



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 2015, is due July 10, 2014.

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 in Alaska 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 postpartum 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 2014 (October 2013 – September 2014)

The following list describes a sample of the activities conducted by WCFH during FY 2014 that were supported by the Title V grant, organized by the performance measure being addressed by the activity.

The percentage of newborns that 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. Emphasis is on continuing to reduce the number of children lost to follow-up/documentation after not passing their final screening. The Program convened a quality improvement team to guide activities. Meetings with the Alaska Native Medical Center have aimed to improve timeliness of follow-up for infants in remote regions, and a revised protocol involves administering an audiology diagnostic evaluation before infants return to remote communities.
- The EHDI Program has continued to monitor the out of hospital birth screening rate and 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.

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

- 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 their work in two pediatric clinics 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.

The percent of mothers who breastfeed their infants at six months.

- WCFH Alaska Breastfeeding Initiative (ABI) staff and the WIC breastfeeding coordinator served as board members for the Alaska Breastfeeding Coalition (ABC). This collaboration facilitated common goals and objectives including hosting the annual ABC lactation symposium and advanced clinical lactation training. The WIC-ABI partnership made possible two trainings on improving hospital lactation policies and practices with 90 clinician participants. ABI provided funds to offset travel for those from off road hospitals and clinics.

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

- Two printed books that cover tobacco risks and information about quitting were widely distributed at no cost to clinics or parents statewide. "A Pregnant Woman's Guide to Quit Smoking" was developed with input from Alaska Native women, and *Baby and Me* which is a comprehensive perinatal resource guide that covers tobacco risks. Text4baby for Alaska, which includes tobacco-related messages, continued to be posted on the State of Alaska webpage.

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

- WCFH administered the Maternal, Infant & Early Childhood Home Visiting (MIECHV) program provided by Providence In-Home Services in Anchorage using the Nurse Family Partnership Model and Healthy Start case management program in the Nome census area. Both programs utilize home visitors that weigh and measure infants to assess growth and development with an emphasis on good prenatal nutrition and early prenatal care. 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.
- Under direction from Division of Public Health and Alaska Native Tribal Health Consortium leadership, the perinatal program convened a statewide Healthy Alaskans 2020 workgroup tasked with identifying critical strategies for improving first trimester prenatal care. The workgroup included medical leadership from tribal health, State medical, and Alaska Chapters of ACOG and the American Academy of Family Physicians (AAFP) as well as rural and urban primary care providers. WCFH Epidemiology staff supported the work with data such as PRAMS. Notable among the outcomes of the work was the recommendation that a perinatal health improvement task force be established.

Rate of birth for teenagers aged 15-17 years.

- The WCFH Family Planning Program continued 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 Adolescent Health Program continued to manage grants to communities on youth development and teen pregnancy prevention and continued its social marketing campaign on birth spacing.



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

- The Adolescent Health Program (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. 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 is conducting fidelity monitoring for quality assurance in the implementation of The Fourth R with teachers across the State and including the federally required evaluation component.
- 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.

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

- As part of the Alaska Infant Safe Sleep Initiative, WCFH developed and 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. In addition, a Perinatal Nurse Consultant conducted phone surveys with birthing centers who were not fully participating in the project.

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

- WCFH worked with the All Alaska Pediatric Partnership (AAPP) to publish and distribute rack cards with credible vaccine websites. The State is testing vaccine messaging with parents via focus groups and phone interviews.
- WCFH screens the immunization status of children attending specialty clinics and informs parents and providers of needed vaccines.

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

- The Oral Health Program 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

For more information

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