



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ALASKA

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

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 FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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Funding by Source

Source	FY 2018 Expenditures
 Federal Allocation	\$1,051,157
 State MCH Funds	\$10,080,107
 Local MCH Funds	\$0
 Other Funds	\$0
 Program Income	\$25,965

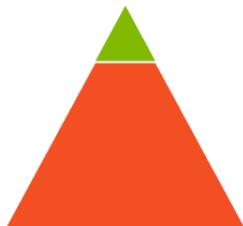
FY 2018 Expenditures



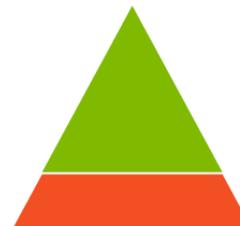
Funding by Service Level

Service Level	Federal	Non-Federal
 Direct Services	\$0	\$0
 Enabling Services	\$262,789	\$7,599,269
 Public Health Services and Systems	\$788,368	\$2,480,838

FY 2018 Expenditures
Federal



FY 2018 Expenditures
Non-Federal



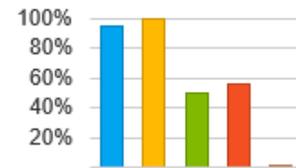
Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
Pregnant Women	95.0%	\$760,234
Infants < 1 Year	100.0%	\$1,299,252
Children 1 through 21 Years	50.0%	\$1,422,717
CSHCN (Subset of all Children)	56.0%	\$6,336,757
Others *	1.0%	\$1,207,204

FY 2018 Expenditures
Total: \$11,026,164



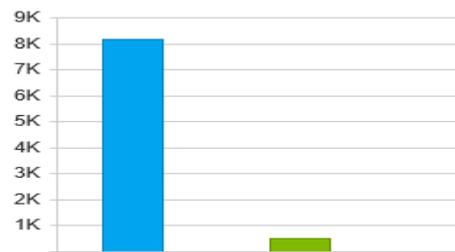
FY 2018 Percentage Served



*Others– Women and men, over age 21.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	8,153
State Title V Social Media Hits:	0
State MCH Toll-Free Calls:	523
Other Toll-Free Calls:	0



Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 5	Safe Sleep	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Adolescent Health

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.3	Percent of rarely or never screened women who receive a Pap smear paid for by the Ladies First program.
NPM 1	Well-Woman Visit	ESM 1.4	Percent of women with persistent new-onset severe hypertension treated with first line medications within 60 minutes.
NPM 5	Safe Sleep	ESM 5.3	Percent of SUID cases reviewed in prior year with complete SUID Investigation Reporting Forms
NPM 5	Safe Sleep	ESM 5.7	Percent of SUID cases reviewed in prior year and classified using CDC categories that agree with CDC post-hoc classification.
NPM 5	Safe Sleep	ESM 5.8	The number of maternity care providers participating in Alaska Breastfeeding Initiative trainings with integrated sharing of PRAMS data and information about safer sleep
NPM 6	Developmental Screening	ESM 6.1	Percent of eligible screening time points with a completed Ages and Stages Developmental Screen, among families participating in MIECHV program
NPM 11	Medical Home	ESM 11.2	Percent of families/providers who obtain needed support from Help Me Grow Alaska for a needed specialist, support or service.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of oral health pocket guides distributed
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.2	Number of school nurses trained on oral health

State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
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.	Perinatal/Infant Health
SPM 2	Percent of students who report that they would feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their life.	Adolescent Health
SPM 5	Percent of deaths among children ages 0-17 years classified as maltreatment-related by the Maternal Child Death Review (MCDR) committee.	Child Health

Executive Summary

Program Overview

The Title V Block Grant is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. Alaska's Title V program is managed by the Department of Health and Social Services (DHSS), Division of Public Health (DPH), Section of Women's Children's and Family Health (WCFH). The mission of WCFH 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 pyramid of health services, and stress improving health status, assuring health service access, and eliminating health disparities in present and future generations of Alaskans. Our target populations include pregnant women and their infants, children and adolescents, children and youth with special health care needs, those with low income status and those with limited access to health services.

ALASKA'S MCH POPULATION

Alaska's 2018 resident population was estimated at 736,239; 21% of the total population were children less than 15 years of age and 20% were women of childbearing age (15-44 years). Alaska had 10,090 births in 2018.

