

Five Year Needs Assessment Summary (Update)

Ongoing Needs Assessment Findings:

As a result of the new needs assessment findings and of Maternal and Child Health (MCH) Transformation 3.0, the State Title V Director revised the mechanism for allocating local MCH funds to ensure local grantee activities aligned with the state selected priorities and National Performance Measures (NPM). In the past, MCH funds were allocated to all local public health units on a funding formula. A new, competitive grant application targeting four North Dakota (ND) MCH priorities was sent out in September 2015 with applications due January 15, 2016. The targeted priorities included: increasing breastfeeding rates at 6 months (perinatal/infant health domain); reducing disparities in infant mortality specifically related to safe sleep (perinatal/infant health domain); reducing overweight and obesity in children (child health domain); and reducing fatal motor vehicle crash deaths to adolescents (adolescent health domain). Applicants were required to describe the need for the proposed program/project using current and relevant data, and to define the geographic area and the target population to be served. These narratives served as additional needs assessment data supporting the state priorities at a local level. Four grantees were selected to implement strategies and activities relating to increasing breastfeeding rates at 6 months and reducing overweight and obesity in children. Funds were awarded April 1, 2016; grantees will be funded through September 30, 2021. Grant applications relating to the remaining two priorities – reducing disparities in infant mortality specifically related to safe sleep and reducing fatal motor vehicle crash deaths to adolescents – were not funded due to grant applications not meeting standards. Strategies to award funding for these two targeted areas are currently being developed.

A summary of the local needs assessments included in the MCH funded applications relating to increasing breastfeeding rates at 6 months and reducing overweight and obesity in children follow below:

- Fargo Cass Public Health, a local public health unit (LPHU), in ND's largest metropolitan area, applied for MCH funding to implement activities to increase breastfeeding at six months and to reduce overweight and obesity in childhood.
 - Increase breastfeeding at six months: Using 2014 data from the Fargo Cass Public Health Women, Infants and Children Program (WIC), the agency identified that about 78 percent of women participating in the program initiated breastfeeding at delivery. However, at six months, only about 33 percent of the women were still breastfeeding – an estimate far lower than the 60.6 percent target of Healthy People 2020 Goal of increasing the proportion of infants still breastfeeding at six months. 2012 Cass County data from the Department of Labor indicated that nearly one in four new mothers were back to work within two weeks after a delivery. Additionally, 2013 data from the U.S. Department of Labor also indicated that about 83 percent of women with children ages 0 through five were working mothers. The goal of this project is to work with worksites to adopt policies which support breastfeeding women (e.g., Infant Friendly Workplace), offer back-to-work consultation and resources for women as they return to work (Build a Healthy Baby Project), and increase breastfeeding support polices in child care facilitates.
 - Reducing overweight and obesity in childhood: Using data from Sanford Health, 25.8 percent of males and 24.8 percent of females ages 2-5 in Cass County were overweight or

obese in 2015. For children ages 6-11, 35 percent of males and 31 percent of females were overweight or obese for this same time period. The goal of this project is to work with CassClay Alive! partners to implement strategies in child care facilities (e.g., City of Fargo Child Care Physical Activity Ordinance), schools (e.g., school wellness committees/policies) and community settings (e.g., concession stand offerings at community events).

