

North Dakota Title V/MCH 2011-2015 State Priorities and Performance Measures

State Performance Measure #1: The degree to which families and American Indians participate in Title V program and policy activities.

Priority Need Statement: Form and strengthen partnerships with families, American Indians and underrepresented populations.

Significance:

American Indians represent the largest minority population (6%) and have significant disparities in most all MCH indicators. The improvement of MCH outcomes requires a partner based approach. Health disparities are evident throughout many of the MCH programs. Eliminating them requires the participation of the consumers and underrepresented populations. An effective collaborative approach needs to engage a broad array of stakeholders, community partners and consumers. Eliminating health disparities is also a national priority.

This measure helps meet the following Healthy People 2010 Objective:

Goal 2: Eliminate Health Disparities among segments of the population, including differences that occur by gender, race or ethnicity, education or income, disability, geographic location, or sexual orientation.

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- Plan educational opportunities to various groups/coalitions/alliances/organizations related to family involvement, American Indians and underrepresented populations (e.g., lesbian, gay, bisexual, transgender and questioning people (LGBTQ); migrant families; New Americans; teens) on how to successfully integrate representation.
- Collaborate with Family Voices of ND on Parent Navigator meetings and family training opportunities to develop partnerships that support leadership development and mobilization of families at the grass roots level.
- Invite families, American Indians and other underrepresented population groups to be actively involved in various groups/coalitions/alliances.
- Monitor the activities of the Tribal/Health State Task Force.
- The Stakeholders group will work with various tribal entities to address teen pregnancy and sexually transmitted diseases (STD).
- The Cribs for Kids Program will collaborate with Sprit Lake and United Tribes Technical College's Parents as Teachers home visiting program to implement the program. Expansion to other tribal entities will be explored.
- Explore the need to publish program related materials in other languages.

State Performance Measure #2: The percent of Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) screening services.

Priority Need Statement: Form and strengthen a comprehensive system of age-appropriate screening, assessment and treatment for the MCH population.

Significance:

Twenty-one percent of ND children did not receive one or more preventive medical visits during the past 12 months compared to eleven percent of children nationally. Forty-two percent of ND children with special health care needs were not screened early and continuously for a special health care need compared to thirty-six percent of national children with special health care needs.

This measure helps meet the following Healthy People 2010 Objectives:

28-14 (Developmental) Increase the proportion of persons who have had a hearing exam on schedule.

28-2 (Developmental) Increase the proportion of preschool children age five years and under who have received a vision screening.

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- Programs will incorporate postpartum depression screening and referral into their assessments, as appropriate (Optimal Pregnancy Outcome Program, WIC).
- Title V will monitor other early screening and detection systems for young children (e.g., monitor the number of children screened through Health Tracks and Right Track, monitor legislation related to mandated vision screening prior to school entry, etc.).
- Implement the workplan for the Evidence Based Home Visiting Program; as evidence-based home visiting programs incorporate screenings, assessments and referrals.
- The Early Childhood Comprehensive Systems (ECCS) program will purchase and distribute the Bright Futures Tool and Resource Kit to appropriate partners in collaboration with the ND Social/Emotional Development Alliance. Regional training opportunities will be explored.
- The Family Planning Program will implement the HIV integration and male services projects to increase HIV and STD screening, diagnosis and treatment.
- Stay informed of the mental health screening project at Innovis Health Care in Fargo that utilizes a hand-held questionnaire device that parents complete while waiting for their appointment.
- Provide technical assistance to school nurses as they incorporate screenings into their schools (e.g., vision, hearing, scoliosis).

- Explore working with physician and nursing groups to encourage inclusion of anticipatory guidance into office visits.
- The Oral Health Program will conduct the CDC Elder Basic Screening Survey. Survey results will be shared with partners and program interventions developed.
- The Cribs for Kids Program will provide cribs for infants that have been screened and identified for unsafe sleeping environments.
- The Injury Prevention Program will incorporate screening for best practices concerning injury prevention into program activities (e.g. child passenger safety, poison prevention, bike helmets, home safety).

State Performance Measure #3: The percent of children age 0 through 17 receiving health care that meets the American Academy of Pediatrics (AAP) definition of medical home.

