North Dakota Maternal and Child Health and Health Equity

Title V Partnership Meeting

April 28, 2022
NORTH DAKOTA DEPARTMENT OF HEALTH

MISSION:

TO IMPROVE THE LENGTH AND QUALITY OF LIFE FOR ALL NORTH DAKOTANS.
MCH AND HEALTH EQUITY
WHERE WE WERE
MCH AND HEALTH EQUITY
WHERE WE ARE TODAY
Health equity is giving everyone the same opportunity to the highest level of health care that meets their needs.

The North Dakota Department of Health (NDDoH) Health Equity Office (HEO) works to understand and reduce health disparities among all North Dakotans. The primary goal is to reduce rates of disease by providing opportunities for interventions and improving access to health care. This will ensure all North Dakotans receive the highest quality of health.
Health Equity Office

Krissie Guerard
Health Equity Director

Sara Upgren
Administrative Assistant

Tribal Health Liaisons

Jorden Laducer
Special Populations Coordinator

Katarina Domitrovich
Health Equity COVID-19 Coordinator

Beverly Anaele
CDC PHAP

Alicia Belay
Assistant Health Equity Director

Kiamya Philson
Immunization Health Equity Coordinator

Sargam Ghimire
NFI Health Liaison

NDSU Interns - Morgan Pizur-Kranc, Raleigh Chase, Valentina Bamfowaa, Agnes Mason, Juliana Antwi and Payton Drent UND Intern – Julia Wilson-Peltier

Jamie Thongphet
Spirit Lake and Sisseton Wahpeton

Sonya Abe
Mandan, Hidatsa and Arikara Nation (MHA)

Cheyenne Smith
Standing Rock Nation

Ruth Nwatu
CDC PHAP
Components of health equity and quality improvement have been incorporated into every chosen MCH priority.

<table>
<thead>
<tr>
<th>ND Priorities</th>
<th>Population Domain</th>
<th>National Outcome Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Well-woman care</strong>, with an emphasis on minority and low-income women</td>
<td><strong>Women’s / Maternal</strong></td>
<td>• Severe maternal morbidity</td>
</tr>
<tr>
<td><strong>Project leads</strong>: Alicia Belay, Sarah Scott, Cora Rabenberg, Grace Njau</td>
<td><strong>Rational for ND Priority Selection</strong></td>
<td>• Maternal mortality</td>
</tr>
<tr>
<td><strong>NPM #1</strong>: Percent of women, ages 18-44 with a preventative medical visit in the past year.</td>
<td><strong>Goal</strong>: To increase the percentage of women who have an annual preventative visit.</td>
<td>• Low birth weight</td>
</tr>
<tr>
<td><strong>Goal</strong>: To increase the percentage of women who have an annual preventative visit.</td>
<td><strong>Data Source</strong>: Behavioral Risk Factor Surveillance System (BRFSS)</td>
<td>• Pre-term birth</td>
</tr>
<tr>
<td><strong>Significance</strong>: A well-woman or preconception visit provides a critical opportunity to provide recommended clinical preventive services, including screening, counseling, and immunizations. This can lead to appropriate identification, treatment and prevention of disease to optimize the health of women before, between, and beyond pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight or for smoking cessation, can be presented at a well-woman visit to promote health prior to and between pregnancies - improving subsequent maternal and perinatal outcomes.</td>
<td><strong>Significance</strong>: A well-woman or preconception visit provides a critical opportunity to provide recommended clinical preventive services, including screening, counseling, and immunizations. This can lead to appropriate identification, treatment and prevention of disease to optimize the health of women before, between, and beyond pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight or for smoking cessation, can be presented at a well-woman visit to promote health prior to and between pregnancies - improving subsequent maternal and perinatal outcomes.</td>
<td><strong>Significance</strong>: A well-woman or preconception visit provides a critical opportunity to provide recommended clinical preventive services, including screening, counseling, and immunizations. This can lead to appropriate identification, treatment and prevention of disease to optimize the health of women before, between, and beyond pregnancies. For example, screening and management of chronic conditions such as diabetes, and counseling to achieve a healthy weight or for smoking cessation, can be presented at a well-woman visit to promote health prior to and between pregnancies - improving subsequent maternal and perinatal outcomes.</td>
</tr>
</tbody>
</table>
Participatory grant making is an equitable, flexible and progressive strategy for allocating funding.

- Partners that have limited grant-writing experience.
- Partners are invited to submit a brief, informal proposal and budget.

Shared decision making between partners - mutually determine funding levels for each of the proposed projects.
Lessons Learned
THANK YOU

Kim Mertz | Title V Director | kmertz@nd.gov
Krissie Guerard | Health Equity Director | kguerard@nd.gov
Kimberly Hruby | Special Health Services Director | krhruby@nd.gov