- Bismarck-Burleigh Public Health (BBPH), a LPHU in the second largest metropolitan area in ND, chose to focus on increasing breastfeeding rates. The rationale provided by this entity included: a growing population in the county, low breastfeeding rates among American Indian women (who are the largest minority group in the area), and along with 85 percent of women in the county and metro area being working mothers. This LPHU also intends to focus their activities on breastfeeding practices in the workplace. This brief local needs assessment was informed by the 2015 Bismarck-Burleigh Community Health Assessment: (<http://www.bismarcknd.gov/DocumentCenter/View/23075>). The goal of this project is to utilize Certified Lactation Counselors (CLCs) to increase breastfeeding rates by providing services for clients served through MCH programs offered at BBPH, working with local businesses to be designated as an Infant Friendly Workplace, developing a social marketing campaign, and implementing culturally appropriate teaching methods to support breastfeeding among American Indian women.
- Grand Forks Public Health, another LPHU in the third largest metropolitan area in ND, also applied for funding to implement activities to increase breastfeeding rates at six months. Data presented in this application included the Department of Labor's statistics indicating more than 60 percent of mothers of children under three being working women and unemployment rates at 3.1 percent. The goal of this project is to implement community change by interventions such as lactation policy adoption in child care facilities and businesses, using Nursing Child Assessment Satellite Training (NCAST) materials and trained RN's during prenatal and newborn home visits, and creating Baby Cafes with on-site support from CLCs.
- The North Dakota State University (NDSU) Extension Program submitted an application aimed at reducing the incidence of childhood obesity. Data presented in the application included, Centers for Disease Control and Prevention (CDC) data indicating that more than 30 percent of ND children ages 2 to 5 are considered overweight or obese (with a BMI-for-age above the 85th percentile) and that nationally, about 17 percent of children ages 2 to 19 are considered obese and children along with families with limited resources being more likely to be overweight. According to the 2015 Youth Behavior Risk Surveillance Survey, 42 percent of ND students in grades 9 to 12 consumed vegetables less than one time daily, 75 percent of adolescents were not physically active at least 60 minutes per day, and about 12 percent were not physically active 60 minutes on at least one day during the seven days prior to the survey. On the other hand, 74 percent consumed "regular" soda pop during the seven days before the survey, 19 percent watched TV three or more hours per day on an average school day, and 39 percent played video or computer games or used a computer three or more hours per day (for something that was not school work). According to the Trust for America's Health (2015), about 31 percent of ND adults are obese, making ND the 9th ranked state in obesity rates among adults. Examining available county-specific health data

for ND adults also indicated that many of the counties in the western area of the state rank among the “least healthy” based on factors such as the food environment index, physical inactivity and access to exercise opportunities. In the area of health behaviors, these are some of the recent rankings of central to western ND counties: Sioux (47), Williams (44); McKenzie (43), Mountrail (42), Burke (40), Divide (39), and Renville (36). Grant, Billings and Slope were not ranked due to insufficient data (County Health Rankings & Roadmaps, accessed January 11, 2016: <http://www.countyhealthrankings.org/>). The goal of this project is to fill a programming gap in central and western ND to reduce child obesity rates by increasing the capacity to do nutrition and fitness-related programming at the individual, family, school, and community levels through partnerships (e.g., classroom/family education, afterschool programming, 4-H youth education, school foodservice, community environmental change, cooking schools).

- The South East Education Cooperative (SEEC) also submitted an application aimed at reducing childhood obesity. The SEEC is the largest (of eight) Regional Education Associations (REA) in ND. Currently, it serves 41 school districts, including more than 30,000 students, 3,000 teachers and 32 percent of the student population in the state. The SEEC schools are located in the southeast corner of ND. The member schools encompass almost 12,000 square miles with many of the school districts separated by at least 30 miles. The service area of the SEEC covers Stutsman, LaMoure, Dickey, Sargent, Richland, Ransom, Cass, Barnes, Foster Counties and portions of Griggs County. Applicants cited the 2014 State Indicator Report on Physical Activity, which showed that about 25 percent of students in grades 9 through 12 did not engage in 60 minutes of physical activity on any day. In the applicant’s region of Fargo-Jamestown area, according to the 2015 Youth Risk Behavioral Survey, only about 25 percent of high schoolers reported being active for at least 60 minutes per day on all seven days a week. Communities and school districts also demonstrated the need for additional nutrition education and increased consumption of fruits and vegetables. ND YRBS data also indicated that only 13.2 percent of high school students in the region, ate fruit or drank fruit juice three or more times per day and even less (11.4) percent reported eating vegetables three or more times per day. Many rural communities in the SEEC service area do not have a retailer that sells grocery items. This barrier significantly limits student access to healthy fresh fruit and vegetables. SEEC schools also demonstrated a need for comprehensive and coordinated district policies that address School Wellness Policy, physical activity, nutrition and healthy school environment. This is evidenced in the School Health Index (SHI) modules completed by participating school districts since 2009 and personal interviews and conversations with school administrators. The following findings were reported:
 - 11.8 percent of the principals and 14.3 percent of the physical education (PE) teachers have a policy prohibiting physical activity as a punishment
 - 8.8 percent of the principals and 14.3 percent of the PE teachers have a policy prohibiting the withholding of PE time to make up instructional time, class work or tests and for behavior problems

