

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). Please visit our website for more information here:

<http://dhss.alaska.gov/dph/wcfh/Pages/titlev/default.aspx>

The 2017 Title V Block Grant application for FFY is due July 15, 2017. Public comments on the application are welcome using any of the following options below:

- Online survey at : <https://www.surveymonkey.com/r/P6PTZPF>
- By emailing comments to daniella.delozier@alaska.gov
- By mailing your comments to :

Section of Women's Children's Family Health
Attn: Daniella DeLozier
3601 C Street, Suite 358
Anchorage, AK 99503

Title V Block Grant Application

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

How Are Alaska's Title V Funds Used?

Services funded by Title V can be envisioned as a pyramid of three tiers consisting of:

- Direct Health Care Services
- Enabling Services
- Public Health Services and Systems

The framework for delivery of MCH services is based on the 10 Essential Public Health Services. Allocation of funds primarily supports the foundation of the Title V funding pyramid in the Public Health Services and Systems for MCH populations tier and is based on Alaska's 2015 statewide MCH needs assessment.

Needs Assessment

Every five years an assessment of MCH needs, including children and youth with special health care needs (CYSHCN), is conducted. Alaska's 2015 Needs Assessment addressed national and state priorities for 2015- 2019. Priorities established from the Needs Assessment guide the use of Title V grant dollars by WCFH. The Needs Assessment and corresponding performance measures address the six MCH population

health domains: 1) Women’s/Maternal Health; 2) Perinatal/Infant’s Health; 3) Child Health; 4) CYSHCN; 5) Adolescent Health; and 6) Cross-Cutting/Life Course.

Title V Emerging Needs and 5 Year Action Plan

Alaska’s MCH Priorities for 2015-2019 are divided by population domain and described below, including the population-based national performance measures (NPMs) chosen to track prevalence rates and demonstrate impact. State performance measures (SPMs) were developed to address population needs that were identified through the 2015 Five Year Needs Assessment process but were not adequately addressed by the NPMs. In 2016 Evidence Based Strategy Measures (ESMs) were developed to demonstrate the Title V program’s impact and progress relative to the associated National Performance Measure. The National Outcome Measures below are the ultimate goals that the federal and state MCH programs are striving to achieve through their Title V program efforts. Please see below the Five Year Action Plan Table to review Title V supported strategies planned by WCFH over the next 5 years.

Women/Maternal Health

State Action Plan Table - Women/Maternal Health -

Priority Need

Increase access to reproductive health services that adhere to national best practice guidelines.

NPM

Percent of women with a past year preventive medical visit

Objectives

By 2020, increase to 70% the percent of Alaska women with a past year preventative medical visit.

Strategies

NPM 1.1 Partner with the YWCA to provide patient navigation and health education information to disparate populations to increase the number of women who are rarely or never screened for cervical cancer through the Breast and Cervical Health Check (BCHC) program.

NPM 1.2 Work with Anchorage WIC program to increase access to preventative healthcare visits by using "One Key Question" to identify WIC clients who may need reproductive health services. Referrals to the MOA Reproductive Health Clinic are provided to appropriate clients. MOA staff records how many of the referrals receive services.

NPM 1.3: Identify and partner with Federally-Qualified Health Centers (FQHCs) statewide to improve and expand their reproductive health services to adhere to the national QFP standards by providing QFP continuing education, conducting follow-up to assess compliance with QFP, and providing technical assistance to FQHCs who do not meet national standard.

NPM 1.4 Review all pregnancy-associated deaths through the Maternal-Infant Mortality and Child Death Review

NPM 1.5 Provide evidence-informed training to Hope Community Resources and other agencies serving women with disabilities about the importance of preventive screenings.

NPM 1.6 In partnership with the State of Alaska Section of Chronic Disease Prevention and Health Promotion and Peer Power of Alaska (self-advocacy group), disseminate best practices, educational materials, and trainings to health care providers, caregivers, and case managers on key preventive screenings for women with disabilities.

ESMs

ESM 1.1 - Percent of rarely or never screened women who are newly enrolled in the BCHC program.

