For 2011 through 2015, the North Dakota Department of Health’s Maternal and Child Health (MCH) programs have placed priority on establishing and supporting a system of age-appropriate screening, assessment and treatment. Checkups are performed according to a periodicity schedule to ensure routine health screenings. Well-child checkups are an opportunity to present information and answer questions about child health and development. During the 2011 Title V MCH Needs Assessment, the priority needs statement and performance measure for North Dakota were identified as follows:

**Priority Needs Statement:** Form and strengthen a comprehensive system of age-appropriate screening, assessment and treatment for the MCH population.¹

**State Performance Measure:** The percentage of Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment screening services.¹

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

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**How Does North Dakota Measure Up?**

A comprehensive system of screening, assessment and treatment for the MCH population includes pregnant mothers, newborns, children and women ages 18 through 44. In North Dakota:

- State law mandates that newborns in the state are to be tested for early signs of a number of genetic and metabolic conditions.¹
- In 2009, 84.1 percent of infants were born to pregnant women receiving prenatal care in the first trimester; this proportion was relatively unchanged over the last decade.²
- The percentage of newborns who received hearing screening before hospital discharge was 97.8 percent in 2009, nearly identical to the national rate (97.4%).³
- The percentage of children who had at least one well-child checkup during the past 12 months was 78.9 percent in 2007, which was lower than the national rate of 88.5 percent.¹,⁴
- During the 2009-2010 school year, 60.4 percent of third-grade children had received protective sealants on at least one permanent molar tooth compared to 47.3 percent of third-grade children in the 2004-2005 school year.⁵
- The percentage of children with special health-care needs who were screened early and continuously for special health-care needs was 57.5 percent in 2005-2006; nationally, 63.8 percent were screened early and continuously.¹,⁶
- In 2009, 25.5 percent of women ages 18 through 44 enrolled in Medicaid received a preventive dental service; this proportion was relatively unchanged since 2005.⁷
- In 2009, 87.6 percent of women ages 18 through 44 had health insurance, 85.1 percent had a Pap test in the last three years, and 62 percent had a cholesterol test in the last five years; these proportions were relatively unchanged since 2005.⁸
The Early Periodic Screening, Diagnosis and Treatment (EPSDT) program is the child health component of Medicaid which seeks to improve the health of low-income children by covering appropriate, medically necessary services.¹

In 2009, 46,075 individuals birth through age 20 were eligible for EPSDT; 65 percent of these children and youth received EPSDT screening services (see Figure 1), which was lower than the national rate of 85 percent.⁷ The goal of the North Dakota Department of Human Services is for 80 percent of Medicaid enrollees to receive EPSDT screening services.

**Figure 1. Percent of North Dakota children birth through age 20 receiving Early Periodic Screening, Diagnosis and Treatment (EPSDT) services, 2005 and 2009**

Screening, assessment and treatment for the maternal and child health (MCH) population in North Dakota is promoted by:

- Incorporating postpartum depression screening and referral into their assessments, as appropriate (e.g., Family Planning, WIC).¹
- Continuing to monitor other early screening and detection systems for MCH populations.¹
- Collaborating with Medicaid’s EPSDT program to provide education on the use of Bright Futures as the framework for well-child care from birth to age 21 as well as other areas of interest to the MCH population.¹
- Continuing the male services projects of the Family Planning Program to increase HIV and STD screening, diagnosis and treatment.¹
- Providing technical assistance to school nurses for school screenings.¹
- Conducting the North Dakota Oral Health Program’s Basic Screening Survey, sharing survey results with partners and developing program interventions.¹
- Providing materials for individuals to self-screen for injury prevention opportunities through the Injury Prevention Program.¹
- Continuing to provide diagnostic and treatment services for eligible children with special health-care needs through the Division of Children’s Special Health Services.¹
- Supporting Home Visiting programs in their efforts to provide screenings for safe sleep environments, post partum depression, and Sudden Infant Death Syndrome.¹
- Continuing support of newborn hearing screening and screening for genetic and metabolic conditions.

References:
² North Dakota Department of Health, Division of Vital Statistics
³ North Dakota Early Hearing Detection and Intervention Program; www.ndepd.org/ehdi/
⁴ 2007 National Survey of Children’s Health; www.childhealthdata.org
⁵ North Dakota Department of Health, Oral Health Basic Screening Survey
⁷ North Dakota Medicaid; www.nd.gov/dhs/services/medicalserv/medicaid/
⁸ North Dakota Behavioral Risk Factor Surveillance System; www.ndhealth.gov/brfss/?id=59

Source: North Dakota Medicaid⁷