



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

National Performance Measure #7

Percentage of children 19-35 months who have received a full schedule of age appropriate immunizations for measles, mumps, rubella, polio, diphtheria, tetanus, pertussis, Haemophilus influenza and hepatitis B.

Past Year's Activities (July 2011 through June 2012)

Stop-gap state legislation was signed into law to offset decreased federal funding for vaccine procurement. The 3-year state funding was to increase access to vaccine for underinsured children starting July 1, 2012.

Media campaigns such as such as Facebook advertising, TV PSAs, an annual Iditarod immunization campaign, and National Infant Immunization Week occurred. Social media campaigns targeted influenza vaccination for children, adolescents, and adults. A separate Face book campaign promoted the adolescent vaccine platform targeting adolescents and their parents.

The third biennial statewide Alaska Maternal Child Health (MCH) and Immunization Conference occurred September 27-28, 2012. Douglas Decoma, MD provided a plenary session, "Improving Immunization Coverage: Working with Vaccine-Hesitant Parents" and a breakout session, "Strategies for Improving Immunization Coverage." Several groups focused on increasing immunization rates, including an Alaska DPH Workgroup, sections within public health, Municipality of Anchorage, All Alaska Pediatric Partnership, Alaska Chapter of AAP, tribal health, the Vaccinate Alaska Coalition, several local vaccine coalitions (Juneau, Wasilla, and Fairbanks), and other networks.

The VacTrAK immunization registry enrollment is increasing. Beginning March 1, 2012 all provider enrollments, vaccine administration data, and vaccine ordering were required to go through VacTrAK. WCFH began to use VacTrAK to screen the immunization status of children attending genetics specialty clinics. Staff notified parents if their children were due for vaccinations.

The Alaska Immunization Program (AIP) perinatal hepatitis B surveillance and case management program continued to assure that children born to Hepatitis B positive women received the birth dose of Hep B vaccination and completed the vaccination series.

PHNs provided outreach and direct services for immunizations to children in public health centers and via itinerant PHN services across the state. PHNs worked with tribal CHA/Ps and private providers to train and support them in the provision of immunization services.

WCFH promoted a Bright Futures prenatal visit with a health care provider for the baby as a way to reduce the problem of immunization late starters. A WCFH perinatal nurse consultant provided several presentations about vaccine hesitancy and strategies to reduce immunization late starters. The audience included OB and pediatric providers in Anchorage, Fairbanks, and Juneau. Well child brochures that recommend well child visits according to the Bright Futures periodicity schedule were developed and distributed widely across the state. WCFH also distributed *Baby and Me* books to prenatal providers to give to pregnant women. These books also promote well child visits and immunizations.



Public health nurses provided outreach and direct services for immunizations to children in public health centers and via itinerant PHN services across the state. PHNs provided training and consultation with medical providers and community health aides (CHAs), especially where staff turnover is common such as in rural areas of the state.

Current Year's Activities (July 2012 through June 2013)

The 2011 National Immunization Survey (NIS) data show that the percentage of Alaska children with 4/3/1/0/3/1/4 (4-DTaP, 3-Polio, 1-MMR, 0-Hib [due to national vaccine shortage], 3-Hepatitis B, 1-Varicella, 4- PCV) vaccine coverage continues to improve, from 56.6% in 2009 to 69% in 2011.

Improving childhood immunization rates remains a top priority for DPH. Numerous groups continue working statewide to address immunizations, and are utilizing evidence based interventions from the "Community Guide."

The annual "I Did It By TWO!" childhood immunization awareness campaign with the Iditarod continues. Alaska VAC-FACTS (provider education 1-pagers) updates are underway. Immunization presentations are being offered at various professional and community meetings, and for students in health care fields.

WCFH is using the VacTrAK registry to screen the immunization status of children attending specialty clinics, and to notify parents if children are due for vaccinations.

WCFH distributes brochures and books promoting well child visits and immunizations, and a first year calendar with the well child schedule. Medicaid is sending monthly newsletters that include immunization information.

Public Health Nursing is outreaching and providing direct services for immunizations to children in public health centers and via itinerant PHN services across the state. For National Infant Immunization Week in April, vaccine administration fees are being waived.

Activity	Pyramid Level of Service			
	DHC	ES	PBS	IB
Increase access to vaccines for underinsured children via limited 3-year state funding (July 2012 through June 2015)		X		
Utilize the media to promote childhood immunizations, such as immunization rack card			X	
Promote group work focusing on increasing immunization rates			X	X
Increase enrollment in the VacTrAK registry			X	X
Provide perinatal hepatitis B surveillance and case management			X	
Provide outreach and direct services for immunizations by PHNs across the state, and train and support tribal CHA/Ps and private providers in the provision of immunization services	X		X	
Promote well child visits within a medical home	X	X	X	
Provide immunization education through conferences, trainings and consultation			X	X



NOTE: **DHC**=Direct Health Care **ES**=Enabling Services **PBS**=Population Based Services **IB**=Infrastructure Building.

Next Year's Activities (July 2013 through June 2014)

The next statewide immunization conference will be October 9-10, 2013 in Anchorage. The Theme of the 2013 conference is "Every ONE Counts: Every child, Every person, Every Community, Every dose of vaccine." Paul Offit, Chief of the Division of Infectious Diseases and the Director of the Vaccine Education Center at the Children's Hospital of Philadelphia will be the keynote speaker and Amy Pisani, Executive Director of Every Child by Two will be a plenary presenter.