Health disparities and health equity have large implications for the health status of Alaska's MCH populations. Differences in health outcomes exist between the Alaska Native and non-Native populations and between rural/frontier and urban populations. The health status of Alaska Native people is poorer than that of non-Native people in several domains. The causes of these disparities are multifactorial and include a long history of discrimination and the loss of traditional lifestyles. As the Alaska Native population becomes increasingly urban or adopts western lifestyles and diet, whether by choice or not, chronic diseases such as diabetes and heart disease are of increasing concern. Significant improvements in the health of Alaska Native people have been made since the 1970s. Large investments in infrastructure including housing, safe water and sanitation facilities, community health aide-staffed tribal village clinics, and regional hospitals contributed to significant improvements in life expectancy, infant mortality and infectious disease. However, continuing disparities remain, including in key MCH outcomes such as postneonatal mortality; child, adolescent, teen (especially teen suicide), and maternal mortality; and oral health. Behavioral and mental health conditions are a major concern for all Alaskan MCH populations.

TITLE V MCH STATE PRIORITIES FOR 2015 – 2020:

1. Reduce substance abuse among families, including alcohol, tobacco and drugs
2. Reduce the rate of child maltreatment
3. Improve system of care for families with children and youth with special health care needs
4. Increase access and services to reproductive health care
5. Increase access and preventative health care services to Alaskans and their families
6. Increase healthy relationships
7. Increase evidence-based screening for all MCH populations for behavioral and mental health problems

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

Alaska's maternal child health (MCH) priorities for 2015-2020 were identified in a statewide needs assessment conducted in 2015 and are re-examined on an annual basis. Our ongoing assessment activities revolve around four functions: meeting with advisory committees; participating in other organizations' committees; partnering with other agencies on program implementation; and surveillance and research.

The MCH Title V and CSHCN Directors along with WCFH leadership and MCH Epidemiology staff selected National Performance Measures (NPMs) to track and demonstrate impact of our efforts. NPMs are linked to the identified priorities and informed by indicator data available from the MCH Epidemiology Unit's surveillance programs. The group considered the availability of data for the proposed measures, 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 the Title V program. Additional State Performance Measures (SPMs) were developed to address population needs that were identified but were not adequately addressed by the NPMs.

Alignment of the work of Title V programs with other work focused on improving outcomes for women, all children and their families is critical for us as we assure transparency, reduce duplication and breakdown silos. As we reviewed potential performance measures, we referred to the Division of Public Health 2016-2020 Strategic Plan to guide our work.

In 2017, WCFH adopted a Strategic Plan reflective of the priorities outlined in the MCH Title V Needs Assessment as well as current State priorities. The 2017-2020 Plan lays out the framework that Section programs follow to achieve our mission. Our work falls into four categories:

STRATEGIES	<p>Serve as Alaska’s chief strategists for existing and emerging public health issues</p> <ul style="list-style-type: none"> • Increase access to family-centered and culturally appropriate health services • Provide leadership to identify upstream and emerging opportunities to guide state and national health policy, improve health outcomes and contain costs.
SERVICES	<p>Protect life, health, and safety through core public health functions</p> <ul style="list-style-type: none"> • Support and enable preventative services to increase early identification and intervention for individual and population-level health issues.
SCIENCE	<p>Serve as the trusted source of health information</p> <ul style="list-style-type: none"> • Collect, analyze and disseminate meaningful data to plan, implement and evaluate programs that realize the vision of healthy Alaskans today and tomorrow. • Build trust as a reliable and accessible resource to partners and the public.
SYSTEMS	<p>Strengthen essential public health infrastructure, services, and partnerships</p> <ul style="list-style-type: none"> • Partner with families and consumers, keeping their voice and leadership central: “nothing about us, without us.” • Collaborate broadly to grow networks and systems. • Build capacity through education, securing funding and sharing quality data.