The goal of this project will focus on increasing the opportunities students have to be physically active while at school and improving the school nutrition environment. These activities will result in a Comprehensive School Physical Activity Program, improved physical fitness levels of students, delivery of quality nutrition education curriculum and

creation of healthier learning environments. The long-term goal is program replication throughout ND schools.

The Director of the Division of Children's Special Health Services (CSHS) utilizes a similar MCH granting process that requires applicants to describe service area needs of children and youth with special healthcare needs (CYSHCN) in their communities using current and relevant data, and to define the geographic area and the target population to be served. These narratives provide needs assessment data from a local perspective, which complement and enrich the state's overall assessment effort.

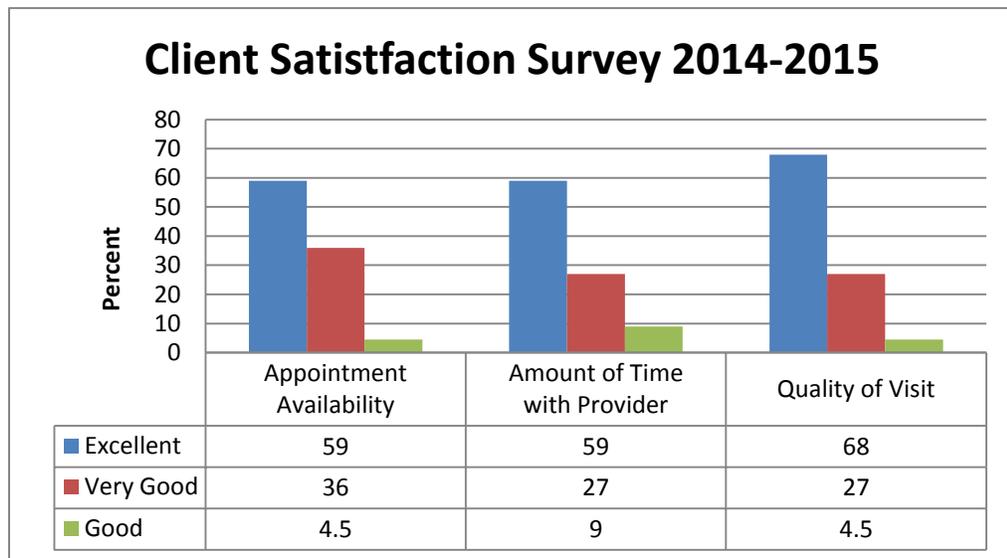
Grantees were funded to enhance systems of care for CYSHCN's and their families. Strategies and activities in programs and projects that were funded focused on the following outcomes: 1) increased medical home infrastructure, including care coordination, 2) increased coordinated care through multidisciplinary clinics, and 3) increased family information, support, and education. Attached are the needs assessments summaries from grants that were funded by CSHS in the current biennium that aligned with several of the state's priorities.

Increased medical home infrastructure, including care coordination:

- The ND Medical Home Project provides Medical Home care coordination for CYSCHN in ND. Approximately, 48 percent of CYSCHN receive coordinated comprehensive ongoing care within a Medical Home, according to the National Survey of Children with Special Health Care Needs. About 75 percent of ND families are partners who share in decision-making for the child's optimal health. Between July and June 2012, 67 clients with 220 visits were served within a Medical Home.
- Medical Home Education North Dakota, another CSHS local grantee, aimed at recruiting providers serving CYSHCN to implement medical home and care coordination was also funded. Data presented in their application included CYSHCN population estimates in ND (16,500 estimated in 2008 by the National Survey of Children with Special Healthcare Needs), Medical Home location distribution in the state (six in the state), the state's population distribution, including rurality of the state and its effects on access to care; and disparities within the state (only one-third of American Indian children have access to care that meets the Medical Home definition).
- The Care Coordination of Children with Special Health Care Needs Program at Grand Forks Public Health Department also applied for funding to promote the effective and efficient organization and utilization of resources to assure families access to necessary services for their children. The organization targets children ages 0 through 21 with a chronic or disabling condition. Currently, only about 36 percent of this population receives care within a Medical Home. Ten families with 14 children total received these services through this LPHU.

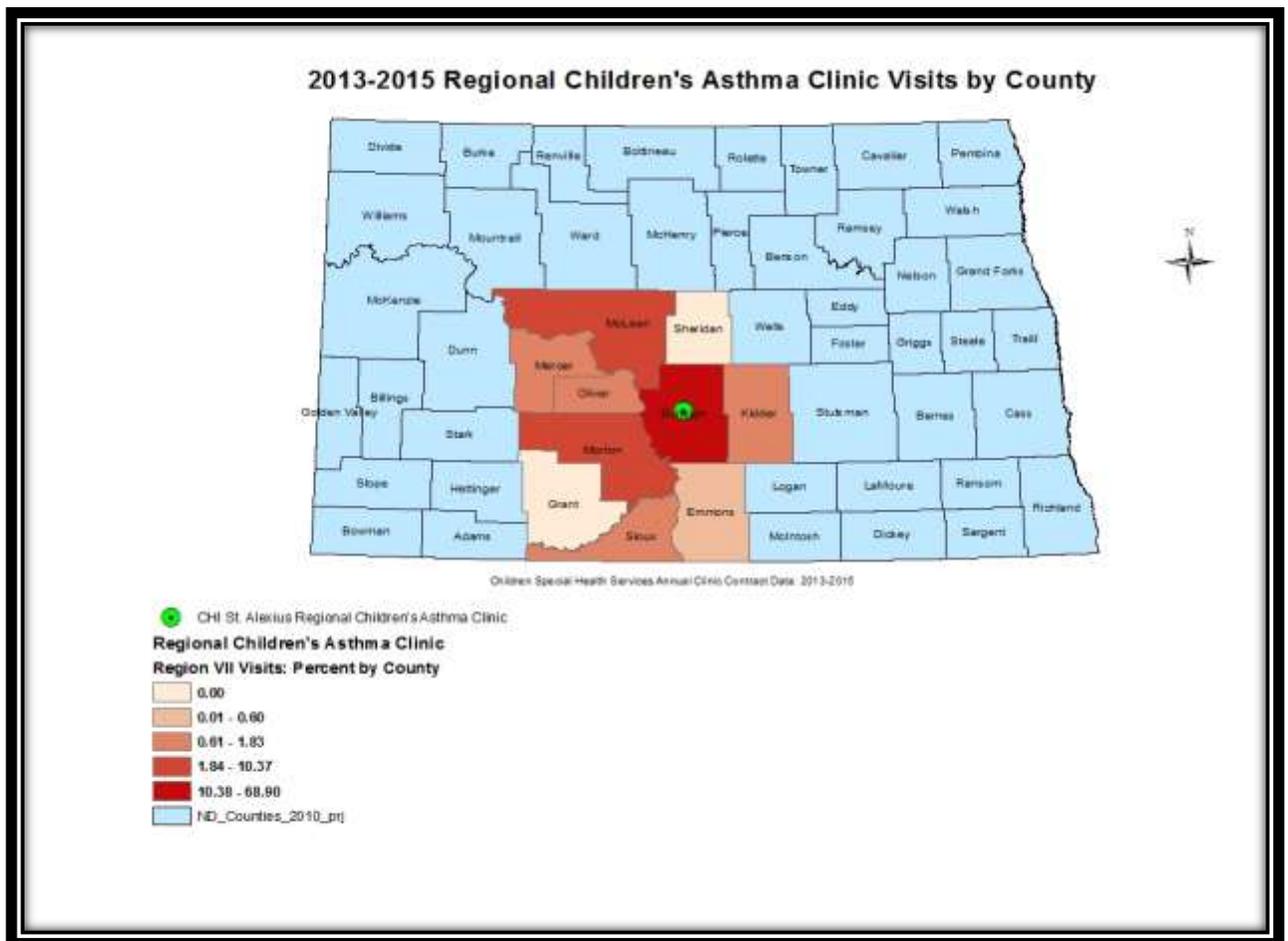
Increased coordinated care through multidisciplinary clinics:

