



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ALASKA

State Snapshot

FY2025 Application / FY2023 Annual Report

November 2024

Title V Federal-State Partnership - Alaska

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY2025 Application / FY2023 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

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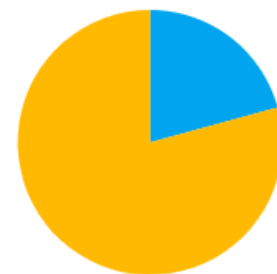
State Youth Leader
No Contact Information Provided

State Hotline: (800) 799-7570

Funding by Source

Source	FY 2023 Expenditures
Federal Allocation	\$1,169,840
State MCH Funds	\$4,471,700
Local MCH Funds	\$0
Other Funds	\$0
Program Income	\$0

FY 2023 Expenditures



Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$467,936	\$2,341,863
Public Health Services and Systems	\$701,904	\$2,129,837

FY 2023 Expenditures Federal



FY 2023 Expenditures Non-Federal



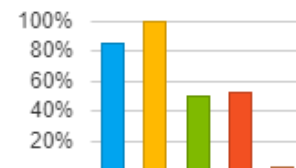
Percentage Served by Title V

Population Served	Percentage Served	FY 2023 Expenditures
Pregnant Women	85.0%	\$255,586
Infants < 1 Year	100.0%	\$306,900
Children 1 through 21 Years	50.0%	\$845,336
CSHCN (Subset of all infants and children)	53.0%	\$3,882,474
Others *	2.0%	\$313,611

FY 2023 Expenditures Total: \$5,603,907



FY 2023 Percentage Served



*Others– Women and men, over age 21.

The Title V legislation directs States to conduct a comprehensive, statewide maternal and child Health (MCH) needs assessment every five years. Based on the findings of the needs assessment, states select seven to ten priority needs for programmatic focus over the five-year reporting cycle. The State Priorities and Associated Measures Table below lists the national and state measures the state chose in addressing its identified priorities for the 2020 Needs Assessment reporting cycle. Beginning with the FY 2025 Application, all states are also reporting on two Universal National Performance Measures, Postpartum Visit and Medical Home.

State Priorities and Associated Measures

Priority Needs and Associated Measures	Reporting Domain(s)
<p>Increase the number of children who are living in safe, stable, nurturing environments.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Percent of SUID cases reviewed by MCDR in prior year with a scene reenactment including photos completed by the investigating agency. ○ ESM SS.2: Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative (ABI) trainings with information about safe sleep. ○ ESM SS.3: The percentage of people who recently delivered a live birth who were screened for depression during a postpartum checkup. ● Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child <ul style="list-style-type: none"> ○ ESM IH-Child.1: Percent of preventable child deaths due to injury reviewed by the MCDR with at least one prevention recommendation that is specific and actionable (including a "who, what, when") and targets systems above the individual level. ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training. 	<p>Perinatal/Infant Health, Child Health</p>
<p>Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of infants and toddlers and women of childbearing age.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● A) Percent of infants placed to sleep on their backs (Safe Sleep, Formerly NPM 5A) B) Percent of infants placed to sleep on a separate approved sleep surface (Safe Sleep, Formerly NPM 5B) C) Percent of infants placed to sleep without soft objects or loose bedding (Safe Sleep, Formerly NPM 5C) D) Percent of infants room-sharing with an adult during sleep (Safe Sleep) - SS <ul style="list-style-type: none"> ○ ESM SS.1: Percent of SUID cases reviewed by MCDR in prior year with a scene reenactment including photos completed by the investigating agency. 	<p>Perinatal/Infant Health</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM SS.2: Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative (ABI) trainings with information about safe sleep. ○ ESM SS.3: The percentage of people who recently delivered a live birth who were screened for depression during a postpartum checkup. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 1: 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. 	
<p>Increase connection to behavioral and mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of dissemination products created (e.g. Epi bulletins, data briefs, reports, PSAs, etc.) based on analyses of survey data on women's preventive health care visits (and description). ○ ESM WWV.2: Among people who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves. ● Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWV <ul style="list-style-type: none"> ○ ESM AWV.1: Percent of students who have a comprehensive wellness visit at school-based health centers. 	<p>Women/Maternal Health, Adolescent Health</p>
<p>Increase or promote equitable access to medical and pediatric specialty care and family supports for CYSHCN.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of children with and without special health care needs, ages 0 through 17, who have a medical home (Medical Home, Formerly NPM 11) - MH <ul style="list-style-type: none"> ○ ESM MH.1: Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report increased knowledge after the training. 	<p>Children with Special Health Care Needs</p>
<p>Improve social supports, with a focus on wellbeing and resilience, to prevent and reduce the impact of ACEs.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV 	<p>Women/Maternal Health, Cross-Cutting/Systems Building</p>

