



Alaska Maternal and Child Health FY 2015 Title V Block Grant

National Performance Measure #3:

The percentage of children with special health care needs age 0-18 who receives coordinated, ongoing, comprehensive care within a medical home.

Last Year's Accomplishments:

WCFH is the lead agency for a HRSA funded "D70" Pediatric Medical Home program to improve the system of care for children and youth with special health care needs. The program focuses on three primary goals: promoting Medical Home "Model Clinic Sites" through comprehensive care coordination for CYSHCN, expanding provider access to medical home concepts and tools, partnering with Medicaid to integrate "Bright Futures" into clinical practice, and to integrate and adopt quality measures from related statewide initiatives for sustainability and continuous quality improvement.

Identification of a well-known community leader as WCFH's Physician Champion for PCMH was a major highlight of the previous year's activities. Integral to this program, two WCFH hired care coordinators continued their work in partner clinics with the Children's Hospital at Providence (TCHAP) Pediatric Sub-Specialty Clinic and a rural Federally Qualified Health Center (FQHC). Specific activities focused on the use of these clinic-based care coordinators to develop capacity for pediatric screening and well-child visit monitoring, link families with needed services and referrals, and provide community outreach and resource development. Program staff provided technical assistance to increase use of evidence-based tools for early identification such as the Ages and Stages Questionnaire and the Modified Checklist for Autism in Toddlers in collaboration with the state EPSDT coordinator, public health nurses and the program's partner clinics.

The section has continued collaborative work on multiple patient-centered medical home PCMH capacity building and demonstration projects including:

The All Alaska Pediatric Partnership (AAPP)'s "First 1000 Days" Campaign

- A primary partner on WCFH's PCMH related work, the AAPP is a private-public partnership agency working to link services through collaborative opportunities. The organization is utilizing the Collective Impact model of strategic planning and implementation to focus on four core areas of early childhood health and development with a focus on PCMH and care coordination. A workgroup has been established in which the WCFH D70 program manager is co-chair along with the D70 program's Physician Champion.

Tri-State Children's Health Improvement Consortium (TCHIC)

- CHIPRA program in partnership with Oregon and West Virginia to explore and develop pediatric PCMH capacity

The Alaska Patient-Centered Medical Home Initiative (AK-PCMH-I)

- Dually funded initiative (Alaska Department of Health and Social Services with the Alaska Mental Health Trust Authority) in partnership with the Alaska Primary Care Association to promote PCMH development, payment reform, and policy change.



WCFH identified, collaborated, and educated primary care providers to promote the medical home model of care during outreach clinics on resources and tools available for CYSHCN. Efforts focused on successful linkages, public information efforts, and marketing support for Stone Soup Group's (SSG) training opportunities with partners in regional hubs.

Ongoing outreach activities were conducted, including another successful annual direct mailing to parents of newborns containing developmental milestone and early childhood resources. This is the fourth year of this mailing which began originally as an activity through the "Learn the Signs, Act Early" campaign funded by HRSA/CDC in 2010. The mailing is a collaborative effort with the state's Part C Early Intervention program and this year included an additional partnership with the University of Alaska's Center for Human Development; the state's University Center for Excellence in Developmental Disabilities. The materials included in the mailing seek to educate parents on developmental milestones and encourage families to link back to their medical homes for on-time well child care as well as any developmental concerns. Approximately 10,000 families were reached directly in this year's mailing.

Current Activities:

In partnership with Boston Children's Hospital, the American Academy of Pediatrics, the All Alaska Pediatric Partnership, AAPP, and the University of Alaska, a national training curriculum for pediatric care coordination was adapted and formatted for distance-based delivery as a continuing education class through the University. Coordination of this effort was led by WCFH's D70 program manager along with the AAPP and included focus group participation of families of children with special health care needs as well as people currently acting as care coordinators within clinical settings throughout the state. The class was designed to provide a standard level of basic training for a variety of staff that provides care coordination services within a primary care setting.

Two pediatric care coordinators continued to work on the partner clinics.

WCFH is working on a new HRSA grant application for funding to continue D70 program work. WCFH would work with stakeholders to increase the proportion of children with special health care needs who receive integrated care through a patient/family-centered medical home approach by 20% over 2009/2010 levels.

AAPP's PCMH workgroup activities include plans for payment reform advocacy and ongoing public education on the PCMH concept. Additionally, this group will form the foundation of an advisory/oversight committee for future WCFH lead activities related to PCMH.

Plan for the Coming Year:

The new distance-based Pediatric Care Coordination Training Program is a ten week class that consists of eight weekly modules and a two week final project. Weekly modules include the following:

1. Introduction/Overview of care coordination and concepts of PCMH
2. Communication and its impact on care coordination and health of patients and families
3. Understanding social determinants of health – building and connecting community resources
4. Care coordination as a continuous partnership
5. Family partnerships in care coordination
6. What are health-related social services



- 7. Integrating care coordination into our everyday work
- 8. Care coordination measurement, outcomes and evaluation

The class will be piloted in summer 2014 with a cohort of 25 students. It will likely be offered at least once annually thereafter.

CYSHCN systems integration work will continue with a PCMH focus into the next year and beyond. The Pediatric Medical Home Program Manager and WCFH will continue to act as a central collaborator with the state's PCMH Physician Champions, Medicaid, Behavioral Health, Tribal Health, the All Alaska Pediatric Partnership and other central stakeholders to continue promotion and further development of the PCMH model for Alaska's children.

WCFH will sponsor conferences, webinars, and workshops as needed based on input from WCFH led family advisory groups. Comprehensive patient centered service delivery will continue across all the clinics. Ensuring continuity of care, the Early Hearing Detection and Intervention (EHDI) Program Manager will continue to ensure providers have the most current and accurate information available for children diagnosed with hearing loss and encourage families and stakeholders to embrace the PCMH model of care for these children. The Autism and Parent Services Manager will continue to conduct site visits to ensure current contacts are correct and to distribute brochures on topics including autism, EPSDT and the PCMH model. The Maternal, Infant, and Early Childhood Home Visitation (MIECHV) and Healthy Start home visiting programs will continue to promote the importance and value of the medical home with families.

Parent Navigation services will continue to be offered in collaboration with Stone Soup Group (the state's Family to Family Information Center and Family Voices agency) in Title V sponsored clinics and the EHDI program along with the distribution of contact information for families to continue to access parent navigation services via a toll-free number.

Additional planned activities include:

- PCMH standardized "CAHPS Patient Experience" survey and Family Voices Provider Survey in partnership with up to four community based clinics
- Evaluation of Pediatric Care Coordination Training Program
- Statewide primary care community mapping of PCMH readiness (LEND fellow partnership)

FY 2014 Activities <i>NPM3</i> <i>Coordinated and comprehensive care through medical home</i>	Pyramid Level of Service			
	DHC	ES	PBS	IS
1. Link community partnerships and support policy development through identification of PCMH Physician Champion and identified leadership in public and private sectors				X
2. Surround and support integration of care coordinators on the CYSHCN team for the 2 pediatric medical home pilot sites		X		
3. Conduct site visits and distribute emergency preparedness, Autism, EPSDT materials at 11 regional outreach clinics		X		



4. Support and maintain 100% access to parent navigation services for parents of children with CL/P, hearing loss, and neurodevelopmental disorders		X		
5. Educate primary care providers regarding newborn hearing screening regulations and the protocol regarding infants/children identified with hearing loss			X	
6. Enhance workforce capacity and competency through development of pediatric care coordination curriculum				X
7. Sponsor primary care and behavioral health provider training activities to encourage integrated care for CYSHCN		X		
8. Medical home will continue to be addressed with families in the two home visiting programs		X		

National Performance Measure



Alaska Maternal and Child Health FY 2015 Title V Block Grant

National Performance Measure #8

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

Last year's accomplishments:

The birth rate for teenagers aged 15-17 years in Alaska in 2012 was 13.5 births per 1,000 which were significantly lower than the Healthy People 2020 target of 36.2 per 1,000. Alaska's teenage birth rate trends are on par with U.S rates as they both show declines in teen birth rates since 2007. While reasons for the declines are not clear, teens seem to be less sexually active, and more of those who are sexually active seem to be using birth control compared to previous years.

