

Priority Needs	Five-Year Objectives	Strategies	Evidence-Based or –Informed Strategy Measures	National and State Performance Measures	National and State Outcome Measures
<b>Women/Maternal Health</b>					
<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>By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.</p>	<p>Collaborate with community-based partners to provide patient navigation and health education information about women’s health to disparate populations.</p> <p>Identify and partner with public and private providers statewide to improve and expand their preventive health services through ongoing quality improvement models.</p> <p>Collect, analyze, and disseminate data on women’s preventive healthcare visits and other health issues among women of childbearing age (e.g. Pregnancy Risk Assessment Monitoring System and Behavioral Risk Factor Surveillance System).</p> <p>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).</p>	<p>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).</p> <p>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>	<p>NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV</p>	<p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p> <p>NOM - Percent of low birth weight deliveries (&lt;2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (&lt;37 weeks) (Preterm Birth, Formerly NOM 5) - PTB</p> <p>NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB</p> <p>NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM</p> <p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p>

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					<p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related</p> <p>NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP</p> <p>NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p> <p>NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression,</p>

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<p>Improve social supports, with a focus on wellbeing and resilience, to prevent and reduce the impact of ACEs.</p>	<p>By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.</p>	<p>Disseminate information (e.g. public service announcements, presentations, fact sheets, etc.) about risk and protective factors that support behavioral health and reduce the impact of Adverse Childhood Experiences (ACEs) among women of childbearing age.</p> <p>Support the development of a comprehensive, trauma-informed, culturally sensitive workforce.</p>	<p>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).</p> <p>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>	<p>NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) - WWV</p>	<p>Formerly NOM 24) - PPD</p> <p>NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM</p> <p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p> <p>NOM - Percent of low birth weight deliveries (&lt;2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (&lt;37 weeks) (Preterm Birth, Formerly NOM 5) - PTB</p> <p>NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB</p> <p>NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM</p> <p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p>

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					<p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Preterm-related mortality rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related</p> <p>NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP</p> <p>NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p> <p>NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD</p>
Promote health equity and identify and address social	By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.	Promote access to sexual and reproductive health services for all Alaskans in their communities.	ESM WWV.1 - Number of dissemination products created (e.g. Epi bulletins, data	NPM - Percent of women, ages 18 through 44, with a preventive medical visit in the past year (Well-Woman Visit, Formerly NPM 1) -	NOM - Rate of severe maternal morbidity per 10,000 delivery hospitalizations (Severe Maternal Morbidity, Formerly NOM 2) - SMM

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determinants of health.			<p>briefs, reports, PSAs, etc.) based on analyses of survey data on women's preventive health care visits (and description).</p> <p>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>	WWV	<p>NOM - Maternal mortality rate per 100,000 live births (Maternal Mortality, Formerly NOM 3) - MM</p> <p>NOM - Percent of low birth weight deliveries (&lt;2,500 grams) (Low Birth Weight, Formerly NOM 4) - LBW</p> <p>NOM - Percent of preterm births (&lt;37 weeks) (Preterm Birth, Formerly NOM 5) - PTB</p> <p>NOM - Percent of early term births (37, 38 weeks) (Early Term Birth, Formerly NOM 6) - ETB</p> <p>NOM - Perinatal mortality rate per 1,000 live births plus fetal deaths (Perinatal Mortality, Formerly NOM 8) - PNM</p> <p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Neonatal mortality rate per 1,000 live births (Neonatal Mortality, Formerly NOM 9.2) - IM-Neonatal</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Preterm-related mortality</p>

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					<p>rate per 100,000 live births (Preterm-Related Mortality, Formerly NOM 9.4) - IM-Preterm Related</p> <p>NOM - Percent of women who drink alcohol in the last 3 months of pregnancy (Drinking during Pregnancy, Formerly NOM 10) - DP</p> <p>NOM - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations (Neonatal Abstinence Syndrome, Formerly NOM 11) - NAS</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p> <p>NOM - Percent of women who experience postpartum depressive symptoms following a recent live birth (Postpartum Depression, Formerly NOM 24) - PPD</p>
<p>Promote health equity and identify and address social determinants of health.</p>	<p>By 2025, increase the number of Alaska women who had a preventive medical visit in the past year to 75%.</p>	<p>Continue to partner with Medicaid and department leadership on extending postpartum coverage to one year.</p>	<p>No ESMs were created by the State. ESMs were optional for this measure in the 2025 application/2023 annual report.</p>	<p>NPM - 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>	<p>This NPM was newly added in the 2025 application/2023 annual report. The list of associated NOMs will be displayed in the 2026 application/2024 annual report.</p>

