Alaska Maternal and Child Health Title V Block Grant
Executive Summary

What is the Title V Maternal and Child Health Block Grant ?

The Title V Block Grant is a Federal-State partnership program to improve the health of mothers and children, including children and youth with special health care needs. In Alaska, the Title V program is managed by the Department of Health and Social Services (DHSS), Division of Public Health (DPH), Section of Women's Children's and Family Health (WCFH). Allocation of Title V funds are based on the state's maternal and child health priorities..

The 2014 Title V Block Grant application, covering FFY 2014, is due July 15, 2013. Public comments on the application are welcome and should be directed to:

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Title V Block Grant Application

The Title V Block Grant program requires all states to report on maternal and child health performance measures and outcomes every year. The application includes:
a comprehensive description of activities that support progress towards achieving national and state goals,
data on performance measures,
outcomes and
health capacity indicators.

How Are Alaska's Title V Funds Used?

The Title V program is managed by the Department of Health and Social Services, Division of Public Health, Section of Women's Children's and Family Health (WCFH). Services funded by Title V can be envisioned as a pyramid of four tiers consisting of:

- Direct Health Care Services
- Enabling Services
- Population-based Services
- Infrastructure Services

Allocation of funds within these categories are based on the state's maternal and child health priorities. These priorities were developed in 2010 following a needs assessment analysis.

Needs Assessment

Every five years an assessment of maternal and child health (MCH) needs, and needs for children and youth with special health care needs (CYSHCN), is conducted. The 2010 Needs Assessment Plan addressed national and state priorities and performance measures for 2011 through 2015. Priorities established from the Needs Assessment guides the use of Title V grant dollars by WCFH. The 2010 Needs Assessment is available at http://dhss.alaska.gov/dph/wcfh/Documents/titlev/assets/AK_TitleV_NA.pdf

Title V Maternal and Child Health Priorities, FY 2011–2015:

- Reduce substance abuse among families, including alcohol, tobacco and drugs.
- Reduce child maltreatment and bullying.

- Collaborate with families to work toward a system of integrated services for families with infants, children, and teens, and especially those with special health care needs.
- Reduce the risks associated with unintended pregnancy and teen pregnancy.
- Reduce dental caries in children 0 - 21 years of age.
- Reduce intimate partner violence (IPV) including teen dating violence.
- Reduce preventable post-neonatal mortality due to SIDS/asphyxia.
- Support communities to increase family and youth resiliency.
- Reduce the prevalence of obesity and overweight throughout the lifespan.
- Increase universal screening for post partum depression in women.
- Strengthen quality school-based health care and health promotion.
- Implement standardized screening for developmental delay and behavioral health in children 0 - 21 years.
- Develop capacity to help families navigate the health care system.
- Acknowledge the importance of men in MCH programs.
- Reduce early term elective births.

Title V Activities for FY 2013

The following list describes activities conducted by WCFH during FY 2013 that were supported by the Title V grant.

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

- The Early Hearing Detection and Intervention (EHDI) Program monitors Alaska's adherence to the National EHDI 1-3-6 Goals, hearing screening by one month, assessment by three months, and intervention by six months. The program participated in a Quality Improvement project and reduced the number of children lost to follow-up statewide after a "refer" on newborn hearing screening.

- The EHDI Program has hearing screening equipment on loan to four midwifery centers and three public health centers to provide options for hearing screenings to infants born out of hospital. All facilities providing newborn hearing screening report results to the state electronically.

The percentage of children with special health care needs age 0-18 whose parents' partner in decision making at all levels and were satisfied with the services they receive.

- Women's Children and Family Health (WCFH) conducted statewide Family Advisory calls with children and youth with special health needs (CYSHCN) and their families to gather information on needed services, concerns and potential solutions.

- Parent satisfaction surveys were conducted at the neurodevelopment outreach, genetics, and cleft lip/palate pediatric clinics. WCFH also gathered input during the early hearing diagnosis and intervention (EHDI) advisory committee, the newborn metabolic screening program advisory committee, and the adolescent advisory committee meetings.

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

- Two pediatric care coordinators were hired and placed in two pediatric clinics to assist families in coordinating care and accessing resources.

- Newly identified CYSHCN with neurodevelopment, metabolic, or genetic disorders or those with CL/P or hearing loss received parent navigation services from Stone Soup Group, a parent support agency.

