Alaska State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
Increase connection to behavioral and mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.	Collaborate with community-based partners to provide patient navigation and health education information about women's health to disparate populations. Identify and partner with public and private providers statewide to improve and expand their preventive health services through ongoing quality improvement models. Collect, analyze and disseminate data on women's preventive healthcare visits (e.g. PRAMS and BRFSS). 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).	By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: 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 1.2: Among people who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves.	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live

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					births NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
Improve social supports, with a focus on wellbeing and resilience, to prevent and reduce the impact of ACEs.	Disseminate information (e.g. PSAs, presentations, fact sheets, etc.) about risk and protective factors that support behavioral health and reduce the impact of ACEs among women of childbearing age. Support the development of a comprehensive, trauma-informed, culturally sensitive workforce.	By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: 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 1.2: Among people who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves.	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per

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					1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
Promote health equity, improve social determinants of health, and identify and deconstruct systems of institutionalized oppression for maternal and	Continue to partner with Medicaid and department leadership on extending postpartum coverage to one year. Promote access to sexual and reproductive health services for all Alaskans in their communities.	By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: 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).	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births

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child health populations.				ESM 1.2: Among people who had Medicaid during their pregnancy and recently delivered a live birth, percentage who had a postpartum checkup for themselves.	(<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth

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Perinatal/Infant Health					
Increase the number of children who are living in safe, stable, nurturing environments.	Leverage multi-sector partnerships to provide evidence-based and culturally appropriate safe sleep materials and education for families who experience high risk factors for SUID, including caregiver tobacco use.	By 2025, increase the percent of Alaska infants placed to sleep on their backs to 87%.	NPM 5: 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	***Inactive -*** *ESM 5.1: Percent of SUID cases reviewed by MCDR in prior year with a scene reenactment including photos completed by the investigating agency.* ***Inactive -*** *ESM 5.2: Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative (ABI) trainings with information about safe sleep.* ESM 5.3: The percentage of people who recently delivered a live birth who were screened for depression during a postpartum checkup.	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of	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. 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	Among Alaska women who delivered a live birth and reported that they were trying to get pregnant, decrease the percent who indicated that they had one or more alcoholic drinks in an average week during the 3 months before pregnancy to 26% by 2025.	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.		

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infants and toddlers and women of childbearing age.	seeking information about interpersonal violence and maternal mental health. Collect, analyze, and disseminate data related to alcohol-affected pregnancies, alcohol use among pregnant people, and alcohol use among women of childbearing age. In partnership with the Alaska Perinatal Quality Collaborative, engage hospitals and birthing facilities in data-driven, collaborative quality improvement focused on improving care and outcomes for newborns and families affected by substance use. Enhance surveillance of substance-affected pregnancies using data from birth defects registry, hospital discharge, and Medicaid.				
Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of infants and toddlers and women of childbearing age.	Partner with birth center clinical staff to effectively screen pregnant/postpartum people for substance use including tobacco, alcohol, marijuana, and substances that may impair judgment, including prescribed medications, to identify infants at high risk for SUID. Identify opportunities to meaningfully engage lived experience perspectives.	By 2025, increase the percent of Alaska infants placed to sleep on their backs to 87%. Among Alaska women who delivered a live birth and reported that they were trying to get pregnant, decrease the percent who indicated that they had one or more alcoholic drinks in an average week during the 3 months before pregnancy to 26% by 2025	NPM 5: 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	***Inactive -*** *ESM 5.1: Percent of SUID cases reviewed by MCDR in prior year with a scene reenactment including photos completed by the investigating agency.* ***Inactive -*** *ESM 5.2: Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative (ABI) trainings with information about safe sleep.* ESM 5.3: The percentage of people who recently delivered	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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				a live birth who were screened for depression during a postpartum checkup.	
Child Health					
Increase the number of children who are living in safe, stable, nurturing environments.	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. Support school nurses and counselors with injury prevention education and trauma informed care best practice information. Provide analytical and programmatic support for systems serving families and addressing child development, family violence, addiction, and mental health. Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.). Continue to modernize data systems to increase use in evaluating programs to better understand child health and development outcomes and identify specific populations in need of intervention. Collaborate with internal and external partners on childhood injury prevention. Improve the reliability of maltreatment-related mortality classifications (particularly those related to child neglect and negligence) through a pilot study.	By 2025, reduce the rate of hospitalization for non-fatal injury per 100,000 children, ages 0 though 9, to 145.	NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9	ESM 7.1.1: 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.	NOM 15: Child Mortality rate, ages 1 through 9, per 100,000 NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000
Adolescent Health					
Increase connection to behavioral and	Increase the number of youth friendly clinics (or number of clinics participating in a quality improvement initiative).	By 2025, increase the percent of adolescents, ages 12-17, with a preventive medical visit in the past	NPM 10: Percent of adolescents, ages 12 through 17, with a	ESM 10.1: Percent of students who have a comprehensive	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000