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

WCFH actively recruits Alaska parents, providers, and communities to help set priorities and initiate activities on all levels of decision making, keeping the family and consumer voice and leadership central. As a standard, all WCFH advisory committees include at least one parent. Their participation is a valuable addition to assuring the voice of parents is included in policies, educational materials, and outreach. In 2017, WCFH instituted an honoraria process to recognize the professional support parents provide our programs. All specialty clinics conduct client satisfaction surveys during or after the clinics. Family engagement on the statewide and local community levels has been critical to the launch of [Help Me Grow Alaska](#), a system that connects children and families with services through centralized outreach, screening, referral and care coordination services. The Children and Youth with Special Health Care Needs (CYSHCN) Systems Integration Grant and subsequent Early Childhood Comprehensive Systems project focus on family engagement through committee participation and quality improvement efforts using the Strengthening Families framework and with active participation with the state’s primary family representation agency, Stone Soup Group. WCFH is especially proud of efforts to incorporate the voice of youth through the Youth Alliance for a Healthier Alaska.

WCFH partnered with Alaska’s University Center for Excellence (USED) to develop and administer a Family Navigation Training to provide staff in clinical and support settings the person-centered skills they need to help families access the services they need. The training builds on principals of care coordination and introduces skills such as shared decision making, active listening, asset mapping and professional collaboration.

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 of the programs and services within WCFH are delivered in collaboration and partnership with others.

OTHER FEDERAL INVESTMENTS: In addition to the Title V Block Grant, other Maternal Child Health Bureau programs administered by WCFH include the State Systems Development Initiative, Maternal Infant Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS), and Universal Newborn Hearing Screening. WCFH also administers CDC's Early Hearing Detection & Intervention (EHDI), Personal Responsibility Education Program, Teen Pregnancy Prevention, Title X Family Planning, and Breast and Cervical Health Check. WCFH collaborates with federally qualified health centers throughout Alaska.

STATE AND LOCAL MCH PROGRAMS: There are only three local governmental agencies in Alaska; all have interpreted their health powers very narrowly. Using Title V dollars, WCFH collaborates with the Borough of Juneau to fund nurse practitioners to offer reproductive health and well child visits in high schools in one community.

OTHER PROGRAMS WITHIN ALASKA DHSS: Key examples are listed briefly below:

Contraceptives and nurse practitioner contracts are funded through Title V to support reproductive health services provided by public health centers and other private providers. WCFH has data use agreements with the DPH Section of Health Analytics and Vital Records, Office of Children's Services (OCS), and Division of Behavioral Health, and regularly accesses data from Medicaid, WIC, and the Division of Juvenile Justice. WCFH and the Division of Senior and Disability Services have an agreement to link EHDI program data with Early Intervention/Infant Learning Program (EI/ILP).

The CYSHCN Director serves on the Strengthening Families Leadership Team in OCS. WCFH has partnered with OCS, the Governor's Council on Disabilities & Special Education, and EI/ILP on improving the use of evidence-based developmental screening tools and launching Help Me Grow in Alaska. Title V partners with the Section of Chronic Disease Prevention and Health Promotion on initiatives related to childhood obesity and oral health.

OTHER GOVERNMENT AGENCIES: WCFH has data sharing agreements with the Department of Revenue, the Department of Public Safety, and the court system. The School Nurse/School Health consultant is a member on the steering committee charged with developing the school health track for the Department of Education and Early Development's (DEED) statewide education plan. WCFH also collaborates with DEED on the administration and evaluation of the Parents as Teachers home visiting program.

VII. TRIBES, TRIBAL ORGANIZATIONS: Collaboration with the Alaska Native Tribal Health Corporation (ANTHC) includes:

- Co-sponsoring the biennial Alaska MCH and Immunization Conference
- Participating on the ANTHC EpiCenter Scientific Advisory Committee
- ANTHC providers participate on many WCFH advisory committees and collaborate in multiple areas such as newborns screening, CYSHCN, safe sleep, maternal child death reviews, among others.

PUBLIC HEALTH AND HEALTH PROFESSIONAL EDUCATIONAL PROGRAMS AND UNIVERSITIES: WCFH collaborates with the University of Alaska Anchorage (UAA) to sponsor statewide clinics for screening and diagnosis of autism/neurodevelopmental disorders, along with other initiatives such as Project ECHO, family navigation, and professional development and training opportunities related to autism. The MCH Epidemiology Unit Manager serves on the community advisory committee for UAA's MPH program and the Title V Director serves on the community advisory committee for the Nursing program. UAA's Center for Human Development is a close collaborator in developing programs for CYSHCN and conducts phone interviews for PRAMS and CUBS.