The percent of children with special health care needs age 0-18 whose families have adequate private and/or public insurance to pay for the services they need.

- Outreach clinic services were provided regardless of ability to pay.

The percentage of children with special health care needs ages 0-18 years whose families report that the community based services system are organized so they can use them easily.

- WCFH provided interpreters to families when English was not the primary language.

The percentage of women who smoke in last three months of pregnancy

- Norton Sound Health Corporation and Providence In-Home Services, who are implementing grant-funded home visiting programs for high-risk pregnant and parenting women and their infants until age two years, screen all clients for tobacco use. Limited counseling is provided and referral and follow-up are conducted.

- Smoking Cessation and Reduction in Pregnancy Treatment (SCRIPT) booklets were ordered for programs for pregnant women. This is an evidence-based and award winning tobacco cessation intervention.

Percent of very low birth weight infants delivered at facilities for high-risk deliveries

- Providence In-Home Services and Healthy Start home visitors will weigh and measure infants to assess growth and development. Good prenatal nutrition and early prenatal care are emphasized in client encounters. The programs are also focused on screening for and educating women about signs and symptoms of preterm labor and working on factors that influence preterm birth and low birth weight such as stress, domestic violence and substance abuse.

- Nome, Alaska, is the site of Healthy Start program. Women from villages are required to move to the pre-maternal home at 36 weeks gestation to avoid the likelihood of a village birth and to facilitate possible transfer to the state's only level III neonatal intensive care unit (NICU) in Anchorage.

- The importance of a timely referral to the tertiary care center, when necessary, is a priority of the Alaska Native health services system. Healthy Start encourages clients to adhere to requirements and recommendations to assure very low birth weight babies are born at the level III NICU.

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

- Home visitors in both the Providence In-Home Services and Healthy Start programs conduct outreach and educational efforts to promote early referral and initiation of prenatal care services. The home visitors provide case management services to assess clients for adequacy of prenatal care, provide enabling services, as possible, and collect data to determine the Kotelchuck Index.

Percent of women who recently had a live-born infant and reported having one or more alcoholic drinks in an average week during the last 3 months of pregnancy.

- Providence In-Home nurse home visitors assess every client for alcohol use and conduct referrals and follow up, as indicated. Paraprofessional home visitors for the Healthy Start program also screen all clients using the 4P's Plus tool to assess clients for alcohol use. Also, referral and follow up is provided.

Percent of women who delivered a live birth and had a provider talk to them about post partum depression since their new baby was born.

- Healthy Start and Providence In-Home Services use the Edinburgh postnatal depression screening tool for all clients. They explore community resources and sources of support for women related to depression, and make referrals and follow up.

Percent of mothers who recently delivered a live birth w/ home environmental factors associated with SIDS/unexplained asphyxia.

- The Alaska Division of Public Health is implementing an Alaska Infant Safe Sleep Initiative. Pamphlets and posters were produced based on focus group input and are being distributed across the state. An infant safe sleep toolkit for birthing facilities was developed and will be implemented early in FY14.

- Healthy Start and Providence In-Home Services home visitors received training on infant safe sleep. The Nurse-Family Partnership curriculum, used by Providence home visitors, contains handouts on safe sleep practices and are discussed with first-time mothers. Healthy Start uses materials developed as a result of the Alaska Infant Safe Sleep Initiative's work.

Percent of early term births (37 - 38 weeks completed gestation)

- The Alaska Division of Public Health collaborated with March of Dimes on the 39 Weeks Campaign to eliminate non-medically indicated early term deliveries. The MCH Epidemiology Unit produced two Epidemiology Bulletins that were widely distributed.

- Both Providence In-Home Services and Healthy Start home visitors educate clients about the importance of avoiding unnecessary deliveries before 39 completed weeks of gestation, and address tobacco and other factors related to preterm birth.

For more information

Last year's FY 2013 application is available at :
https://mchdata.hrsa.gov/tvisreports/Documents/2013/Narratives/AK-Narratives.pdf.

The Title V webpage is available at:
http://dhss.alaska.gov/dph/wcfh/Pages/titlev/default.aspx

Data on national and state performance measures for Alaska are available at:
http://dhss.alaska.gov/dph/wcfh/Pages/titlev/measures.aspx

More detailed descriptions of activities supporting national and state performance measures are at:
http://dhss.alaska.gov/dph/wcfh/Documents/PM_Narr_All.pdf