring with patients and families within the clinic setting. In State Fiscal Year (SFY) 2021, multidisciplinary clinics reported 81.2% of transition-aged attendees received a transition assessment; however, in SFY 2022, multidisciplinary clinics reports 70.1% of transition aged attendees received an assessment. As a result, work efforts will continue to encourage contract grantees to incorporate transition readiness assessments to all transition-aged youth and report what education is being provided within grantees' reports. Although all youth benefit from transition activities, CSHCN generally require a higher level of preparation for transitioning to adult health care. The multidisciplinary clinics offer

services to all individuals at no cost, regardless of residence, insurance coverage, income, and socioeconomic status. Non-English-speaking individuals will continue to be offered interpretive services to assure 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. An ESM will be incorporated to measure the number of health care providers/professionals who have received transition education and/or training specific to CSHCN. This is expected to have an overall impact on the receipt of care in a well-functioning system. Title V staff plan to collaborate with Got Transition staff to offer a series of webinars on health transition to a targeted audience comprised of health care professionals. Staff plan to partner with the North Dakota Board of Nursing to offer continuing education units.

It is also realized that youth spend an exponential amount of time at school. Educational professionals, including school nurses, play a key role in better preparing students for addressing health transition-related challenges and help students become better prepared. An ESM will be initiated to measure the number of educational and training opportunities that SHS staff will provide to school nursing staff to expand knowledge and skills around successful student health transitions. While student transition toolkits will be developed utilizing Got Transition resources and disseminated to Special Education Units across the state in year-three, SHS staff have been unable to provide educational opportunities to school staff the last couple of years due to the COVID-19 pandemic. Therefore, work efforts regarding education to school professionals will be a top priority. Educational opportunities for year-four for school personnel will focus on providing education targeted to school nurses on the importance of health care transition for students and strategies on how this work can be incorporated into their current practice. This education will take place on the State School Nurse Quarterly meetings that have already been established and led by the State School Nurse Consultant.

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, an 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) 2022, 5,709 families were served by family support contracts and were provided various educational opportunities. Of that number of families, approximately 16% (919) received education and/or training specifically related to adolescent health care transition. This is up from 11% in FFY 2021.

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 infrastructure and capacity required for successful transitions from pediatric to adult health care for all children, including CSCHN. Contracted clinic requirements will continue to require quality improvement methods regarding transition assessments to be completed. Grantees receiving funding to provide multidisciplinary clinics will continue to be expected to gather information by using the "Transition Readiness Assessment Survey" for youth and parent/caregiver 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 staff will be analyzed and disseminated to the families and providers so that appropriate transition planning can occur. In addition, occasional site visits to contracted clinics will resume, since being deferred due to the COVID-19 pandemic, to assure quality services are being delivered and programmatic contract requirements are being fulfilled.

Family-led support organizations have a successful track record in providing information to families and partners regarding important topics such as health 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, 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.

Partnerships and collaboration are a huge part of the SHS mission. Staff members will continue to work with other state agencies, committees, stakeholders, and workgroups advocating for successful pediatric to adult health transitions. A transition workgroup was developed by SHS staff which will continue be to be utilized to gather valuable feedback and input regarding future health transition strategies and work efforts. 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. In addition, SHS staff will participate on the planning committee for the Secondary Transition Interagency Conference. Lastly, SHS staff will offer support and aid in supporting the newly developed Transition Curriculum Trainings hosted by Family Voices of North Dakota staff. 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 recognizes the importance of health care transition and strives to expand the knowledge and resources offered in North Dakota to improve upon the transition process.

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 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.

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**
Annual Objective			70
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			
	2023	**2024**	**2025**
Annual Objective	72.0	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					
	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes
Annual Indicator	Yes	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	ND Century Code, ND Administrative Rules	The North Dakota Century Code, North Dakota Admini
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	Yes	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
Annual Objective			45	10
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			
	2023	2024	2025
Annual Objective	15.0	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.

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.

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.

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).

State Performance Priority Area: Vision Zero (October 1, 2021 – September 30, 2022):

Motor vehicle crashes are a public health concern in both the United States and in North Dakota. They 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 (previously 2.6) of North Dakota children less than 18 years of age died and 269 per 100,000 (previously 277) were injured due to vehicle crashes within the years of 2017-2021. Of those injured, the injury severities were categorized by law enforcement crash reports as:

- suspected serious injury at 17 per 100,000 population showing a little increase (previously 16).
- suspected minor injury at 126 per 100,000 population showing a little increase (previously 121); and
- possible injury at 125 per 100,000 population showing a big decrease (previously 140).

Breaking down the death and injury data by age group for the years 2017-2021, the data shows:

- children ages 0-13 had a death rate of 1.5, a slight increase per 100,000 (previously 1.1) and injury rate of 113, a slight decrease per 100,000 (previously 117)
- adolescents ages 14-17 had a death rate of 2, little increase per 100,000 (previously 1.4) and injury rate of 155, a little decrease per 100,000 (previously 160).

According to the NDDOT, North Dakota teen drivers ages 14-19 account for 5.5% of all licensed drivers but are behind the wheel in nearly 21% of all crashes. State staff and their partners have worked to reduce fatal motor vehicle crash deaths to children younger than 18 through three primary strategies: 1) enhance community child passenger safety outreach statewide, 2) continue to support and promote the *North Dakota Injury Prevention State Plan* motor vehicle injury/fatality prevention strategies and provide assistance with North Dakota's *Vision Zero Plan*.

The NDDOT, North Dakota Department of Health (NDDoH) 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 injuries and deaths 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 community. In 2022, the CPS program supported and offered five certification programs certifying 66 professionals. Currently, North Dakota has 294 certified CPS technicians, 16 CPS instructors and 14 CPS Proxies.

One of the activity goals during this time period was to certify at least more 10 law enforcement personnel. The program was able to only certify five this year. Many more were interested in taking the course but registrations for the courses offered in 2022 filled up very quickly, leaving many unable to attend the courses offered throughout the state. Classroom capacities will be increased in 2023 to allow more people to attend.

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 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 CPS 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 CPS 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 12 to 14 proxies and 15 to 16 instructors.

In 2021-2022, the program utilized NDDOT funding to support six people/organizations to conduct car seat checkups, recertify CPS 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 with all CPS technicians in their counties. 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 six 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.

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 2021-2022 was 68 (up from 67 previously). To promote car seat checkups and fitting stations to the public throughout the state, the program created 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 are 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 the department's communication team to create social media promotions. The program's goal was to get a 15,000 social media reach of users per post but only reached a high of 7,900 within the six-month period it was offered. The visits to the CPS site increased however from 36 visits in April 2022 to 255 visits in September. The outcomes of this project were not favorable. It was recommended by the communications team to create different graphics and messages for each post to generate more activity per post.

Through the NDDoH car seat checkups offered this year, 692 seats were checked for safety (555 were checked in the previous year). During the checkups, approximately 200 CPS Technicians were mentored and provided recertification opportunities through contractors and stakeholders.

A program goal is to increase the 5-year average of car seats checked at NDDoH sponsored checkups in the state. The baseline for this goal was 747 (5-year average) and the target goal is 772 (5-year average). Since 2020, there has been an upward trend of seats checked through the program as follows:

Year 5-Year Average

2020 – 458 seats checked (Covid reduced the number checks completed significantly)
2021 – 555
2022 – 692

The CPS program had planned on formalizing a relationship with NDDoH Emergency Medical Services for Children (EMSC) staff, and to certify NDDoH EMSC personnel through the National Child Passenger Safety Technician Certification Training to create resources to better address emergency transportation for children during ambulance transport. However, due to a longstanding vacancy for this position, this activity needed to be postponed for the time being.

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 385 child restraints were distributed during this time period. North Dakota has approximately 32 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 Maternal and Child Health (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 prevention of 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 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 so 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%.

State Performance Priority Area: Maternal and Child Health (MCH) Workforce Development (October 1, 2021 – September 30, 2022):

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 are able 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 their knowledge and skills as part of their annual performance review process.

In December 2019, Title V staff completed the MCH Navigator on-line self-assessment. This self-assessment provides an opportunity for professionals to reflect on their competency-based strengths, identify what their learning needs are, and understand how to reinforce new skills to improve performance. A North Dakota Workforce Snapshot was provided by MCH Navigator that addressed 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. Furthermore, policy had the lowest knowledge and skills scores across competencies.

For many years, discission and collaboration on strengthening the MCH workforce has occurred with North Dakota State University Department of Public Health (NDSU DPH). As a result, *MCH Workforce Development* was identified as a MCH 2021-2025 priority, and dedicated funds were put towards the effort. In May 2021, a proposal was received to initiate a formal Academic Health Department partnership between the NDDoH MCH program and the NDSU 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 NDDoH – 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. To effectively build MCH workforce and

innovation capacity in North Dakota, NDSU DPH required two (2) formally trained MCH faculty with research expertise. By August 2022, these faculty had successfully developed and implemented an eight credit MCH Certification Program. Credits from this MCH Certification Program can be applied to an MPH degree. NDSU DPH will additionally commit a dedicated percentage of time supporting the data analysis and research needs of North Dakota's MCH programs.