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mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.	Support the Alaska Coalition for Healthy Teens and Young Adults. Collaborate with partners to facilitate continuing education, workforce development and increased coordination of health service supports between providers in all settings who work with adolescents Support school nurses and school-based health centers in encouraging all youth to establish a medical home and have consistent visits. Promote youth health literacy and access to preventative medical visits (whether through school nurses, the Fourth R, adult preparation skills curriculum, healthy life skills or with community partners) including education on the importance of a well visit and oral health. Increase adolescent preventive health visits for youth covered by Medicaid and disseminate data and information regarding adolescent healthcare visits. Promote the use of a private online or virtual, personally guided, comprehensive risk assessment screening using a validated and standardized instrument prior to adolescent wellness visits that includes behavioral health questions.	year to 74%.	preventive medical visit in the past year.	wellness visit at school-based health centers.	NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000 NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 20: Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) NOM 22.2: Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza NOM 22.3: Percent of adolescents, ages 13 through 17, who have received at least one

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					dose of the HPV vaccine NOM 22.4: Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine NOM 22.5: Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females
Increase safe and healthy relationships.	Develop a Fourth R and Healthy Relationships Plus Program online training that includes additional resources for parents and educators on facilitating healthy relationship conversations with youth. Support statewide training and dissemination of a comprehensive violence prevention curriculum for coaches and athletes. Maintain statewide dissemination of Teen Speak publications and adolescent-focused motivational interviewing skills training and resources for supportive adults, parents, caregivers, and clinicians. Increase meaningful connection between youth and supportive adults through YAHA by collaborating on the programs and projects that target youth. Support and collaborate with Division of Behavioral Health and other agencies working on suicide prevention and mental health. Address multiple forms of violence including youth violence, teen dating violence, and adverse childhood experiences (ACEs) for teens and young adults ages 13-24.	To increase the percent of students who report they would feel comfortable seeking help from three or more adults (other than parents) if they had an important question affecting their life to 56% by 2025.	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.		
Increase connection to	Facilitate access to trauma-informed professional development options for school nurses and school staff including mental health topics specific to	To increase the percent of students who report they would feel	SPM 2: Percent of students who report they		

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behavioral and mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.	adolescents.	comfortable seeking help from three or more adults (other than parents) if they had an important question affecting their life to 56% by 2025.	would feel comfortable seeking help from three or more adults besides their parents if they had an important question affecting their life.		
Children with Special Health Care Needs					
Increase or promote equitable access to medical and pediatric specialty care and family supports for CYSHCN.	Promote statewide coordinated intake and referral services (CIRS) for families and primary care providers of 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. Provide sustainable implementation of Family Engagement training through community partnerships. Partner with parents, audiologists, and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss. Promote workforce capacity, systems integration, and healthcare infrastructure for primary and specialty care. Continue to provide limited gap-filling pediatric specialty clinics and family navigation services as needed and as resources allow. Collect, analyze, and share data and information describing the CYSHCN	By 2025, increase the percent of CYSHCN who receive integrated care through a patient/family centered medical/health home to 53%.	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	ESM 11.1: 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.	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very good health NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

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	population in Alaska and their experiences to increase awareness and promote service delivery and system improvement.				
Cross-Cutting/Systems Building					
Strengthen systems, services and partnerships to help families and health care providers respond to the impact of a collective emergency, disaster or other trauma.	Contribute to assessment of needs and dissemination of data and best practice information to support emergency response. In partnership with emergency response agencies, promote and disseminate information to the public about policies being implemented and changes in availability of public health services during and in the wake of a significant traumatic event or emergency.	Increase the number of CUBS respondents who have an emergency plan in case of disaster to 80% by 2025.	SPM 4: Percent of mothers of 3-year-old children whose family has an emergency plan in case of disaster.		
Improve social supports, with a focus on wellbeing and resilience, to prevent and reduce the impact of ACEs.	Provide staff training in responding to ACEs/trauma and strengths-based approaches. Promote or provide workforce training and support for self-care and responding to vicarious trauma exposures.	Increase the number of people who recently delivered a live birth who have a strong social support system to 79% by 2025.	SPM 3: Percent of people who recently delivered a live birth who have a strong social support system during the postpartum period.		
Promote health equity, improve social determinants of health, and identify and deconstruct systems of institutionalized oppression for maternal and child health	Collaborate with Medicaid to improve reimbursement and/or increase access to services. Provide staff training and development opportunities in health equity, implicit bias, and anti-racism. Conduct ongoing assessment of equity impacts of Title V strategies across domains. Promote equitable use of resources to work towards elimination of structural racism.	Eliminate racial disparities in maternal and infant mortality.	SPM 5: Infant mortality disparity rate ratio of Alaska Native to white infants (per 1,000 live births)		

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populations.	Collect, analyze, and disseminate data and information on health equity topics.				