2015-2016 MCDR RECOMMENDATIONS COMPILED

SUDDEN UNEXPECTED INFANT DEATHS (SUIDS)

1. DHSS, Law Enforcement, Public Safety and Tribal entities will facilitate regional train-the-trainer events to increase capacity to raise awareness about drug endangered children using an Alaska specific adaptation of the National Alliance for Drug Endangered Children core curriculum.

2. Law Enforcement, Public Safety, Medical Examiner, OCS, and Tribal entities will develop a statewide protocol to respond to child deaths that can be used by each community team. Improve death investigations in rural areas of Alaska, particularly parent interviews, doll reenactments and completeness of the SUIDRF (Sudden Unexplained Infant Death Investigation Report Form).

3. MCH-Epi will work with the CDC and Medical Examiner's Office to incorporate statewide statistical information and grief support training into the SUIDI trainings. Trainings should be made available to a wider audience (Law, OCS, ME, Health Aides, PHN, tribal agencies, CACs).

4. OCS, Tribal entities, Law Enforcement, schools, community leadership, and Parents as Teachers (RurAL CAP) should work together to establish a number of "safe sober homes" in communities where children can go or be dropped off under defined criteria/circumstances, including domestic/sexual violence.

5. Improve communication between hospitals and OCS. Educate health care providers on mandated reporting. Screen moms for OCS history prenatally and/or at delivery. Prenatally identify high risk families by ACE scores.

6. Mother's health aide/elders empowered to do safe sleep education and home visits after births. Education on safe sleep should start at the hubs or birth facility and high risk moms can designate family member when caregivers are intoxicated while at hub or birth facility.

7. Make sure that prenatal care providers and OBs are referring families that qualify for home visiting and other services for native people. Encourage home visiting programs in Alaska in an evidence-based manner with outcome evaluation.

CHILD INJURY (1-18YRS)

8. WCFH/MCH-Epi, Public Health Nursing, Law Enforcement, and OCS will establish a 5 member workgroup of subject matter experts to utilize data to engage communities. Community identification and strategies will be data driven using the injury data and the existing DPH injury prevention workgroup. Injury prevention strategy identification will use a community-based participatory research, and key informant methodology. By the end of 2016, data from the designated communities will be gathered and reported back at the annual MIMR-CDR statewide review.

9. Drowning prevention efforts should apply to everyone who is around water, not just boating. Incorporate sewage lagoons into drowning safety.

10. Create an Epi Bulletin on child drowning; aimed at providers

11. Focus PSA on parents of children less than 10 years of age, particularly with OCS involvement.

ADOLESCENT SUICIDE (13-17 YRS)

12. The WCFH Adolescent Health Program should implement more Adolescent health education like the 4th R and S.E.L (social emotional learning) and target juvenile justice schools.

13. The Department of Education and Early Development (EED), in collaboration with DHSS, should evaluate and recommend evidence-based comprehensive health curricula for schools and districts and advocate for mandatory, comprehensive health education requirements for graduation.

14. There needs to be a system-wide response of prevention and post-vention. Assessment of school policies when suicide occurs is needed. Develop training for youth to develop peer to peer programs and support.

15. Suicide prevention must be linked to sexual abuse/assault prevention and ACES . Improve screening and assessment by providers.

MATERNAL DEATHS

16. YKHC will expand the existing Centering Pregnancy program to encompass pediatric preventative care with a goal of improving neonatal and pediatric health outcomes and establishing a model for other providers to adopt.

17. Direct Entry midwives and other providers working in birth centers should begin to implement and enforce already established regulations on the transfer of high risk pregnancy patients to hospitals for “high risk” prenatal care and/or delivery by December of 2016. The goal is to improve perinatal outcomes and coordination of care. Alaska State Medical Boards, Alaska State Hospital and Nursing Home Association, Alaska Birth Network, and the Board of Certified Direct-Entry Midwifes will be partners/champions in this endeavor.

18. DHSS should develop and implement a regulatory change to require all facilities and providers to screen all delivery patients for drug use, alcohol use, domestic violence, and mental health issues by December 2017.

19. MCH-Epi will work with BVS and ANTHC Epi Center to determine accuracy and completeness of birth and death certificate fields. This analysis should be conducted on an annual basis beginning in 2016. This will help improve quality of the data we use for action / decision making.

20. MCH-Epi, BVS and ANTHC Epi Center should use the results of the analysis above to inform guidelines for complete and accurate birth and death certificate completion.

21. Compile a resource list of programs or activities available to communities to address intergenerational trauma and the transmission of violence in communities. This includes creating a “working” document and online resource repository for communities seeking to address historical trauma. The document will describe local programs such as Pathways to Hope, Family Wellness Warriors, Home Visiting, Triple-P, bystander interventions, and other national programs, as well as information on the strength of evidence supporting the programs.

22. Create a system to collect substance abuse data: accurately analyze for patterns/ trends.

23. Change priorities: prioritize women of childbearing age during prenatal/1 year post-partum for case management and treatment.