ESM 1.2 - Percent of all WIC clients referred to the Municipality of Anchorage Reproductive Health Clinic who receive services

National Outcome Measures (NOMs)

Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Maternal mortality rate per 100,000 live births

Percent of low birth weight deliveries (<2,500 grams)

Percent of very low birth weight deliveries (<1,500 grams)

Percent of moderately low birth weight deliveries (1,500-2,499 grams)

Percent of preterm births (<37 weeks)

Percent of early preterm births (<34 weeks)

Percent of late preterm births (34-36 weeks)

Percent of early term births (37, 38 weeks)

Perinatal mortality rate per 1,000 live births plus fetal deaths

Infant mortality rate per 1,000 live births

Neonatal mortality rate per 1,000 live births

Post neonatal mortality rate per 1,000 live births

Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table - Perinatal/Infant Health -

Priority Need

Reduce substance abuse among families, including alcohol, tobacco and drugs.

NPM

Percent of infants placed to sleep on their backs

Objectives

Increase the percent of Alaska infants placed to sleep on their backs to 86% by 2021.

Strategies

NPM 5.1. Promote the Alaska Infant Safe Sleep Toolkit among hospitals and birthing facilities statewide (includes NICHD nurse education module, crib audits, and an infant safe sleep policy).

NPM 5.2 SUID cases are reviewed by the Alaska MIMR-CDR team using the CDC SUID Investigation Reporting form and classification system

NPM 5.3 Collaborate with a facility that has adopted the Toolkit to evaluate the Toolkit by implementing P-D-S-A cycles.

NPM 5.4 Partner with programs serving low socioeconomic families to provide infant safe sleep education (WIC, Medicaid, home visitation, or other programs)

ESMs

ESM 5.1 - Number of hospitals/birthing facilities using the Alaska Infant Safe Sleep Toolkit.

ESM 5.2 - Percent of Alaska births that occur at a hospital that has implemented at least one component of the Alaska Infant Safe Sleep Toolkit.

ESM 5.3 - Percent of SUID cases reviewed in prior year with complete SUID Investigation Reporting Forms

ESM 5.4 - Percent of SUID cases reviewed in prior year classified using CDC categories

National Outcome Measures (NOMs)

Infant mortality rate per 1,000 live births

Post neonatal mortality rate per 1,000 live births

Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

State Action Plan Table - Perinatal/Infant Health -

Priority Need

Reduce substance abuse among families, including alcohol, tobacco and drugs.

SPM

Percent of women (who delivered a live birth and were trying to get pregnant) who had one or more alcoholic drinks in an average week during the 3 months before pregnancy.

Objectives

SPM#1. Among Alaska women who delivered a live birth and reported that they were trying to get pregnant, decrease the percent who indicated that they had one or more alcoholic drinks in an average week during the 3 months before pregnancy to 16% by 2021.

Strategies

SPM 1.1 Promote use of SBIRT among health care providers, especially those serving Medicaid clients

SPM 1.2 Promote use of One Key Question tool among health care providers, especially those serving Medicaid clients

Child Health

State Action Plan Table - Child Health -

Priority Need

Increase access and preventative health care services to Alaskans and their families.

NPM

Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objectives

Increase the percentage of children ages 9-71 months who receive a developmental screening using a parent-completed screening tool to 37% by 2021.

Strategies

NPM 6.1. Support existing Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program to complete the Ages and States Developmental Screening tool on time, as outlined by the Bright Futures periodicity schedule.

NPM 6.2. Partner with Medicaid and ECCS program to promote the use of the online Ages and Stages Developmental Screening tools with health care providers as well as the use of the bill code 96111 (CPT code for a developmental screen).

NPM 6.3. Provide system support to external partners and agencies to promote the use of standardized screening tools .

ESMs

ESM 6.1 - Percent of eligible screening time points with a completed Ages and Stages Developmental Screen, among families participating in MIECHV program

National Outcome Measures (NOMs)

Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Percent of children in excellent or very good health

State Action Plan Table - Child Health -

Priority Need

Reduce the rate of child maltreatment

NPM

Rate of hospitalization for non-fatal injury per 100,000 children ages 0 through 9 and adolescents 10 through 19

Objectives

By 2021, decrease the rate of injury related hospital admissions among children 0-9 years to 164 per 100,000.

Strategies

NPM 7.1 Review all child deaths up to age 18 through the Alaska Maternal-Infant Mortality and Child Death Review program

NPM 7.2. Participate in and provide leadership for the Alaska team for the national child injury CoIN

NPM 7.3. Support existing Nurse Family Partnership Home Visiting Program with data and evaluation needs

NPM 7.4 Provide parental education to families participating in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program regarding prevention of child injuries including topics such as safe sleeping, shaken baby syndrome or traumatic brain injury, child passenger safety, poisonings, fire safety (including scalds), water safety, playground safety, etc.