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<b>Perinatal/Infant Health</b>					
<p>Increase the number of children who are living in safe, stable, nurturing environments.</p>	<p>By 2025, increase the percent of Alaska infants placed to sleep on their backs to 87%.</p>	<p>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.</p>	<p><i>Inactive - ESM SS.1 - Percent of SUID cases reviewed by MCDR in prior year with a scene reenactment including photos completed by the investigating agency.</i></p> <p><i>Inactive - ESM SS.2 - Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative (ABI) trainings with information about safe sleep.</i></p> <p>ESM SS.3 - The percentage of people who recently delivered a live birth who were screened for depression during a postpartum checkup.</p>	<p>NPM - 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</p>	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>
<p>Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of</p>	<p>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.</p>	<p>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.</p> <p>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</p>		<p>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>	

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<p>infants and toddlers and women of childbearing age.</p>		<p>seeking information about interpersonal violence and maternal mental health.</p> <p>Collect, analyze, and disseminate data related to alcohol-affected pregnancies, alcohol use among pregnant people, and alcohol use among women of childbearing age.</p> <p>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.</p> <p>Enhance surveillance of substance-affected pregnancies using data from birth defects registry, hospital discharge, and Medicaid.</p>			
<p>Reduce substance misuse (including alcohol, tobacco and drugs) among caregivers of infants and toddlers and women of childbearing age.</p>	<p>By 2025, increase the percent of Alaska infants placed to sleep on their backs to 87%.</p> <p>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</p>	<p>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.</p> <p>Identify opportunities to meaningfully engage lived experience perspectives.</p>	<p><i>Inactive - ESM SS.1 - Percent of SUID cases reviewed by MCDR in prior year with a scene reenactment including photos completed by the investigating agency.</i></p> <p><i>Inactive - ESM SS.2 - Number of maternity care providers and WIC staff participating in Alaska Breastfeeding Initiative (ABI) trainings with information about safe sleep.</i></p> <p>ESM SS.3 - The percentage of people who recently delivered</p>	<p>NPM - 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</p>	<p>NOM - Infant mortality rate per 1,000 live births (Infant Mortality, Formerly NOM 9.1) - IM</p> <p>NOM - Post neonatal mortality rate per 1,000 live births (Postneonatal Mortality, Formerly NOM 9.3) - IM-Postneonatal</p> <p>NOM - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births (SUID Mortality, Formerly NOM 9.5) - IM-SUID</p>



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			a live birth who were screened for depression during a postpartum checkup.		
<b>Child Health</b>					
Increase the number of children who are living in safe, stable, nurturing environments.	By 2025, reduce the rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9, to 145.	<p>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.</p> <p>Support school nurses and counselors with injury prevention education and trauma informed care best practice information.</p> <p>Provide analytical and programmatic support for systems serving families and addressing child development, family violence, addiction, and mental health.</p> <p>Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.).</p> <p>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.</p> <p>Collaborate with internal and external partners on childhood injury prevention.</p> <p>Increase early childhood systems support for families through community partnership.</p> <p>Support efforts to improve access and availability of high quality child care statewide.</p>	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.	NPM - Rate of hospitalization for non-fatal injury per 100,000 children, ages 0 through 9 (Injury Hospitalization - Child, Formerly NPM 7.1) - IH-Child	<p>NOM - Child Mortality rate, ages 1 through 9, per 100,000 (Child Mortality, Formerly NOM 15) - CM</p> <p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>
Increase the number of children who are living in	By 2025, increase the percent of children ages 0 through 17 who have a medical home to 50%.	Offer continuing education, professional development, and increased coordination of health service supports between providers serving children and youth	ESM MH.1 - Percent of CYSHCN, their family members, health care and	NPM - Percent of children with and without special health care needs, ages 0 through 17, who have a	NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning

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safe, stable, nurturing environments.	By 2025, increase the percent of children with 2 or more ACEs ages 0 through 17 who have a medical home to 35%.	Collect, analyze, and disseminate data to better understand child wellbeing in Alaska (e.g., ALCANLink, PRAMS, CUBS, education data sources, etc.).	community professionals who complete trainings on various health care topics and report increased knowledge after the training.	medical home (Medical Home, Formerly NPM 11) - MH	<p>system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>

## Adolescent Health

Increase connection to behavioral and mental health information, training and resources for parents and caregivers, and providers who serve women, adolescents, and children.	By 2025, increase the percent of adolescents, ages 12-17, with a preventive medical visit in the past year to 74%.	<p>Support efforts that improve youth access to healthcare and youth centered clinics.</p> <p>Offer continuing education, professional development, and increased coordination of health service supports between providers serving adolescents.</p> <p>Promote youth health literacy including education on the importance of a well visit and oral health.</p>	ESM AWW.1 - Percent of students who have a comprehensive wellness visit at school-based health centers.	NPM - Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year (Adolescent Well-Visit, Formerly NPM 10) - AWW	<p>NOM - Adolescent mortality rate ages 10 through 19, per 100,000 (Adolescent Mortality, Formerly NOM 16.1) - AM</p> <p>NOM - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 (Adolescent Motor Vehicle Death, Formerly NOM 16.2) - AM-Motor Vehicle</p> <p>NOM - Adolescent suicide rate, ages 15 through 19, per 100,000 (Adolescent Suicide, Formerly NOM 16.3) - AM-Suicide</p>
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					<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile) (Obesity, Formerly NOM 20) - OBS</p> <p>NOM - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza (Flu Vaccination, Formerly NOM 22.2) - VAX-Flu</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine (HPV Vaccination, Formerly NOM 22.3) - VAX-HPV</p>