There is a critical need to expand and strengthen a diverse, MCH-informed workforce that understands the unique challenges that North Dakota women, infants, children, and children with special health care needs and families face. In recognition of the need for a more formalized workforce development and training plan, a contractual agreement is in place with NDSU DPH, to provide services to implement this proposal. This contract with NDSU DPH will contains the following deliverables, and is currently in effect until September 30, 2023:

1. Develop/deliver MCH training program
    a. Program will emphasize public health and MCH leadership competencies
        1. Continuing education opportunities for current MCH staff
        2. Public Health Certificate in MCH leadership for current MCH staff and others interested in graduate-level education in MCH public health
        3. Master of Public Health (MPH) in MCH to provide comprehensive education and training in core public health and MCH leadership competencies
    b. Apply for federal MCH training grants to expand the program

2. Provide MCH data analytic and research support
    a. Analyze and disseminate NDDoH MCH-related data
        1. Data used to monitor health status and health risk factors in North Dakota
        2. Analysis for required state and federal reporting
    b. Partner on studies of the causes and consequences of poor outcomes (e.g., maternal morbidity, poor birth outcomes, youth substance use) to inform MCH policy, programming, and prevention strategies
    c. Data analysis and grant-writing expertise for obtaining additional federal grants to study pressing MCH issues in North Dakota

Regular meetings with NDSU have continued throughout the year. Staff are working diligently to complete the MCH curriculum, and courses for the new MCH Certificate program will be offered in Fall of 2023. NDSU personnel have also discussed the possibility of offering additional training opportunities (e.g., webinars, books clubs, etc.) for Title V staff who may have been hesitant about registering for a full college-level course.

In addition to the work around the MCH Certificate program, Title V staff have been provided opportunities to participate in many other state-level trainings. On September 1, 2022, the NDDoH and the North Dakota Department of Human Services (NDDHS) fully integrated into one agency, becoming the North Dakota Department of Health and Human Services. The integration has been a major change for team members, so these opportunities for learning and engagement have been especially important. Staff verbalized that these trainings have been valuable, and they have obtained skills and tools that can be utilized going forward.

State Performance Priority Area: Implement State Mandates (October 1, 2021 – September 30, 2022):

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 exemplifies the successful federal/state partnership by honoring a state's unique priorities. North Dakota has several mandates addressing the health of the maternal and child health (MCH) population that direct Title V work efforts and require use of significant resources for successful

implementation. A list of the state mandates can be found in Section V., Supporting Documents, Title V-MCH State Mandates and are discussed below.

Responsibilities of the North Dakota Department of Health (NDDoH) are addressed in North Dakota Century Code (N.D.C.C.), Chapter 23-01. The State Health Officer (SHO) of the NDDoH is responsible for the administration of programs carried out with allotments made to the state by Title V. The NDDoH functions in compliance with Chapter 28-32, Administrative Agencies Practice Act, N.D.C.C. programs funded by the federal-state Title V MCH Block Grant include: Children with Special Health Care Needs (CSHCN), child/teen passenger safety, injury/violence prevention, Newborn Screening (NBS), MCH epidemiology, obesity prevention, nutrition, breastfeeding, school health/nursing, and infant and child death services (sudden infant death syndrome).

Several mandates in N.D.C.C. address Title V CSHCN-related responsibilities within the NDDoH. 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 23-01-41 requires the establishment and administration of an autism spectrum disorder database. 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 (PKU) or Maple Syrup Urine Disease (MSUD) through the provision of medical food and low-protein modified food products.

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.

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 NDDoH 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 online 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. Since August, 2020, the Title V MCH Grant has contracted with FirstLink 2-1-1 to update and house the online directory of services. FirstLink 2-1-1 is a free, confidential service available to anyone 24/7/365 for listening and support, referrals to resources/help, and crisis intervention and houses a statewide Community Resource Directory. The booklet will be updated on an as-needed basis to ensure that information is accurate, up-to-date, and evidence-based. The booklet 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.

N.D.C.C. Chapter 23-45, Umbilical Cord Blood Disposition, Section 23-45-02. Umbilical cord blood - Information pamphlet – Distribution, requires the NDDoH 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 NDDoH website and be distributed upon request at no charge. The NDDoH 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.

N.D.C.C Chapters 50-25.1-15. Abandoned Infant was amended during the 2019 legislation session that directed the NDDoH to develop a public awareness campaign to provide information, public service announcements, and educational materials regarding abandoned infants and approved locations for abandoned infants. Since the legislation, the MCH Public Health Specialist has updated the North Dakota Baby Safe Haven materials and developed a communication plan for a statewide awareness campaign. This plan includes an informational video, google search ads, graphic targeting ads, and a website landing page that has helped interested individuals learn more about the program. The program also continued to offer an online training for all approved site locations and community members.

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 disorder 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 36 core conditions that are included on the RUSP. As new conditions are added to the RUSP, the North Dakota Newborn Screening Advisory Committee reviews them and determines the feasibility of adding 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 testing; 3) conduct short and long-term follow-up; 4) provide information technology support; 5) access a medical specialist specific to the disorder; 5) educate providers and community; and 6) fully implement statewide newborn screening. The approving authority for the NDNSP to add a new disorder is the state health council.

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 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 newborns with abnormal newborn screening results, SHS assists families with referrals for services, care coordination, and support. Information is provided regarding the SHS Financial Coverage 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 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. Financial eligibility for SHS treatment services is legislatively mandated at 185 percent 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, Long-Term Follow-Up 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 CSHCN and their families: 1)

to provide and promote family-centered, community-based, coordinated care (including care coordination services) for CSHCN 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.

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

MCH Population Domain: Cross-Cutting/Systems Building Application Year

North Dakota State Performance Priority: Vision Zero – Eliminate Fatalities and Serious Injuries Caused by Motor Vehicle Crashes – 2024 Annual Plan Narrative (October 1, 2023– September 30, 2024):

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 occupant 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 (HHS) 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, 3.48 per 100,000 of North Dakota children less than 18 years of age died and 259 per 100,000 (a decrease) 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 (17.3 in 2021);
- suspected minor injury at 130 per 100,000 population (126.1 in 2021); and
- possible injury at 112 per 100,000 population (125 in 2021).

Breaking the data down by age group for the years 2018-2022, children 0-13 had a death rate of 1.4 per 100,000 (1.5 in 2021) and injury rate of 106 per 100,000 (113 in 2021) compared to those in an older age group (14-17 years) with a fatality rate of 2 per 100,000 (2 in 2021) and injury rate of 153 per 100,000 (155 in 2021).

For child restraints to be effective during a crash, they must be used correctly according to the manufacturer’s instructions. Based on the 2022 fiscal year HHS car seat checkup data collection through the National Digital Check Form dashboard, 65% of the car seats (2,082 applicable) inspected had at least one form of misuse associated with it.

The strategy for this priority state measure 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.

First, to address law enforcement activities, program staff will 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 CPS 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 enforcement personnel to understand CPS best practices. Therefore, another goal will be to certify at least 10 law enforcement personnel through the National CPS Technician Certification Course. This was a recommendation that came from the National Highway Traffic Safety Administration Assessment, which was completed in collaboration with the 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 contracted partners.

Next, providing education to the public through car seat checkups is a proven evidence based educational activity which will continue to be offered to the public. Another goal for 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 HHS 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, and by various stakeholders throughout the year. Car seat checkups will be scheduled across the state with plans to further build infrastructure to continue offering this service. Funding from the NDDOT and the Maternal and Child Health (MCH) Block Grant will allow staff to contract with agencies to conduct regional car seat checkups and CPS outreach. Those coordinating the checkups and outreach will offer hands-on education to the public as well as mentorship/recertification activities for local Certified CPS Technicians. The goal is to increase the number of car seat checkup events offered by the HHS 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). Program staff will work to bring awareness to and promote the checkups to increase the attendance at these public events.

To increase education and awareness, staff will utilize media campaign materials created in 2022 for a social media and radio campaign focusing on booster seat use. According to the National Highway Traffic Safety Administration data, in 2019, about 16% of children ages 4 to 7 were prematurely moved to seat belts, when they should have been riding in booster seats. The program will work with the NDDOT and Odney Advertising to run this campaign during National CPS Week in September.

The CPS program is responsible for coordinating National CPS Technician Certification trainings in North Dakota. Those that become certified by attending this training become certified CPS Technicians. It is important to maintain or increase the number of instructors who are able to teach the training in North Dakota to be able to offer the trainings throughout the state. In addition to increasing 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 Technicians. North Dakota currently has approximately 271 certified CPS Technicians in the state, 17 instructors, and 13 proxies. Furthermore, North Dakota currently has 51 CPS Technicians working within the 13 birthing hospitals. Of this group of CPS Technicians, 21 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 increase the population of STAC trained CPS Technicians in each hospital and create a quality communication system with the staff. In addition to activities listed above, 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 CPS on School Buses National Training has never been taught 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. It is in the plans to start offering this training to both CPS Technicians and non-CPS Technicians through two different trainings. North Dakota now has a few CPS Technicians who are trained to teach this course, so courses will start to be offered in the state at least once a year starting in 2023.

Next, to enhance engineering (child restraints), Car Seat Distribution programs will be created and maintained 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 CPS Technician on staff that will attend an orientation program to follow the program's policy and procedure manual. Currently, three of the four tribal communities in North Dakota 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 car seats.

Lastly, the emergency component of the plan will be addressed by formalizing a relationship with HHS Emergency Medical Services for Children (EMSC) staff. The plan is to certify EMSC personnel through the National CPS Technician Certification Course to create a resource individual 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 EMS personnel 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.