ESMs

ESM 7.1 - Number of annual Child Death Review recommendations developed related to the prevention of child injury and/or child maltreatment

National Outcome Measures (NOMs)

Child Mortality rate, ages 1 through 9 per 100,000

Adolescent mortality rate ages 10 through 19 per 100,000

Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000

Adolescent suicide rate, ages 15 through 19 per 100,000

State Action Plan Table - Child Health -

Priority Need

Reduce the rate of child maltreatment

SPM

Rate of reports of child maltreatment per thousand children 0-9 years of age in Alaska.

Objectives

Decrease the rate of reports of maltreatment per thousand Alaska children ages 0-9 years to XX% by 2020.

Strategies

SPM 3.1. Expand trauma informed service delivery for state based services

SPM 3.2. Develop cross-sector comprehensive data to accurately measure child maltreatment in the population over time.

SPM 3.3. Support local based initiatives with data needs (e.g. Triple P program, Mat-Su Community effort and others)

SPM 3.4. Assess current primary prevention efforts of maltreatment and set a direction toward collective impact.

Adolescent Health

State Action Plan Table - Adolescent Health -

Priority Need

Increase healthy relationships.

NPM

Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objectives

Decrease the percentage of Alaska students in grades 9-12 who report that they were bullied on school property or electronically during the past 12 months to 21% by 2021 (YRBS) NPM 9.2. Decrease the percentage of Alaska adolescents ages 12-17 who are reported by a parent/guardian to bully others in the past month to 12% by 2021 (NSCH)

Strategies

NPM 9.1. Promote and disseminate evidence-based healthy relationship programming, including the Fourth R, 3R's, Bringing in the Bystander, Alaska Promoting Health Among Teens, Healthy Relationships Plus.

NPM 9.2. Provide expertise on healthy relationship risk and protective factors

NPM 9.3. Increase program implementation that uses a positive youth development framework

NPM 9.4. Tailor the Fourth R for Healthy Relationships curricula to be culturally relevant and fit the Alaskan context.

ESMs

ESM 9.1 - Increase number of Alaskan students participating in the 4th R for healthy relationships program in the last school year.

National Outcome Measures (NOMs)

Adolescent mortality rate ages 10 through 19 per 100,000

Adolescent suicide rate, ages 15 through 19 per 100,000

State Action Plan Table - Adolescent Health -

Priority Need

Increase healthy relationships.

SPM

Percent of students who report that they would feel comfortable seeking help from at least one adult besides their parents if they had an important question affecting their life.

Objectives

Increase the percentage of Alaska students who report that they would feel comfortable seeking help from at least one adult besides their parents if they had an important questions affecting their life to 87% by 2021 (YRBS)

Strategies

Develop a Fourth R for Healthy Relationships Parent Engagement Toolkit. Toolkit will include information about the Fourth R topics and tips for parents/caregivers to facilitate healthy relationships conversations with their children.

Children with Special Health Care Needs

State Action Plan Table - Children with Special Health Care Needs -

Priority Need

Improve system of care for families with children and youth with special health care needs

NPM

Percent of children with and without special health care needs having a medical home

Objectives

By 2021, increase the proportion of CYSHCN who receive integrated care through a patient/family centered medical/health home approach by 20% over Alaska's reported 2009/10 levels of 42.8%.

Strategies

NPM 11.1. Increase CYSHCN access to cross-systems care coordination using the Shared Plan of Care concept

NPM 11.2. Develop a shared resource for families and primary care providers of CYSHCN using the Help Me Grow centralized system model

NPM 11.3. Assess CYSHCN systems of care to integrate families and create a State Plan

NPM 11.4. Expand provider access to medical home concepts and tools through education and statewide technical assistance

NPM 11.5. Improve the timely receipt and feedback loop following the initial referral of a CYSHCN by a medical home using a written agency level agreement between Title V and Part C Programs

NPM 11.6 Analyze results of Consumer Assessment of Healthcare Providers and Systems (CAHPS) medical home patient experience survey

NPM 11.7 Partner with Stone Soup Group (Alaska's Family to Family Health Information Center), to offer the Parent Navigation program.

ESMs

ESM 11.1 - By October 2017, achieve 20% targeted CYSHCN within the Anchorage School District who have a Shared Plan of Care (according the Lucille Packard Foundation guidelines)

ESM 11.2 - By October 2017, 50% of families and medical home providers of CYSHCN contacting Help Me Grow Alaska for a needed specialist, support or service will obtain a needed specialist, support or service.