The 2011 Childhood Understanding Behaviors Survey (CUBS) survey informed us that 35% of mothers delayed or refused vaccines because of information they obtained from friends and family, and 32% did so because of information they obtained from the internet and other media. CUBS data from 2009 to 2011 also informed us that vaccine hesitancy was nearly 2.5 times more likely if the child had not received a well child visit within the past 12 months, and was nearly

twice as likely if the child did not have a health care provider who knew them well. To address these findings, WCFH will work together with the All Alaska Pediatric Partnership to develop an immunization rack card with evidence-based, non-governmental immunization websites. WCFH will also promote well child visits within the context of the medical home in order to foster trust between parents and the health care provider. We will also work with other programs and groups serving children to promote the message of well child visits. We will continue to distribute resources promoting well child visits and immunizations. The Medicaid program will continue to send EPSDT outreach letters and informational newsletters.

In partnership with the Iditarod Trail Committee and the Vaccinate Alaska Coalition, the AIP staff will continue to present the annual childhood immunization awareness campaign "I Did It By TWO!" in March 2014. The AIP will update Alaska VAC-FACTS (provider education 1-pagers). Staff within the AIP, WCFH, & public health nursing will provide immunization education at professional and community meetings, and for students in health care fields.

Public health nursing will continue to provide outreach and direct services for immunizations to children in public health centers and via itinerant PHN services across the state. PHNs will provide training and consultation to medical providers and CHAs, and will continue their collaboration with others such as through coalitions and work groups.



National Performance Measure #8

The rate of birth (per 1,000) for teenagers aged 15-17 years.

Past Year's Activities (July 2011 through June 2012)

The birth rate for teenagers aged 15-17 years in Alaska in 2011 was 13.5 births per 1,000. The Healthy Alaskans 2010 Objective is 18 per 1,000.

Title V continued to fund nurse practitioners to provide comprehensive reproductive health services, including comprehensive education and counseling, at the Kodiak Public Health Center (PHC) and the Juneau High School Teen Health Centers.

Title V funds also were used through February '12 for cervical cancer screening services for women of all ages seeking family planning services at all State Public Health Centers (PHCs). Beginning in March '12, the State PHCs transitioned to enrolling all income-eligible women in the Alaska Breast and Cervical Health Check program for payment for their screening, diagnostic and treatment needs.

The WCFH Family Planning Program (FPP) continued to administer the Title X Family Planning Services grant in FY12, offering high quality, low cost family planning and related preventive health services to low income women, men, and teens in communities in the Mat-Su Valley, the lower Kenai Peninsula, and a federally-qualified community health center (FQHC) in Fairbanks. The FPP Title X services promoted parental involvement in teen decisions to seek family planning services and offered comprehensive sexuality education and counseling, including encouraging abstinence, as a core part of their service delivery.

The Section of WCFH continued work under an interdepartmental agreement with the Division of Public Assistance with the goal of reducing teen and non-marital pregnancy in Alaska. The women's and reproductive health nurse consultant provided skill-building counseling trainings including counseling about unhealthy relationships. The nurse consultant served on the Statewide Sexual Assault Response Team Steering Committee (SART) which developed SART Guidelines for the state.

The Adolescent Health Program (AHP) targeted the issues of teen pregnancy and unhealthy relationships by promoting healthy relationships in Alaska's teens. The AHP also provided administrative support for two grants to communities aimed at involving youth in the prevention of teen pregnancy and unhealthy relationships.

The AHP managed two federal teen pregnancy prevention grants, both focusing on teen pregnancy prevention, healthy relationships and STD/HIV prevention. The AHP manager served as an active member of a domestic violence and sexual assault prevention steering committee, linking violence prevention and pregnancy prevention for teens. The AHP planned and implemented one teen pregnancy prevention mini summits that were attended by Alaskan peer educators and service providers.

The nurse consultant provided reproductive health trainings and patient education materials for health care providers in census areas of the state where rates of births to teens and single women have been higher than the state average for over a decade. A limited supply of long-acting reversible contraceptives were provided to women in over 46 rural and remote Alaskan communities. Skills-based trainings, including hands-on, audio conference, self-study and web-based, were offered throughout the



year. Informal surveys of rural health workers were conducted in order to learn perceptions about teens' needs for reproductive health care services. Limited access to comprehensive reproductive health services and high cost of effective contraceptives remain the leading concerns.

Current Year's Activities (July 2012 through June 2013)

Most FY12 projects are continuing during FY13.

The WCFH FPP continues to administer the Title X Family Planning Services grant in the Mat-Su Valley and the lower Kenai Peninsula. Unfortunately, the site in Fairbanks decided to cease participation in the Title X Program at the close of SFY12, due to staffing shortages and administrative burden of the program, although this site will continue to provide family planning services, counseling and education to their adolescents clients. The two remaining Title X sites continue to promote parental involvement in teen decisions to seek family planning services and offered comprehensive sexuality education and counseling, including encouraging abstinence, as a core part of their service delivery.

The AHP continues to manage grants to communities on youth development and teen pregnancy prevention. The AHP continues its social marketing campaign on birth spacing. The AHP is continuing work with the Youth Alliance for a Healthier Alaska, an advisory committee comprised of all youth that advise the State on important matters relevant to teens, including teen pregnancy and violence prevention.

The AHP is working with child welfare and juvenile justice professionals, foster youth, and foster parents to promote parent child education about sexuality and healthy relationships.