Priority Need Statement: Support quality health care through medical homes.

Significance:

A medical home ensures comprehensive health for its patients. Care must be accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective. Benefits will result to all children through medical home.

This measure helps meet the following Healthy People 2010 Objective:

16-22 (Developmental) Increase the proportion of children with special health care needs who have access to a medical home.

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- Collaborate with Minot State University, ND Center for Persons with Disabilities, on activities related to the Integrated Services grant (e.g., care coordination curriculum).
- Increase communication and collaboration between Title V and Medicaid on the medical home activities and other issues of importance to the MCH population.
- Collaborate with Ronald McDonald House Charities on the implementation of the Dental Care Mobile; which will provide oral health services for children in underserved areas and link children to dental homes.
- Collaborate with American Academy of Pediatrics to find dental homes for all the Head Start children in ND.

State Performance Measure #4: The percent of parents who reported that they usually or always received the specific information they needed from their child's doctor and other health care providers during the past 12 months.

Priority Need Statement: Increase participation in and utilization of family support services and parent education programs.

Significance:

The positive and clinically significant effects of patient education and counseling of persons with chronic and acute conditions are well-documented. Health-care providers are generally considered credible sources for patient and family education and information. Education and support services promote self-management and encourage family empowerment that leads to improved health and well-being.

This measure helps meet the following Healthy People 2010 Objective:
7-8 (Developmental) Increase the proportion of the patients who report that they are satisfied with the patient education they receive from their health care organization.

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- Analyze and distribute the results of the provider survey funded by Early Childhood Comprehensive Systems (ECCS) and Family Voices of ND.
- Implement the workplan for the Maternal, Infant and Early Childhood Home Visiting Program.
- Promote ND's 1-800-KIDS-NOW and the First Link 2-1-1 toll-free lines by distributing informational materials to partners and providing links on websites.
- Collaborate with Human Services on updating the resource directory: *A Connection for Families and Agencies: Resources for North Dakota Families with Young Children Ages Birth ~ 8* and continue to be made available on the ND Department of Health's (DoH) web site.
- Partner with various programs, within and outside of the DoH, to do combined newsletters, mailings and/or order forms for program services (e.g., car safety seats/SIDS/tobacco, Parenting Newsletter, Birth Review).
- Develop a Public Information Services plan that includes operation of a Children's Special Health Services (CSHS) Information Resource Center.
- In collaboration with family partners, determine effectiveness of information and referral efforts for the children with special health care needs (CSHCN) population with emphasis on assessment of family preferences on how health care information is best received so it is well-utilized.

State Performance Measure #5: Increase the number of children ages 0 to 2 served by an evidenced-based home visiting program.

Priority Need Statement: Increase access to available, appropriate and quality health care for the MCH population.

Significance:

The benefits of home visiting programs are well documented. Several models have produced benefits in parenting skills and in the prevention of child abuse and neglect. Some programs have identified statistically significant effects on parental behavior, attitudes and educational attainment. One particular program has shown significant results in the areas of birth spacing, longer relationships with current partners, decreased welfare dependency and increased rates of employment.

This measure helps meet the following Healthy People 2010 Objective:
16-14. Reduce the occurrence of developmental disabilities.

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- Implement the workplan for the Evidence Based Maternal, Infant and Early Childhood Home Visiting Program.
- Explore partnerships with those working on increasing transportation for health services.
- Become more knowledgeable about the state's telemedicine capabilities.
- Collaborate with Ronald McDonald House Charities on the implementation of the Dental Care Mobile.
- Collaborate with the Oral Health Coalition by providing education and/or information on their legislative priorities of increased Medicaid reimbursement, dental loan repayment, establishment of a safety net clinic in southwestern ND, scope of practice for mid-level providers, funding to help support the established dental safety net clinics and development of an oral health education campaign.
- Enhance partnership with the Community Health Care Association of the Dakota's.
- Provide input, as requested, to the development of a statewide Ask-a-Nurse program.
- Provide family planning medical services across the state through contracted agencies.
- Continue program quality assurance activities (Children's Special Health Services, Family Planning, Optimal Pregnancy Outcome Program).

State Performance Measure #6: 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.

Priority Need Statement: Promote optimal mental health and social-emotional development of the MCH population.