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.

The WCFH Family Planning Program (FPP) continued to administer the Title X Family Planning Services grant in FY13, 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 and the lower Kenai Peninsula. 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 provided administrative support for three 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 teen pregnancy prevention mini summits that were attended by Alaskan peer educators and service providers.

The nurse consultant updated the Reproductive Health Partnership contraceptive education kit materials and provided 24 kits to Community Health Centers, Public Health Nurses and Tribal Health Clinics including family practice and pediatric outpatient service units. The nurse consultant conducted one training for clinical staff of the Anchorage based Southcentral Foundation pediatric and primary care outpatient clinics. Southcentral Foundation is the largest Tribal health outpatient facility in the state.



A limited supply of long-acting reversible contraceptives was provided to young women in over 46 rural and remote Alaskan communities. The need for clinicians to be proficient in counseling and provision of long acting reversible contraceptives for adolescents' remains the leading challenge for assuring comprehensive reproductive health services for adolescents.

Current activities:

Most FY13 projects are continuing during FY14.

The WCFH FPP continues to administer the Title X Family Planning Services grant in the Mat-Su Valley and the lower Kenai Peninsula and both 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.

In March 2014, the perinatal nurse consultant and Norton Sound Health Corporation Healthy Start staff met with Kawerak Tribal leaders from the Nome Bering Straits area to address rapid repeat pregnancies. Healthy Start provides perinatal education and case management services for young people living in the Nome census area, including Nome and the fifteen surrounding villages in the Bering Straits. Clinical providers' skills in counseling and provision of effective contraction, especially for adolescents, were identified as a critical need. Plans were made for Healthy Start to fund two practitioners to participate in skill based clinical training for this.

Plans for the coming year:

In FY15, Title V will continue to fund nurse practitioner positions in the school-based Juneau Teen Health Centers to provide reproductive health services. However, the nurse practitioner contract in Kodiak will be discontinued as of June 30, 2014. Instead, WCFH will work with the Section of Public Health Nursing and the Kodiak Community Health Center (an FQHC) to improve their capacity for reproductive health and family planning services to teens in this community.

Title X services will continue in the Mat-Su Valley and the lower Kenai Peninsula. Furthermore, 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.

The Healthy Start perinatal nurse consultant will continue to collaborate with Norton Sound Health Corporation. Healthy Start staff met with Kawerak Tribal leaders from the Nome Bering Straits area in order to address their concerns about teen pregnancy, especially rapid repeated teen pregnancy. As part of this effort the nurse consultant will work with Healthy Start and Norton Sound clinicians to secure clinical training in provision of comprehensive contraceptive care services for teens living in the area. In addition, the nurse consultant will continue to collaborate with the Nome regional Division of Public Assistance to provide training in motivational interviewing to facilitate referral of young female clients at risk of rapid repeat pregnancy.



All Adolescent Health FY 14 projects will continue in FY 15.

Activity	Pyramid Level of Service			
	DHC	ES	PBS	IB
Provide funding for nurse practitioners to offer reproductive health services at the Juneau High School Teen Health Centers.	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

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



Alaska Maternal and Child Health FY 2015 Title V Block Grant

National Performance Measure #9:

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

Last Year's Accomplishments:

In SFY 2011, the Oral Health Program (OHP) completed the third statewide dental assessment of 3rd grade children using the "Basic Screening Survey (BSS)" method. The dental assessment process included state estimates on dental sealants on at least one permanent first molar. The sealant utilization for the 2010/2011 BSS was 46.8% (down from 55.3% in the 2007 BSS and the 2004 BSS at 52.4%). The confidence interval for the 2010/2011 BSS for sealant utilization ranged from 42.9% - 50.8%. Sealant utilization was down for all racial/ethnic groupings and for 3rd graders whose parents reported Medicaid eligibility in the 2010/2011 BSS. The decrease in dental sealant utilization from 2007 was statistically significant, however the sample method utilized also likely influenced the lower rates. The 2010/2011 sample utilized a sample of schools proportional to size to reduce costs associated with travel to small rural schools to conduct the dental assessments – previous BSS projects have found higher sealant utilization in Alaska Native students in these schools. Additionally, several of the urban schools in the 2010/2011 sample had very low student participation in the BSS due to lack of returned parental consent forms. Sealant utilization for racial/ethnic groups and 3rd graders reported to be enrolled in Medicaid was as follows in the 2010/2011 BSS:

Dental Sealants Present:

Total (n=628)	46.8% (42.9, 50.8)
American Indian/Alaska Native (n=157)	57.3% (49.2, 65.2)
White (n=279)	47.0% (41.0, 53.0)
<u>All Other (n=192)</u>	38.0% (31.1, 45.3)
Medicaid/Denali KidCare (n=195)	44.1% (37.0, 51.4)

SFY2013:

The OHP and Coalition continued to provide training on child abuse and neglect awareness and reporting requirements (PANDA Project) at least once per year at the University of Alaska Anchorage. The OHP continued to support Medicaid with implementation of preventive dental and enhanced restorative services for enrolled adults (includes coverage for pregnant women). The OHP collaborated with the Anchorage Neighborhood Health Center on the 4th year of a dental sealant pilot program at an elementary school (where more than 50% of children are eligible for the free and reduced school lunch program) and expanded the project to three additional schools with the community health center (CHC) dental programs. The sealant program activities were assisted with funding from HRSA Bureau of Health Professions which also supported organization of four continuing dental education workshops for community health center dental programs. Workshop topics were focused on increasing services for special needs populations.



Planned work with the Medicaid program to develop a separate dental periodicity schedule (EPSDT) and change dental exam guidance from an age 3 to an age 1 (earlier if medically necessary) was delayed due to staffing changes in the Division of Health Care Services.

Current Activities

In FY14, the OHP received HRSA funding to support the dental sealant Program Coordinator. The non-federal match to the grant supported the school sealant programs in 4 schools. These programs were developed in collaboration with community health centers (CHC) and targeted low-income children. Dental workshops were conducted in May for CHC/Tribal dental staff. These workshops included geriatric issues, information from Indian Health Service dental assessments, managing periodontal disease in low-income adults, denture fabrication and implications of the Affordable Care Act for CHC dental programs.

The OHP in collaboration with the oral health coalition continues to work on implementation of priority state oral health recommendations such as: education on water fluoridation, expanding dental sealant programs, education of dental providers on treating special needs populations, developing Medicaid reimbursement incentives for treatment of special needs populations (without use of general anesthesia), and implementing the collaborative practice model for dental hygienists to expand preventive dental services in underserved settings (e.g., schools and long-term care settings). Education on fluoridation was provided to the Anchorage Assembly in hearings leading to their September 2013 vote to continue support of fluoridation in that community.