Priority Needs and Associated Measures	Reporting Domain(s)
<ul style="list-style-type: none"> ○ ESM WWV.1: Number of dissemination products created (e.g. Epi bulletins, data briefs, reports, PSAs, etc.) based on analyses of survey data on women's preventive health care visits (and description). ○ ESM WWV.2: Among people who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves. <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 3: Percent of people who recently delivered a live birth who have a strong social support system during the postpartum period. 	
<p>Increase safe and healthy relationships.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 2: Percent of students who report they would feel comfortable seeking help from three or more adults besides their parents if they had an important question affecting their life. 	Adolescent Health
<p>Strengthen systems, services and partnerships to help families and health care providers respond to the impact of a collective emergency, disaster or other trauma.</p> <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 4: Percent of mothers of 3-year-old children whose family has an emergency plan in case of disaster. 	Cross-Cutting/Systems Building
<p>Promote health equity and identify and address social determinants of health.</p> <p>NPMs</p> <ul style="list-style-type: none"> ● Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV <ul style="list-style-type: none"> ○ ESM WWV.1: Number of dissemination products created (e.g. Epi bulletins, data briefs, reports, PSAs, etc.) based on analyses of survey data on women's preventive health care visits (and description). ○ ESM WWV.2: Among people who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves. ● A) Percent of women who attended a postpartum checkup within 12 weeks after giving birth (Postpartum Visit) B) Percent of women who attended a postpartum checkup and received recommended care components (Postpartum Visit) - PPV <p>SPMs</p> <ul style="list-style-type: none"> ● SPM 5: Infant mortality disparity rate ratio of Alaska Native to white infants (per 1,000 live births) 	Women/Maternal Health, Cross-Cutting/Systems Building

Executive Summary

Program Overview

The Title V Administrative Agency in Alaska is the Section of Women's, Children's, and Family Health (WCFH), located in the Department of Health (DOH). The WCFH mission is to promote the best health outcomes for all Alaska women, children, young adults, and their families of all abilities across the lifespan. WCFH programs are guided by the maternal and child health (MCH) pyramid of health services and aim to improve health status, assure health service access, and eliminate health disparities. Target populations include pregnant people, infants, children, adolescents, children and youth with special health care needs (CYSHCN), those with low-income status, and those with limited access to health services.

2020-2024 PRIORITIES



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.