- Great Plains Interdisciplinary Clinic at Minot State University conducts Autism Clinics in Minot and Williston, ND to provide interdisciplinary assessment and diagnostic services for children suspected of having an Autism Spectrum Disorder. According to the CDC, it is estimated that one in 88 children have Autism. The ND Department of Public Instruction (DPI) has reported that the number of children ages 3 through 21 with the primary diagnosis of Autism has increased five-fold in the past 10 years. Currently, 682 students have been identified and/or been served through DPI.
- The Sanford Coordinated Treatment Center at Sanford Medical Center Fargo (CTC) provides ongoing comprehensive care for children with special healthcare needs. In their latest report, 30 patients from ND were seen in the clinic for cerebral palsy or closely related developmental concerns. Age of patients ranged from 12 months to 20 years of age, with a majority (53.3%) being from Cass County. Qualitative data from the clinic indicated that while there is a five month wait for a clinic appointment, the clinic records poor attendance. Only 61 percent of appointment slots were fulfilled. In their efforts to improve access, the CTC also conducts quality assurance studies to monitor client satisfaction. Below are key findings from the 2014-2015 client satisfaction survey.

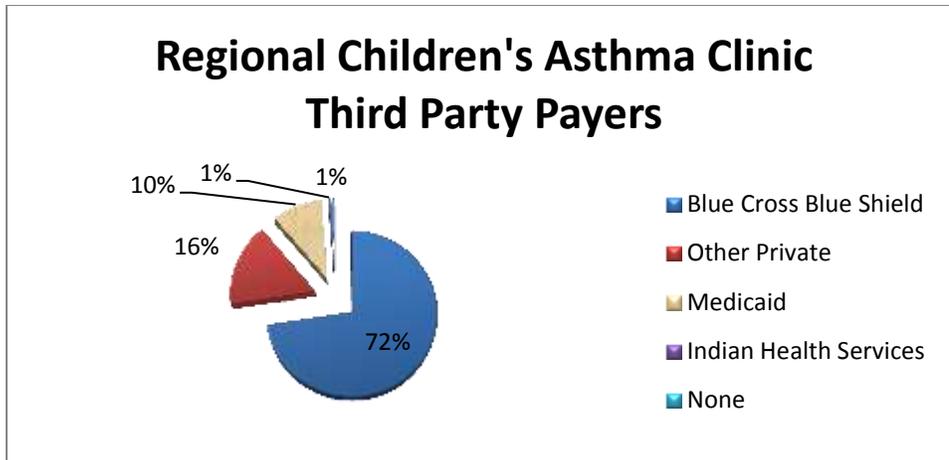


- The Diabetes Clinic at CTC also provided data on children with diabetes served through their clinics. While the CDC estimates about 1 percent of youth under the age of twenty develop Type 1 Diabetes, the incidence of children diagnosed at Sanford Medical Center Fargo continues to increase with 24 new diagnoses in 2011, 42 in 2012 and in 2013, 10 new cases were diagnosed in the first three months.
- The Metabolic Clinic at the CTC, which serves children with metabolic disorders in ND, western Minnesota and northeastern South Dakota, was also a local grantee. As of 2013, 26 ND children below the age of 21 were enrolled and 17 were seen between 2013 and 2015. Approximately 29 percent of these patients were from Cass County, 18 percent from Grand Forks County, and 11 percent from Burleigh County.