The Dental Officer submitted a “Medicaid Dental Action Plan” with a with a focus on increasing preventive dental services.

Plans for the Coming Year

The OHP will continue working with Medicaid to address private dental issues with the program to encourage broader dental participation, develop the EPSDT dental periodicity schedule and seek to change EPSDT guidance to an age 1 dental exam. The OHP and Medicaid will assess progress on the Dental Action Plan aimed at increasing child utilization of preventive dental services and increased use of dental sealants on permanent molars for 6-9 year olds enrolled in Medicaid. The action plan and OHP education activities will continue to educate on the need for improved medical/dental integration to reduce the prevalence and consequences of early childhood caries.

The OHP will maintain the 4 school sealant programs and seek to expand the programs to 1-2 more schools (funding permitting). The OHP will develop additional continuing dental education workshops planned for the spring/summer of 2015.

The OHP will continue efforts to educate on the need to maintain/develop community water fluoridation in water systems where it is feasible to implement this evidence-based approach to reducing dental decay.

Activities	DHC	ES	PBS	IB
1. Support and promote community water fluoridation in all communities of Alaska capable of implementing fluoridation.				X



2. Identify funding to support a statewide dental sealant coordinator.			X	
3. Collaborate with 330 funded Community Health Centers to establish a dental sealant programs.			X	
4. Support coalition activities and the implementation of the comprehensive state oral health plan.				X
5. Collaborate with Tribal programs including Head Start and Environmental Health to support dental access, education, sealant application and water fluoridation.				X
6. Maintain program web site for dental access, oral health information and coalition activity.				X
7. Continued technical assistance on information to parents/providers on reducing risks of enamel fluorosis (while still supporting water fluoridation to reduce dental decay).			X	
8. Maintain oral disease burden document describing oral diseases in Alaska and the impact of those diseases on the state.				X
9. Work with Commissioner's Office and Alaska Dental Action Committee for continued implementation of adult dental Medicaid services and report findings to the legislature.				X
10. Work with the Alaska Dental Action Coalition and dental hygienists association to support implementation of dental hygienist practice under collaborative agreements to expand access to preventive dental services in underserved settings.				X
11. Work with Medicaid/CHIPRA program on increasing access to dental sealants for 6-9 year olds and increase access to preventive dental visits for all enrolled children.				X



Alaska Maternal and Child Health FY 2015 Title V Block Grant

National Performance Measure #10:

The rate of deaths to children aged 14 years and younger caused by motor vehicle

a. Last Year's Accomplishments

Alaska's Injury Prevention (IP) program, located in the Division of Public Health's Section of Chronic Disease Prevention and Health Promotion, realigned its focus areas to better reflect the current level of injury and prevention efforts across the state. Child passenger safety is no longer a primary focus area at this time. The program continues its supporting role to other child passenger seat programs throughout the state such as the Alaska Child Passenger Safety Coalition (CPSC), in a supporting role. The IP program has one member on the coalition who participated in two local car seat checks and attended quarterly CPSC meetings. The program also distributed reflective and educational materials statewide upon request from individuals and/or community programs.

From 2009 to 2011, the rate of deaths to children aged 14 years or young caused by motor vehicles was 4.1. This is a decrease from the previous four year cycle, 2008 to 2010(4.6%).

b. Current Activities

The Injury Prevention program continues to provide support to the CPSC as in the previous year, both as a member of the coalition and a member of two working committees. One child seat technician attends two car seat checks each year.

A "Be Safe Be Seen" project (funded through Alaska Highway Safety Program, Safe Routes to School) was initiated and provides materials and technical assistance to communities statewide upon request. This project promotes safe biking and walking within various communities across Alaska.

C. Plan for Coming Year

It is anticipated that plans will remain similar for the upcoming year. The Injury Prevention program will continue to support the CPSC through membership and participating in committee work. The IP program will support a car seat technician to attend two car seat checks this year and to assist in a Car Seat Technician Training course in Juneau.

The Be Safe Be Seen project will continue throughout FY15 to provide technical assistance and supplies to communities engaged in safe biking and/or walking projects for 0-14 year old children.

Activities	Pyramid Level of Service			
	DHC	ES	PB	IB
Support coalition strategic planning and support Coalition Leadership to meet 4 times and Coalition Membership to			X	



meet 1 time				
Provide site-appropriate outreach, education & seat safety checks			X	
Partner with existing partners to augment Safe Routes to School and Bike initiatives			X	X



Alaska Maternal and Child Health FY 2015 Title V Block Grant

National Performance Measure #12:

Percentage of newborns who have been screened for hearing before hospital discharge.

Last Year's Accomplishments FY 2013

The focus of the Early Hearing Detection and Intervention (EHDI) Program was to increase the number of children tracked successfully through the National 1-3-6 Goals: newborn hearing screening by one month, diagnostic assessment by three months and intervention services by six months. Emphasis was on reducing the number of children lost to follow-up/documentation after not passing their final screening.

In CY 2012, 96% of all infants born in Alaska had newborn hearing screenings and 96.2% of those screened passed their screening before one month of age. This met the national benchmark. The screening rate for infants born in hospitals was 99%.

Alaska has a 6% out of hospital birth (OOH) rate. The EHDI Program continued receiving a monthly birth list of children born out of hospital from the Bureau of Vital Statistics. This list is checked against the EHDI database and letters were sent to parents of children not recorded as having a screening. In CY2011, hearing screeners were placed in two midwifery centers and the OOH screening rate improved statewide from 38% to 60%. At the beginning of FY 2013 public health nursing, which had three screening sites, began charging a nursing fee associated with the screening. Although the fee was on a sliding scale, there was misinformation about the fee and the screening rate for OOH births for the first half of FY2013 dropped to 51%. Screening equipment was placed with two additional midwifery centers (for a total of four midwifery centers with screening equipment) and the screening rate for OOH births rose to 71% for the second half of FY2013. EHDI brochures targeting OOH births were distributed to all midwives/midwifery centers.

The EHDI Program participated with thirteen other states in the NICHQ's virtual summary conference, Improving Hearing Screening and Intervention Systems (ISIS). As a result of participation in the NICHQ Learning Collaborative the following changes were noted at the Alaska Native Medical Center (ANMC), the statewide tribal health birthing facility with the state's second largest birthing census: 1) reduction in the "refer rate" which reduced the rate of loss to follow-up, 2) distribution of a "Do and Don't Say" card for birth screeners, and 3) improved communication with sub-regions. Other improvements were a decrease in the rate of loss to follow-up documentation at military birthing facilities, a process for earlier notification of newborn hearing screening for out of hospital births and an audiology packet to be distributed to audiology providers.

As a result of participation in the National Initiative for Children's Health Care Quality (NICHQ), the EHDI Program began notifying the medical home of children needing follow-up by fax instead of letter. This resulted in a more timely response by physicians to EHDI regarding the follow-up status of children in their practice. Letters were sent to parents who had a missed or failed screening, as well as the infant's medical home.



The EHDI Program developed a process with the Early Intervention/Infant Learning Program (EI/ILP) for matching data of children diagnosed with hearing loss to determine their enrollment status in early intervention. A referral generated from the database facilitated referrals to EI/ILP by audiology and notified EHDI that a referral was made.