Activity	Pyramid Level of Service			
	DHC	ES	PBS	IB
Provide funding for nurse practitioners to offer reproductive health services at the Kodiak PHC and Juneau High School Teen Health Center	X			X
Form and administer youth advisory committee focused on pregnancy prevention and violence prevention		X		X
Provide fiscal, administrative and clinical oversight to two Title X Family Planning clinics				X
Offer professional educational opportunities on topics relevant to teen reproductive health for health care workers from areas with the highest rates of births to teens				X
Provide administrative and technical support to for four community grantees and multiple schools for two federal teen pregnancy prevention grants				X
Create unintended pregnancy prevention brochure in additional languages- social marketing campaign			X	X
Provide administrative and technical support to two community partners for Youth Development as a Teen Pregnancy Prevention Strategy grants				X

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Next Year's Activities (July 2013 through June 2014)

In FY14, Title V will continue to fund nurse practitioners to provide reproductive health services at the Kodiak PHC and the Juneau High School Teen Health Centers.

FPP staff will continue to administer the Title X Family Planning Services grant serving communities in the Mat-Su Valley and the lower Kenai Peninsula. As required by this federal program, FPP Title X service sites will continue to promote parental involvement in teen decisions to seek family planning services and to offer comprehensive sexuality education and counseling, including encouraging abstinence, as a core part of their service delivery. FPP staff hopes to forge new partnerships with community health centers around the state in an effort to establish new Title X sites in the future.

All Adolescent Health FY 13 projects will continue in FY 14.



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

National Performance Measure #14:

Percentage of children, ages 2 to 5 years, receiving WIC services with Body Mass Index (BMI) at or above the 85th percentile

Past Year's Activities (July 2011 through June 2012)

Alaska's Women, Infants and Children (WIC) program rates for overweight children increased slightly from 21.42% in 2011 to 22% in 2012. The indicator measured children ages 2-5 years at or above the 95th percentile. The Family Nutrition Program's strategic plan (http://dhss.alaska.gov/dpa/Documents/dpa/programs/nutri/downloads/200705_strategicreport.pdf) continued to include obesity prevention in all WIC grantees' requests for proposals. The federal WIC program data collection measures do not include the collection of data at the 85% percentile.

Sixteen Alaska WIC local agency grantees continued to include the goal of reducing the prevalence of overweight and obesity among Alaskan children and adolescents in their nutrition education and services plans. They continued utilizing Alaska WIC's nutrition themes: "*Family Meals and Breastfeeding...So Good For Me*," "*Playtime.... So Good For Me*" and "*Water, Water... So Good for Me!*" and newly developed nutrition theme materials "*Alaska Fruits and Vegetables...So Good For Me!*" in outreach and other program activities. Nutrition education WIC funds were used to provide nutrition theme materials to local agencies. Those materials are available on the Division of Public Assistance's Family Nutrition, WIC-Nutrition Education website: <http://dhss.alaska.gov/dpa/Pages/nutri/wic/wiceducation.aspx>. Dissemination of nutrition theme materials also continued through the State Nutrition Action Plan (SNAP) Committee's program activities.

Changes to the WIC food package during SFY 2011 continued to help WIC families eat more nutritious meals regularly while also fostering a life-long consumption of healthy foods. In SFY 2012, WIC once again offered Farmers' Market coupons to purchase produce grown locally in various parts of the state. Farmers and farm markets in areas such as Sitka, Bethel and Dillingham were actively involved in providing healthy, local produce to WIC participants. There were 95 farmers and 13 Farmer Markets across the state providing fresh produce for WIC clients.

Additionally WIC Vendors across the state were monitored assuring a variety of healthy WIC foods and produce were made available in remote areas of the state. In those areas without approved WIC vendors, the mail out vendor (MOV) service continued to provide clients with nutritious, healthy food options.

Alaska WIC continued training on nutrition assessment and participant-centered education helps support the WIC program's initiatives to reduce overweight and obesity among Alaskan children and adolescents. WIC continues to utilize Alaska WIC nutrition reports for quality assurance, program planning and to identify coordinated national objectives that promote healthy eating and active lifestyles.



Two breastfeeding PSAs were developed and played statewide on radio stations emphasizing the importance of breastfeeding and breastfeeding and the return to work. Alaska WIC is seeing breastfeeding rates for initiation rising while duration rates are remaining the same.

The 2012, WIC's strategic plan continued to have its core purpose defined around providing quality nutrition education and food. The long term goal is no increase in percentage of obese WIC kids across Alaska.

Current Year's Activities (July 2012 through June 2013)

Alaska WIC monitors and trains on the participant-centered education model in order to provide services to all WIC clients during SFY 2013. Additionally, WIC breastfeeding peer counseling (BFPC) program staff receives quarterly evidence-based breastfeeding training to help reduce overweight and obesity in children. Clinic staff access WIC nutrition reports for quality assurance and program planning efforts. WIC monitors obesity rates monthly and directs resources accordingly. WIC shares data with the Division of Public Assistance (DPA) and publishes data on a website in an effort to raise awareness about obesity in Alaska.

The WIC Farmer's Market program is experiencing a 25% budget reduction which will reduce the amount of Farmer's Market Coupons from the standard \$25 down to \$20 per person this summer. Infants will not be eligible for coupons this year.

"Fruits and Vegetables.... So Good for Me," is the newest theme poster and brochure, following the same format as the others.

The WIC Nutrition Coordinator position has been filled, and will facilitate activities to advance on the goal to reduce childhood obesity in Alaska.

WIC continues to play a role at the state-level to increase breastfeeding rates, reduce obesity through partnerships with the Alaska Breastfeeding Coalition, local breastfeeding coalitions and the WCFH staff. Our current Breastfeeding Peer Counselor (BFPC) on-line training has been updated to provide a better training mechanism for our BFPC program.