North Dakota State Performance Priority: MCH Workforce Development– 2024 Annual Plan Narrative (October 1, 2023– September 30, 2024):

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 are able to avail themselves of various professional development opportunities in order 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 develop career aspiration and professional development goals that identify training opportunities to enhance needed knowledge and skills as part of their annual performance review process.

In December 2019, Title V staff completed the MCH Navigator on-line self-assessment. This self-assessment provides an opportunity for professionals to reflect on competency-based strengths and areas to grow in order to identify learning needs and reinforce new skills to 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.

In May 2021, a proposal was received to initiate a formal Academic Health Department partnership between the North Dakota Department of Health's (NDDoH) MCH program and the NDSU 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 NDDoH – 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. To effectively build MCH workforce and innovation capacity in North Dakota, NDSU DPH required two (2) formally trained MCH faculty with research expertise. By August 2022, these faculty had successfully developed and implemented an eight credit MCH Certification Program. Credits from this MCH Certification Program can be applied to an MPH degree. NDSU DPH will additionally commit a dedicated percentage of time supporting the data analysis and research needs of North Dakota's MCH programs.

The North Dakota Department of Health and Human Services (HHS) 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 into the MCH Certificate Program, the program is being widely announced and promoted statewide.

Regular meetings with NDSU have continued throughout the year. Staff are working diligently to complete the MCH curriculum, and courses for the new MCH Certificate program will be offered in Fall of 2023. NDSU personnel have also discussed the possibility of offering additional training opportunities (e.g., webinars, books clubs, etc.) for Title V staff who may have been hesitant about registering for a full college-level course.

In addition to the above described professional develop, state MCH staff will also be encouraged to identify and pursue state and national trainings or opportunities individualized for their programmatic expertise or areas of interest. By providing high-quality education and training, North Dakota will continue 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.

North Dakota State Performance Priority: Implement all North Dakota State Mandates for the Maternal Child Health Population– 2024 Annual Plan Narrative (October 1, 2023– September 30, 2024):

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. North Dakota has several mandates addressing the health of the maternal and child health (MCH) population that direct Title V work efforts and require use of significant resources for successful implementation. A list of mandates can be found in Section V., Supporting Documents, Title V-MCH State Mandates and are discussed below.

Responsibilities of the North Dakota Department of Health and Human Services (HHS) are addressed in North Dakota Century Code (N.D.C.C.), Chapter 23-01. The State Health Officer (SHO) of the HHS is responsible for the administration of programs carried out with allotments made to the state by Title V. The HHS functions in compliance with Chapter 28-32, Administrative Agencies Practice Act, N.D.C.C. Programs funded by the federal-state Title V MCH Block Grant include: Children with Special Health Care Needs (CSHCN), child/teen passenger safety, injury/violence prevention, newborn screening, MCH epidemiology, obesity prevention, nutrition, breastfeeding, school health/nursing and infant and child death services (sudden infant death syndrome).

Several mandates in N.D.C.C. address Title V CSHCN-related responsibilities within the HHS. 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 23-01-41 requires the establishment and administration of an autism spectrum disorder database. 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.

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.

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 HHS 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. As of August 1, 2020, the Title V MCH Grant executed a contract with FirstLink 2-1-1 to update and house the online directory of services. FirstLink 2-1-1 is a free, confidential service available to anyone 24/7/365 for listening and support, referrals to resources/help, and crisis intervention and houses a statewide *Community Resource Directory.* 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 May 2022, 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.

The HHS 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://www.hhs.nd.gov/cfs/safe-haven and the Baby Safe Haven Training at: https://babysafehaven.pcand.org/.

N.D.C.C. Chapter 23-45, Umbilical Cord Blood Disposition, Section 23-45-02. Umbilical cord blood - Information pamphlet – Distribution, requires the HHS 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 HHS website and be distributed upon request at no charge. The HHS 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.

N.D.C.C. Chapters 23-01-03.1 and 25-17 mandates the North Dakota Newborn Screening program (NDNSP). Newborn screening (NBS) 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 32 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 reviews them and determines the feasibility of adding 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 NDNSP to add a new disorder in North Dakota is the health council. In the next fiscal year, the NDNSP will work with the NBS Advisory Committee to review the five core conditions North Dakota is currently not screening for to address program readiness and feasibility.

The NDNSP 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 NDNSP hosted virtual learning sessions with Project Extension for Community Healthcare Outcomes (ECHO) and 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 Financial Coverage 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 until the age of 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.
On January 1, 2020, reporting for critical congenital heart disease (CCHD) was mandated and the NDNSP 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 NDNSP 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 HHS bona fide agent that applies for funding opportunities relating to EHDI. The NDNSP Director is the State EHDI Coordinator and is the liaison between the state and EHDI program. The NDNSP 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. All current NBS conditions are approved medical conditions for SHS coverage. Title V supports staff to manage the NDNSP 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 MCH Block Grant enables the state to address the following on behalf of CSHCN 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 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, and 2023 to further existing strategic initiatives in the workplans and build upon current activities.

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 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, 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.

The Healthy and Safe Communities Section Chief is also the Project Director for the Pediatric Mental Health Care Access (PMHCA) program. The Behavioral Health Planning Council (BHPC) has been selected as the program's advisory committee. Presentations to the BHPC include an overview of MCH activities, as the MCH grant and PMHCA program have overarching goals that include delivery of services to children in underserved areas of the state. This advisory committee also serves an avenue for input and feedback.

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 new advisory boards – America/Foreign Born/Immigrant Advisory (NFI), LGBTQ2S+, and Youth –

have been important avenues for public feedback and input. In addition, four Tribal Health Liaisons within the Community Engagement Unit work to initiate and foster relationships and enhance communication strategies with tribal partners.

Annually, a news release is sent 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 North Dakota Department of Health and Human Services' Facebook, Twitter, Instagram, Snapchat and YouTube pages. 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:

- Development of method(s) for distribution of MCH funds to achieve expected outcomes to align with identified state priorities.
- Training to support and enhance grant writing skills of Title V staff, with special emphasis on incorporating quality improvement methods to improve outputs of key work activities.
- Opportunities to grow emerging MCH leaders.
- 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 UND Report on Health Issues in ND.pdf

Supporting Document #02 - BCBSCF2023 Social Determinants of Health Report.pdf

Supporting Document #03 - HSC State Mandates 2023.pdf

Supporting Document #04 - MCH Workforce Capacity 6.2023.pdf

Supporting Document #05 - SHS FFY 2022 Program Data Report.pdf

VI. Organizational Chart

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

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: North Dakota

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 1,759,550	
A. Preventive and Primary Care for Children	$ 588,145	(33.4%)
B. Children with Special Health Care Needs	$ 695,000	(39.4%)
C. Title V Administrative Costs	$ 105,573	(6%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,388,718	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,264,816	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 55,000	
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)	$ 1,319,816	
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)	$ 3,079,366	
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)	$ 182,094	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 3,261,460	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program	$ 182,094

	FY 22 Annual Report Budgeted		FY 22 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 22 Federal Award: $ 1,759,550)		$ 1,759,550	
A. Preventive and Primary Care for Children	$ 701,000	(40.1%)	$ 598,275	(34%)
B. Children with Special Health Care Needs	$ 736,000	(42.1%)	$ 696,767	(39.5%)
C. Title V Administrative Costs	$ 87,510	(5%)	$ 96,657	(5.5%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 1,524,510		$ 1,391,699	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 1,257,805		$ 1,448,832	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 55,000		$ 75,043	
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)	$ 1,312,805		$ 1,523,875	
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)	$ 3,063,009		$ 3,283,425	
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)	$ 40,667,386		$ 30,021,431	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 43,730,395		$ 33,304,856	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
US Department of Agriculture (USDA) > Food and Nutrition Services > Women, Infants and Children (WIC)	$ 14,494,071	$ 12,024,193
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > State Oral Disease Prevention Program	$ 553,695	$ 557,069
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Loan Repayment	$ 540,000	$ 145,177
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program	$ 441,546	$ 228,049
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Oral Health	$ 377,651	$ 312,338
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Primary Care Office (PCO)	$ 158,878	$ 59,683
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 1,511,993	$ 1,474,864
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	$ 772,802	$ 846,879
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Preventive Health and Health Services Block Grant	$ 429,892	$ 404,740
US Department of Agriculture (USDA) > Food and Nutrition Services > The Loving Support Peer Counseling Program (Breastfeeding)	$ 169,182	$ 131,705
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Ryan White	$ 35,564	$ 36,431
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Tobacco Control Programs	$ 1,104,823	$ 1,028,764
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Pediatric Mental Health Care Access Program	$ 445,000	$ 568,760