Enhancements were added to the AKEHDI statewide database to assist with tracking and follow-up. The “diagnostic report” provided a complete picture of a child’s diagnostic status to support follow-up activities. “Hearing Reminders” were utilized at the state level to send letters or faxes to parents, primary care providers, audiologists and early interventionists. Notifications were customized depending on the child’s health care system, i.e. private, tribal health, or military.

The EHDI Program identified the Hmong population as having a high rate of loss to follow-up with audiology and enrollment in early intervention. A presentation was made to the EHDI Advisory Committee by a psychology doctoral student “Hmong Population in Alaska: Cultural Values and Beliefs around Health and Wellness”. She presented culturally insightful information regarding interaction with Hmong families.

The AAP Chapter Champion continued to be an active member of the EHDI Advisory Committee, which has a diverse group of stakeholders. The parent navigator assigned to EHDI from the Stone Soup Group (SSG) continued to outreach to new families.

Current Activities FY 2014

This year’s focus is to continue to decrease the number of children lost to follow-up. The new round of HRSA funding targets a 5% reduction in loss to follow-up per year.

The EHDI Advisory Committee is participating in a SWOT (Strengths, Weaknesses, Opportunities and Strengths) analysis as a mechanism to describe the program. A quality improvement team is convened to guide activities.

EHDI meets with ANMC to improve timeliness of follow-up for infants in remote regions. A revised protocol involves administering an audiology diagnostic evaluation before infants return to remote communities. Changes in loss to follow-up are being tracked.

The EHDI Program is partnering with EI/ILP to track children from diagnosis to intervention services by matching named, unduplicated data. This assists both programs in identifying issues related to loss to follow-up.

Hearing reminders are prompting earlier letter notification to parents. The medical home is sent fax alerts resulting in a quick response by physicians to EHDI regarding the child’s status.

EHDI is working with large birthing facilities to report electronically into the database to improve timeliness and accuracy of data reporting.

EHDI continues to monitor the OOH birth screening rate.

A perpetual calendar with hearing, developmental, immunization and medical home information is distributed to all new mothers throughout the state.



Parent navigation and parent- to-parent support is ongoing.

Plan for the Coming Year

The EHDI program will continue to focus on the National 1-3-6 Goals by addressing children lost to follow-up after final screening and ensuring children receive timely diagnostic and early intervention services. The goal is a 5% reduction in loss to follow-up per year.

A quality improvement team will continue to meet and identify improvement projects utilizing “small tests of change”. Plan-Do-Study-Act (PDSA) cycles will be employed to study if an activity led to change. The EHDI Advisory Committee will prioritize the SWOT (Strengths, Weaknesses, Opportunities and Strengths) analysis and results will be incorporated into quality improvement activities. Data will also be utilized to identify areas with high rate of loss to follow-up and guide activities.

The revised *Pediatric Audiology Guidelines* will be distributed to audiologists statewide along with the *CDC Decision Guide for Parents*. The decision guide will promote parents receiving consistent, unbiased information no matter where they reside. EHDI will continue to distribute the updated developmental calendar for new parents.

The EHDI Program will continue to partner with EI/ILP to track children from diagnosis to intervention services by matching named, unduplicated data. The programs will analyze if there are cultural groups more likely to decline services and explore opportunities for change. The Memorandum of Agreement (MOA) between the two programs will be reviewed to improve communication and timeliness of a match.

The EHDI Program will continue to partner with ANMC and regional hubs to implement protocols that lead to earlier diagnostic assessment and reduce loss to follow-up. Change in the rate of loss to follow-up after screening will be tracked. Regions with higher rates of loss to follow-up will be identified.

EHDI will monitor the change in the rate of OOH births that receive newborn hearing screenings and explore new opportunities for educating midwives on the benefits of newborn hearing screening. Quarterly reports will be sent to midwifery centers. EHDI will analyze trends in OOH populations that opt out of newborn hearing screening.

The EHDI Program will continue to work with military facilities to improve tracking of infants from screening through diagnosis, data reporting to EHDI, and adherence to the operations manual.

The Center for Disease Control and Prevention (CDC) will be distributing new “*Just in Time*” materials for physicians. EHDI will work with the AAP Chapter Champion to explore avenues for distributing materials to the medical home.

Improving support to parents of children diagnosed deaf or hard of hearing will be ongoing. Opportunities for introducing the parent navigator to families will be examined, as well as working effectively with different cultural groups.

The EHDI Advisory Committee will continue to meet three times a year. A broad group of stakeholders will continue to participate and provide input on quality improvement projects.



NPM 12 Activities	Pyramid Level of Services			
	DHC	ES	PBS	IB
1. Assure accurate and complete utilization of the internet-based reporting system through ongoing monitoring of data entry and training of new hospital staff, public health nurses, audiologists, early intervention staff and parent navigators				X
2. Utilize a fax back system with birth screeners to track infants in need of follow-up			X	X
3. Develop quality improvement projects to target the process from screening to diagnosis to intervention services for children in the EHDI system				X
4. Contact parents of infants born out of hospital regarding importance of newborn hearing screening and provide focused education and training to midwifery centers				X
5.. Monitor data entry by the audiology community in reporting diagnostic information in the database				X
6. . Partner with the Stone Soup Group parent navigators to provide parent-to-parent support and resource information for families of children who are deaf or hard of hearing		X		
7. . Collaborate with the Early Intervention/Infant Learning Program to match unduplicated and named data for identification of systems issues.				X
8. . Communicate with outlier communities with implemented newborn hearing screening programs and assure adherence to EHDI protocol and linkages to EI, medical home and audiology			X	X
9.. Partner with AAP Chapter Champion on EHDI presentations and materials to primary care providers				X
10. Monitor the database for quality assurance and follow-up for children who refer on screening or are diagnosed with hearing loss				X



Alaska Maternal and Child Health FY 2014 Title V Block Grant

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. For Alaska, it will be measured at or above the 95th percentile.

Last Year's Activities

Alaska's Women, Infants and Children (WIC) program rates for obese children decreased slightly from 22% in 2012 to 21.5% in 2013. 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/Pages/nutri/default.aspx> 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.

Thirteen 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 2013, 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 106 farmers, 30 roadside stands, and 14 Farmer Markets in 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 to help 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 public service announcements were developed and played statewide on radio stations emphasizing the importance of breastfeeding and the return to work. Alaska WIC has noted breastfeeding rates for initiation rising while duration rates remain the same.



The 2013 WIC strategic plan continued to have its core purpose defined around providing quality nutrition and education. The long term goal is no increase in the percentage of obese WIC kids across Alaska.

Current Year's Activities

The Alaska WIC program implemented a new automated benefit system, SPIRIT, which collects data on all WIC participants. Reports on obesity and breastfeeding rates are being developed to help monitor and track these indicators in the WIC program. Alaska WIC continues to monitor and train on the participant-centered education model to provide services to all WIC clients. 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 online to raise awareness about obesity in Alaska.

The WIC Farmer's Market program provides \$25 to each participant to purchase fresh fruits and vegetables from local farmers and farmer markets during the summer months.

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. The WIC breastfeeding peer counseling (BFPC) program staff receives quarterly evidence-based breastfeeding training to help reduce overweight and obesity in children. The current Breastfeeding Peer Counselor (BFPC) online training is updated to provide a quality training mechanism for our BFPC program. The BFPC program has access to bi-monthly newsletters and a BFPC Facebook page for education and support to peer counselors across the state.