Activities Table for the Current Year

Activities	Pyramid Level of Service			
	DH	ES	PBS	IB
Adapt participant-centered education model training and implementation			X	
Use WIC nutrition reports for quality assurance/program planning			X	
Identify coordinated objectives to promote healthy eating and active lifestyles			X	
Disseminate nutrition themes via SNAP			X	
Incorporate revised strategic plan's purpose and goals into local area WIC grants				X
Share WIC data with DPA				X

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Next Year's Activities (July 2013 through June 2014)

Next year Alaska WIC local agency grantees will continue to infuse the goal of reducing the prevalence of overweight and obesity among Alaskan children and pregnant adolescents in their nutrition education and service plans. Local agency grantees will incorporate all four nutrition themes and the revised WIC strategic plan while providing their clients' counseling and education.

Participant-centered education will be used to engage participants in setting their own nutrition goals and encouraging them to incorporate WIC foods into their daily meals. Obesity trends will be monitored and used for program planning. Data will continue to be shared with our DPA partners and documented on the DPA website.

Alaska will implement updated nutrition risks criteria, per a USDA mandate during SFY 2013. Alaska will adopt the "At Risk of Overweight" nutrition risk criteria. The USDA risk criteria will include a weight-related risk that covers infants and children less than 24 months, "High Weight-for-Length (Infants and Children < 24 Months of Age)," which Alaska will also implement. Both risk criteria will help WIC identify, educate and track data specific to overweight and obesity in Alaska. Identifying children at younger ages supports the program's overall goal to reduce overweight and obesity in children.

The current WIC computer system is slated for replacement starting September 2013. The new system will continue to capture trend data on overweight and obesity and will lend itself to more flexible reporting. This will assist the Alaska WIC program in planning and assessing existing efforts to address overweight and obesity concerns in Alaska. This coming year will focus on transferring data to the new WIC computer system while making changes to the program to meet Alaska's needs. Complete implementation will occur by the end of 2013.

SFY 14 will see a reduction in the number of Local Agency grantees which will concentrate more funding towards direct client services in order to impact health outcomes such as obesity reduction.

WIC will continue efforts to help establish space(s) for breastfeeding moms who work in Juneau state office buildings. WIC will continue to play a role at the state-level to increase breastfeeding rates, reduce obesity through partnerships with the Alaska Breastfeeding Coalition, local breastfeeding coalitions and the WCFH staff.

The Section of Women's, Children's and Family Health (WCFH) will lead a section workgroup on efforts to prevent and reduce the burden of obesity throughout the life course. They will address healthy pregnancy weight in the Healthy Start and MIECHV grants they administer, which includes a focus on breastfeeding promotion and nutrition for toddlers.

WCFH staff will be active in the Alaska Breastfeeding Coalition and will collaborate with WIC to support breastfeeding and reduce obesity.

WCFH will continue efforts to maintain a space for breastfeeding moms who work in the Anchorage Frontier Building.



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

National Performance Measure #16:

The rate (per 100,000) of suicide deaths among youths ages 15 through 19.

Past Year's Activities (July 2011 through June 2012)

In FY12, the Division of Behavioral Health's (DBH) Comprehensive Behavioral Health Prevention & Early Intervention Services (CBHPEIS) Program completed its first year of a new three-year grant cycle. The CBHPEIS is the largest prevention program that serves Alaskan communities addressing a variety of behavioral health problems and conditions such as substance abuse, domestic violence and suicide. Changes to the grant program allowed applicants to apply as "building capacity" grantees to develop and strengthen their strategic planning efforts. Furthermore, awards were limited to well developed proposals that were able to demonstrate a higher likelihood of achieving significant prevention outcomes for Alaska communities. This has led to fewer grantees than the previous grant cycle, however, the grant program overall has a stronger focus on population level outcomes. Due to this change, there was a reduction in the number of grantees who are directly addressing suicide prevention.

Seven grantees prioritized suicide as their leading prevention focus and employed strategies that were designed to create both short-term and long-term outcomes in reducing suicide. In addition, many of these grantees are working to increase protective factors, promote resiliency and community wellness. Examples of these strategies included healthy recreation programs, teen centers, sports activities, mentoring, and cultural activities, e.g., subsistence, beading, carving, drumming, and Alaska Native and Eskimo dance. New peer leadership programs were also introduced in order to expand universally driven approaches that help to guide social norms and increase help-seeking behaviors especially among youth who may be at risk of suicide.

As a result of the grant period, accomplishments were enhanced integrating suicide prevention programs with other behavioral health prevention strategies. Short term outcomes showed increases in protective factors such as social/emotional skills development, family, school and community connectedness, meaningful activities, cultural knowledge and practices, and identity development. Focus on reduction of risk factors including drug, tobacco and alcohol use, problems associated with depression, bullying, lack of family and community engagement, social isolation and self-destructive behaviors.

DBH also completed its final year of the Alaska Youth Suicide Prevention Project. The Substance Abuse and Mental Health Services Administration (SAMHSA), Garrett Lee Smith youth suicide prevention funded grant. The three regional suicide prevention teams were located in: 1) Fairbanks region, 2) urban and rural communities throughout Southeast Alaska and 3) the Lower Kuskokwim villages of Akiak, Akiachak, Kwethluk and Tuluksak. A variety of sustainable activities continued to occur after the grant was completed including early prevention, intervention and post-intervention strategies to reduce suicide among youth ages 15-24 years of age.



Among these strategies, hundreds of people were trained in the Alaska Gatekeeper Suicide Prevention Training throughout the state, implementation of broad based media campaigns e.g. "1 is 2 Many" which included radio and television PSAs, use of web-based social media and print advertising and promotion of local and statewide crisis call centers. In addition, direct services were also offered to those most vulnerable to suicide risk. Screening, identification, referral and counseling were offered to youth less likely to receive services through traditional means.

DBH also continues to disseminate and deliver postvention (after a suicide) resources to grantees, groups and communities who are seeking technical assistance, support and guidance in responding to completed suicides. Considering Alaska is among the states with the highest suicide rate in the nation, it is imperative that postvention resources are widely available. Dissemination of training and technical resources have been targeted to both rural and urban communities with some discernible results in numbers of postvention trainings, community planning, outreach and response to suicide events. DBH hosted a statewide Connect Postvention Training of Trainers workshop and certified 16 trainers in the nationally recognized Connect model which adhere to standards set by the Suicide Prevention Resource center. Most all of the trainers completed a postvention training in their respective communities training approximately 80 participants.

Current Year's Activities (July 2012 through June 2013)

DBH announced it was refunded the SAMHSA, Garrett Lee Smith (GLS) youth suicide prevention grant in August 2012 for another three-year grant cycle. The Alaska Youth Suicide Prevention Project is refocusing its efforts to enhance and expand the Alaska Gatekeeper Training statewide. This change was a direct result of the previous GLS project evaluation. Despite hundreds of people trained in the model, there was no indication that people trained were utilizing the training as intended, applying the knowledge, skills and mitigating and or reducing suicide risk among vulnerable Alaskans. Therefore, the main strategy of this project will be to strengthen the gatekeeper model, deepen the training statewide, and conduct follow up with trainers and participants to gather data on training effectiveness.

DBH is currently at the half-way point of the CBHPEIS three-year grant program. Support and technical assistance to grantees include strategic planning to address community suicide prevention needs. Regional and statewide plans include expansion of trainings, enhanced suicide prevention awareness campaigns, coordination with the state for development of community postvention planning and survivor outreach supports, and increased linkages and access to services. This includes promotion of Careline, Alaska's only statewide crisis call center. Careline had recently released a new texting option to increase outreach efforts to vulnerable teens. Careline has also secured a full time staff person to implement the texting platform directed to teens and young adults in order to increase services to this hard to reach population. Other states who have implemented text services campaigns have shown a dramatic increase in text and call volume. DMH will be monitoring this service closely over the next year.

DBH continues to participate in the annual School Health and Wellness Institute in partnership with the Departments of Education and Early Development and Public Health. The conference provides suicide prevention training and information to statewide school staff. Considering the Alaska State Legislature passed SB137, legislation mandating school educators to receive a minimum of two hours of suicide prevention training, it is imperative that these resources are expanded to make trainings widely accessible. This intra-agency partnership will allow DBH to develop and expand the delivery of the



Alaska Gatekeeper suicide prevention training curriculum, the Connect Postvention Training and other trainings as needed.

Activities Table for the Current Year

Activities	DHC	ES	PBS	IB
Provide for community-based suicide prevention grants			X	X
Develop a statewide mechanism for delivery of the Alaska Gatekeeper suicide prevention training curriculum				X
Promote the use of the evidence-based youth suicide prevention program				X
Participate and present at a number of statewide conferences				X
Disseminate Alaska Suicide Prevention Plan and Alaska Postvention Resource Guide				X
Implement SAMHSA Alaska Youth Suicide Prevention Project (3-year grant project)		X	X	X
Develop post intervention resources and provide for technical assistance and training				X

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Next Year's Activities (July 2013 through June 2014)

FY14 will see some new developments as well as continued enhancements to Alaska's suicide prevention resource infrastructure. New activities will include efforts to develop mass media and information campaigns that increase awareness, reduce stigma associated with depression and suicide, and promote help-seeking behaviors. Enhancements will include revising the Alaska Gatekeeper Training model. This revision is designed to better streamline the training for broader dissemination, develop core criteria that will be standardized across all trainings, and build in trainer support and assistance. Along with these enhancements will also include development of media based materials and a two hour distance delivered program. Early coordination efforts are underway to partner with other agencies such as the Division of Juvenile Justice to drive a more systemic approach to trainings that will increase sustainability of this model in the future.

The recent legislation of SB137, will deliver anticipated suicide prevention training to all middle and high schools statewide. These trainings will be coordinated by the Department of Education and Early Development. This will allow for stronger coordination with Alaska school districts throughout the state. It is the goal of the Statewide Suicide Prevention Council and DBH suicide prevention efforts to provide ample opportunities for training. This will include expanding the training of trainers in a variety of model and approaches.

In the third year of the Comprehensive, Behavioral Health, Prevention and Early Intervention Services grant program, DBH will continue to build capacity for Alaska's suicide prevention projects, and more individualized training and technical assistance to improve the community planning process and increase successful outcomes. As the prevention grant program narrows focus on outcomes, it will require



grantees to make stronger connections between strategies and expected results. Grantees will receive stronger technical assistance to better prescribe evaluation plans that target community and population level outcomes. This will help to ensure cultural responsiveness and longer term sustainability beyond grant funding.

Other DBH related projects include continued work on the FY14 Postvention Project. The project for this year will consist of 1) training the trainer model utilizing a postvention best-practice Connect Postvention Training, 2) enhanced postvention resource guide and survivor of suicide loss materials. DBH has also contracted for training and technical assistance to help support communities in developing these resources locally. An additional contract is being sought that will provide culturally-centered healing practices to rural communities who have experienced significant suicides that blend traditional and Western healing models.