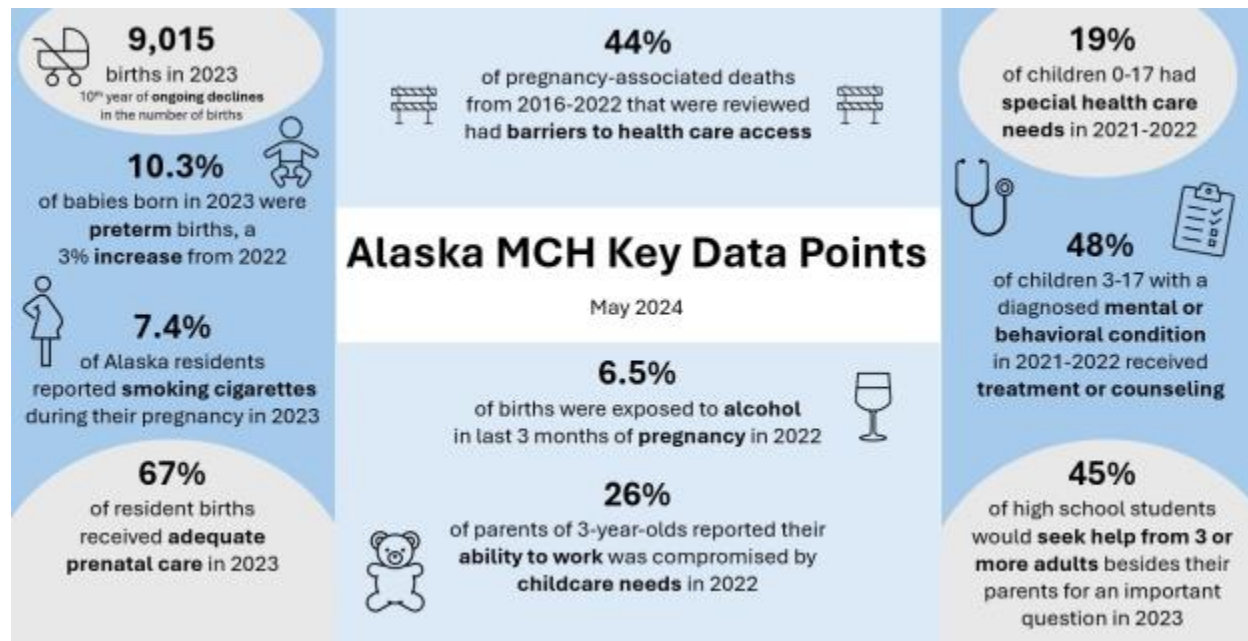
Strengthen systems, services and partnerships to help families and health care providers respond to the impact of a collective emergency, disaster or other trauma.



Promote health equity and identify and address social determinants of health.

ALASKA'S MCH POPULATION

Alaska is a vast, sparsely populated, culturally diverse state located in the circumpolar north. Of all fifty states, Alaska's population has the highest proportion of Indigenous people, as well as veterans and active-duty military. The MCH population, as well as the general population, experiences several negative health outcomes at higher rates than the national average, some of which are illustrated below. Protective factors, particularly those connected to culture, play a key role in the resilience of Alaska's people.



In 2021, WCFH added a new priority in response to the pressing need to eliminate health inequities. Within the context of colonization, discrimination, and loss of traditional lifestyles, Alaska's Indigenous people experience many health disparities. Due to Alaska's relatively small population size, it is difficult to calculate and report public health information and health disparity statistics for other minority populations. However, evidence of health inequities for Alaska's other racial minority communities appears in indicators such as severe maternal morbidity, notably for Alaska's growing Pacific Islander population.

ALASKA'S FRAMEWORK FOR NEEDS ASSESSMENT, PROGRAM PLANNING, AND PERFORMANCE REPORTING

Alaska's MCH priorities are identified in statewide needs assessments conducted every five years and re-examined annually. In early 2020, WCFH leadership selected National Performance Measures (NPMs) to track and demonstrate impact of efforts to address priorities for 2020-2024. State Performance Measures (SPMs) were developed to address priority needs that were identified but not adequately addressed by the NPMs. The group considered the availability of data, the likelihood a change in the measure would be seen during the five-year grant period, and how closely linked the measure was to actual work being done by Alaska's Title V program. The selection of performance measures was informed by the Division of Public Health Strategic Plan and Healthy Alaskans 2030 Leading Health Indicators. Alignment of the work of Title V with other programs is critical to assure transparency, reduce duplication and breakdown silos.

The work of WCFH falls into four distinct categories. These categories also reflect the work and priorities of the Division of Public Health:

1. Serve as Alaska's chief strategists for existing and emerging public health issues
2. Protect life, health, and safety through core public health functions
3. Serve as the trusted source of health information
4. Strengthen essential public health infrastructure, services, and partnerships

Selected Strategies of the Alaska Title V 2020-2024 State Action Plan, By Domain

Women/Maternal

- Identify and partner with public and private providers statewide to improve and expand their preventive health services through ongoing quality improvement models.
- 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 (AKPQC).
- Continue to partner with Medicaid and department leadership on extending postpartum coverage to one year.

Perinatal/Infant

- Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for families who experience high-risk factors for Sudden Unexpected Infant Death (SUID), including caregiver tobacco use.
- Partner with birth center clinical staff to effectively screen patients for substance use including tobacco, alcohol, marijuana, and substances that may impair judgment, including prescribed medications, to identify infants with risk factors for SUID.
- Collect, analyze, and disseminate data related to alcohol-affected pregnancies, alcohol use during pregnancy, and alcohol use among women of childbearing age.