Next Year's Activities

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 nutritional goals and encouraging them to incorporate WIC foods into their daily meals. 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 Section of Women's, Children's and Family Health (WCFH) will continue efforts to prevent and reduce the burden of obesity throughout the life course. They will continue to address healthy pregnancy weight in the Healthy Start and Maternal, Infant, and Early Childhood Home Visiting (MIECHV) programs 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. Ongoing education will be offered again in the next state fiscal year to hospital staff and health care providers on strategies to help hospitals and birthing centers become more Baby Friendly, even if they do not wish to attain full Baby Friendly status. Breastfeeding promotion in the community and amongst business leaders will also be a part of the strategies to improve breastfeeding rates after 8 weeks. The “Business Case for Breastfeeding” will be the framework used for this work. WCFH will continue efforts to promote the dedicated space for breastfeeding moms who work in the Anchorage Frontier Building. 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.

Activities	Pyramid Level of Service			
	DH	ES	PBS	IS
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 and DPH				X

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



Alaska Maternal and Child Health FY 2015 Title V Block Grant

National Performance Measure #16:

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

Last year's accomplishments:

In FY13, the Division of Behavioral Health's (DBH) Comprehensive Behavioral Health Prevention & Early Intervention Services (CBHPEIS) Program completed its second 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. From 2009 to 2011, the rate per 100,000 of suicide deaths among youth ages 15 through 19 was 23. This was a significant decrease of suicide deaths (28.6) from the previous four year cycle from 2008 to 2010.

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 first year of the SAMHSA, Garrett Lee Smith (GLS) youth suicide prevention grant. The Alaska Youth Suicide Prevention Project is refocusing its efforts to enhance and expand the Alaska Gatekeeper Training statewide by incorporating QPR (Question, Persuade, Refer) component as nationally recognized best practice. So far we have trained approximately 100 trainers and over 500 participants in the model. Additional progress has been made on implementing our Alaska Careline "Text 4help to 839863" service. Text volume is still relatively low, approximately 10-15 texts per month, but we see incremental growth targeting youth populations who are more likely to text than use the Alaska Careline call center phone number, 1-866-277-4357 or the national Lifeline.

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. Areas of focus included clergy and schools. Most of the trainers went on to complete a postvention training in their respective communities.

Current Activities:

DBH is currently in the last year of the CBHPEIS three-year grant program. 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 statewide crisis call center.

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 will be hosting its third annual Connect Postvention Training of Trainers workshop with the addition of 8 newly certified 8 trainers. This year the areas of focus will include mental health and law enforcement. Additional postvention efforts include the release of our revised Alaska Postvention Resource Guide "Preparing to Heal". Plans are now being developed to determine how the state can best distribute the resources to communities and health providers.

Plans for the coming year:

In FY15, the Division plans to award a new cohort of Comprehensive, Behavioral Health, Prevention grants that will continue to focus on suicide prevention in addition to substance abuse and poor mental health. Changes to the grant will require applicant agencies to work with coalitions and complete full community assessments using a data driven approach. Efforts in the past have required a strategic planning approach but little attention has been paid to conducting the strategic planning process with fidelity. We anticipate this will allow our communities to develop strategies and outcomes that have a stronger likelihood of achieving results and saving lives in the process. However, we also know that this requires a multifaceted and sustained community approach. 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 sustainability.

We will continue our media and information campaigns that increase awareness, reduce stigma associated with depression and suicide, and promote help-seeking behaviors. This will also include continuation of the "Text 4help" campaign. In addition, a postvention DVD project has begun and will be a companion to the resource guide and supplemental resource to our postvention materials.

DBH will also continue to place emphasis on capacity development to support sustainable community efforts. To accomplish this, partners will include the Statewide Suicide Prevention Council, Education and Early Development, Division of Juvenile Justice, Alaska Native Tribal Health Consortium, University of Alaska Anchorage, Trust Training Cooperative and other youth serving agencies, stakeholder and community groups. The statewide suicide prevention web-portal www.stopsuicidealaska.org will continue to be used as a resource to strengthen statewide coordination.



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

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



Alaska Maternal and Child Health FY 2015 Title V Block Grant

State Performance Measure #2:

Rate of reports of maltreatment per thousand children 0 - 9 years of age

Last year's accomplishments:

The program manager position for the Surveillance of Child Abuse and Neglect (SCAN) program remained vacant from August 2011 until May of 2013. WCFH renewed a data sharing agreement with the former program manager, who is pursuing a doctoral degree in Injury Prevention at the University of North Carolina-Chapel Hill, to continue analysis of Alaska data. However, the focus of these analysis projects were directed and focused, opposed to assessing general incidence/prevalence. WCFH renewed a data sharing agreement with the Office of Children's Services and the Anchorage Police Department to share data relating to child maltreatment.

The SCAN manager position was filled in May of 2013 and a well-defined direction of the program has been established. The SCAN program now has three specified projects that will be developed; 1) Comprehensive cross-jurisdictional child maltreatment incident surveillance, 2) Magnitude assessment of child maltreatment, and 3) Longitudinal population based prospective birth cohort study.

The SCAN program recently published a comprehensive assessment of Abusive Head Trauma (AHT) by linking multiple data sources. Through the linkage process and applying the (corrected CDC AHT broad definition) the SCAN program was able to identify and count 49% more cases than relying on any single system alone. This work was published in a State Epidemiology Bulletin and presented at the International Circumpolar Health Conference. The SCAN program manager has interpreted, developed, and improved upon the original CDC International Classification of Diseases (ICD) coding suggestion that was utilized for this project and applied to an additional project for national estimation using the Kid's Inpatient Database (KID) and North Carolina Hospital Discharge data.

Collaborations with other organizations remained an important activity. WCFH maintained membership on the Children's Justice Act Task Force (CJATF). Collaboration with CJATF has been useful in identifying future areas of research and data analysis, and has from the inception of SCAN served as the steering committee. Additional relationships were built between SCAN and the Alaska Trauma Center, The Alaska Children's Trust, Division of Behavioral Health, child advocacy centers, and the children's hospital at Providence.

WCFH continues to support the Maternal, Infant, Early Childhood Home Visiting Program (MIECHV) and other home visiting programs throughout the state of Alaska.

Current activities:

The SCAN program is currently updating the AHT statewide estimates by including 2 additional years of data. Data collection is currently underway with 3 of the 5 required sources having already delivered the data for linkage and assessment.

We are currently implementing a prospective cohort study using the PRAMS sample as the basis of the population, to assess the life course impact of various adverse childhood experiences. Furthermore this cohort will allow for the assessment of dynamic risk factors over time to improve prediction of various adverse childhood events enabling a focused Public Health effort on upstream primary prevention activities.

A data sharing agreement between the SCAN program and the Alaska State Troopers can still not be implemented because the Troopers system still has bugs in their new software system, therefore, no electronic data can be retrieved.



Thus a focus is on developing sentinel surveillance sites to compile local comprehensive data, and then weighted to the population for statewide estimation.

All of the current activities of the SCAN program are centered on developing quality data to inform action with regards to the prevention and early intervention work supported by the WCFH section. Furthermore, with a more complete understanding of child maltreatment from a public health perspective can identify target populations in need of additional supports, areas to leverage resources, and innovate novel prevention activities and evaluate impact.

