

NORTH DAKOTA

The MCH Federal-State Partnership

The Title V Program in North Dakota is administered by two state level departments. The Maternal and Child Health (MCH) Division of the North Dakota Department of Health (DoH) supervises programs related to women, infants, children, and adolescents while the Children's Special Health Services (CSHS) Division of the North Dakota Department of Human Services (DHS) administers programs related to children with special health care needs.

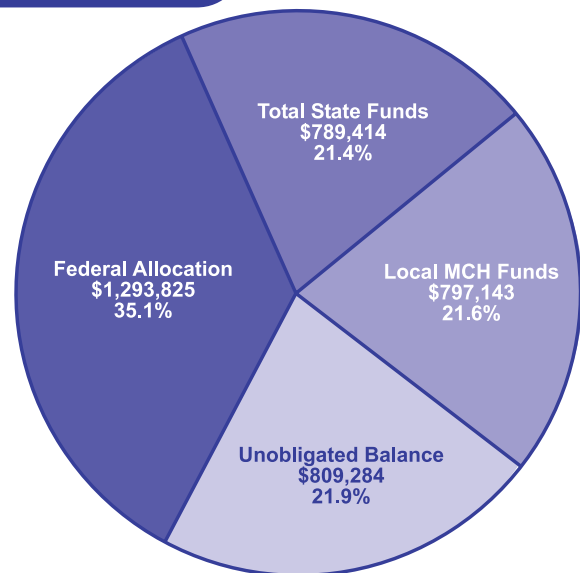
Title V Federal-State Block Grant Expenditures by Number of Individuals Served and Population Group⁴

| Populations Served | Number of Individuals Served | Expenditures FY '98 |
|------------------------|------------------------------|---------------------|
| Pregnant Women | 2,760 | \$434,437 |
| Infants (<1 year) | 9,187 | \$844,739 |
| Children (1 to 22 yrs) | 90,088 | \$1,134,363 |
| CSHCN (Special Needs) | 1,799 | \$1,065,178 |
| Others ³ | 14,026 | \$123,200 |
| Administration | | \$87,749 |
| TOTALS | 117,860 | \$3,689,666 |

*State Population⁵
638,244*

*Live Births⁵
7,932*

Title V Federal-State Block Grant Expenditures⁴ by Source of Funds



MCH PARTNERSHIP FUNDS—FY 98²

Title V Federal-State Block Grant:

\$3,689,666

Other Title V Grant Programs:

\$276,220

Other MCH Grant Programs:

\$247,647

TOTAL MCH Partnership Funds

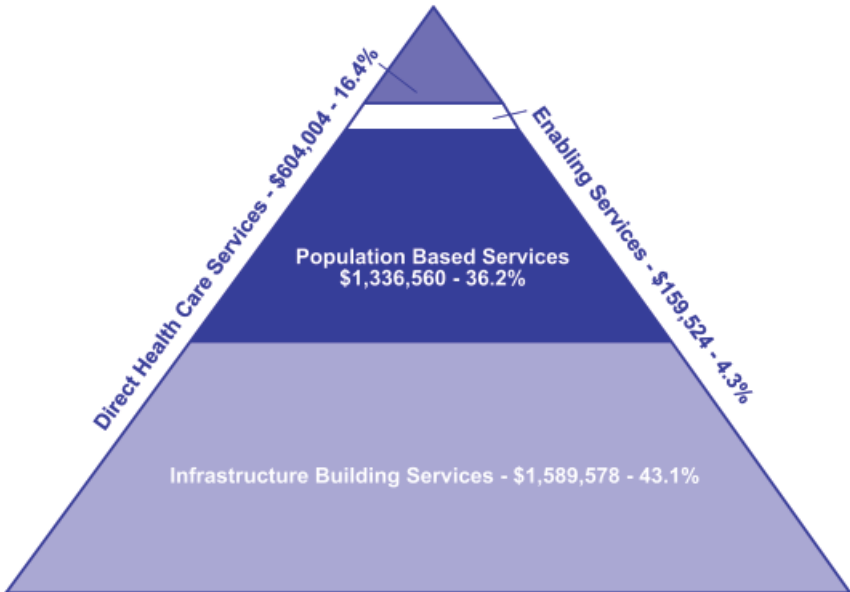
\$4,213,533

| Title V - Selected National MCH Performance Measures⁷ | State 1998 Results | State Year 2000 Goal |
|---|---------------------------|-----------------------------|
| Number of specialty services for Children with Special Health Care Needs (CSHCN) | 8 of 9 | 8 of 9 |
| Percent of newborns screened for 4 major genetic disorders | 100% | 100% |
| Percent of children immunized (ages 19-35 months) against 9 diseases | 83% | 83.5% |
| Rate of births to teens aged 15-17 years (per 1,000 teens aged 15-17 years) | 16.9 | 16.8 |
| Rate of deaths to children aged 1-14 caused by motor vehicle crashes (per 100,000 children) | 4.1 | 4.1 |
| Percent of mothers who breast fed their infants at time of hospital discharge | 57.7% | 59% |
| Percent of newborns screened for hearing impairment before hospital discharge | 39% | 41% |
| State assurance of family participation in CSHCN programs & policies | 10 of 18 | 12 of 18 |
| Percent of very low birth weight live births | 1% | 1% |
| Percent of infants born to women who received first trimester prenatal care | 84% | 85.5% |

| Title V - National MCH Outcome Measures⁷ | State 1998 Results | State Year 2000 Goal |
|--|---------------------------|-----------------------------|
| Infant mortality rate (per 1,000 live births) | 6.2 | 5.8 |
| Ratio of black to white infant mortality | 2.1 | 2.1 |
| Neonatal mortality rate (per 1,000 live births) | 3.8 | 3.4 |
| Postneonatal mortality rate (per 1,000 live births) | 2.4 | 2.2 |
| Perinatal mortality rate (per 1,000 live births) | 9.2 | 9.0 |
| Child death rate (per 100,000 children aged 1-14) | 37.3 | 37.1 |

| Title V - Selected State-Determined MCH Performance Measures⁷ | State 1998 Results | State Year 2000 Goal |
|--|---------------------------|-----------------------------|
| Rate of abuse and neglect in infants and children from birth to age 5 (per 1,000) | 6.1 | 6.0 |
| Medicaid-eligible children who receive dental services as part of their comprehensive services | 32.8% | 33.5% |
| Ratio of school nurses to students in North Dakota (per 1,000) | .62 | .82 |
| Ratio of Native American infant mortality rate to white infant mortality rate (per 1,000) | 1.49 | 1.40 |

Title V Federal-State Block Grant Expenditures⁴ by Category of Service⁶



FOR MORE INFORMATION ON TITLE V:

Title V Program, contact:

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NORTH DAKOTA

Selected FY 98 Title V and Other MCH Grant Annotations

Title V—SPECIAL PROJECTS OF REGIONAL & NATIONAL SIGNIFICANCE (SPRANS)

North Dakota State Systems Development Initiative, North Dakota State Department of Health, Bismarck, \$100,000 (SPRANS-MCHIP-SSDI)

The North Dakota State Systems Development Initiative (SSDI) is a means by which the Maternal and Child Health and Children's Special Health Services State agencies can combine efforts to develop and implement systems of services to meet the primary preventive health care needs of all children and their families at the community level. This involves the development of a State-level infrastructure that supports the development of systems at the community level that will meet the physical health care needs as well as the psychological and social health related needs of children and their families. North Dakota's SSDI promotes incorporation of all key programs that address the health care needs of children and their families into the State-level systems development infrastructure to ensure a holistic approach to meet the health care needs of North Dakota's children and families. This is accomplished by working with the State, Regional, and Tribal Children's Services Coordinating Committees as well as State-level and community agencies including local public health departments and county social service offices.

Title V—COMMUNITY INTEGRATED SERVICE SYSTEMS (CISS—Title V)

North Dakota Health Systems Development in Child Care Program,

North Dakota Department of Human Services, Bismarck, \$50,000 (CISS-CISS-Child Care Program)

Goals of the project are to provide safe and healthy child care environments for North Dakota's children including those with special health needs; make available information regarding immunizations and easily accessible immunizations for children in child care settings; make available access to quality health, dental, and developmental screening and comprehensive followup for children in child care; and provide health and mental health consultation, support, and education for children and families receiving child care services and child care providers. Ongoing support will be expanded and provided for the child care providers and families caring for children with special health needs.

for children (EMSC) program. One objective is to establish an EMSC advisory board and four EMSC task force committees with representation from health care providers. The project will be completed in sequential stages: Organization; data collection and analysis; assessment and recommendation; and coalition building and agenda setting,. Dissemination of the report will be a key element in building a statewide coalition around the issue of EMSC. Further, it will lay the groundwork for a process of intervention and change to come later in the implementation stage.

Title V—ABSTINENCE EDUCATION PROGRAM

North Dakota Abstinence Education Project, Maternal and Child Health Division, Bismarck, \$126,220 (Abstinence Ed)

Reduction in teen sexual activity, which results in teen pregnancy, out-of-wedlock births, sexually transmitted diseases, and other associated health problems is the goal of this project. This will be done within the local communities by enhancing the awareness and knowledge about the importance of educating youth in abstaining from sexual activity outside of marriage. Possible activities include: the use of the "Baby Think It Over" program, use of existing services, and enhancement of current school health programs through educational materials and lectures.

EMERGENCY MEDICAL SERVICES FOR CHILDREN (EMSC)

North Dakota EMSC Planning Grant, University of North Dakota, Grand Forks, \$247,647 (EMSC-Implementation)

We will initiate a planning process leading toward the introduction of a statewide emergency medical services

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|---|------------------|
| Other Title V (non block) Grant Programs: | \$276,220 |
| Other MCH Grant Programs: | \$247,647 |
| TOTAL: | \$523,867 |