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Rape Prevention and Education (RPE) Program	$ 243,859	$ 270,767
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > National Breast and Cervical Cancer Early Detection Program (NBCCEDP)	$ 3,196,145	$ 3,032,197
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ELC Enhance Expansion (4506)	$ 592,378	$ 507,687
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > ELC COVID-19 Enhanced (4501)	$ 92,832	$ 403,863
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > COVID-19 Immunization Warp Speed	$ 93,375	$ 71,777
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > COVID-19 Health Disparities	$ 11,150,939	$ 4,364,973
US Department of Agriculture (USDA) > Food and Nutrition Services > WIC ARPA Supplemental Food	$ 804,843	$ 118,743
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Family Violence ARP	$ 53,649	$ 104,764
Department of Health and Human Services (DHHS) > Other > Initiative to Document and Sustain Disparity Prevention	$ 300,000	$ 115,407
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > STD Prevention	$ 15,241	$ 8,600
Department of Health and Human Services (DHHS) > Administration for Children & Families (ACF) > Stop Violence	$ 853,339	$ 847,507
Department of Justice > Office of Violence Against Women > Sexual Assault Service Program	$ 378,583	$ 416,967
Department of Health and Human Services (DHHS) > Centers for Disease Control and Prevention (CDC) > Diabetes & HDSP	$ 1,857,106	$ 1,939,527

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**1.FEDERAL ALLOCATION**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Grant award received was more than what was originally budgeted, resulting in a higher expenditure amount (fully awarded amount).	
2.	**Field Name:**	**Federal Allocation, A. Preventive and Primary Care for Children:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Amount expended in this category was less than originally budgeted.	
3.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Amount expended in this category was more than originally budgeted, but still meets requirements of under 10%.	
4.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Amount expended in this category was more than originally budgeted.	
5.	**Field Name:**	**4. LOCAL MCH FUNDS**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: Amount expended in this category was more than originally budgeted.	
6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Newborn Screening State Evaluation Program**

Fiscal Year:	**2024**
Column Name:	**Application Budgeted**

Field Note:
This is the only "other" federal funds listed due to the change in Title V Leadership.

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 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 221,657	$ 222,076
2. Infants < 1 year	$ 109,175	$ 109,381
3. Children 1 through 21 Years	$ 588,145	$ 598,275
4. CSHCN	$ 695,000	$ 696,767
5. All Others	$ 40,000	$ 36,394
Federal Total of Individuals Served	$ 1,653,977	$ 1,662,893

IB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 166,263	$ 230,325
2. Infants < 1 year	$ 81,891	$ 115,165
3. Children 1 through 21 Years	$ 441,162	$ 614,202
4. CSHCN	$ 521,311	$ 469,591
5. All Others	$ 30,000	$ 14,504
Non-Federal Total of Individuals Served	$ 1,240,627	$ 1,443,787
Federal State MCH Block Grant Partnership Total	$ 2,894,604	$ 3,106,680

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 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 260,950	$ 187,562
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 108,900	$ 46,294
B. Preventive and Primary Care Services for Children	$ 20,000	$ 10,000
C. Services for CSHCN	$ 132,050	$ 131,268
2. Enabling Services	$ 585,975	$ 635,589
3. Public Health Services and Systems	$ 912,625	$ 936,399
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		$ 35,638
Physician/Office Services		$ 26,135
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 9,504
Dental Care (Does Not Include Orthodontic Services)		$ 2,376
Durable Medical Equipment and Supplies		$ 4,752
Laboratory Services		$ 37,186
Other		
metabolic food, breastfeeding support, telehealth		$ 71,971
Direct Services Line 4 Expended Total		$ 187,562
Federal Total	$ 1,759,550	$ 1,759,550

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 195,724	$ 117,190
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 81,675	$ 21,929
B. Preventive and Primary Care Services for Children	$ 15,000	$ 7,500
C. Services for CSHCN	$ 99,049	$ 87,761
2. Enabling Services	$ 399,944	$ 530,653
3. Public Health Services and Systems	$ 644,959	$ 795,944
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		$ 26,885
Physician/Office Services		$ 19,716
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 7,169
Dental Care (Does Not Include Orthodontic Services)		$ 1,792
Durable Medical Equipment and Supplies		$ 3,585
Laboratory Services		$ 15,102
Other		
metabolic food, breastfeeding support, telehealth		$ 42,941
Direct Services Line 4 Expended Total		$ 117,190
Non-Federal Total	$ 1,240,627	$ 1,443,787

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: 11,102 **Data Source Year: 2022**

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	11,102 (100.0%)	316	165	165 (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
Early Hearing Detection and Intervention (EHDI)	11,102 (100.0%)	312	15	13 (86.7%)

3. Screening Programs for Older Children & Women

None

4. Long-Term Follow-Up

CY-2022.

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:

CY 2022-The source of data is from the North Dakota Department of Health and Human Services, Vital Statistics Unit and State Hygienic Laboratory at The University of Iowa. Number of initial specimens processed includes infants born in ND (resident births), as well as other states (occurrent births). This number excludes infants not screened. CCHD is a mandated screening in ND and is included in the newborn screening panel; however, there are no reporting requirements. The numbers reported in this form do not reflect any heart disease or defects found because of CCHD screening at birth. Note: CY2022: The aggregate total number with at least one screen is 11146. The numbers may vary because there may have been babies that were not born in North Dakota (ND) that were transferred to a ND facility after birth. Their first newborn screening in ND, would then be considered their initial screen, which could account for why there are more newborn screenings than births. Also, there may have been home births that did not apply for a birth certificate. The North Dakota Newborn Screening Program joined the University of Iowa in a pilot to screen for Spinal Muscular Atrophy (SMA) on July 1, 2020. Full implementation is scheduled to begin on September 1, 2021. In response to a Quality Improvement Project led by the Iowa Newborn Screening Program, the cut-off values were changed for thyroid stimulating hormone (TSH) on March 30, 2020. Age related bins were created for TSH which led to a significant reduction in false positives for congenital hypothyroidism.

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2022**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: Data Source: 2022- The source of data is from the North Dakota Department of Health and Human Services, Vital Statistics Unit. This number is the total number of occurrent births in ND in 2022.There were 11102 occurrent births in ND.	
2.	**Field Name:**	**Data Source Year**
	Fiscal Year:	**2022**
	Column Name:	**Data Source Year Notes**
	Field Note: Data Source: 2022- The source of the data is from the North Dakota Department of Health and Human Services, Vital Statistics Unit.	
3.	**Field Name:**	**Core RUSP Conditions - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Data Source: 2022 - The source of data is from the North Dakota Department of Health, Division of Vital Statistics. This number is the total number of occurrent births in ND in 2022.There were 11,102 occurrent (9,556 resident) births in ND. Total Number Receiving At Least One Screen = 11,146 Vital Records has listed for non-resident birth numbers for 2022: MN 1494, MT 51 and SD is 128.	
4.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**

	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: (Includes borderlines and presumptive positives requiring follow-up)	
5.	**Field Name:**	**Core RUSP Conditions - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Includes carriers (135) and true positive (30) cases	
6.	**Field Name:**	**Core RUSP Conditions - Total Number Referred For Treatment**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: Includes carriers (135) and true positive (30) cases	
7.	**Field Name:**	**Early Hearing Detection and Intervention (EHDI) - Total Number Receiving At Least One Screen**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**

	Field Note: CY 2022: The source of the data is obtained from the OZ eSP system via the North Dakota Early Hearing Detection and Intervention Program. This is the number of infants that received a hearing screening before hospital discharge. 11,133 = Total in OZ eSP (01/01/2022 – 12/31/2022) – reflects ND births AND out-of-state births transferred to ND facilities • 142 infants birthed out of state (MN, SD, MT) were transferred to ND facilities • 10,991 infants birthed in ND facilities (hospitals/ home births, and 'other' category) - 17 home births identified in OZ eSP; the remainder of home births have not been imported into OZ eSP from Vital Records. Birth Hearing Screening Rate: 1. Using OZ denominator = 10,991 (Reported births in ND hospitals, homebirths, and “other”) a. 10,884/10,991 = 99.0% 2. Using OZ denominator minus unavailable (10,991 – 53) = 10.938 (available to screen only) a. 10,884/10,938 = 99.5% b. Most accurate reflection of screening rate as it removes the populations of infants that were unavailable for screening at the time of the data pull 3. Using Vital Records Provisional Occurrent Birth Rate as denominator a. 10,884/11,102 = 98.0%	
8.	**Field Name:**	**Early Hearing Detection and Intervention (EHDI) - Total Number Presumptive Positive Screens**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: CY 2022: The source of the data for the number of presumed positives is obtained from the OZ eSP systemvia the North Dakota Early Hearing Detection and Intervention Program. This number is inclusive of both inpatient and outpatient screening results. The number does not include the number of "missed" screens, such as home births.	
9.	**Field Name:**	**Early Hearing Detection and Intervention (EHDI) - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**

Field Note:
CY 2022: The source of the data for the number of residents confirmed cases is obtained from the OZ eSP system via the North Dakota Early Hearing Detection and Intervention Program.
Regardless of hearing care path, ND EHDI has 15 cases of permanent hearing loss documented in the occurrent 2022 birth population (as of May 2023):
• 11 sensorineural
• 3 permanent conductive
• 1 Mixed
Of the 15 cases of permanent hearing loss:
• 13 are ND residents
• 2 are MN residents (birthed in ND)

Of the documented cases of permanent hearing loss:
• 13 of the 15 cases of permanent hearing loss were identified via follow-up efforts and documented by ND EHDI staff. These were not reported by audiologists.
• 2 of 15 cases of permanent hearing loss were reported/documented by ND audiologists.
ND Audiologists are not consistently entering results in the ND EHDI data system.

