

PARTNERSHIPS WITH FAMILIES & AMERICAN INDIANS

IMPROVING THE HEALTH AND WELL-BEING OF NORTH DAKOTA'S MCH POPULATION

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North Dakota Department of Health's (NDDoH) Maternal and Child Health (MCH) programs recognize that a partner-based approach in program planning is key to the improvement of MCH outcomes and the elimination of health disparities. An effective collaborative approach needs to engage a broad array of stakeholders, community partners, consumers and underrepresented populations. North Dakota's Title V MCH programs envision a family-centered, culturally competent system of services to promote the healthy development and well-being of the state's MCH populations.



During the 2011 North Dakota Title V MCH Needs Assessment, the priority needs statement and performance measure were identified as follows:

Priority Needs Statement: Form and strengthen partnerships with families, American Indians and underrepresented populations.¹

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

North Dakota's Title V MCH performance measures are consistent with applicable national Healthy People 2020 objectives.

HOW DOES NORTH DAKOTA MEASURE UP?

Family-centered care assures the health and well-being of children and their families through respectful family/professional partnerships. It honors the strengths, cultures, traditions and expertise of everyone and offers a high standard of practice, which results in quality services.

From 2000 to 2010, North Dakota's overall American Indian population grew 17 percent, from 31,329 to 36,591 people.² In 2009, poverty rates for American Indian reservations ranged from 28 to 45.3 percent, and were much higher than the overall state rate of 12.3 percent.³ The Centers for Disease Control and Prevention explains that "social determinants of health like poverty, unequal access to health care, lack of education, stigma and racism are linked to health disparities."⁴

In order to address health disparities through strengthened partnerships, MCH program administrators examined the degree of participation of families and American Indians with the following program and policy planning activities:¹

- Collaboration around education activities.
- Collaboration around programmatic services.
- Collaboration around advocacy and public policy.
- Collaboration around data.
- Collaboration around community mobilization.
- Representation on Title V-related committees, task forces, coalitions, etc.



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- Children’s Special Health Services
- Family Health
- Nutrition and Physical Activity
- Injury Prevention and Control

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References:

¹ North Dakota Five-Year Needs Assessment (2011-2015) for the Maternal and Child Health Services Title V Block Grant Program; www.ndhealth.gov/familyhealth/publications/NDNeedsAssessment2011-2015.pdf

² Population by Race and Hispanic Origin in North Dakota: 2010 Census; www.ndsu.edu/sdc/publications/population/PB_27_5press.pdf

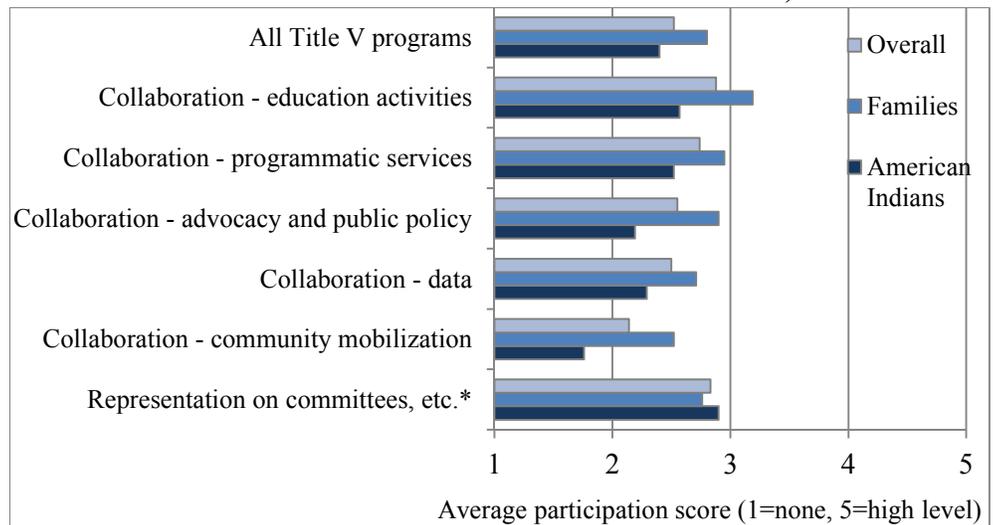
³ U.S. Census Bureau, 2005-2009 American Community Survey 5-Year Estimates, Table B17001; factfinder.census.gov

⁴ Centers for Disease Control and Prevention; www.cdc.gov/nchhstp/healthdisparities/

⁵ North Dakota Department of Health

The average participation score of families and American Indians in Title V MCH program and policy planning activities was 2.5 in 2011 (see Figure 1), an increase from 2.4 in 2010. North Dakota’s goal is for an average score of 4 for each activity. Participation was highest for collaboration around education activities (2.9) and lowest for collaboration around community mobilization (2.1). Participation among families was highest for collaboration around education activities (3.2); participation among American Indians was highest as representatives on committees, etc. (2.9).⁵

Figure 1. Average participation scores of families and American Indians in North Dakota Title V MCH activities, 2011



*Representation on Title V MCH-related committees, task forces, coalitions, etc.

Source: North Dakota Department of Health⁵

MOVING NORTH DAKOTA FORWARD

Increased participation and representation in Title V MCH program and policy planning activities for families, American Indians and other underrepresented populations is promoted by:

- Planning educational opportunities for various groups, coalitions, alliances, and organizations related to family involvement.¹
- Collaborating with Family Voices of North Dakota to support leadership development and mobilization of families at the grass-roots level.¹
- Inviting families, American Indians and other underrepresented groups to be actively involved in various groups/coalitions/alliances.¹
- Participating in the activities of the Tribal/Health Task Force.¹
- Exploring the need for program-related materials in other languages.¹
- Collaborating with various tribal entities to address teen pregnancy and sexually transmitted diseases through a broad-based stakeholders group.¹
- Working with public health agencies, home visiting programs and tribal entities to implement and/or expand the Cribs for Kids Programs, an education/distribution program for low-income families.¹
- Participating on family advisory boards, supporting a Children’s Special Health Services family advisory council, sustaining and enhancing family support services, assessing family satisfaction levels, and encouraging activities for youth and father involvement.⁵