Children

- Support and expand statewide systems (e.g., Help Me Grow, Learn and Grow, ILP, and home visiting programs) and resources for parents/caregivers, providers, educators, and community-based service agencies in use of standardized screening tools.
- Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.).
- Support school nurses and counselors with injury prevention education and trauma-informed care best practice information.

Adolescent

- Support and collaborate with the Division of Behavioral Health and other agencies working on suicide prevention and mental health.
- Offer continuing education, professional development, and increased coordination of health service supports between providers serving adolescents.
- Promote youth health literacy including education on the importance of a well visit and oral health.

CYSHCN

- Develop resources for adolescent healthcare transition to adult care and increase education for adolescents, their caregivers, educators, and medical providers on this topic.
- Partner with the University of Alaska Anchorage Center for Human Development (UAA CHD) to implement Project ECHOs to increase caregiver and provider knowledge and skills.
- Continue to provide limited gap-filling pediatric specialty clinics and family navigation services as needed and as resources allow.

Cross-Cutting and Systems-Building

- Contribute to assessment of needs and dissemination of data and best practice information to support emergency response.
- Conduct multidisciplinary reviews to identify factors in maternal and child mortality and make culturally appropriate, actionable recommendations to reduce preventable mortality and eliminate disparities.
- Engage with diverse contacts and audiences to increase awareness about maternal and child mortality and promote implementation of prevention recommendations.

TITLE V ROLE IN ASSURING COMPREHENSIVE, COORDINATED, FAMILY CENTERED SERVICES

WCFH seeks and values the importance of lived experience on all programs, and recruits Alaskan parents, providers, and communities to help set priorities and initiate activities, keeping the family and consumer voice and leadership central. As a standard, advisory committees should include at least one person with lived experience. All staff can participate in Strengthening Families™ training, which is designed to help professionals emphasize family strengths, culture, and voice.

WCFH created trainings to promote parent engagement, expand parent confidence, choice, systems change, and individual advocacy for their children. The Family ECHO focuses on the CYSHCN family experience and provides training for providers, educators, case managers, family advocates and self-advocates about complex behavior and transition challenges. WCFH also provides limited gap-filling pediatric specialty clinics and family navigation services.

TITLE V PARTNERSHIPS

Strong partnerships and a collaborative approach are critical for systems development, implementation, service delivery and, ultimately, achieving the mission of Title V. All programs and services within WCFH are delivered in collaboration with others. WCFH administers and coordinates many other federal grants in addition to Title V. There are long-standing collaborative relationships with Tribal Health on numerous ongoing projects and initiatives. The Section continues to co-sponsor the Alaska MCH and Immunization Conference every other year with the Alaska Native Tribal Health Consortium Epidemiology Center.

WCFH partners with many other DOH programs through data sharing agreements and joint initiatives, including Public Health Nursing, the Division of Behavioral Health, Early and Periodic Screening, Diagnostic and Treatment Program, Children's Health Insurance Program, WIC, Office of Children's Services, the Section of Chronic Disease Prevention and Health Promotion, among others. WCFH co-coordinates the Alaska Early Childhood Coordinating Council with the Department of Education and Early Development (DEED). WCFH also collaborates with DEED on the administration and evaluation of the Parents as Teachers home visiting program. Through partnership with the Alaska Primary Care Association, WCFH collaborates with Federally Qualified Health Centers throughout the state. WCFH also works with contracted medical providers to coordinate pediatric sub-specialty clinics.

WCFH facilitates the AKPQC, which includes partners such as the state hospital association, birthing facilities, ACOG and other health organizations, and individual clinicians.

How Federal Title V Funds Complement State-Supported MCH Efforts

How Federal Title V Funds Complement State-Supported MCH Efforts

Most of the Federal Title V funding continues to support the Maternal Child Health Epidemiology (MCH Epi) Unit. The surveillance, data analysis, and evaluation provided by the Unit is an important part of the MCH infrastructure for Alaska. This data is used to support needs assessments, create recommendations for policy, determine health priorities, identify gaps in services and disparities, and ensure successful implementation and evaluation of programs. Title V funds support programs/initiatives in MCH Epi such as Maternal Child Death Review (MCDR), the Alaska Birth Defects Registry, the Alaska Longitudinal Child Abuse and Neglect Linkage project (ALCANLink), Childhood Understanding Behaviors Survey (CUBS), and the Pregnancy Risk Assessment Monitoring System (PRAMS).