Significance:

According to the National Survey for Children's Health, twenty-two percent of ND adolescents (ages 12 through 17) needed, but did not get mental health services. Early identification of and intervention in mental health issues are critical in this population.

This measure helps meet the following Healthy People 2010 Objective:

6-2. Reduce the proportion of children and adolescents who are reported to be sad, unhappy, or depressed.

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- Advocate for mental health screenings to be incorporated into program assessments (e.g. Family Planning's reproductive life plan, school nursing).
- Incorporate mental health messaging into program brochures, fact sheets, newsletters, etc.
- Work with partners through various groups/coalitions/alliances/organizations to advocate and/or implement goals related to mental health and social-emotional development (e.g., Suicide Coalition, Healthy ND Early Childhood Alliance, Federation of Families for Children's Mental Health, Coordinated School Health, ND Social and Emotional Development Alliance, ND Early Childhood Education Council, family planning clinics).
- Partner with local domestic violence/rape crisis agencies that are implementing anti-bullying and/or healthy relationship programs.
- Explore potential coverage of mental health conditions under the Children's Special Health Service's (CSHS) Diagnostic and Treatment program.

State Performance Measure #7: The ratio of school nurses to students in North Dakota.

Priority Need Statement: Increase the number of child care health consultants and school nurses who provide nursing health services to licensed child care providers and schools.

Significance:

School nursing services are designed to be preventive in nature and include education to encourage lifelong healthy behaviors, first aid, screening (including vision, mental health, etc.), referral, medication administration, injury prevention, nutrition and physical activity promotion, emergency care and appropriate management of acute and chronic health conditions of all students and staff. A coordinated approach helps to ensure a continuum of care from school to home to community healthcare provider and back. Early interventions, including health services, can improve school performance, and they may also improve high school completion rates and lower the incidence of juvenile crime. These programs empower students with the knowledge, skills, and judgment to help them make smart choices in life. Healthy children make better students, and better students make healthy communities.

This measure helps meet the following Health People 2010 Objective:

7-4. Increase the proportion of the Nation's elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750.

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- Analyze and distribute the results of the 2010 School Nursing Services Survey.
- Develop materials that will educate community members and decision makers on the importance and need for health services in child care and schools.
- Collaborate with various partners that support health services in child care and schools (e.g., Child Care Resource and Referral, Department of Public Instruction, Regional Education Associations, ND Council of Educational Leaders, ND Education Association, ND School Board Association, ND Optometric Association, ND School Nurses Organization).
- Foster increased partnerships with child care providers that support inclusive child care, including options for children over 12 years of age with special health care needs.

State Performance Measure #8: Reduce the percent of students who were bullied on school property during the past 12 months.

Priority Need Statement: Reduce violent behavior committed by or against children, youth, and women.

Significance:

Bullying is a form of violence in which one person repeatedly targets another who is weaker, smaller or more vulnerable. It is repeated behavior intended to harm or disturb the target. An imbalance of power exists in all bullying situations. Bullying can be physical, verbal, and/or psychological when done in person or online. An individual may be impacted by a broad range of many types of violence. Bullying affects both targets and

bullies. Targets of bullying are more likely to grow up depressed and anxious. Bullies are much more likely than non-bullies to become adult criminals.

This measure helps meet the following Healthy People 2010 Objectives:

15-38 Reduce physical fighting among adolescents.

15-39 Reduce weapon carrying by adolescents on school property.

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- Analysis and distribute the results of the Youth Risk Behavior Survey (YRBS) and Behavioral Risk Factor Surveillance Survey (BRFSS) related to violence.
- Partner with local domestic violence/rape crisis agencies that are implementing Bystander Education/Intervention programs.
- The Family Planning Program will provide risk assessment and counseling on sexual coercion to all clients, as appropriate.
- Provide education and information relating to violence at various meetings/workshops/conferences.
- Increase collaboration with various groups to address violence in the MCH population (e.g., Prevent Child Abuse ND; ND Department of Human Services; ND Students Against Destructive Decisions; Family, Career and Community Leaders of America; 4-H; youth groups).
- Suggest the topic of violence identification and intervention to Family Voices of ND to include as one of their educational topical calls or as a presentation at a Pathfinder Family Conference (e.g., bullying education specific to children with special health care needs).
- The State School Nurse Consultant will participate on the ND Youth Alliance to share program activities; as well as bring information back to the MCH programs.