10.	**Field Name:**	**Early Hearing Detection and Intervention (EHDI) - Total Number Referred For Treatment**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**

Field Note:
CY 2022: The source of the data for infants referred for treatment is obtained from the OZ eSP system via the North Dakota Early Hearing Detection and Intervention Program. "Referred for Treatment" is defined as being referred to some type of Early Intervention service, not the obtainment of a hearing aid.
Of the 17 documented cases of permanent hearing loss:
• 5 were non-residents
o Not referred to ND's EI programs; outcomes shared with home-state EHDI (MN/SD) for follow-up and EI service referral.
• 12 ND residents
The 11 ND residents were referred by ND EHDI to the appropriate Early Intervention programs. Many referrals were "late" as the diagnosis was NOT documented into ND EHDI EHDI's data system, OZ eSP; rather, ND EHDI "identified" a diagnosis through follow-up efforts. Prior to an ND EHDI referral to EI, additional provider referrals may have occurred but often occurred without documentation in OZ eSP.

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 2022

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	4,651	21.0	0.0	74.8	2.7	1.5
2. Infants < 1 Year of Age	11,102	21.0	0.0	74.8	2.7	1.5
3. Children 1 through 21 Years of Age	11,519	36.4	0.0	56.5	7.1	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	4,726	39.0	0.0	54.0	7.0	0.0
4. Others	12,554	7.4	0.0	82.8	9.8	0.0
Total	39,826					

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	10,112	No	11,102	100.0	11,102	4,651
2. Infants < 1 Year of Age	11,673	No	11,146	100.0	11,146	11,102
3. Children 1 through 21 Years of Age	222,090	Yes	222,090	40.0	88,836	11,519
3a. Children with Special Health Care Needs 0 through 21 years of age^	44,975	Yes	44,975	13.0	5,847	4,726
4. Others	543,118	No	12,554	80.0	10,043	12,554

^Represents a subset of all infants and children.

Form Notes for Form 5:

CY 2022-Number of initial specimens processed includes infants born in ND (resident births), as well as other states (occurrent births), this number excludes infants not screened. CCHD is a mandated screening in ND and is included on the newborn screening panel; however, there are no reporting requirements. The numbers reported in this form do not reflect any heart disease or defects found as a result of CCHD screening at birth. Note: CY2022: The aggregate total number at least one screen is 11146. The numbers may vary because there may have been babies that were not born in North Dakota (ND) that were transferred to a ND facility after birth. Their first newborn screening in ND, would then be considered their initial screen, which could account for why there are more newborn screenings than births. Also, there may have been home births that did not apply for a birth certificate.

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2022**

Field Note:
CY-2022: This number includes pregnant women receiving direct and enabling services served through Title V grantees (data received though the Program Reporting System),
Data Sources: Depression screening: (Family Planning -Title V -Tile X Partnership).
https://www.hhs.nd.gov/cfs/family-planning
https://www.hhs.nd.gov/cfs/family-planning/about
https://www.hhs.nd.gov/cfs/family-planning/contraceptives
https://www.hhs.nd.gov/cfs/family-planning/stis-hiv-and-aids
https://www.hhs.nd.gov/cfs/family-planning/contact
https://www.hhs.nd.gov/cfs/family-planning/clinic-directory
https://www.hhs.nd.gov/cfs/family-planning/grantees
Safe Safe: Provides cribs for kids
Cribs for Kids ® is a safe-sleep education and distribution program for low-income families to help reduce the risk of injury and death of infants due to unsafe sleep environments. The program addresses specific situations dealing with socioeconomic issues such as crib affordability and cultural practices such as bed-sharing and secondhand smoke.
https://www.hhs.nd.gov/health/prevention-healthy-l

Baby and Me Tobacco Free: North Dakota women who are pregnant and need assistance quitting tobacco can find help through North Dakota's BABY & ME – Tobacco Free™, a program that provides personalized educational and support sessions during pregnancy and monthly postnatal visits. More women are enrolling in the BABY & ME program as North Dakota's pregnancy smoking rate is trending down.
https://www.hhs.nd.gov/health/ndquits

Percent estimates are based on Birth Payor/ Insurance Status from the annual birth file/Vital Records

2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2022**

Field Note:
CY 2022: Resident births -9557 - all served through the Newborn Screening Program and Early Hearing Detection and Intervention. The Newborn Screening Program served 11146 infants (Occurrent births and out state infants). The occurrent births was 11102 in the CY 2022.

Data Sources:
Newborn Screening: Screening for metabolic disorders, hearing screening & CCHD screening.
https://www.hhs.nd.gov/cfs/newborn-screening
https://www.health.nd.gov/nbs/resources-parents
https://www.hhs.nd.gov/newborn-screening-program-providers
https://www.health.nd.gov/nbs/resources
https://www.health.nd.gov/nbs/about
https://www.health.nd.gov/nbs/faq
https://www.health.nd.gov/nbs/birthingfacility
Cribs for Kids: Providing Cribs.
(https://www.health.nd.gov/sites/www/files/documents/Files/HSC/IVP/SIDS/Cribs_for_Kids_English.pdf).

Car seats: Providing car seats, car seat checks, culturing passenger safety.
https://www.hhs.nd.gov/child-passenger-safety/best-practices
https://www.hhs.nd.gov/child-passenger-safety/child-passenger-safety-law
https://www.hhs.nd.gov/child-passenger-safety/materials
https://www.hhs.nd.gov/child-passenger-safety/upcoming-child-passenger-safety-trainings
https://www.hhs.nd.gov/child-passenger-safety/assistance
https://www.hhs.nd.gov/child-passenger-safety/assistance/resources
https://www.hhs.nd.gov/child-passenger-safety/printable
https://www.hhs.nd.gov/child-passenger-safety/templates

3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes data from-Program Reporting System for children receiving direct and enabling services served through Title V grantees.

Data Sources: Car seats: Providing car seats, car seat checks, training.
https://www.hhs.nd.gov/child-passenger-safety/best-practices
https://www.hhs.nd.gov/child-passenger-safety/child-passenger-safety-law
https://www.hhs.nd.gov/child-passenger-safety/materials
https://www.hhs.nd.gov/child-passenger-safety/upcoming-child-passenger-safety-trainings
https://www.hhs.nd.gov/child-passenger-safety/assistance
https://www.hhs.nd.gov/child-passenger-safety/assistance/resources
https://www.hhs.nd.gov/child-passenger-safety/printable
https://www.hhs.nd.gov/child-passenger-safety/templates
5. Breast feeding
https://www.hhs.nd.gov/health/children/breastfeeding
https://www.hhs.nd.gov/cfs/north-dakota-breastfeeding/breastfeeding-support-workplace
https://www.hhs.nd.gov/child-and-family-services/north-dakota-breastfeeding/hospital-policy-and-practices-breastfeeding
https://www.hhs.nd.gov/child-and-family-services/north-dakota-breastfeeding/north-dakota-breastfeeding-coalition

Includes CSHCN: Receiving services direct and enabling services from Division of Special Health Services and individuals served Family Voices of ND through 1: 1 assistance. Unduplicated # of babies with conditions identified through NBS. Count of clients served by NBS long-term follow up-unduplicated. CSHCN-Program data report (Unduplicated Count MINUS # children in Systems Contracts).

Special Health Services -
https://www.hhs.nd.gov/health/children/special-health-services
https://www.hhs.nd.gov/cfs/autism-services

Children's Insurance Rates:
CMS-416 Medicaid / U.S. Census
https://www.kff.org/other/state-indicator/children-0-18/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes unduplicated count of CSHCN served through Special Health Services and MCH grantees for direct and enabling services (Program Reporting System).
Data Sources:
Data from CSHCN-Program data report. (FFY2022)

CSHCN -served by Family Voices (FFY2022):
https://www.health.nd.gov/family-centered-partnerships

Unduplicated CSHCN-Served by Family Voices through 1:1 Assistance (CY2022)
Unduplicated # of babies with conditions identified through NBS (CY2022)

Clients served by New Born Screening (NBS) long-term follow-up:
Newborn Screening
https://www.hhs.nd.gov/cfs/newborn-screening
https://www.health.nd.gov/nbs/resources-parents
https://www.hhs.nd.gov/newborn-screening-program-providers
https://www.health.nd.gov/nbs/resources
https://www.health.nd.gov/nbs/about
https://www.health.nd.gov/nbs/faq
https://www.health.nd.gov/nbs/birthingfacility

ND Special Health Services:
https://www.hhs.nd.gov/health/children/special-health-services
https://www.hhs.nd.gov/cfs/autism-services

Improves health outcomes of children with special health care needs (CSHCN) by advancing a quality, comprehensive system of care that promotes the healthy development and well-being of children and their families. Six core outcomes that describe the system of services for CSHCN include:

Family Professional Partnership
Medical Home
Adequate Health Insurance
Early and Continuous Screening and Surveillance
Easy to Use Services and Supports
Transition to Adult Health Care
The North Dakota Birth Review Program fosters interagency partnerships to identify, inform, and refer at-risk newborn children and their families to designated services within the state of North Dakota.

5.	**Field Name:**	**Others**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes those served through Title X Family Planning for Title V funded direct and enabling services through MCH grantees (Program Reporting System).
Data Sources:
Title V-Title X partnership: Numbers served.
Computed unique count of individual program web hits total.
Injury prevention trainings: For professionals and law enforcement.

Data Source: https://www.kff.org/other/state-indicator/adults-19-64/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

6.	**Field Name:**	**Total_TotalServed**
	Fiscal Year:	**2022**

Field Note:
CY 2022: Total count of unique Individuals Served by Title V (Direct & Enabling Services Only).

