

WOMEN'S, CHILDREN'S, AND FAMILY HEALTH STRATEGIC PLAN 2017-2020

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Our Mission

To promote the best health outcomes for all Alaska women, children, young adults and their families of all abilities across the lifespan.

Our Vision

Healthy Alaskans today and tomorrow

The focus in WCFH is on laying the foundation for lifelong health and well-being

Our Values

- STRONG FAMILY & SUPPORT SYSTEMS:** Support and strengthen systems across the lifespan. Demonstrate commitment to families through compassionate action and stewardship of time, resources, and skills
- HEALTH EQUITY:** Ensure Alaskans of all cultures, abilities, and family backgrounds have full and equal access to opportunities to lead healthy lives
- INTEGRITY:** Exemplify uncompromising ethical conduct and the highest standards of responsibility and accountability
- EVIDENCE-BASED EXCELLENCE:** Use the best available knowledge, expertise, and data to inform public health policies and practice
- LEADERSHIP:** Develop new leaders and provide vision, purpose, and strategies to improve the health of women, children, and families
- DEDICATION:** Continuously work in partnership with families and their communities to achieve the best health for Alaskans

To achieve our mission and vision, our work is to:

STRATEGIES	<p>Serve as Alaska's chief strategists for existing and emerging public health issues</p> <ul style="list-style-type: none"> • Increase access to family-centered and culturally appropriate health services. • Provide leadership to identify upstream and emerging opportunities to guide state and national health policy, improve health outcomes and contain costs.
SERVICES	<p>Protect life, health, and safety through core public health functions</p> <ul style="list-style-type: none"> • Support and enable preventative services to increase early identification and intervention for individual and population-level health issues.
SCIENCE	<p>Serve as the trusted source of health information</p> <ul style="list-style-type: none"> • Collect, analyze and disseminate meaningful data to plan, implement and evaluate programs that realize the vision of healthy Alaskans today and tomorrow. • Build trust as a reliable and accessible resource to partners and the public.
SYSTEMS	<p>Strengthen essential public health infrastructure, services, and partnerships</p> <ul style="list-style-type: none"> • Partner with families and consumers, keeping their voice and leadership central: "nothing about us, without us." • Collaborate broadly to grow networks and systems. • Build capacity through education, securing funding, and sharing quality data.

DPH 2017-2020 Winnable Battles

1,000 Alaskans participated in a comprehensive WCFH Needs Assessment

- DECREASE TOBACCO USE, NICOTINE DEPENDENCE & PREVENT POISONING AND OVERDOSE**
 - Reduce substance abuse among families, including alcohol, tobacco, and other drugs
- DECREASE COLORECTAL AND CERVICAL CANCER**
 - Increase access and services to reproductive health
- INCREASE ACCESS TO HEALTH CARE**
 - Increase access and preventative care services to Alaskan families
 - Improve system of care for families of children and youth with special health care needs
- IMPROVE CHILD AND ADOLESCENT HEALTH**
 - Increase healthy relationships
 - Reduce the rate of childhood maltreatment
 - Increase evidence-based screening for all maternal-child health populations for behavioral and mental health issues
 - Empower families and consumers to be leaders and champions to improve individual and population health

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Maternal & Child Health (MCH) Epidemiology Unit

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Margaret Young, Health Program Manager III, Unit Manager and Epidemiologist

Alaska Birth Defects Registry (ABDR)/FAS

Established in January 1996, the Birth Defects Registry is a surveillance program to provide information on the prevalence of birth defects among Alaskan infants and children.

- The ABDR is a confidential population-based surveillance system of birth defects as defined by the International Classification of Diseases, 9th edition.
- Eligible children are identified by medical providers who are required to report birth defects to the Division of Public Health.
- The ABDR is a multiple source surveillance system. Reports are cross-linked to insure an unduplicated count of the number of children affected by each reportable congenital anomaly.
- Prevalence estimates are calculated by birth year. Trends, distribution, and factors associated with each condition are monitored in order to assess and evaluate potential etiologies and the effect of preventive interventions.

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Alaska Surveillance of Child Abuse and Neglect (Alaska SCAN)

Alaska SCAN was established in 2008 and gathers data on child maltreatment from a variety of sources, such as vital statistics, police reports, medical examiner reports, hospital records, and child protective services. Individually, these sources provide fragmented data about maltreatment in a narrow context but together they offer a more complete picture of the circumstances surrounding maltreatment.

- Benefits from this system include being able to identify points for interventions, trends or change over time, effectiveness of interventions, risk factors for maltreatment, and an accurate assessment of the actual burden of child maltreatment in Alaska.
- This project will provide the necessary information to guide and support the efforts of all the different agencies in Alaska concerned with reducing child maltreatment.