- Asthma prevalence in children continues to be higher in children than adults in ND (9.5% vs. 8.2%, respectively). The St. Alexius Regional Children’s Asthma Clinic, also a CSHS grantee, has been providing medical services to children and youth with Asthma for the past 10 years in the Region VII of the state. Counties in this region include: McLean, Sheridan, Mercer, Oliver, Burleigh, Kidder, Morton, Grant, Sioux, and Emmons. The map below shows visits by county in Region VII. About 10 percent of visits were from clients not residing in the Region.



Ages of clients served in the clinic ranged from 1 to 19 years of age between 2013 and 2015. The age of children most seen at the clinic was 10 years old. Most clients were covered by private insurance, with Blue Cross Blue Shield being the primary insurer for about 72 percent of the clients seen.



- The Pediatric Developmental Clinic at CTC targets children less than 18 years of age residing in ND, Western Minnesota and northeastern South Dakota. Potential diagnoses include (but are not limited to); autism, developmental delay, speech/language delay and Attention Deficit and Hyperactivity Disorder. Between 2011 and 2013 fiscal years, 167 patient visits occurred, 75 of those were ND children. 64 percent of the patients were from Cass County and the remaining 36 percent resided in 12 other ND counties.
- Approximately 62,000 children experience brain injury requiring hospitalization. In the same age group, approximately 2,000 children die from these injuries. The Pediatric Neurorehabilitation Clinic (also known as Peds Brain Injury) at the CTC sees children from birth till age 21 that have an Acquired Brain Injury residing in ND, Western Minnesota and northeastern South Dakota. Between 2011 and 2013 fiscal years, 34 children out of the 86 patient visits were from ND.
- The Myelodysplasia Clinic at the CTC sees children from birth through 21 years of age with Developmental Anomaly of the Spinal Cord – also known as Spina Bifida, residing in ND, Western Minnesota and northeastern South Dakota. Between 2011 and 2013 fiscal years, 25 children out of 34 patient visits were to children in ND in the age range of two months to 21 years of age.
- Altru Pediatric Therapy Services, which focuses on children 0 through 20 years of age, applied for funding to provide multidisciplinary services to American Indians residing on reservations with high demand for services. Fort Totten is a census-designated place in Benson, ND and is located within the Spirit Lake Indian Reservation. Belcourt is another census-designated place in Rolette County, ND. The community is the seat of the Turtle Mountain Band of Chippewa Indians. Rates of Fetal Alcohol Syndrome are four to ten times higher in American Indians as compared to the general ND population. The clinics have provided services to 156 children.
- The Altru Rehabilitation Center-Pediatric Therapy Services, Myelodysplasia Clinic also applied for funding to provide services to children with Spina Bifida. Birth defects like Spina Bifida are estimated to occur in 6 out of 10,000 live births in the United States. The clinic provides multidisciplinary services to approximately 12 children between 1 and 21

years of age residing in Benson, Cavalier, Grand Forks and Walsh Counties in ND and Marshall County in Minnesota.

Increased family information, support and education:

- ND Hands and Voices is an international organization dedicated to supporting families with children who are deaf or hard of hearing. The official ND chapter serves families throughout the state, consisting of 132 children who are 3 through 21 years of age with deaf/hard of hearing listed as the primary disability on their Individual Education Plan. An estimated 225 children in the state could benefit from Hands and Voices. About 3 in 1,000 babies are born with some degree of hearing loss, which translates to about 10 infants born profoundly deaf, with another 20 to 30 born with partial hearing loss each year. In 2009, ND reported on 13 cases of hearing loss, missing about two-thirds of this population based on the national estimate.
- Family Voices of ND, which houses a Health Information and Education Center and Parent-to-Parent Program and serves as a system's change and advocacy organization, also applied for funding. Approximately 13.9 percent of children in ND are CYSHCN. Data also indicates that 86 percent of CYSHCN in ND eligible to receive services are not aware of available programs. Between 2010 and 2012, 1,764 families were reached through meetings and trainings for a total of 7,585 total encounters. In the same time period, 662 professionals were reached through meetings making up 4,428 total encounters.