Title V partially supports the implementation of the Alaska Perinatal Quality Collaborative (AKPQC). Block Grant funding served as the important catalyst for this statewide collaboration of hospitals and health care providers working on quality improvement strategies and shared learning to improve maternal and newborn health outcomes. WCFH felt that Title V investment into a PQC provided an opportunity to create infrastructure to allow WCFH to work on several key MCH issues on a statewide level. Title V funds also support the school nursing program to provide technical assistance to school nurses and other school health staff throughout Alaska. This is an important part of health promotion activities for children across the state, along with supporting an MCH workforce in schools. Title V funds supported statewide leadership and coordination related to children and youth with special health care needs (CYSHCN), including the implementation of the State Plan for Alaska and leadership of the statewide CYSHCN Advisory Committee. The Block grant also provides supplemental support to the State's newborn hearing screening program.

MCH programs outside of WCFH such as Physical Activity and Nutrition, the Immunization Program, Public Health Nursing, Early Intervention, Medicaid, and Women's, Infant's & Children (WIC) all utilize the products of the Title V-funded MCH Epidemiology Unit to inform their work for families. One example of this was the Medicaid postpartum coverage extension from 60 days to 12 months.

Title V staff utilized data from MCDR and PRAMS to help demonstrate the need for this change. Many of the organizations participating in the AKPQC provided letters of support to this effort. Alaska Medicaid staff also regularly use MCH Epidemiology data to help evaluate and inform their initiatives including increasing coverage of immunizations, well child visits, and depression screening. Title V funded MCDR staff also provided technical assistance and support to the Office of Substance Misuse and Prevention's Overdose Review Committee, as well as the Section of Epidemiology's STI program in their implementation of a congenital syphilis review committee.

MCH Success Story

2022-2023 Alaska MCH Success Stories

Children and Youth with Special Healthcare Needs (CYSHCN) - The Family Navigation ECHO series provided support to caregivers with children, adolescents, and young adults with special healthcare needs. Outreach efforts and added topics of interest for families during the report period have contributed to increased attendance (80% between August – December 2023).

Perinatal/Infant - The Alaska Pregnancy Risk Assessment Monitoring Program (AK-PRAMS) added an online submission option. While there has not been an increase in overall response rate, the online option has been well-utilized and reduces administrative workload. This year, AK-PRAMS was also rejuvenated with a new cover design, reduced question count, new questions on key health equity topics such as food security and access to doula support, and the informational and reward mailings now include a resource card and safe sleep insert.



Children - The MCH Epi Unit completed a comprehensive work on the epidemiology of ACEs in Alaska. This new resource is intended as a pivotal report targeting a broad interdisciplinary audience with interest in ACEs in Alaska. Drawing on combined data from multiple sources, it examines disparities, highlights evidence-based interventions and recommends opportunities for prevention.

Adolescents - For years, the Adolescent Health Unit has recognized that youth are experts on their own experiences, and that they can make valuable contributions across public health topics for all populations. This has been formally recognized in recent years through a recurring paid internship opportunity. 2023 marked the 15th anniversary of Youth Alliance for a Healthy Alaska (YAHA). That's fifteen years of Alaskan youth voice contributing to state and national public health leadership through this program.



Women - In September 2023, the Alaska Perinatal Quality Collaborative (AKPQC) organized a fourth learning session for the Substance Affected Pregnancy Initiative (SAPI). HRSA TA funds sponsored four national speakers on topics including respectful language, de-stigmatizing, and impacts of specific substances (alcohol, marijuana, kratom). The session followed an in-person maternal mortality review, which provided collaboration opportunities between MMRC and AKPQC colleagues. MMRC committee members found it meaningful to see past recommendations reflected in the selected topics.

Maternal and Child Health Bureau (MCHB) Discretionary Investments - Alaska

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a web page that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2023.

[List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.