As in previous years, the DBH will continue to place emphasis on capacity development including its partnership with the Statewide Suicide Prevention Council. This will enhance state and tribal health system coordination, public information campaigns and efforts to implement evidence-based and best practice models in schools and other youth organizations. Other partnerships include the Alaska Native Tribal Health Consortium to expand culturally responsive projects and services. The statewide suicide prevention web-portal www.stopsuicidalaska.org will continue development and will be used as an on-going resource to strengthen statewide coordination. This supports the idea that everyone is working together to reduce and stop suicide in Alaska.



Alaska Title V Performance Measures
Section of Women's Children's and Family Health



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

State Performance Measure #4:

Percentage of women who recently delivered a live birth and are not doing anything now to keep from getting pregnant.

Past Year's Activities (July 2011 through June 2012)

Clinical care providers were offered birth spacing materials at a variety of venues including the Maternal Child Health and Immunization Conference, WIC and public health nursing meetings.

The nurse consultant promoted CDC's *US Medical Eligibility for Contraceptive Use 2010* (with updates) at all trainings she conducted as well as on the women's health clinical network listserv and Alaska Women's Health Program website. Six hormonal implant insertion trainings were provided in Juneau, Fairbanks, Anchorage, Bethel and Nome.

Barriers to women's access for reliable contraception continued to be the high cost of those contraceptives and clinical care providers lack of clinical skills for offering them. A limited number of primary care providers have skill and experience providing hormonal implants and intrauterine contraceptive devices, particularly for post partum women. Following his certification in Nexplanon insertion, an Alaskan physician conducted clinical trainings in insertion and so improved provider access to them.

One skills building training was conducted with Public Assistance case managers who work intensively with pregnant and postpartum women. The focus of the training was use of motivational interviewing to support effective referral of clients in need to women's health care services, including contraceptive care. The training model included a simple guide to support each client to develop a personalized contraceptive care plan. Public Assistance case managers evaluated the web based training as very helpful, but their client's limited access to health care coverage curtailed clinical care provider interest in the referral process.

Current Year's Activities (July 2012 through June 2013)

Birth spacing materials, emphasizing the benefits of breastfeeding for mother and baby as well as the value of post partum contraception, are widely shared. Evaluation of the materials is ongoing.

The nurse consultant incorporates birth spacing and reproductive health program materials into all activities of the newly formed *Alaska Breastfeeding Initiative*. This has rapidly developed multiple dynamic collaborations among health and social service providers in communities across the state resulting in efficient and practical plans for dissemination for the population served. The nurse consultant promotes CDC's *US Medical Eligibility for Contraceptive Use, 2010* and *Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period*, at all clinical venues.



Staff changes and shortages interfered with scheduling trainings for Public Assistance case managers working with pregnant and postpartum women. The existing training model using motivational interviewing and effective referral to health care services, including contraceptive care, is the tested and accepted model. The nurse consultant continues to work with Public Assistance leadership staff to support their self described need to make these trainings a reality. All involved acknowledge that handing a client a brochure is not an adequate birth spacing intervention. The nurse consultant continues to make her support known to state Public Assistance leadership staff and their working relationship remains strong and positive.

Activities Table for Current Year

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
Disseminate educational materials to care providers (contraception, breastfeeding, condoms, risk of pregnancy during postpartum period)				X
Train clinical care providers on counseling about contraception, breastfeeding, condoms, risk of pregnancy during postpartum period				X
Promote and disseminate birth spacing media campaign materials			X	
Promote use of CDC's <i>US Medical Eligibility for Contraceptive Use, 2010</i> & Update on Use of Contraceptives During Postpartum Period				X
Skills building trainings for Public Assistance staff to promote birth spacing among their clients				X

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Next Year's Activities (July 2013 through June 2014)

The nurse consultant will continue to incorporate birth spacing and reproductive health program materials into all activities of the newly formed *Alaska Breastfeeding Initiative*. She will collaborate with health and social service providers in communities across the state to assure efficient and practical dissemination of birth spacing, reproductive health and breastfeeding messages for the population served. CDC's *US Medical Eligibility for Contraceptive Use, 2010* and *Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period*, will be shared at all clinical venues.

Training in use of motivational interviewing for birth spacing referral and support for Public Assistance case managers, working with pregnant and post partum women, will be scheduled. Feedback from case managers will be used to modify the existing training model as needed. The nurse consultant will continue to work with Public Assistance leadership staff to support their self described need for these trainings to become a reality.



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

State Performance Measure #5:

Percent of students who were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey.

Past Year's Activities (July 2011 through June 2012)

The Adolescent Health Program (AHP) served as an active member of a domestic violence and sexual assault prevention steering committee, providing guidance on the prevention of dating violence. The AHP established a wide network of collaborating agencies with which it is consistently collaborated and planned future work.

The AHP helped plan and sponsor a statewide youth leadership event entitled, Lead On! The event focused on teaching youth methods for community engagement to prevent dating violence.

The AHP collaborated with non-profit and State agencies to continue funding the multi-media Stand Up, Speak Up campaign aimed at reducing unhealthy relationships in teens and increasing youth leadership throughout the state.

The AHP continued endorsing The Fourth R, a Canadian curriculum which focuses on establishing healthy relationships as a way to reduce substance abuse, violence and teen pregnancy. Several teacher trainings were held, where teachers were trained in the implementation of the Fourth R curriculum. The AHP is managing a federal PREP grant using The Fourth R curriculum: teachers throughout Alaska are using it to teach in schools.

The AHP continued to work with the Youth Alliance for a Healthier Alaska, an advisory committee comprised of all youth that advises the State on important matters relevant to teens, including violence prevention.

The AHP funded the Alaska Network on Domestic Violence and Sexual Assault to distribute community grants to youth groups to conduct youth engagement for the prevention of dating violence activities at the community level.