Plans for the coming year:

The State Systems Development Initiative (SSDI) federal grant program will continue to be a vital component of funding and be used to stretch MCH funding by partially supporting a research analyst position within MCH-Epidemiology. This will increase WCFH capacity for linking data sets to analyze longitudinal data around health outcomes and domestic violence and support the SCAN program. Through data linkage and integration, we are better able to conduct fiscally efficient research and assessments, and provide cross-jurisdictional understanding of maltreatment and its impacts in Alaska.

This coming year, we plan on initiating sentinel surveillance and near death child reviews to expand our surveillance capacity and ability to identify maltreatment related injuries. The near death child reviews will be limited to the prospective cohort population and weighted to represent the Alaska birth population.

Additional will be conducted to understand the interrelationship of violence (i.e. the cyclical nature). This is largely being conducted through assessing the relationship between maternal historical self-reported IPV prior to the birth of a child and subsequent child harm. While the causal etiology of maltreatment and violence is multifaceted, with many key mediators and modifiers, focusing on systems of transmission may elucidate target populations and/or key intervention/prevention windows of opportunity.

WCFH will continue to insure that programmatic activities shift toward building infrastructure, supporting the implementation of primary prevention efforts, and understanding the impacts of child maltreatment. WCFH was not a recipient of the CDC "Essentials for Childhood" grant, but has chosen to partner with the Children's Trust to initiate parts of the proposed collaborative efforts framework.

WCFH applied for a CDC (Council of State & Territorial Epidemiologists) CSTE fellow to help support the SCAN program through directed research activities. This fellow will also help support the Anchorage Child Advocacy Center (CAC) to develop an Adverse Childhood Experience study (ACE), to assess the weight of the problem on the population being served and to aid in informing practice.

The SCAN system will continue to be refined to improve quality of data, timeliness and consistency. The former SCAN program manager has returned to WCFH in his former capacity and as the senior research advisor.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
Alaska CJATF activities - maintain partnerships				X



Continue work on the SCAN data system: Develop partnerships and data sharing agreements, participation on the CJATF, publications, linking data sets and data analysis, and developing indicators				X
Operate the Family Preservation and Family Support programs through the OCS and provide training for grantees				X
SOA Public Health Nurses to continue conducting screening for domestic/intimate partner violence with their clients	X	X	X	
Administer the Maternal, Infant, and Early Childhood Home Visitation (MIECHV) program using the Nurse-Family Partnership (NFP) model	X	X	X	X
Administer the Healthy Start program which focuses on case-management of high-risk pregnant women and their infants, interconceptional women, and community building	X	X	X	X
Conduct the Alaska Safe Sleep Initiative social marketing campaign			X	X
Conduct and coordinate the Alaska Maternal and Infant Mortality Review Committee				X

DHC=direct health care services

ES=enabling services

PBS=population-based services

IB= infrastructure building services



Alaska Maternal and Child Health FY 2015 Title V Block Grant

State Performance Measure #3:

Percent of mothers who report tooth decay in their 3-year old children.

Last year's accomplishments:

This indicator is from the Childhood Understanding Behaviors Survey (CUBS) on mothers reporting a health care provider has indicated their child has tooth decay or cavities (for 3-year old children). CUBS data from 2012 indicated 16.2% of mothers reported they had been told by a health care provider that their 3-year old had dental decay – as compared with 17.3% in 2011, 17.0% in 2010, 14.8% in 2009 and 13.4% for this indicator in 2008. This indicator would typically under-report dental decay (caries) prevalence as many children under age 3 have not received a dental visit. The information would not include caries developed since a previous dental screening or exam and/or the mother may not remember what the child's health care provider indicated with respect to dental decay. However, it is likely part of the increase seen with 2011 and 2012 CUBS data is related to reported increases in the percent of children receiving a dental check-up or teeth cleaning (55.2% in 2012 and 53.8% in 2011 as compared with 42.8% in 2010). Dental assessments utilizing the Basic Screening Survey (BSS) protocol for Alaskan kindergarten children, an older age group than for this indicator, found 48% had a caries experience (treated or untreated dental decay) in 2005; 41% had caries experience in the 2007 BSS; and 41% with the 2010/2011 BSS.

Caries is the most common chronic disease among U.S. children – 5 times more common than asthma and 7 times more common than hay fever. Caries also is a frequent unmet health need especially in young children as first dental visits often occur in the 3-5 years age range. Early childhood caries (ECC) is a rapidly progressing form of the disease associated with active caries in the caregiver and transmission of bacteria associated with caries and feeding practices. ECC is not only costly to treat since children require undergoing dental treatment in an operating room under general anesthesia, but can affect speech development and learning, nutrition, behavior management issues and the child's quality of life. Due to these concerns, it is typically recommended that a child receive a dental exam with the eruption of the first tooth and no later than age one in order for early detection of ECC risk and provision of information to parents on nutrition, feeding practices, and oral hygiene.

In July 2010 Medicaid began reimbursement coverage for oral evaluation (caries risk assessment) for children under the age of three and fluoride varnish application for all children conducted by trained physicians, nurse practitioners and physician assistants. Children enrolled in Medicaid are typically at higher risk for caries and ECC development due to factors related with lower income-status of the families.

The Oral Health Program (OHP) has continued working with Head Start, SOA Public Health Nursing (PHN) and community partners to develop key messages for health programs to provide to parents and caregivers on water fluoridation, use of topical fluorides and reducing risk for dental decay in young children. Education activities provided to community partners on water fluoridation in SFY2013 included: provision of educational information and testimony with Municipality of Anchorage Assembly meetings. In September 2013, the Anchorage Assembly voted to support continued fluoridation of that community's public water supply.

Current activities:

The OHP continues to provide educational information on fluoridation to community leaders and will provide information when DHHS adopts new guidelines on fluoride concentration levels (proposed 0.7 mg/L vs. current 0.7–1.2 mg/L).



The OHP is convening an advisory group to develop a dental periodicity schedule for Medicaid and to promote earlier dental visits as part of initiatives in the August 2013 “Medicaid Dental Action Plan” (prepared in collaboration with the Division of Health Care Services). The project will include discussion of change in EPSDT (Early Periodic Screening, Diagnosis, & Treatment) guidance from an age 3 to an age 1 dental exam. The OHP presents/discusses the need for early dental visits with pediatric dentists and Tribal dental programs to reduce the prevalence/severity of ECC in Alaska.

With HRSA funding support, the OHP conducted four school-based sealant programs this year in schools with high percentages of children from low-income families.