State Performance Measure #9: The rate of deaths to individuals ages 1 through 24 caused by intentional and unintentional injuries per 100,000 individuals.

Priority Need Statement: Reduce the rate of deaths resulting from intentional and unintentional injuries among children and adolescents.

Significance:

Between 2004 and 2008, injury deaths accounted for seventy-four percent of the deaths to individuals ages 1 through 24. Both individuals and their families will experience a significant impact to the quality of their life by preventing injuries.

This measure helps meet the following Healthy People 2010 Objectives:
18-1 Reduce the suicide rate.
15-15 Reduce deaths caused by motor vehicle crashes.

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- Continue to apply for ND Department of Transportation grant funds to support child passenger safety activities.
- Explore additional funding sources and partnerships to expand injury prevention and control activities/programs (e.g. Children's Defense Fund).
- Collaborate with various partners that support efforts to strengthen occupant protection laws (e.g., texting while driving, graduated drivers license).
- Coordinate and collaborate with the American Indian populations to strengthen cultural interventions.
- Collaborate with various agencies/groups/coalitions/alliances/organizations on injury prevention and awareness activities (e.g., car seat safety, seat belt laws, Safe Routes to Schools, suicide prevention, shaken baby, safe sleep).
- The Injury/Violence Prevention Coordinator will participate on the Child Fatality Review Committee and suggest that the committee, as a result of completed death investigations, provide injury prevention and control recommendations/messaging to lay persons and health professions.
- Increase inclusion of children with special health care needs in all program planning and activities.
- Provide increased technical assistance to local public health units to incorporate other injury prevention activities, in addition to child passenger safety.
- Coordinate with the ND Departments of Public Instruction, Department of Human Services and youth organizations to reduce bullying, under-age drinking, and other behaviors that increase the risk of youth suicides.
- Encourage the development of community coalitions that promote an integrated approach to resiliency-building, risk-reduction and mental health wellness.

State Performance Measure #10: The percent of healthy weight among adults ages 18-44.

Priority Need Statement: Promote healthy eating and physical activity within the MCH population.

Significance:

According to the results of the 2008 BRFSS, the percent of ND adults who were overweight was 39.6 percent and 27.8 percent were obese. Being overweight and obese substantially raise the risk of illness from high blood pressure, high cholesterol, Type 2 diabetes, heart disease and stroke, gallbladder disease, arthritis, sleep disturbances and problems breathing, and certain types of cancers. Obese individuals also may suffer from social stigmatization, discrimination, and lowered self-esteem.

This measure helps meet the following Healthy People 2010 Objectives:

19-1 Increase the proportion of adults who are at a healthy weight.

19-2 Reduce proportion of adults who are obese.

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- Promote consistent messaging in healthy eating and physical activity for MCH programs e.g., (Nutrition, Coordinated School Health, Oral Health, Children with Special Health Care Needs, Women, Infants and Children (WIC), Injury, Optimal Pregnancy Outcome Program, Family Planning, Diabetes, Heart Disease and Stroke Prevention, Cancer, Tobacco).
- Collaborate with various agencies/groups/coalitions/alliances/organizations that support healthy eating and physical activity policies.
- Review results of the Healthy Eating and Wellness Circle discussions that took place on the reservations and incorporate results of these discussions into program planning and implementation.
- Analyze and distribute the results of the third grade height and weight data (collected in collaboration with the Oral Health Basic Screening Survey).
- Participate in the Healthy North Dakota Worksite Wellness initiatives.
- Explore collaborations with Special Olympics and interventional clinics that focus on healthy eating and weight.
- Provide oversight and technical assistance to the Moving More/Eating Smarter communities.
- Explore effective messaging to 18-24 year olds.
- Stay up-to-date on the school wellness policy requirements and provide technical assistance, as appropriate.
- Implement physical activity into child care programs through the work and activities of the Physical Activity in Child Care Consultant contract issued to Child Care Resource and Referral as part of the Communities Putting Prevention to Work Initiative funding.