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes duplicate number of pregnant women receiving direct, enabling services and population-based service systems that served through Title V grantees (data received though the Program Reporting System). This number is ND pregnant women occurrent births.

Data Sources:
Depression screening: (Family Planning -Title V -Tile X Partnership) follow-up screening.

http://www.ndhealth.gov/familyplanning/for-grantees/

Safe Safe: Media and informational materials.

(https://www.health.nd.gov/sites/www/files/documents/Files/HSC/IVP/SIDS/Cribs_for_Kids_English.pdf)

Baby and Me Tobacco Free campaign:

North Dakota women who are pregnant and need assistance quitting tobacco can find help through North Dakota's BABY & ME – Tobacco Free™, a program that provides personalized educational and support sessions during pregnancy and monthly postnatal visits. More women are enrolling in the BABY & ME program as North Dakota's pregnancy smoking rate is trending down.

2.	**Field Name:**	**Pregnant Women Denominator**
	Fiscal Year:	**2022**

Field Note:
Data Source: North Dakota Department of Health an Human Services, Vital Records Unit; Occurrent Births

3.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2022**
	Field Note: CY 2022: This number includes duplicate number of infants receiving direct, enabling services and population-based service systems that served through Title V grantees (data received though the Program Reporting System). This number is ND occurrent births (NBS Screening Program, Early Hearing Detection and Intervention).	
4.	**Field Name:**	**Infants Less Than One Year Denominator**
	Fiscal Year:	**2022**
	Field Note: Number of infants who received at least one screen. Data Source - Newborn Screening Program	
5.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**

	Field Note: CY 2021: This number includes duplicate number of children receiving direct, enabling services and population based service systems that served through Title V grantees (data received though the Program Reporting System). Car seats: Providing car seat help https://www.health.nd.gov/north-dakota-child-passenger-safety-assistance Poison calls: https://ndpoison.org/ Impact Teen Drivers: Impact Teen Drivers develops, promotes, and facilitates evidence-based education to stop the number one killer of teens—car crashes, particularly those caused by reckless and distracted driving. https://www.health.nd.gov/child-passenger-safety-law https://www.impactteendrivers.org/ (NDDOH- NDDOT partnership) Includes CSHCN: Receiving services direct and enabling services from Division of Special Health Services and individuals served Family Voices of ND through 1: 1 assistance. Unduplicated # of babies with conditions identified through NBS. Count of clients served by NBS long-term follow up-unduplicated. CSHCN-Program data report (Unduplicated Count MINUS # children in Systems Contracts). Data Sources: https://www.health.nd.gov/youth/special-health-services/shs-coordinated-services https://www.health.nd.gov/NBS-Follow-up Poison control media materials. Adolescent Depression Screenings from Family Planning (if not in PRS-funded by MCH) . Injury-trained professionals and law enforcement individuals. Bike helmets checklist, home safety checklist & pool safety media materials. CY 2022: This number includes duplicate number of Children with Special Health Care Needs 0 through 21 Years of Age receiving direct, enabling services and population-based service systems that served through Title V grantees (data received though the Program Reporting System). Data includes: Duplicated counts of CSHCN served by Family Voices of ND (D&E= # families CBS, Financing, Partnering, Screening; System= # Families medical home, transition-FFY 2022) Client visits-CSHCN-SHS program data report (duplic	
6.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes duplicate number of Children with Special Health Care Needs 0 through 21 Years of Age receiving direct, enabling services and population-based service systems that served through Title V grantees (data received though the Program Reporting System).
Data includes:
Duplicated counts of CSHCN served by Family Voices of ND (D&E= # families CBS, Financing, Partnering, Screening; System= # Families medical home, transition-FFY 2022)
Client visits-CSHCN-SHS program data report (duplicated total number of visits FFY 2022).
# of contacts via NBS long-term follow-up program (CY 2022).
Special Health Services (SHS) Toll Free calls (CY 2022).
SHS Emails (CY 2022).
Total number of hard-copy materials sent from Family Voices of ND (FFY 2022).

7.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes duplicate number of 22+ year old's receiving direct, enabling services and population-based service systems that served through Title V grantees (data received though the Program Reporting System).

Data Sources:
Depression screening + follow-up (Family Planning -Title V -Tile X Partnership).
Injury Prevention Trainings-For professionals and law enforcement
Press Release, Audio and Media: Health and Safe Community Section, NDDOH.
Count the KICKS: Promotional materials & Reach.
Poison- exposure calls, helpline magnets, stickers and brochures.
COVID Response-Hotlines and email response.
Computed duplicate counts of individual program web hits total.
Data Alerts: None

8.	**Field Name:**	**Others Denominator**
	Fiscal Year:	**2022**

Field Note:
CY 2022: This number includes duplicate number of 22+ year old's receiving direct, enabling services and population-based service systems that served through Title V grantees (data received though the Program Reporting System).

Data Sources:
Depression screening + follow-up (Family Planning -Title V -Tile X Partnership).
Injury Prevention Trainings-For professionals and law enforcement
Press Release, Audio and Media: Health and Safe Community Section, NDDOH.
Count the KICKS: Promotional materials & Reach.
Poison- exposure calls, helpline magnets, stickers and brochures.
COVID Response-Hotlines and email response.
Computed duplicate counts of individual program web hits total.
Data Alerts: None

Data Alerts:

1.	Others Denominator is less than or equal to 90% of the Others Reference Data. Please double check and justify with a field note.
2.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
3.	Others, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
4.	Reported percentage for Others on Form 5b is greater than or equal to 50%. The Others denominator includes both women and men ages 22 and over. Please double check and justify with a field note.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: North Dakota

Annual Report Year 2022

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	11,701	8,391	740	765	1,078	236	48	0	443
Title V Served	11,701	8,391	740	765	1,078	236	48	0	443
Eligible for Title XIX	2,644	1,212	305	288	632	38	24	0	145
2. Total Infants in State	11,701	8,391	740	765	1,078	236	48	0	443
Title V Served	11,701	8,391	740	765	1,078	236	48	0	443
Eligible for Title XIX	2,644	1,212	305	288	632	38	24	0	145

Form Notes for Form 6:

Calendar Year (CY) 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services- Vital Records Unit.

Field Level Notes for Form 6:

1.	**Field Name:**	**1. Total Deliveries in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services-Vital Records Unit. Data is for occurrence birth for the calendar year 2022.	
2.	**Field Name:**	**1. Title V Served**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services- Vital Records Unit.	
3.	**Field Name:**	**1. Eligible for Title XIX**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services- Vital Records Unit.	
4.	**Field Name:**	**2. Total Infants in State**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services- Vital Records Unit.	
5.	**Field Name:**	**2. Title V Served**
	Fiscal Year:	**2022**
	Column Name:	**Total**

	Field Note: 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services- Vital Records Unit.	
6.	**Field Name:**	**2. Eligible for Title XIX**
	Fiscal Year:	**2022**
	Column Name:	**Total**
	Field Note: 2022-Data Source: The source for this data is the North Dakota Department of Health and Human Services- Vital Records Unit.	

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: North Dakota

A. State MCH Toll-Free Telephone Lines	2024 Application Year	2022 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number	(800) 472-2286	(800) 472-2286
2. State MCH Toll-Free "Hotline" Name	HSC-East Toll-Free	HSC-East Toll Free
3. Name of Contact Person for State MCH "Hotline"	Janet Lucas	Janet Lucas
4. Contact Person's Telephone Number	(701) 328-2496	(701) 328-2496
5. Number of Calls Received on the State MCH "Hotline"		5,974

B. Other Appropriate Methods	2024 Application Year	2022 Annual Report Year
1. Other Toll-Free "Hotline" Names	SHS Toll-Free Hotline	SHS Toll-Free Hotline
2. Number of Calls on Other Toll-Free "Hotlines"		661
3. State Title V Program Website Address	https://www.hhs.nd.gov/health	https://www.hhs.nd.gov/health
4. Number of Hits to the State Title V Program Website		22,225
5. State Title V Social Media Websites	https://www.facebook.com/hhsndgov; https://www.instagram.com/hhsndgov/; https://twitter.com/hhsndgov; https://www.youtube.com/channel/UC0KCh7fxTBftoWOg3kwG5RA	https://www.facebook.com/hhsndgov; https://www.instagram.com/hhsndgov/; https://twitter.com/hhsndgov; https://www.youtube.com/channel/UC0KCh7fxTBftoWOg3kwG5RA
6. Number of Hits to the State Title V Program Social Media Websites		134,970

Form Notes for Form 7:

None

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.
Address 2	Department 325
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 Unit Director/CSHCN Director
Address 1	600 E. Boulevard Ave.
Address 2	Department 325
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	Parent to Parent Coordinator, Family Voices of ND
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	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: North Dakota

Application Year 2024

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.