The OHP and Alaska Dental Action Coalition (ADAC) revised the oral disease burden document and state oral health plan (July 2012). ADAC priorities included: expanding school sealant programs, increasing Medicaid reimbursement for dental treatment of special needs populations, support dental hygienist collaborative practice to expand access to preventive services in underserved settings and support of community water fluoridation. Current surveillance data, including 2010/11 BSS data, was used to update the disease burden document and state plan. (See attachment)

ATTACHMENT

Basic Screening Survey data for 2010/2011 for kindergarteners is as follows:

Caries Experience (Kindergarteners with treated or untreated dental decay):

Total (n=648)	41.4% (37.6, 45.3)
American Indian/Alaska Native (n=128)	63.3% (54.3, 71.6)
White (n=293)	28.0% (22.9, 33.5)
All Other (n=227)	46.3% (39.6, 53.0)
Medicaid/Denali KidCare (n=200)	45.5% (38.5, 52.7)
American Indian/Alaska Native (n=49)	69.4% (54.6, 81.7)
White (n=67)	29.9% (19.3, 42.3)
Other (n=84)	44.0% (33.2, 55.3)

Untreated Caries:

Total (n=648)	21.3% (18.2, 24.7)
American Indian/Alaska Native (n=128)	29.7% (21.9, 38.4)
White (n=293)	12.6% (9.0, 17.0)
All Other (n=227)	27.8% (22.0, 34.1)
Medicaid/Denali KidCare (n=200)	20.5% (15.1, 26.8)
American Indian/Alaska Native (n=49)	26.5% (14.9, 41.1)
White (n=67)	11.9% (5.3, 22.2)
Other (n=84)	23.8% (15.2, 34.3)



Plans for the coming year:

The program will continue to educate on the role of water fluoridation, fluorides and dental sealants in reducing dental decay. The OHP will continue to seek opportunities to encourage medical provider involvement with caries risk assessment and early childhood caries prevention along with encouraging dental visits by age one (especially for children at high risk for caries). OHP staff will be working collaboratively with FQHC dental programs to expand school sealant pilot programs and organize health professional workshops to improve training for treating special needs populations and collaboration with medical providers to address caries risk assessment and early childhood caries (ECC) prevention (HRSA grant activities.)

The program will be working with Medicaid on adoption of the separate dental periodicity schedule for the EPSDT Program – along with information, and/or changes in EPSDT guidelines, to encourage early dental visits.

OHP will continue the collaboration with community health center dental programs for provision of dental sealants in four elementary schools where fifty percent or more of the children are eligible for the free and reduced price school lunch program. The OHP will look for opportunities to expand the school-based dental sealant programs to other schools as funding permits.

OHP is working with the State Primary Care Office on development of data collection on hospital general anesthesia cases for treatment of ECC as part of the oral health surveillance system. It is hoped this information will assist with increased collaboration and initiatives to reduce the prevalence and/or severity of early childhood caries in Alaskan children.

Activities	Pyramid Level of Service			
	DHC	ES	PBS	IB
Support community water fluoridation			X	
Collect maternal reporting of dental decay on their 3 year old children				X
Conduct dental assessments utilizing the ASTDD “Basic Screening Survey” protocol (kindergarten & third grade)			X	X
Provide information on appropriate fluoride use (water fluoridation and topical fluorides)				X
Support Medicaid reimbursement for oral evaluation (< 3 year old children) and fluoride varnish application for medical providers		X		

DHC=direct health care services PBS=population-based services



Alaska Maternal and Child Health FY 2015 Title V Block Grant

State Performance Measure #4:

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

Last year's accomplishments:

Clinical care providers were offered birth spacing materials at a variety of venues including *Alaska Breastfeeding Initiative* events, WIC and public health nursing meetings. The Nurse Family Partnership program utilizes birth spacing pamphlets with clients and measures and discusses contraceptive use during Continuous Quality Improvement meetings.

The nurse consultant promoted *CDC's US Medical Eligibility for Contraceptive Use 2010 and Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period* at all trainings she conducted as well as on the women's health clinical network listserv and Alaska Women's Health Program website. The Reproductive Health Partnership contraceptive education kit materials were updated. Twenty-four kits were provided to Community Health Centers, Public Health Nurses and Tribal Health Clinics including family practice and pediatric outpatient service units. One training was conducted for staff of the Anchorage-based Southcentral Foundation pediatric and primary care outpatient clinics. Southcentral Foundation is the largest Tribal health outpatient facility in the state.

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 postpartum women. With funds provided by the state Division of Public Assistance, the Reproductive Health Partnership continued to provide long-acting reversible contraceptives to clinical care providers serving at-risk women in regions of the state where both numbers and rates of non-marital and teen births are higher than the state average. The nurse consultant continues to search for clinical training opportunities covering evidence-based counseling and skills in provision of effective contraception.

The nurse consultant conducted two motivational "Interviewing" trainings for Division of Public Assistance staff from Anchorage and Fairbanks. The trainings covered effective referral of clients in need of women's health care services, including contraceptive care. Division of Public Assistance clients are primarily young, at-risk pregnant and postpartum women. The training model included a simple guide to support each client to develop a personalized contraceptive care plan. The federal *Healthy Start Show Your Love!* pamphlets were tested with this group and input will be used to make revisions deemed necessary for use with the population they serve. The Division of Public Assistance requested additional trainings for their staff as well as education seminars for their clients. The nurse consultant met and collaborated with leadership from Division of Public Assistance and the Adolescent Health Program and some initial plans for carrying this work forward were



made. Planned Parenthood has taken the lead for reproductive health education sessions for Alaska Division of Public Assistance clients.

Current activities:

Birth spacing materials are shared by the *Alaska Breastfeeding Initiative*. Preliminary revisions to *Show Your Love!* pamphlets are drafted. The nurse consultant is collaborating with staff of the Healthy Start Norton Sound Health Corporation, located in the Nome census area, to complete final revisions of the pamphlets.

CDC's Revised Recommendations for the Use of Contraceptive Methods During the Postpartum Period are shared widely. The Reproductive Health Partnership contraceptive education kits and training are provided to Community Health Centers and Tribal Health Clinics.

In March 2014, the nurse consultant and the Norton Sound Health Corporation Healthy Start program staff met with Kawerak Tribal leaders from the Nome Bering Straits area. These leaders expressed concern about the number of women experiencing rapid repeat pregnancies and they asked Healthy Start to address this issue. Healthy Start provides perinatal education and case management services for pregnant and postpartum women living in the Nome census area which includes the city of Nome and the fifteen surrounding villages in the Bering Straits. This region of the state has one of the highest rates of births to teens as well. Clinical provider skill in counseling and provision of effective contraction, especially for postpartum women, is identified as a critical need. Healthy Start will fund 2 practitioners to participate in skill based clinical training for this.

The nurse consultant and Healthy Start staff are collaborating with the Nome regional Division of Public Assistance to provide training in motivational interviewing to facilitate referral of clients at risk of rapid repeat pregnancy.

Plans for the coming year:

The *Show Your Love!* pamphlet revisions will be completed and implemented with women at risk of rapid repeat pregnancy who live in the Nome and Bering Straits area. The nurse consultant will train staff of the Healthy Start and Nome Division of Public Assistance in effective use of the pamphlet as a support for client referral to contraceptive care.

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, especially those likely to have clinical care providers with interconception clients in their caseload.



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

The Healthy Start perinatal nurse consultant will continue to collaborate with Norton Sound Health Corporation Healthy Start staff that met with Kawerak Tribal leaders from the Nome Bering Straits area in order to address their concerns about rapid repeated pregnancies among the women living there. Clinical care providers responsible for provision of comprehensive contraceptive care services for women living in the area will continue to receive skills-based training on this topic. In addition, the nurse consultant will continue to collaborate with the Nome regional Division of Public Assistance to provide training in motivational interviewing to facilitate referral of young women clients at risk of rapid repeat pregnancy. Women living in the area will be surveyed about their satisfaction with these services.

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

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



Alaska Maternal and Child Health FY 2015 Title V Block Grant

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.

Last year's accomplishments:

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.

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 activities:

All AHP projects started in FY 13 continued into FY 14.

