



# 2020 Title V Needs Assessment Summary June 2020



## Women/Maternal Health

The Title V Maternal and Child Health Services Block Grant Program promotes and improves the health and wellbeing of Alaska’s mothers, children, young adults and families. Every five years, states are required to conduct a comprehensive, statewide needs assessment to assist with strategic planning and resource allocation. States survey the community and review data in order to select priority areas to focus their work for the 5-year grant cycle. Below is a summary of needs assessment findings and priority areas for Alaska’s women/maternal population.

### Strengths + Successes

#### Health Care Visits

- 66.1% of women who recently delivered a live birth had a health care visit in the 12 months before they got pregnant.<sup>1</sup>
  - Of those, 45.1% had a regular checkup at their family doctor’s office.<sup>1</sup>
  - 46.3% had a regular checkup with an OB/GYN.<sup>1</sup>

#### Screenings



#### LADIES FIRST

Alaska Breast and Cervical Services

- The Ladies First program increased cervical cancer screening for women. In 2018, 14.2% of women screened were rarely or previously never screened.<sup>2</sup>
- 90.7% of Alaska women who recently delivered a live birth reported being asked by a healthcare provider about depression during prenatal visits
  - Alaska’s rates were the highest of 31 sites reporting

### Challenges, Gaps, + Needs

- The leading causes of death for Alaskan women are malignant neoplasms (cancers), diseases of the heart, and unintentional injuries.<sup>3</sup>
- High blood pressure and high cholesterol are medical diagnoses for 27.7% and 28.1% of Alaskan women respectively.<sup>4</sup>
- The percentage of women who are either overweight or obese increased significantly from 37% in 1991 to 61% in 2018. And 13.5% of women report pre-diabetes and 9.9% report diabetes.<sup>4</sup>

“Violence in our community must be addressed, including inter-personal violence.”

– Needs assessment survey respondent

During the needs assessment, three priority areas were identified to improve women's/maternal health:

**Behavioral and Mental Health Problems:**

- In 2018, 27.9% of women reported ever having a depressive disorder
  - Up from 19.8% in 2015. <sup>4</sup>
- 13.4% of Alaskan women with a recent live birth reported experiencing postpartum depressive symptoms, compared to 12.5% nationally.<sup>5</sup>
- Alaska's pregnancy-related mortality rate was 8.3 per 100,000 live births in 2014-2018.<sup>6</sup>
  - Mental health conditions contributed to 31% of pregnancy-associated deaths. <sup>6</sup>
- Mood disorders were the 4th leading cause of hospitalizations for Alaskan women in 2018 at a rate of 305.8 per 100,000. <sup>3</sup>

**Adverse Childhood Experiences (ACEs) + Exposure to Partner/Family/Community Violence:**

- In 2018, Alaska had the highest rate of sexual assault in the U.S., nearly 4 times the national average.<sup>7</sup>
- 44% of all victims of reported sex offenses were Alaska Native females. <sup>7</sup>
- 31.4% of women reported they have ever been hurt by an intimate partner.
  - 8.2% reported they had been hurt in the past 5 years. <sup>8</sup>
- 4.2% of women who delivered a live birth had a controlling partner (emotional abuse) in the 12 months before they got pregnant <sup>9</sup>
  - 3.8% had a controlling partner during their pregnancy. <sup>9</sup>

**Poverty:**

- 18.9% of all Alaskans live below poverty thresholds.<sup>10</sup>
  - 31.8% of Alaska Native people live below poverty thresholds. <sup>10</sup>
- 19% of mothers reported having problems paying bills since their 3-year-old child was born.<sup>11</sup>
- 23% of mothers of 3-year-olds reported the use of Food Stamps in the past 3 months.<sup>11</sup>
- 5% of mothers reported they had problems getting health care for their child when he or she was sick in the past year because she didn't have enough money or insurance to pay for it. <sup>11</sup>

**18.9%**  
**OF ALL ALASKANS**  
live below poverty thresholds.



## Title V Priorities for 2020-2024

Increase the number of children who are living in safe, stable, nurturing environments.

Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of infants and toddlers and women of childbearing age.

Increase connection to behavioral and mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.

Increase or promote equitable access to medical and pediatric specialty care and family supports for Children and Youth with Special Healthcare Needs (CYSHCN).

Improve social supports, with a focus on wellbeing and resilience, to prevent and reduce the impact of Adverse Childhood Experiences (ACEs).

Increase safe and healthy relationships.

Strengthen systems, services and partnerships to help families and health care providers respond to the impact of a collective emergency, disaster or other trauma.

## Key Strategies

To address the challenges, gaps and needs that were highlighted during the needs assessment, the State of Alaska's Section of Women's, Children's and Family Health developed strategies to guide actions for the next five years. A few key strategies are listed below. The complete strategy list is included in the 2020-2024 Title V Five-Year State Action Plan, which will be available on the [Alaska Title V website](#) once finalized.

- Identify and partner with public and private providers statewide to improve and expand their preventive health services through ongoing quality improvement models.
- 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.
- 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).

The Title V Administrative Agency in Alaska is the Section of Women's, Children's and Family Health, located in the Department of Health and Social Services.

### For more information, contact:

Rebekah Morisse, RN, BSN, MPH  
 Title V MCH Director  
 Phone: (907) 334-2424  
[rebekah.morisse@alaska.gov](mailto:rebekah.morisse@alaska.gov)

## References

1. Alaska Pregnancy Risk Assessment Survey, 2018
2. Ladies First Program Database
3. Alaska Health Analytics and Vital Records, 2018
4. Alaska Behavioral Risk Factor Surveillance System, 2018
5. Alaska Pregnancy Risk Assessment Survey, 2019
6. Maternal Child Death Review, 2014-2018
7. Alaska Department of Public Safety, 2018
8. Alaska Behavioral Risk Factor Surveillance System, 2017
9. Alaska Pregnancy Risk Assessment Survey, 2017
10. U.S. Bureau of the Census, 2017
11. Alaska Childhood Understanding Behaviors Survey, 2018