CY 2022- Federally Available Data (FAD) for this measure is not available/reportable for your State. For NOM:10

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 1 - Notes:

None

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 2 - Notes:

None

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 3 - Notes:

None

Data Alerts: None

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 4 - Notes:

None

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
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 5 - Notes:

None

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
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 6 - Notes:

None

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Data Source: CMS Hospital Compare

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
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 %			
2015/Q2-2016/Q1	2.0 %			
2015/Q1-2015/Q4	2.0 %			
2014/Q4-2015/Q3	2.0 %			
2014/Q3-2015/Q2	2.0 %			

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 7 - Notes:

None

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 8 - Notes:

None

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.1 - Notes:

None

Data Alerts: None

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.2 - Notes:

None

Data Alerts: None

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.3 - Notes:

None

Data Alerts: None

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
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 9.4 - Notes:

None

Data Alerts: None

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

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 9.5 - Notes:

None

Data Alerts: None

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Federally available Data (FAD) for this measure is not available/reportable.

NOM 10 - Notes:

Although, Federally Available Data (FAD) for this measure is not available/reportable for ND, the ND Fetal Alcohol Syndrome Center stated in the most recent report (2019) that ND had 3,400 women using alcohol during pregnancy in 2017. (https://med.und.edu/research/fetal-alcohol-syndrome-center/publications.html)

Data Alerts:

1.	Data has not been entered for NOM 10. This outcome measure is linked to the selected NPM 1,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Data Source: HCUP - State Inpatient Databases (SID)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 11 - Notes:

None

Data Alerts: None

NOM 12 - 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)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	11.0 %	1.1 %	18,530	167,746
2019_2020	9.5 %	1.1 %	15,702	165,451
2018_2019	10.2 %	1.2 %	16,574	162,773
2017_2018	10.4 %	1.4 %	16,700	159,857
2016_2017	9.2 %	1.2 %	14,504	157,789
2016	8.9 %	1.1 %	13,894	155,835

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 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
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 15 - Notes:

None

Data Alerts: None

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 16.1 - Notes:

None

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2019_2021	19.1	3.6	28	146,396
2018_2020	11.2 ϟ	2.8 ϟ	16 ϟ	142,639 ϟ
2017_2019	11.3 ϟ	2.8 ϟ	16 ϟ	141,830 ϟ
2016_2018	10.5 ϟ	2.7 ϟ	15 ϟ	143,001 ϟ
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

ϟ Indicator has a numerator <20 and should be interpreted with caution

NOM 16.2 - Notes:

None

Data Alerts: None

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2019_2021	18.4	3.6	27	146,396
2018_2020	16.8	3.4	24	142,639
2017_2019	21.9	3.9	31	141,830
2016_2018	18.2	3.6	26	143,001
2015_2017	17.9	3.5	26	145,163
2014_2016	17.0	3.4	25	146,923
2013_2015	20.3	3.7	30	147,485
2012_2014	20.6	3.8	30	145,625
2011_2013	19.4	3.7	28	144,479
2010_2012	21.7	3.9	31	143,039
2009_2011	24.4	4.1	35	143,509
2008_2010	20.8	3.8	30	144,259
2007_2009	16.4	3.4	24	146,356

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

NOM 16.3 - Notes:

None

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	19.4 %	1.3 %	34,412	177,588
2019_2020	17.3 %	1.4 %	30,351	174,936
2018_2019	17.5 %	1.5 %	30,244	173,209
2017_2018	17.6 %	1.5 %	30,408	173,137
2016_2017	17.5 %	1.3 %	30,181	172,262
2016	18.1 %	1.5 %	30,876	170,697

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 17.1 - Notes:

None

Data Alerts: None

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

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	12.2 %	2.0 %	4,183	34,412
2019_2020	12.7 %	2.4 %	3,848	30,351
2018_2019	10.9 %	2.2 %	3,295	30,244
2017_2018	10.6 %	2.7 %	3,227	30,408
2016_2017	13.0 %	2.9 %	3,925	30,181
2016	15.2 %	3.5 %	4,694	30,876

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 17.2 - Notes:

None

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	3.9 %	0.9 %	5,674	146,882
2019_2020	1.9 %	0.5 %	2,785	145,281
2018_2019	1.3 %	0.3 %	1,811	142,960
2017_2018	1.3 %	0.4 %	1,719	135,685
2016_2017	1.4 %	0.3 %	1,833	135,083
2016	1.6 %	0.4 %	2,157	137,133

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 17.3 - Notes:

None

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	9.4 %	1.2 %	13,774	146,439
2019_2020	8.0 %	1.1 %	11,528	145,006
2018_2019	8.5 %	1.2 %	12,094	143,059
2017_2018	8.3 %	1.3 %	11,205	134,870
2016_2017	8.2 %	1.1 %	11,044	134,092
2016	8.7 %	1.3 %	11,942	137,179

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 17.4 - Notes:

None

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	50.8 %	4.8 %	12,319	24,240
2019_2020	49.0 %	5.5 %	11,541	23,555
2018_2019	57.5 %	5.6 %	13,147	22,878
2017_2018	66.8 %	5.1 %	12,888	19,302
2016_2017	66.9 %	4.8 %	11,420	17,069
2016	62.5 %	5.3 %	10,576	16,915

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 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	92.3 %	1.0 %	163,523	177,099
2019_2020	92.0 %	1.2 %	160,200	174,122
2018_2019	91.4 %	1.3 %	157,837	172,715
2017_2018	91.3 %	1.4 %	157,984	173,058
2016_2017	91.8 %	1.2 %	158,017	172,112
2016	92.7 %	1.0 %	158,027	170,398

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 19 - Notes:

None

Data Alerts: None

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

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**
2020_2021	12.6 %	1.9 %	9,045	71,961
2019_2020	10.5 %	1.7 %	7,459	71,044
2018_2019	13.1 %	2.1 %	9,174	70,126
2017_2018	13.4 %	2.1 %	8,482	63,457
2016_2017	12.5 %	1.6 %	8,055	64,322
2016	15.8 %	2.5 %	10,930	69,262

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 20 - Notes:

None

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: American Community Survey (ACS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

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 22.1 - Notes:

None

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Data Source: National Immunization Survey (NIS) – Flu

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.2 - Notes:

None

Data Alerts: None

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

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.3 - Notes:

None

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
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 22.4 - Notes:

None

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Data Source: National Immunization Survey (NIS) - Teen

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 22.5 - Notes:

None

Data Alerts: None

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 23 - Notes:

None

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Data Source: Pregnancy Risk Assessment Monitoring System (PRAMS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
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 24 - Notes:

None

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: National Survey of Children's Health (NSCH)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2020_2021	3.4 %	0.7 %	6,051	177,304
2019_2020	3.2 %	0.8 %	5,529	174,333
2018_2019	4.0 %	0.9 %	6,877	172,444
2017_2018	3.8 %	1.0 %	6,613	172,786
2016_2017	2.2 %	0.8 %	3,741	171,595
2016	1.6 %	0.5 %	2,666	169,363

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 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: North Dakota

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

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

Previous NPM-1 BRFSS data for survey year 2017 that was pre-populated under the 2018 Annual Report Year is no longer displayed since it is not comparable with 2018 survey data.

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	72.0	74.0	76.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: CY 2022: The North Dakota Department of Health and Human Services.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: CY 2022: The North Dakota Department of Health and Human Services.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: CY 2022: The North Dakota Department of Health and Human Services.	

NPM 4A - Percent of infants who are ever breastfed

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	87	88	89	86	88
Annual Indicator	81.7	84.8	84.0	81.2	85.7
Numerator	8,874	9,913	8,265	6,673	7,176
Denominator	10,856	11,690	9,841	8,219	8,377
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	89.0	91.0	93.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	

NPM 4B - Percent of infants breastfed exclusively through 6 months

Federally Available Data					
Data Source: National Immunization Survey (NIS)					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	26	27	28	30	27
Annual Indicator	29.1	27.9	29.1	24.9	27.4
Numerator	3,070	3,143	2,759	1,991	2,261
Denominator	10,554	11,273	9,494	8,000	8,254
Data Source	NIS	NIS	NIS	NIS	NIS
Data Source Year	2015	2016	2017	2018	2019

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	29.0	31.0	33.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	

NPM 8.1 - Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CHILD					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	37	32	33	43	41
Annual Indicator	30.5	34.3	41.3	40.2	38.2
Numerator	17,213	20,279	25,974	24,470	22,897
Denominator	56,431	59,089	62,891	60,820	59,972
Data Source	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD	NSCH-CHILD
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	43.0	45.0	47.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	

NPM 10 - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

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

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	72.0	76.0	80.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services	

NPM 12 - 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 - Children with Special Health Care Needs

Federally Available Data					
Data Source: National Survey of Children's Health (NSCH) - CSHCN					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	32	33	34	28	28
Annual Indicator	21.4	16.1	26.1	27.5	27.7
Numerator	2,873	2,110	3,271	3,339	3,707
Denominator	13,440	13,101	12,512	12,121	13,390
Data Source	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN	NSCH-CSHCN
Data Source Year	2016_2017	2017_2018	2018_2019	2019_2020	2020_2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	30.0	32.0	34.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.	
2.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.	
3.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.	

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**
Annual Objective			70
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			
	2023	**2024**	**2025**
Annual Objective	72.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data source:The North Dakota Department of Health & Human Services, Family Health and Wellness Unit.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services, Family Health and Wellness Unit.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services, Family Health and Wellness Unit.	

