

Alaska Title V Maternal Child Health Services Block Grant

2020-2024 State Action Plan

Women's Health Domain

National Performance Measure (NPM): Percent of women, ages 18 through 44, with a preventive medical visit in the past year

NPM Strategy 1.1: Partner with community-based partners to provide patient navigation and health education information about women's health to disparate populations.

NPM Strategy 1.2: Identify and partner with public and private providers statewide to improve and expand their preventive health services through ongoing quality improvement models.

NPM Strategy 1.3: Review all pregnancy-associated deaths through the Maternal Child Death Review (MCDR), generate actionable recommendations for all preventable deaths and increase awareness about the MCDR program among the public, clinicians and policymakers.

NPM Strategy 1.4: Collect, analyze and disseminate data on women's preventive healthcare visits (e.g. PRAMS and BRFSS).

NPM Strategy 1.5: Engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on reducing severe maternal morbidity in partnership with the Alaska Perinatal Quality Collaborative (PQC).

Perinatal/Infant Health Domain

National Performance Measure (NPM): A) Percent of infants placed to sleep on their backs, B) Percent of infants placed to sleep on a separate approved sleep surface, C) Percent of infants placed to sleep without soft objects or loose bedding

State Performance Measure (SPM): Percent of women (who delivered a live birth and were trying to get pregnant) who had one or more alcoholic drinks in an average week during the 3 months before pregnancy

NPM Strategy 5.1: Review all infant deaths through the Maternal Child Death Review, generate actionable recommendations for all preventable deaths and increase awareness about the MCDR program among the public, clinicians, and policymakers.

NPM Strategy 5.2: Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for high risk families, including caregivers who use tobacco.

NPM Strategy 5.3: Partner with other agencies to integrate tailored safe sleep messaging into Plans of Safe Care.

NPM Strategy 5.4: Partner with birth center clinical staff to effectively screen pregnant/post-partum people for substance use including tobacco, alcohol, marijuana and substances that may impair judgment, including prescribed medications, in order to identify infants at high risk for SUID.

SPM Strategy 1.1: Promote provider use of the question, “Do you want to be pregnant in the coming year?” among all women of childbearing age, and the question, “Do you want to become pregnant again in the coming year?” among women who are in the last trimester of pregnancy.

SPM Strategy 1.2: Promote provider use of Screening, Brief Intervention and Referral to Treatment (SBIRT) for all harmful substances among women of childbearing age, especially those who are pregnant. Screening includes seeking information about the co-factors of family violence and maternal depression.

SPM Strategy 1.3: Collect, analyze and disseminate data related to alcohol use among pregnant women.

SPM Strategy 1.4: Include a question in the BRFSS about whether women of childbearing age who saw a provider in the past year were asked by their provider if they want to be pregnant in the coming year.

Children’s Health Domain

National Performance Measure (NPM): Rate of hospitalization for non-fatal injury per 100,000 children, ages 0-9

NPM Strategy 7.1.1: Support existing Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to complete the Ages and Stages Developmental Screening tool on time, as outlined by the Bright Futures periodicity schedule.

NPM Strategy 7.1.2: Support and expand statewide systems (e.g. Help Me Grow, Learn and Grow, ILP and home visiting programs) for parents and caregivers, providers, educators and community-based service agencies in use of standardized screening tools and provider education for developmental screening.

NPM Strategy 7.1.3: Support the Alaska Strengthening Familiestm Initiative by promoting Knowledge of Parenting and Child Development through support for statewide developmental screening; by considering resilience and other protective factors in analyses and publications; and by providing training for staff who engage in direct services, provider support, or inter-agency collaboration on services for families.

NPM Strategy 7.1.4: Review all child deaths through the Maternal Child Death Review, generate actionable recommendations for all preventable deaths and increase awareness about the MCDR program among the public, clinicians and policymakers.

NPM Strategy 7.1.5: Support school nurses and counselors with injury prevention education and trauma informed care best practice information.

NPM Strategy 7.1.6: Provide analytical and programmatic support for statewide systems (e.g. New Generations) to promote screening for families in child development, family violence, addiction and mental health.

NPM Strategy 7.1.7: Collect, analyze and disseminate data to provide a holistic view of parental and caregiver characteristics, early childhood experiences and maltreatment using PRAMS, CUBS, ILP, and education data sources to examine factors influencing child maltreatment and childhood outcomes (e.g. ALCANLink).

NPM Strategy 7.1.8: Continue to expand data sources for ALCANLink to include Head Start, early intervention and other sources in order to better understand child health and development, evaluate outcomes and identify specific populations in need of intervention.

NPM 7.1.9: Partner with the Section of Chronic Disease Prevention and Health Promotion (CDPHP) and Tribal Health systems on childhood injury prevention.