The AHP continued promoting a birth spacing brochure aimed at encouraging women to wait at least two years before pregnancies and discussing healthy relationships with partners.

In 2010, 12% of students were hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend during the 12 months before the survey.

Current Year's Activities (July 2012 through June 2013)

All AHP projects started in FY 12 continued into FY 13.

We have started collaborating with partners to conduct an evaluation and fidelity monitoring for quality assurance in the implementation of The Fourth R curriculum.



During the summer of 2013, distribution of the birth spacing campaign continued. Translation of materials is now underway to deliver content to other Alaska residents.

We hired a new Health Program Associate to conduct the fidelity monitoring, serve as a liaison between the teachers and our section and implement the federally required evaluation component of The Fourth R.

Activities Table for Current Year

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
Implement Stand Up, Speak Up campaign				X
Youth Alliance Conduct for a Healthier Alaska youth group	X			X
Promote The Fourth R curriculum in Alaska schools and manage PREP grant			X	
Evaluate The Fourth R in Alaska schools				X
Distribute birth spacing materials			X	X
Give presentations on dating violence prevention		X		
Administer grant to ANDVSA for youth engagement to prevent violence	X		X	

NOTE: **DHC**=Direct Health Care **ES**=Enabling Services **PBS**=Population Based Services **IB**=Infrastructure Building.

Next Year's Activities (July 2013 through June 2014)

All ongoing projects from FY 13 will continue through FY 14.

Principals, teachers, teacher’s aides, substitute workers, school nurses, and other interested school staff from alternative schools in Anchorage and the Mat-Su Valley will be offered training on healthy adolescent relationships and communicating effectively with teens. These staff members are all mandatory reporters of sexual abuse of minors who spend at least six hours each day working with and around at-risk teens. Increasing the knowledge for adults who have so much contact with at-risk youth is a critical need.



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

State Performance Measure #6

Prevalence of intimate partner violence before, during or after pregnancy, among women who recently delivered a live birth.

Past Year's Activities (July 2011 through June 2012)

The Alaska Family Violence Prevention Project (AFVPP) conducted a train-the-trainers on adolescent brain development, substance abuse and dating violence with 14 multidisciplinary teams from around the state and included content on relationship violence and unintended pregnancy. The AFVPP continued to provide technical support and training resources on dating violence prevention to train-the-trainer teams. The AFVPP clearinghouse continued to distribute resources throughout Alaska including safety cards on intimate partner violence and pregnancy.

Current Year's Activities (July 2012 through June 2013)

The AFVPP continues to distribute resources including safety cards on intimate partner violence, unhealthy relationships and reproductive and sexual coercion. The AFVPP conducted several workshops on intimate partner violence (IPV) that addressed reproductive and sexual coercion and the connection between IPV and unintended pregnancies for teens and adult women. The AFVPP continues to work with the Alaska Native Tribal Health Consortium on a safety card on IPV that includes content and reproductive and sexual coercion.

Activities Table for the Current Year

Activities	Pyramid Level of Services			
	DHC	ES	PBS	IB
Continue operating the clearinghouse to disseminate resources on intimate partner violence and reproductive coercion throughout Alaska		X	X	X
Develop a safety card on intimate partner violence and reproductive and sexual coercion for Alaska Native Health corporations			X	X
Provide technical support and resources to our training teams				X
Conduct two regional trainings for Alaska Native Health Corporations on assessment for intimate partner violence and reproductive and sexual coercion				X
Conduct workshop on adolescent brain development, substance abuse and dating violence with content and reproductive and sexual coercion for Seldovia Village Tribe				X
Conduct two community workshops in Homer on adolescent brain development that included content on dating violence and unintended pregnancy				X
Conducted an all day workshop for home visitors on intimate partner violence, unintended pregnancies, and reproductive and sexual coercion.				X

NOTE: DHC=Direct Health Care Services ES=Enabling Services PBS=Population Based Services IB=Infrastructure Building Services.



Next Year's Activities (July 2013 through June 2014)

The AFVPP will continue to operate our clearinghouse and acquire up-to-date resources to share with communities. We will work with the Alaska Native Tribal Health Consortium to develop a safety card on healthy and unhealthy relationships for adolescents that will include content on sexual and reproductive coercion. The AFVPP will recruit several multidisciplinary teams from across the state to participate in another train-the-trainers that will include content on teen relationship violence and unintended pregnancy. The AFVPP will expand content in its adverse childhood experiences (ACEs) curriculum to include data on exposed to intimate partner violence and unintended pregnancy.



**Alaska Maternal and Child Health FY 2014 Title V Block Grant
Reporting Year: 2013**

State Performance Measure #9:

Percentage of mothers who report their 3-year-old child had a BMI greater than the 85th percentile (overweight and obese).

Past Year's Activities (July 2011 through June 2012)

The Alaska Obesity Prevention and Control Program (OPCP) launched the [Play Every Day campaign](#) to deliver strategic, Alaska-specific, high-impact messages focused on raising awareness about childhood obesity in Alaska and encouraging parents and families to prioritize daily physical activity for maintaining a healthy weight and overall good health.

The campaign educated parents about the benefits of physical activity and provides ideas to increase the amount of physical activity for children to meet the national recommendation of 60 minutes every day needed for good health. The first phases of this multimedia campaign featured TV, radio, social media and other types of media.

Through the financial contribution and partnership with Healthy Futures, the OPCP promoted a school-based physical activity challenge. Healthy Futures, now the signature program of the Alaska Sports Hall of Fame, encourages kids to build the habit of daily physical activity through three main programs: (1) Running a Physical Activity Log Challenge through Alaska elementary schools, and awarding prizes that promote physical activity to children who complete the challenge. (2) Supporting community physical activity events by making them fun and affordable for families. (3) Working with positive, physically active Alaska role models, including Olympian Kikkan Randall, Lars Flora, Holly Brooks, and Aelin Peterson and NHL star Scott Gomez.