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					<p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine (Tdap Vaccination, Formerly NOM 22.4) - VAX-TDAP</p> <p>NOM - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine (Meningitis Vaccination, Formerly NOM 22.5) - VAX-MEN</p> <p>NOM - Teen birth rate, ages 15 through 19, per 1,000 females (Teen Births, Formerly NOM 23) - TB</p>
Increase safe and healthy relationships.	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.	<p>Increase meaningful connection between youth and supportive adults through YAHA by collaborating on the programs and projects that target youth.</p> <p>Support and collaborate with Division of Behavioral Health and other agencies working on suicide prevention and mental health.</p> <p>Address multiple forms of violence including youth violence, teen dating violence, and adverse childhood experiences (ACEs) for teens and young adults ages 13-24.</p>		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.	

**Children with Special Health Care Needs**

Increase or promote equitable access to medical and pediatric specialty care and family supports for	By 2025, increase the percent of CYSHCN who receive integrated care through a patient/family centered medical/health home to 53%.	<p>Promote statewide coordinated intake and referral services (CIRS) for families and primary care providers of CYSHCN.</p> <p>Develop resources for adolescent healthcare transition to adult care and increase education for adolescents, their caregivers, educators, and medical providers on this topic.</p> <p>Partner with the University of Alaska Anchorage Center for Human Development (UAA CHD) to implement Project ECHOs to increase</p>	ESM MH.1 - Percent of CYSHCN, their family members, health care and community professionals who complete trainings on various health care topics and report	NPM - 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	<p>NOM - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system (CSHCN Systems of Care, Formerly NOM 17.2) - SOC</p> <p>NOM - Percent of children, ages 3 through 17, with a</p>
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CYSHCN.		<p>caregiver and provider knowledge and skills.</p> <p>Provide sustainable implementation of Family Engagement training through community partnerships.</p> <p>Partner with parents, audiologists, and Early Intervention to increase referrals and enrollment by 6 months of age for children diagnosed with a hearing loss.</p> <p>Promote workforce capacity, systems integration, and healthcare infrastructure for primary and specialty care.</p> <p>Continue to provide limited gap-filling pediatric specialty clinics and family navigation services as needed and as resources allow.</p> <p>Collect, analyze, and share data and information describing the CYSHCN population in Alaska and their experiences to increase awareness and promote service delivery and system improvement.</p>	increased knowledge after the training.		<p>mental/behavioral condition who receive treatment or counseling (Mental health treatment, Formerly NOM 18) - MHTX</p> <p>NOM - Percent of children, ages 0 through 17, in excellent or very good health (Children's Health Status, Formerly NOM 19) - CHS</p> <p>NOM - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year (Forgone Health Care, Formerly NOM 25) - FHC</p>

**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.	Increase the number of CUBS respondents who have an emergency plan in case of disaster to 80% by 2025.	<p>Contribute to assessment of needs and dissemination of data and best practice information to support emergency response.</p> <p>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.</p>		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	Increase the number of people who recently delivered a live birth who have a strong social support system to 79% by 2025.	<p>Provide staff training in responding to ACEs/trauma and strengths-based approaches.</p> <p>Promote or provide workforce training and support for self-care and</p>		SPM 3: Percent of people who recently delivered a live birth who have a strong social support system	

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resilience, to prevent and reduce the impact of ACEs.		responding to vicarious trauma exposures.		during the postpartum period.	
Promote health equity and identify and address social determinants of health.	Eliminate racial disparities in maternal and infant mortality.	<p>Collaborate with Medicaid to improve reimbursement and/or increase access to services.</p> <p>Provide staff training and development opportunities in health equity, implicit bias, and anti-racism.</p> <p>Conduct ongoing assessment of equity impacts of Title V strategies across domains.</p> <p>Promote equitable use of resources to work towards elimination of structural racism.</p> <p>Collect, analyze, and disseminate data and information on health equity topics.</p> <p>Conduct multidisciplinary reviews to identify factors in maternal and child mortality and make culturally appropriate, actionable recommendations to reduce preventable mortality and eliminate disparities.</p> <p>Engage with diverse contacts and audiences to increase awareness about maternal and child mortality and promote implementation of prevention recommendations.</p>		SPM 5: Infant mortality disparity rate ratio of Alaska Native to white infants (per 1,000 live births)	