NPM 7.1.11: Collect, analyze and share data from CUBS related to Alaskan children living in safe, stable and nurturing environments.

NPM 7.1.12: Improve the reliability of maltreatment-related mortality classifications (particularly those related to child neglect and negligence) through a pilot study.

Adolescent Health Domain

National Performance Measure (NPM): Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year

State Performance Measure (SPM): Percent of adolescents with three or more adults, besides their parent(s), who they feel comfortable seeking help from

NPM Strategy 10.1: Increase the number of youth friendly clinics (or number of clinics participating in a quality improvement initiative).

NPM Strategy 10.2: Promote performance measure collaborations with the Alaska Coalition for healthy teens.

NPM Strategy 10.3: Coordinate and provide continuing education and workforce development for providers working with adolescents.

NPM Strategy 10.4: Support school nurses and school-based health centers in encouraging all youth to establish medical home and have consistent visits.

NPM Strategy 10.5: Continue collaboration between school nurses, other health care providers and division of public health programs.

NPM Strategy 10.6: Promote preventative medical visits (whether through school nurses, the Fourth R, adult preparation skills curriculum, healthy life skills or with community partners) and education on youth health literacy, including education on the importance of a well visit.

NPM Strategy 10.7: Collaborate with Medicaid to increase adolescent preventive health visits, and to collect data for analysis and dissemination regarding adolescent healthcare visits.

NPM Strategy 10.8: Review all adolescent deaths through the Maternal Child Death Review (MCDR), generate actionable recommendations for all preventable deaths, and increase awareness about the MCDR program among the public, clinicians, and policymakers.

SPM Strategy 2.1: Develop a Fourth R and Health Relationships Plus Program online training that includes additional resources for parents and educators on facilitating health relationship conversations with youth.

SPM Strategy 2.2: Support statewide training and dissemination of Coaching Boys into Men (CBIM), a comprehensive violence prevention curriculum for coaches and the athletes they work with developed by Futures Without Violence.

SPM Strategy 2.3: Maintain statewide dissemination of Teen Speak publications and adolescent-focused motivational interviewing skills training and resources for supportive adults, parents, caregivers and clinicians.

SPM Strategy 2.4: Increase meaningful connection between youth and supportive adults through YAHA by collaborating on the programs and projects that target youth.

Children and Youth with Special Health Care Needs

National Performance Measure (NPM): Percent of children with and without special healthcare needs, ages 0-17, who have a medical home

NPM Strategy 11.1: Promote a shared resource for families and primary care providers of CYSHCN using the Help Me Grow centralized system model.

NPM Strategy 11.2: Develop resources for adolescents to learn independence skills for healthcare needs and transitioning to adult care, and increase education to adolescents, their caregivers, educators, and medical providers on this topic.

NPM Strategy 11.3: Partner with Tribal Health and UAA Center for Human Development to implement Project ECHOs to increase caregiver and provider knowledge and skills.

NPM Strategy 11.4: Collaborate with state, private and non-profit programs to remove barriers to data sharing and centralized data collection to create an integrated early childhood data system.

NPM Strategy 11.5: Partner with statewide agencies to provide Family Navigation services for families of CYSHCN.

NPM Strategy 11.6: Develop and implement Family Engagement training.

NPM Strategy 11.7: Partner with audiologists and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.

NPM Strategy 11.8: Conduct or support special studies related to access to care (i.e. GIS mapping of access to care; comparative study of military and Tribal Health systems and non-military/non-Tribal health systems; CCHD study).

NPM Strategy 11.9: Participate in workgroups related to workforce capacity, systems integration, and healthcare infrastructure for primary and specialty care (i.e. healthcare transformation workgroup, FASD ad hoc committee, Autism ad hoc committee).

NPM Strategy 11.11: Continue to provide limited gap-filling pediatric specialty clinics as needed and as resources allow.

Cross-Cutting and Systems-Building Domain

Cross-Cutting Strategy 1: Utilize existing platforms and capacity to contribute to rapid assessment of needs and dissemination of data and best practice information during emergencies.

Cross-Cutting Strategy 2: Promote and disseminate information about community debrief/postvention response services following a significant traumatic event or emergency.

Cross-Cutting Strategy 3: Through partnerships, promote the continued use of reflective practice to support direct-service providers who conduct screening in non-clinical settings during public health emergencies.

Cross-Cutting Strategy 4: Provide staff training in responding to ACEs/trauma and strengths-based approaches.

Cross-Cutting Strategy 5: Collect, analyze, and disseminate primary and secondary data through population-based surveillance systems and online dashboards.

Cross-Cutting Strategy 6: Collaborate with Medicaid to improve reimbursement and/or increase access to services.