Through our financial contribution and partnership with the Division of Agriculture, the Division of Public Assistance, and the UAF Cooperative Extension Service, OPCP implemented the Alaska Farmers' Market-Quest Card Program to assist farmers' markets in accepting Food Stamp Electronic Benefit Transfer (EBT) cards. This year the program expanded from two markets to 5 markets in Homer, Sitka, Fairbanks and Anchorage. This initiative makes healthy, local products more accessible to low income Alaskans and increases overall farmers' market sales. Over 300 customers used their Quest cards at the markets, adding over \$10,000 of a new funding source for the vendors. The EBT machines also allowed the markets to accept debit and credit cards. This generated an additional \$35,000 for vendors.

OPCP provided funding and leadership to the Alaska Food Policy Council (AFPC). Today, over 200 individuals from federal and state agencies, tribal entities, university programs, farmers, fisheries, and food systems businesses, participate in the AFPC. The intent of the AFPC is to provide recommendations and information regarding comprehensive policies that improve Alaska's food system.

Current Year's Activities (July 2012 through June 2013)

The OPCP inspires children and families to be physically active through a social marketing campaign and a school-based physical activity challenge. They fund competitive grants for Farm-Fish to School projects and support the implementation of the Nutritional Alaskan Foods for Schools grant to help all schools purchase more locally grown and harvested foods.



The OPCP funds and partners with the Alaska Native Tribal Health Consortium (ANTHC) Traditional Foods, Contemporary Chef project to promote the health benefits, awareness, and accessibility of traditional Alaska Native foods.

The OPCP provided regional training and resources to school districts on salad bars in schools, including improving existing salad bar programs, and utilization of Farm to School resources.

OPCP provides funding and leadership to the Alaska Food Policy Council (AFPC). This year, the AFPC worked to improve food access during emergencies; connect schools, farms, and fisheries; increase local production; and to educate decision makers and the public on food system issues in Alaska.

The OPCP provides surveillance related to obesity and risk factors, and disseminates reports and evidenced-based prevention recommendations. The program also works to expand monitoring systems.

WCFH initiated a breastfeeding room that is available for all public health staff in the building. Public health nursing screens the growth of children and provides anticipatory guidance using 5-2-1-0.

Activities Table for Current Year (July 2012 – June 2013)

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
Implementing a school-based physical activity challenge.			X	
Implementing social marketing campaign to increase children's physical activity.			X	
Increasing access to more locally grown and harvested foods.				X
Promoting the use of traditional Alaska Native foods.				X
Providing training on implementing safe and cost-effective salad bar in schools.				X
Working to improve food access during emergencies; connect schools, farms, and fisheries; increase local production; and educate decision makers and the public on food system issues				X
Monitoring the prevalence of obesity and related risk factors and disseminate related reports including evidenced-based prevention recommendations and work to expand monitoring systems to improve the quality of our information				X

NOTE: DHC=Direct Health Care Services ES=Enabling Services PBS=Population Based Services IB=Infrastructure Building Services.

Next Year's Activities (July 2013 through June 2014)

The OPCP will continue to work on policy, system, and environmental change to improve access and affordability of healthy foods and access to physical activity for all Alaskans. The OPCP will continue to run the school-based physical activity challenge.

The OPCP will extend the campaign reach and saturation to achieve the recommended CDC levels and support media messages year-round and in additional markets. The robust social marketing campaign will continue to encourage youth and families to be more active but will also work to decrease the sugar sweetened beverage consumption.



The OPCP will facilitate the Alaska Food Policy Council to strengthen policies and local food systems to ensure access to affordable, nutritious, culturally appropriate food for all Alaskans. Staff will expand the Alaska Farmers' Market-Quest Program to improve access to healthy foods for low income Alaskans.

The OPCP will provide 7 school districts grants to support promotion of health physical activity and nutrition environments. Grants will be awarded on a competitive basis and will support a coordinator in each district to lead the effort to establish/improve, and implement a strong School Wellness Policy. The grant program will be on a 4-year cycle and this year will be year 1.

The OPCP will also bring together stakeholders to update the state childhood obesity prevention strategic plan.

The OPCP and the School Nursing/School Health Program (SN/SHP) will be jointly offering an evidence-based school specific obesity prevention training for school nurses. The training will be held in partnership with the Kenai Peninsula Borough School District and conducted by the National Association of School Nurses. The School Health Nurse Advisory Group will focus on healthy growth as a priority, and will work with the Kenai Peninsula Borough School District to develop a pilot project and model policy.

The OPCP will continue to monitor the prevalence of obesity and related risk factors and disseminate related reports including evidenced-based prevention recommendations.

The Section of Women's, Children's and Family Health (WCFH) will lead a section workgroup on efforts to prevent and reduce the burden of obesity throughout the life course. They will address healthy pregnancy weight in their Healthy Start and MIECHV grants they administer, which includes a focus on breastfeeding promotion and nutrition for toddlers.

WCFH staff will be active in the Alaska Breastfeeding Coalition and will collaborate with WIC to support breastfeeding and reduce obesity. WCFH and public health nursing will maintain the employee breastfeeding room in the Anchorage Frontier Building. Public health nursing will continue to screen the growth of children and provide 5-2-1-0 anticipatory guidance (5-fruits and vegetables, 2-hours or less of screen time, 1-hour of physical activity, 0-sugary drinks).