

COMPREHENSIVE SCREENING, ASSESSMENT & TREATMENT

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

SCREENING, ASSESSMENT & TREATMENT

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

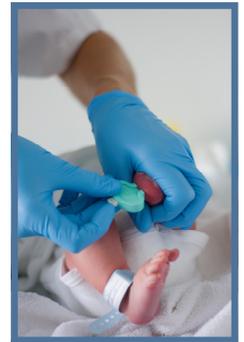
State Performance Measure: The percentage of Medicaid enrollees receiving Early Periodic Screening, Diagnosis and Treatment screening services.¹

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

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





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- Nutrition and Physical Activity
- Injury Prevention and Control

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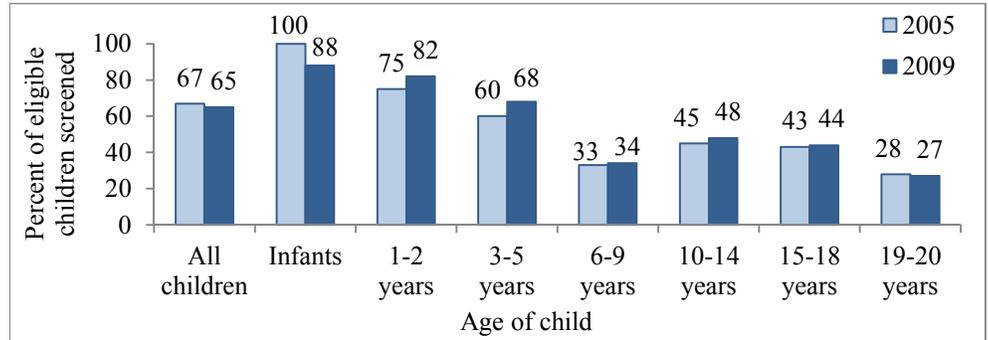
References:

- 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 North Dakota Department of Health, Division of Vital Statistics
- ³ North Dakota Early Hearing Detection and Intervention Program; www.ndcpd.org/ehdi/
- ⁴ 2007 National Survey of Children’s Health; www.childhealthdata.org
- ⁵ North Dakota Department of Health, Oral Health Basic Screening Survey
- ⁶ 2005-2006 National Survey of Children with Special Health Care Needs; www.childhealthdata.org
- 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

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



Source: North Dakota Medicaid⁷

MOVING NORTH DAKOTA FORWARD

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.