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					
	2018	2019	2020	2021	2022
Annual Objective	Yes	Yes	Yes	Yes	Yes
Annual Indicator	Yes	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	ND Century Code, ND Administrative Rules	The North Dakota Century Code, North Dakota Admini
Data Source Year	2018	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final	Provisional

Annual Objectives			
	2023	2024	2025
Annual Objective	Yes	Yes	Yes

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2017: 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:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: Data Source: 2018: 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:**	**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.	
4.	**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.	
5.	**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.	
6.	**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	
7.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source: CY 2022: The North Dakota Department of Health and Human Services.	
8.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	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	
9.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**

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**
Annual Objective			45	10
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			
	2023	**2024**	**2025**
Annual Objective	15.0	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.	
5.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	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.	
6.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	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.	
7.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	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 1.3 - 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
Annual Objective		
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			
	2023	2024	2025
Annual Objective	78.0	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.	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
4.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
5.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	

ESM 1.4 - The percentage of women receiving women's preventative health educational materials.

Measure Status:	Active

State Provided Data		
	2021	2022
Annual Objective		
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			
	2023	2024	2025
Annual Objective	50.0	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.	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source: The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
4.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source: The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	
5.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source: The North Dakota Department of Health and Human Services, Family Health and Wellness Unit.	

ESM 4.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.

Measure Status:	Active			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			40	15
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			
	2023	**2024**	**2025**
Annual Objective	20.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit.	

ESM 4.2 - Number of businesses designated Infant Friendly Workplaces.

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			150	155
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			
	2023	2024	2025
Annual Objective	165.0	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.	
5.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data source:The North Dakota Department of Health and Human Services. Family Health and Wellness Unit.	
6.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data source:The North Dakota Department of Health and Human Services. Family Health and Wellness Unit.	
7.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data source:The North Dakota Department of Health and Human Services. Family Health and Wellness Unit.	

ESM 4.3 - Percent of maternity care staff trained with the EMPower curriculum.

Measure Status:	Active		
State Provided Data			
	2020	**2021**	**2022**
Annual Objective			10
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			
	2023	**2024**	**2025**
Annual Objective	15.0	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	
3.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit.	
4.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit.	
5.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source: The North Dakota Department of Health & Human Services. Family Health and Wellness Unit.	

ESM 8.1.1 - Number of communities actively involved with the physical activity / nutrition strategies.

Measure Status:	Active		
State Provided Data			
	2020	**2021**	**2022**
Annual Objective			30
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			
	2023	**2024**	**2025**
Annual Objective	24.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services.Family Health and Wellness Unit.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services.Family Health and Wellness Unit.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data source: The North Dakota Department of Health & Human Services.Family Health and Wellness Unit.	

ESM 10.1 - 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**
Annual Objective			26
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			
	2023	**2024**	**2025**
Annual Objective	28.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services.	

ESM 10.2 - 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**
Annual Objective			330
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			
	2023	**2024**	**2025**
Annual Objective	310.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**

Field Note:
Data Source:The North Dakota Department of Health and Human Services.

ESM 12.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective			80	80	85
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			
	2023	2024	2025
Annual Objective	90.0	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).	
5.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.	
6.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.	
7.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.	

ESM 12.2 - 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**
Annual Objective			10	10
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			
	2023	**2024**	**2025**
Annual Objective	8.0	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	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health & Human Services. Special Health Services Unit.	

ESM 12.3 - 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**
Annual Objective			2	3
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			
	2023	**2024**	**2025**
Annual Objective	4.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit	

ESM 12.4 - 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**
Annual Objective			13
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			
	2023	**2024**	**2025**
Annual Objective	16.0	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.	
4.	**Field Name:**	**2023**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.	
5.	**Field Name:**	**2024**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.	
6.	**Field Name:**	**2025**
	Column Name:	**Annual Objective**
	Field Note: Data Source:The North Dakota Department of Health and Human Services. Special Health Services Unit.	

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 1.3 - Number of women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the number of women, ages 18 through 44 who have an annual preventive visit.</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 women ages 18 through 44 receiving a preventative health visit through services provided by MCH grantees.</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.

Utilizing Federal Fiscal Year Data (October-September) as furnished through interim and annual reporting from MCH grantees.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>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.</td></tr>
</table>

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 1.4 - The percentage of women receiving women's preventative health educational materials.
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>To increase the awareness of women, ages 18 through 44 who receive education regarding the importance of annual preventative visits.</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 educational materials disseminated to women seen at pilot sites.</td></tr>
<tr><td>Denominator:</td><td>Total number of women 18 through 44 seen at the pilot sites.</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>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.</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>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.</td></tr>
<tr><td>Significance:</td><td>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.</td></tr>
</table>

ESM 4.1 - Number of businesses who receive information and technical assistance on workplace breastfeeding policies.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	To increase the percent of infants who are breastfed and who are breastfed exclusively through six months.
Definition:	**Unit Type:** Count **Unit Number:** 200 **Numerator:** Number of businesses who receive information and technical assistance on workplace breastfeeding policies. **Denominator:**
Data Sources and Data Issues:	The North Dakota Department of Health and Human Services
Evidence-based/informed strategy:	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.
Significance:	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.

ESM 4.2 - Number of businesses designated Infant Friendly Workplaces.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

<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 4.3 - Percent of maternity care staff trained with the EMPower curriculum.
NPM 4 – A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months

Measure Status:	Active
Goal:	To increase the percent of infants who are breastfed and who are breastfed.
Definition:	<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>
Data Sources and Data Issues:	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)
Evidence-based/informed strategy:	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.
Significance:	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.

ESM 8.1.1 - Number of communities actively involved with the physical activity / nutrition strategies.
NPM 8.1 – Percent of children, ages 6 through 11, who are physically active at least 60 minutes per day

<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 and young adolescents because the majority of peak bone mass is obtained by the end of</td></tr>
</table>

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 10.1 - Percent of Medicaid EPSDT eligible adolescents, ages 15 through 18, who received at least one initial or periodic screen.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

<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 10.2 - Number of adolescents, ages 12 through 17, with a reported visit to an emergency department (ED) involving depression within the last year.
NPM 10 – Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.

<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 12.1 - Percentage of individuals ages 14 through 21 served in SHS multidisciplinary clinics that received a transition assessment.
NPM 12 – 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

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:** Percentage **Unit Number:** 100 **Numerator:** Number of individuals ages 14 through 21 receiving transition assessments in SHS multidisciplinary clinics annually. **Denominator:** Number of individuals ages 14 through 21 served in SHS multidisciplinary clinics annually.
Data Sources and Data Issues:	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.
Evidence-based/informed strategy:	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
Significance:	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.

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 12.2 - Number of educational opportunities provided to health care professionals/providers from Title V regarding health care transition.
NPM 12 – 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

<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 12.3 - Number of educational opportunities provided to school personnel from Title V regarding health care transition.

NPM 12 – 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

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 12.4 - Percentage of families served by family support contracts who received education and / or training on healthcare transition.
NPM 12 – 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

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:	<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>
Data Sources and Data Issues:	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).
Evidence-based/informed strategy:	. 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
Significance:	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).

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
MCH Data Access and Linkages

State: North Dakota

Annual Report Year 2022

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Monthly	1		
2) Vital Records Death	Yes	Yes	Monthly	1	Yes	
3) Medicaid	Yes	Yes	Monthly	1	No	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	Yes	Yes	More often than monthly	1	Yes	
6) Newborn Hearing Screening	Yes	Yes	Monthly	1	Yes	
7) Hospital Discharge	Yes	Yes	Annually	12	No	
8) PRAMS or PRAMS-like	Yes	Yes	Monthly	1	Yes	

Other Data Source(s) (Optional)

	Access				Linkages	
Data Sources	**(A) State Title V Program has Consistent Annual Access to Data Source**	**(B) State Title V Program has Access to an Electronic Data Source**	**(C) Describe Periodicity**	**(D) Indicate Lag Length for Most Timely Data Available in Number of Months**	**(E) Data Source is Linked to Vital Records Birth**	**(F) Data Source is Linked to Another Data Source**
9) Vital Records-Fetal Death > 20 weeks	Yes	Yes	Monthly	1	Yes	• Vital Records: Birth, death,and fetal death.

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	**1) Vital Records Birth**
	Field Note: Data Source: North Dakota Department of Health and North Dakota Department of Human Services. Vital Records Unit.
Data Source Name:	**2) Vital Records Death**
	Field Note: Data Source: North Dakota Department of Health and North Dakota Department of Human Services. Vital Records Unit.
Data Source Name:	**3) Medicaid**
	Field Note: Data Source: North Dakota Department of Health and North Dakota Department of Human Services.
Data Source Name:	**4) WIC**
	Field Note: Data source: The North Dakota Department of Health and Human Services. Family Health and Wellness Unit.
Data Source Name:	**5) Newborn Bloodspot Screening**
	Field Note: Data source: The North Dakota Department of Health and Human Services. Special Health Services Unit.
Data Source Name:	**6) Newborn Hearing Screening**
	Field Note: Data source: The North Dakota Department of Health and Human Services. Special Health Services Unit.North Dakota Newborn Screening Program and the North Dakota Early Hearing Detection Intervention (ND EHDI) Project.
Data Source Name:	**7) Hospital Discharge**
	Field Note: Data source: The North Dakota Department of Health and Human Services and the Minnesota Hospital Association.The hospital discharge data is not linked.
Data Source Name:	**8) PRAMS or PRAMS-like**
	Field Note: Data source: The North Dakota Department of Health and Human Services and the - Pregnancy Risk Assessment Monitoring System (PRAMS).

Other Data Source(s) (Optional) Field Notes: