North Dakota

Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program

Executive Summary

NORTH DAKOTA
DEPARTMENT of HEALTH

North Dakota's Title V/MCH Needs Assessment (2011-2015)

Every five years, North Dakota is required to develop a comprehensive statewide needs assessment. This needs assessment requires ongoing analysis of sources of information about maternal and child health (MCH) status, risk factors, access, capacity and outcomes. Needs assessment of the MCH population is an ongoing collaborative process, one that is critical to program planning and development and enables the state to target services and monitor the effectiveness of interventions that support improvements in the health, safety and well-being of the MCH population, which includes:

- Pregnant women, mothers and infants to age 1.
- Children and adolescents.
- Children and youth with special health-care needs.

Process of the Needs Assessment

Development of the North Dakota needs assessment for 2011 through 2015 was a collective effort. A workgroup comprised of North Dakota Department of Health staff who worked in a variety of Title V/MCH programs and had programmatic expertise around each of the three MCH population groups, as well as a variety of stakeholders, participated in the process. The needs of the three MCH population groups were determined through effective use of both quantitative and qualitative methods and data sources that included the following:

- Surveillance of vital statistics/vital records
- Census data
- Registries
- Custom-generated program data
- Special studies
- Community-based assessment data
- Surveys
- Input of families, consumers, partners and stakeholders
- Input from focus groups
- Input of Title V/MCH program staff

Highlights of the Needs Assessment

North Dakota's Title V/MCH five-year needs assessment document is divided into several sections, including a summary of the process used to complete the needs assessment; an overview of the state's geography and population base; a section with detailed findings and graphs revealing the needs of each of the population groups (pregnant women, mothers and infants to age 1; children and adolescents; and children and youth with special health-care needs); an overview of the state's challenges; and a description of the state's selected priority needs, along with the process used to define those needs.

The needs assessment demonstrates that North Dakota is very effective at delivering many of the essential health services for the three main population groups served by Title V/MCH. However, it also outlines areas that need improvement, along with upcoming challenges the state will face in delivering those services. Following is a review of the state's strengths and challenges as determined in the needs assessment.

Strengths:

A review of the numerous performance measures, outcome measures, health status indicators and health system capacity indicators suggests that North Dakota is doing very well in many areas, including:

- Reversing an upward trend in teen births.
- Keeping stable the rate of low-birthweight and high-risk births.
- Maintaining high proportions of women receiving early prenatal care.
- Doing well in providing a medical home to children, compared to national averages.
- Increasing the focus on preventive care (i.e., North Dakota rates relatively high in health screening of youth, the number of youth receiving preventive care, and its ability to keep youth at normal weight).
- Ranking higher than national averages across most of the indicators regarding children and youth with special health-care needs. However, disparities sometimes do exist in certain population groups.

Challenges:

The needs assessment uncovered several areas of concern that should be addressed, including:

- Risky behaviors among mothers, including drinking and smoking during the later stages of pregnancy.
- A growing trend in preterm births, especially very low-birthweight multiple births.
- A growing number of unwed mothers in North Dakota.
- An American Indian population that typically demonstrates great disparities.
- Risky behavior among youth in North Dakota, including tobacco and alcohol use, sexual activity, poor nutritional habits and potential for stress and suicide.
- The need for quality and affordable child care.
- More effective care coordination for families of children and youth with special health-care needs, including evaluating current communication and educational training systems.
- Issues related to health-care access, including lack of health insurance coverage; lack of available providers and geographic distance to obtain care; insufficient number of special health-care providers in rural areas; and the need to continue innovative efforts in telemedicine, telepharmacy, mobile care units and other innovative distance health delivery.

Development of State Priority Needs

Upon completion and review of the needs assessment, 10 state priorities were identified. The 10 priorities – chosen on the basis of statewide stakeholder input, a thorough review of data, and utilization of a prioritization tool – include:

Priority Needs Statement	State Performance Measure
Form and strengthen partnerships with families, American Indians and underrepresented populations.	The degree to which families and American Indians participate in Title V program and policy activities.
Form and strengthen a comprehensive system of age-appropriate screening, assessment and treatment for the MCH population.	The percent of Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening services.
Support quality health care through medical homes.	The percent of children birth through 17 receiving health care that meets the American Academy of Pediatrics (AAP) definition of medical home.
Increase participation in and utilization of family support services and parent education programs.	The percent of parents who reported that they usually or always got the specific information they needed from their child's doctor and other health-care providers during the past 12 months.
Increase access to available, appropriate and quality health care for the MCH population.	Increase the number of children birth to age 2 served by an evidenced-based home visiting program.
Promote optimal mental health and social-emotional development of the MCH population.	Decrease the percent of students who reported feeling so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.
Increase the number of child-care health consultants and school nurses who provide nursing health services to licensed child-care providers and schools.	The ratio of students per school nursing FTE.
Reduce violent behavior committed by or against children, youth and women.	Reduce the number of students who were bullied on school property during the past 12 months.
Reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.	The rate of deaths to individuals ages 1 through 24 caused by intentional and unintentional injuries per 100,000 individuals.
Promote healthy eating and physical activity within the MCH population.	The percent of healthy weight among adults ages 18 through 44.

An annual work plan was developed for each of the priorities. All Title V/MCH staff members were involved in the annual plan development for new state performance measures.

Several federal priorities also are required to be addressed by North Dakota. The 18 priorities include:

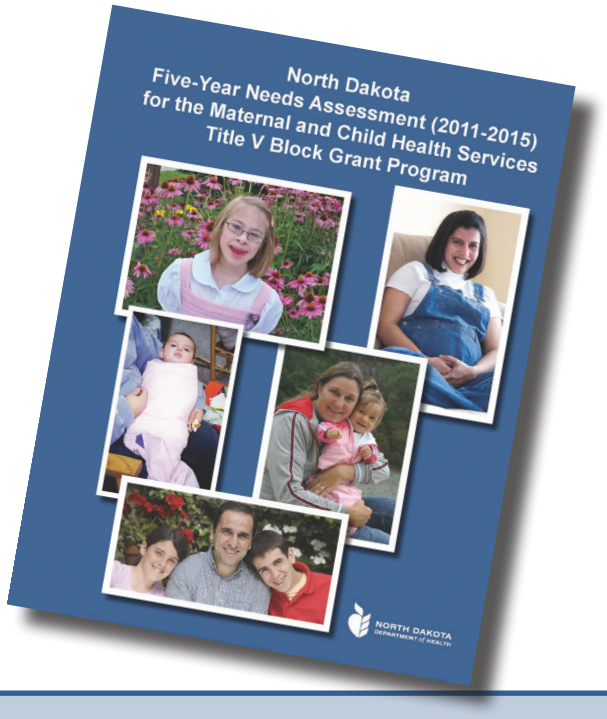
Mandated-Federal Core Performance Measures
1. The percentage of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.
2. The percentage of Children with Special Health-Care Needs age 0 to 18 whose families partner in decision-making at all levels and are satisfied with the services they receive.
3. The percentage of Children with Special Health-Care Needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home.
4. The percentage of Children with Special Health-Care Needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need.
5. The percentage of Children with Special Health-Care Needs age 0 to 18 whose families report the community-based service system are organized so they can use them easily.
6. The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.
7. The percentage of 19- to 35-month-olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilis Influenza, and Hepatitis B.
8. The rate of birth (per 1,000) for teenagers ages 15 through 17 years.
9. The percentage of third-grade children who have received protective sealants on at least one permanent molar tooth.
10. The rate of deaths to children ages 14 years and younger caused by motor vehicle crashes per 100,000 children.
11. The percentage of mothers who breastfeed their infants at 6 months of age.
12. The percentage of newborns that have been screened for hearing before hospital discharge.
13. The percentage of children without health insurance.
14. The percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.
15. The percentage of women who smoke in the last three months of pregnancy.
16. The rate (per 100,000) of suicide deaths among youths ages 15 through 19.
17. The percentage of very low-birthweight infants delivered at facilities for high-risk deliveries and neonates.
18. The percentage of infants born to pregnant women receiving prenatal care beginning in the first trimester.

The following are federal and state outcome measures.

Federal Outcome Measures	State Outcome Measures
1. The infant mortality rate per 1,000 live births.	1. The ratio of the American Indian infant mortality rate to the white infant mortality rate.
2. The ratio of the black infant mortality rate to the white infant mortality rate.	2. The ratio of the American Indian mortality rate to the white mortality rate from birth through 44 years of age of MCH population.
3. The neonatal mortality rate per 1,000 live births.	
4. The post neonatal mortality rate per 1,000 live births.	
5. The perinatal mortality rate per 1,000 live births plus fetal deaths.	
6. The child death rate per 100,000 children ages 1 through 14.	

The needs assessment lays the groundwork for ongoing, collaborative planning and the development of programs that lead to improvements in the health and well-being of the MCH priority populations of pregnant women, mothers and infants to age 1, children and adolescents, and children and youth with special health-care needs. The needs assessment will continue to be reviewed and procedures will be adjusted as needed to provide for the health and well-being of North Dakota's citizens.

The complete needs assessment document can be viewed at **www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf**.



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