



ALASKA

RURAL HEALTH TRANSFORMATION



Recap: RHTP Impacts Healthy Beginnings, Session 2, May 13, 2026

Overview

The Alaska Department of Health's second Impact Series focused on Healthy Beginnings and maternal health transformation under the Alaska Rural Health Transformation Program (RHTP). Commissioner Heidi Hedberg opened the session by reinforcing the program's three core goals:

- Promoting health: improving outcomes for patients and communities
- Pay for value: transforming health care financing and delivery
- Workforce and technology: strengthening health care infrastructure and access

This session centered specifically on maternal health and prenatal care, with a focus on how Alaska can improve maternal and infant outcomes across its unique geographic and health care landscape.

Current Maternal Health Landscape in Alaska

Facilitators Dr. Anne Zink and Dr. Lisa Rabinowitz reviewed the current system and highlighted both strengths and major challenges.

Key Findings

- Over half of births in Alaska are covered by Medicaid
- 1 in 10 births occur outside hospitals, which is three times the national average
- Many families in rural Alaska must travel long distances, often to Anchorage or regional hubs, for prenatal care and delivery
- Southeast Alaska often sees patients traveling out of state to Seattle, WA, for care

Service Capacity Challenges

- Alaska has 24 acute care hospitals, but only 19 provide birthing services
- Not all birthing hospitals have surgical capacity for emergency C-sections
- Over the past 20 years, 5 hospitals have discontinued labor and delivery services
- Most of Alaska lacks access to an OB-GYN within 150 miles

Outcome Data

Positive indicators:

- Preterm birth rates are close to national averages
- Low birth weight rates are below national averages
- Cesarean section rates are lower than national averages

Areas needing improvement:

- Severe maternal morbidity is higher than national averages
- Infant mortality is higher than national averages
- Prenatal care utilization remains inadequate statewide

A major concern discussed was the need to improve access for high-risk pregnancies and postpartum care, especially in remote communities.

Existing State Programs Supporting Healthy Beginnings

Becky Morrissey shared several maternal health initiatives already underway through the Division of Public Health.

Key Programs Highlighted

Perinatal Quality Collaborative

A statewide network of hospitals, providers, and professionals focused on:

- Shared quality improvement
- Data-driven maternal and infant health outcomes
- Improving care delivery across Alaska

Current work is hospital-focused but expanding into outpatient settings.

Substance-Exposed Newborns Initiative

Focused on:

- Universal prenatal verbal screening for substance use
- Early intervention and support
- Provider training using the validated 4Ps Plus pregnancy screening tool

This effort addresses the strong connection between maternal deaths and substance use.

Home Visiting Programs

Programs include:

- Nurse-Family Partnership
- Parents as Teachers

These provide:

- Early screening
- Education
- Family support
- Improved maternal and infant outcomes

Despite expansion, large service gaps and waitlists remain.

Maternal Child Death Review Committee

A multidisciplinary team reviewing all maternal deaths in Alaska to:

- Identify trends
- Improve care delivery
- Inform policy decisions

Pregnancy Risk Assessment Monitoring System (PRAMS) and Childhood Understanding Behaviors (CUBS) Surveys

These statewide surveys provide critical maternal and child health data used to shape policy and improve systems.

Find out more about the PRAMS program, [here](#).

Find out more about the CUBS program, [here](#).

Examples of Innovation

Several examples of community innovation were highlighted in the discussion.

- Alaska WIC Virtual Lactation Support using [Pacify app](#)
- Kodiak Lactation Support Model - [Kodiak Kindness Project](#)
- Maternity Health Accelerator – Texas model to improve maternal outcomes
- Remote maternity care monitoring and fetal monitoring platforms

Major Themes from Breakout Discussions

Participants split into groups to identify where transformation is most needed.

Top Priorities Identified

Rural Access to Maternal Care

Strong support for:

- Hybrid visiting clinics
- Telehealth
- Remote fetal monitoring
- Transportation planning for emergencies

Technology must work reliably in rural Alaska to be effective.

Workforce Expansion

Need for broader maternal care teams including:

- Midwives
- Doulas
- Lactation consultants
- Community health workers
- EMS and mobile integrated health teams
- Advanced practice clinicians

Not just physician recruitment.

Information Sharing + Interoperability

Major frustration exists around:

- Poor communication during transfers
- Lack of continuity after delivery
- Disconnects between tribal, hospital, and community systems

Participants emphasized the need for systems that actually communicate.

Fourth Trimester and Family Support

Strong focus on postpartum care, including:

- Home visiting
- Lactation support
- Behavioral health
- Housing support when traveling for delivery
- Family-based peer support services

Mental Health and Substance Use

Participants highlighted that:

- Many maternal and infant deaths are preventable

- A large portion are connected to mental health, substance use, overdose, and suicide

Reducing stigma and expanding peer support was emphasized as critical.

Direct Entry Midwives and Birth Centers

Participants noted that rural Alaska often functions as a maternity care desert and emphasized need for:

- Better reimbursement for direct-entry midwives
- Greater support for independent birth centers
- Expanding services rather than restricting them

Strong Takeaways

The strongest recurring message: Build on what is already working.

Rather than starting from scratch, participants emphasized scaling successful programs like:

- Kodiak Kindness Project
- Home visiting programs
- Parents as Teachers
- Perinatal Quality Collaborative
- Peer support systems

Technology should support these systems, not complicate them.

As one participant summarized: “Technology is great, but only if it actually works.”

Closing Updates

Commissioner Hedberg shared that Letters of Intent (LOI) decisions for RHTP funding are scheduled to be sent the week of May 22.

She closed the session by emphasizing that the purpose of the Impact Series is connection:

- Providers connecting with providers
- Vendors connecting with communities
- Solutions being built collaboratively

Core Strategic Direction

The session made clear that Alaska's maternal health transformation will require:

- Better rural access
- Stronger workforce models
- Improved postpartum support
- Stronger behavioral health integration
- Interoperable systems
- Scalable programs already proving successful

The goal is not simply improving maternal care; it is building a healthier beginning for every Alaskan family.

RHTP represents a long-term opportunity to strengthen healthcare access, sustainability, workforce capacity, and system performance across rural, remote, and frontier Alaska.

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More information and updates can be found at: health.alaska.gov/RHTP