OTHER ORGANIZATIONS THAT SERVE THE MCH POPULATION: WCFH actively participates and is a leader in the All Alaska Pediatric Partnership. WCFH invites coalitions and non-profit agencies to participate in advisory committees and stakeholder meetings such as Planned Parenthood; the Association of Women's Health, Obstetric and Neonatal Nursing; AAP-Alaska chapter; Stone Soup Group; Broken Sparrow; and YWCA. WCFH collaborates with Primary Care Associates, a private group of providers, to promote medical homes and reproductive health initiatives. Community level grantees deliver direct services for WIC, EI/ILP, and breast and cervical cancer screening and outreach. WCFH funds parent navigation services for the autism/neurodevelopmental screening and diagnostic clinics, EHDI, and families of children with cleft lip and palate conditions.

HOW FEDERAL AND NON-FEDERAL FUNDS SUPPORT MCH SERVICES

It cannot be understated how important federal grants are to providing the infrastructure to carry forward the state's MCH priorities. The Alaska MCH/CYSCHN programs transitioned from direct service nearly 15 years ago and have since provided dollars for linking services, technical assistance and infrastructure support for data surveillance and analysis, and program evaluation. Gap filling services in the form of support and coordination have been offered in the areas of Cleft Lip and Palate clinics, metabolic, neurodevelopmental and genetic services. Our epidemiological infrastructure is crucial to measuring the effectiveness of service delivery not only in the programs delivered by WCFH, but also outside of DPH and DHSS. Partnerships such as Alaska Primary Care Association provide a critical venue to distribute information and link interested medical practices with our HRSA/MCHB grant focused on promoting and implementing pediatric medical homes. Work with the UAA's Center for Human Development has been

an important partner in developing the workforce to deliver intensive early intervention applied behavioral analysis services to children diagnosed with autism.

How Federal Title V Funds Support State MCH Efforts

The majority of Title V dollars support the work of the Maternal Child Health (MCH) Epidemiology 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 the work of such programs as the Maternal Child Death Review, the Alaska Birth Defects Registry, the Alaska Longitudinal Child Abuse and Neglect Linkage project (ALCANLink), Childhood Understanding Behaviors Survey (CUBS), among others. Title V dollars were also used to support the implementation of a perinatal quality collaborative, provide technical assistance to school nurses in Alaska, provide education to child welfare workers and health care providers on safe sleep practices, update the Alaska safe sleep curriculum and educational materials and conduct other work related to systems of care for children and youth with special health care needs (CYSHCN). Title V dollars also supported CYSHCN by funding family navigation services, pediatric specialty clinics, and genetic counseling services. Title V dollars were also used to continually update the Alaska State Plan for CYSHCN with our partners to ensure a coordinated effort in Alaska.

MCH Success Story

The Alaska Perinatal Quality Collaborative (AKPQC) launched in January 2019, the culmination of a year of planning coordinated by the Section of Women's, Children's, and Family Health (WCFH) in collaboration with the AKPQC Steering Committee. The launch event drew a multidisciplinary group of 75 participants from around Alaska. Three nationally recognized experts in maternal and neonatal health presented on collaborative quality improvement (QI) methods and successful initiatives. Title V funds supported meeting coordination for the event as well as some personnel costs for WCFH staff who worked on it. Title V TA funds supported travel for one of the out-of-state speakers.

During the event, we facilitated a group discussion and interactive voting activity on perinatal health issues and potential focus areas of the AKPQC. Based on this feedback and a review of Alaska severe maternal morbidity (SMM) data, the AKPQC Steering Committee chose severe maternal hypertension as an initial focus area. To date, seven hospitals representing almost 70% of births in Alaska are enrolling in the initiative. WCFH will continue to coordinate this initiative and will launch a neonatal branch of the AKPQC in Fall 2019. Launching a PQC has been a goal for WCFH for a few years, and it is exciting to see it come to reality. There is a very engaged steering committee that includes multiple hospitals, the State Hospital Association, and Alaska chapters of ACOG, AAP, and AWOHN, among others.

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 document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

[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.