National Outcome Measures (NOMs)

Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

Percent of children in excellent or very good health

Percent of children ages 19 through 35 months, who completed the combined 7-vaccine series (4:3:1:3*:3:1:4)

Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza

Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Cross-Cutting/Life Course

State Action Plan Table - Cross-Cutting/Life Course -

Priority Need

Increase access and preventative health care services to Alaskans and their families.

NPM

A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventative dental visit in the past year

Objectives

NPM 13.1. Increase the percentage of Alaska women who had a dental visit during pregnancy to 60% by 2021. NPM 13.2. Increase the percent of Alaska children ages 1-17 years who had a preventative dental visit in the past year to 77% by 2021.

Strategies

NPM 13.1 Distribute the Oral Health Pocket Guide to all providers who have the opportunity to promote children's oral health

NPM 13.2 Collaborate with Division of Health Care Services to improve preventative dental visit with children ages 1-20 enrolled in Medicaid program. Track dental visit with eruption of first tooth no later than 12 months. Break out preventative dental visits by Alaska Native health corporation with a plan to conduct targeted education to medical and dental providers in tribal programs

NPM 13.3 Analyze Alaska-specific oral health data and write up results for publication online in Epidemiology Bulletins or other similar reports, including Medicaid data on dental-related emergency department visits and CUBS survey data

ESMs

ESM 13.1 - Number of oral health pocket guides distributed

National Outcome Measures (NOMs)

Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

Percent of children in excellent or very good health

State Action Plan Table - Cross-Cutting/Life Course -

Priority Need

Reduce substance abuse among families, including alcohol, tobacco and drugs.

NPM

A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives

NPM 14.1. Decrease the percent of Alaska women who smoked cigarettes during pregnancy to 10.5% by 2020. NPM 14.2. Decrease the percent of Alaska children ages 1-17 years who live in households where someone smokes to 22.8% by 2020.

Strategies

NPM 14.1.a. Partner with March of Dimes for tobacco cessation activities using the SCRIPT model among women of reproductive age and pregnant women (including sharing PRAMS data)

NPM 14.1.b. Partner with the Section of Chronic Disease Tobacco Quit Line to promote provider referrals of pregnant women to the Quit Line that includes permission to receive a call from the quit line within 48 hours of the referral.

NPM 14.2 Provide parental education to families participating in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program about household smoke exposure to children

NPM 14.3 Partner with the Alaska Lung Association and the Asthma Allergy Foundation of America Alaska Chapter on educational activities about dangers of household exposure to smoke and the relationship with childhood asthma. Partnership activities may include written guidelines on asthma management in schools for school nurses, that includes education for families, and presenting CUBS data on asthma to community groups and advocates as well as to health care providers who interact with children and families.

National Outcome Measures (NOMs)

ESM 14.1 - Number of women currently pregnant or planning pregnancy enrolled in Alaska Quit Line



National Outcome Measures (NOMs)

- Rate of severe maternal morbidity per 10,000 delivery hospitalizations
- Maternal mortality rate per 100,000 live births
- Percent of low birth weight deliveries (<2,500 grams)
- Percent of very low birth weight deliveries (<1,500 grams)
- Percent of moderately low birth weight deliveries (1,500-2,499 grams)
- Percent of preterm births (<37 weeks)
- Percent of early preterm births (<34 weeks)
- Percent of late preterm births (34-36 weeks)
- Percent of early term births (37, 38 weeks)
- Perinatal mortality rate per 1,000 live births plus fetal deaths
- Infant mortality rate per 1,000 live births
- Neonatal mortality rate per 1,000 live births
- Post neonatal mortality rate per 1,000 live births
- Preterm-related mortality rate per 100,000 live births
- Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births
- Percent of children in excellent or very good health

State Action Plan Table - Cross-Cutting/Life Course -

Priority Need

Increase evidence based screening for all MCH populations for behavioral and mental health problems

SPM

Percent of women who report being screened for depression during prenatal care

Objectives

SPM 4.1. By 2021, increase the proportion of Alaska women who report being screened for depression during prenatal care to 81.5%.

Strategies

- SPM 4.1. Increase partnerships with the division of behavioral health to identify evidence based screening tools
- SPM 4.2. Screen women enrolled in Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program for depression up to three months after delivery.