The AHP manager served on various committees working to address intimate partner violence among young adults including the Governor's Domestic Violence and Sexual Assault (DVSA) Data Committee, DVSA Training and Infrastructure Committee, K-5 Social Emotional Learning Curriculum Workgroup, and Statewide Agency DVSA Prevention Committee. The AHP team presented at the Statewide DVSA Prevention Conference on December 2013 regarding the intersection between teen dating violence and unintended pregnancy.

In February 2014, the AHP received the Rape Prevention Education Program grant from the Centers for Disease Prevention and Control for the primary prevention of sexual assault. The work of this grant will also address intimate partner violence among young adults and healthy relationships.

The AHP is conducting fidelity monitoring for quality assurance in the implementation of The Fourth R curriculum with teachers across the State and including the federally required evaluation component of The Fourth R.



Plans for the coming year:

All ongoing projects from FY 14 will continue through FY 15.

The Rape Prevention Education Program grant funds will support efforts to promote parental engagement activities that support healthy youth relationships, healthy relationships learning for young boys and men, youth development activities at the youth leadership conference, the Stand Up Speak Up media materials, and primary prevention training for school counselors in FY15.

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 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.

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.



Alaska Maternal and Child Health FY 2015 Title V Block Grant

State Performance Measure #6

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

Last year's accomplishments:

The Alaska Family Violence Prevention Project (AFVPP) conducted a train-the-trainers on adolescent brain development, substance abuse, dating violence and Adverse Childhood Experiences with multidisciplinary teams from around the state which also 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 Activities

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 is working with the Alaska Native Tribal Health Consortium to conduct regional trainings, using the Alaska safety card on intimate partner violence that includes content on reproductive and sexual coercion.

Plans for the coming year:

The AFVPP will continue to operate our clearinghouse and acquire up-to-date resources to share with communities. We will continue 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 conduct trainings on adverse childhood experiences (ACEs) for schools, communities and service providers with content on intimate partner violence, dating violence and unintended pregnancy.

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
Conduct two trainings on intimate partner violence and reproductive and sexual coercion for Alaska Native Health corporations , Public Health Nursing and other service providers				X



Provide technical support and resources to our training teams				X
Conduct eight trainings on Adverse Childhood Experiences at annual conferences, schools, community-based organizations with content on intimate partner violence, teen dating violence and unintended pregnancy				X
Conduct training for home visitation programs with content on intimate partner violence, dating violence, unintended pregnancy and reproductive and sexual coercion				X

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



Alaska Maternal and Child Health FY 2015 Title V Block Grant

State Performance Measure #8

% of mothers who recently delivered a live birth with home environmental factors associated with SIDS/unexplained asphyxia. (Includes laying baby down to sleep on side or stomach; baby sleeping with pillows, plush toys, etc.; smoking allowed in home; bed-sharing.)

Last year's accomplishments:

The Alaska Infant Safe Sleep Task Force continued to meet and finalized the Alaska Infant Safe Sleep toolkits for distribution to birthing facilities statewide. The Section of Women's Children's and Family Health (WCFH) continued statewide distribution of publications such as infant safe sleep brochures and posters, and "Baby and Me" books. The "Baby and Me" book is a comprehensive resource of prenatal/newborn information, including infant safe sleep.

WCFH continued to administer grants for Healthy Start and the Maternal, Infant, & Early Childhood (MIECHV) home visitation programs, which also address infant safe sleep. The sections of WCFH and Public Health Nursing trained new public health nurses using Bright Futures, including information about infant safe sleep in Alaska. A former Perinatal Nurse Consultant also conducted a training session on infant safe sleep for child care facilities in Alaska.

Text4Baby includes many health related messages from pregnancy through infancy, including infant safe sleep. One Alaska cellular phone system reported that they participate in Text4Baby, but information was not included on their website or on the national text4baby website.

Current activities:

WCFH distributed Infant Safe Sleep toolkits to birthing facilities statewide and posted the materials online. The toolkit aids facilities in developing safe sleep policies. Three large birthing hospitals are fully participating in the initiative. A Perinatal Nurse Consultant conducted phone surveys with birthing centers who were not fully participating in the project. Several facilities had infant safe sleep practices in place prior to receiving the toolkit. Four tribal health facilities were using the National Institutes of Health *Healthy Native Babies* toolkit and had their own Infant Safe Sleep work groups.

WCFH met with THREAD, the Alaska child care resource and referral agency. THREAD shared information regarding a crib replacement project which placed 950 cribs in 22 communities. Child care facilities that accepted new cribs agreed to dispose of old cribs. During a second phase, child care centers received fitted sheets.

The Section Chief presented on Alaska's Infant Safe Sleep project at an ASTHO meeting. ASTHO interviewed the Perinatal Nurse Consultants for an article regarding Alaska's project.

WCFH MCH Epidemiology Unit staff is writing an article for the *Alaska Epidemiology Bulletin*, which will report on the decline of fetal and infant mortality rates in Alaska.

WCFH continues to distribute infant safe sleep posters and brochures as well as "Baby and Me" books. The Healthy Start and MIECHV home visitation programs continue to address infant safe sleep practices.



Plans for the coming year:

The biennial Maternal Child Health and Immunization Conference, *Advancing Wellness across the Lifespan*, will be held on September 24-25, 2014 in Anchorage. Cheryl Prince, PhD, MPH, MSN and Marilyn Pierce-Bulger, FNP, CNM, MN will present “Strategies for Reducing Fetal and Infant Mortality in Alaska, 2004-2011.” The session will discuss the potential impact of the *Healthy Native Babies* project that began in 2006 and the Alaska Infant Safe Sleep initiative which started in 2009. The final Alaska Infant Safe Sleep Taskforce meeting will coincide with the conference. Pierce-Bulger, a consultant trained in *Healthy Native Babies*, will offer training as a post-session. This will be an opportunity for up to 24 health care providers, such as Community Health Aides and nurses, to receive infant safe sleep training developed for Native populations.

WCFH will continue to work with THREAD, the Alaska child care resource and referral agency, to promote model policies for infant safe sleep in child care centers. WCFH will also assist THREAD with offering webinar trainings for child care providers according to their topics of interest.

WCFH will continue to distribute infant safe sleep kits, posters, and brochures, as well as “Baby and Me” books. In addition, the sections of WCFH and Public Health Nursing will continue to provide child health trainings for new public health nurses which includes education about infant safe sleep in Alaska.

WCFH will continue to promote text4baby and will encourage the Alaska cellular phone company to include a notice on their website and to work with national text4baby to list their name. This will help increase awareness for Alaska customers about the availability of free health related text messaging through their carrier. Text4baby will also be advertised on the Division of Public Health’s website.

A perinatal nurse consultant will continue to attend infant death reviews by the Maternal and Infant Mortality Review Committee.

The Healthy Start and MIECHV programs will continue to serve low-income, at-risk women and their families. Infant safe sleep will continue to be a part of the curriculum. The MIECHV program will continue to distribute the safe sleep brochures, and any new nurse home visitors will receive training on safe sleep from a Perinatal Nurse Consultant.

Activities (FY 15)	Pyramid Level of Service			
	DHC	ES	PBS	IB
Distribute infant safe sleep materials to health care providers				X
Plan for presence at the Alaska MCH and Immunization Conference in September				X
Continue conducting the MIMR process				X
Present infant safe sleep content to a variety of audiences				X
Implement Alaska infant safe sleep content and materials in Healthy Start and MIECHV programs		X		



Outreach to child care resource agency to promote model policies for infant safe sleep				X
--	--	--	--	---