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Childhood Understanding Behaviors Survey (CUBS)

This is a mail and phone follow-up survey to PRAMS that interviews mothers of three-year-old children who completed the PRAMS survey after their child was born. The CUBS program began sending out surveys in 2006.

- Topics covered on CUBS include child development, nutrition and eating habits, general and specialized health care utilization and access, and child care, as well as items specific to maternal experiences.
- The goal of CUBS is to fill the gap in public health knowledge about the health behavior and early childhood experiences of young Alaskan children before they enter school. By re-interviewing mothers who completed a PRAMS survey, CUBS analysts can evaluate factors present at birth or early life that increase risk for later adverse childhood outcomes.
- If you ever have a client who asks about CUBS, encourage them to fill out the survey.

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- For data requests or questions about CUBS, contact the CUBS Coordinator.

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Maternal Child Death Review (MCDR)

The Maternal Child Death Review Program (formerly known as the Maternal Infant Mortality Review and Child Death Review) was established in 1989. The initial goal was to reduce infant mortality. The goal was later expanded to include maternal and child deaths. The MCH Epi Unit coordinates on-going expert committee reviews of every infant, child (<age 18 years), and maternal death in Alaska. Case files available for reviews include medical records, autopsy reports, death scene investigation reports, and other records as available and appropriate. The committee identifies factors that contributed to the death and makes recommendations about how to prevent future similar deaths.

- The ultimate objective of MCDR is to reduce maternal, infant and child mortality and morbidity. Other objectives are to
 - Identify preventable causes of death and develop recommendations for public health interventions
 - Educate health care providers regarding preventive, diagnostic and therapeutic contributors to death
 - Educate the public regarding the causes of mortality and the public's role in prevention.

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Maternal and Child Health Indicator Surveillance Project (MCH-ISP)

The goal of the project is to provide data on national and state-specific maternal and child health (MCH) indicators to promote and improve the health and well-being of mothers and children in Alaska.

- The project gathers, analyzes and summarizes epidemiological data on MCH indicators for Alaska. Data are gathered from local, state and federal agencies, including existing surveillance projects within the MCH Epidemiology Unit.
- The project contributes to the Alaska MCH Data Book publications.
- The program is a resource for anyone needing MCH data for grant applications, project planning, program evaluation, and needs assessments.
- For more information on how MCH-ISP can work for you, contact the Coordinator.

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Pregnancy Risk Assessment Monitoring System (PRAMS)

This is a survey of mothers of newborns that has been on-going in Alaska since 1990. It collects all kinds of information about behaviors and circumstances of Alaskan mothers and their infants surrounding the pregnancy and postpartum period.

- Outside of what Vital Records can provide, PRAMS is the only source of population-based data on maternal and infant issues for Alaska. Unintended births, breastfeeding, domestic violence, prenatal substance use, and depression are just some of the topics covered in PRAMS.
- If you ever have a client who asks about PRAMS, encourage them to fill the survey out.
- If you need data on maternal or infant issues, check with the PRAMS Coordinator.

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Adult Health Unit

Kelly Keeter, MPH, Health Program Manager III, Unit Manager 907-269-3461

Breast and Cervical Health

The State of Alaska Breast and Cervical Health Check (BCHC) pays for breast and cervical cancer screening and diagnosis for women 21-64 years old who meet program eligibility requirements.

- BCHC Program Eligibility Guidelines:
 - Women ages 21-64;
 - Who meet income guidelines based on family size and monthly income (250% of federal poverty rates, updated annually in January);
 - Who don't have insurance;
 - Whose insurance will not pay for breast and cervical cancer screening;
 - Who have insurance but can't afford the deductible (after deductible is met, insurance is responsible for payment).
- Women are enrolled through contracted providers, Public Health Centers and by women calling the 1-800-410-6266 in order to determine eligibility. 1-800-410-6266, 907-269-4662 are the phone numbers to BCHC. Fax number is 907-269-3414.
- BCHC pays for breast and cervical cancer screening from the first Pap and Mammogram up until a diagnosis of cancer is determined following USPSTF, ACOG and ASCCP guidelines.
- BCHC can pay for HPV testing when done as a cancer screening tool.
- Women who are eligible for BCHC can be referred to a BCHC Clinical Consultant for follow up of an abnormal Pap and/or CBE results. The initial Pap or Mammogram does not have to be paid for by BCHC in order for the women to be enrolled.
- It is beneficial for Public Health Center clients ages 40 to 64 to be enrolled presumptively to provide coverage for screening mammograms and any subsequent diagnostic follow up. Women younger than 40 who have an abnormal CBE can be referred to a breast consultant on the BCHC Clinical Resource list, once the Enrollment Form has been sent to BCHC.
- For women who are screened through BCHC and who need treatment for breast or cervical cancer, or a pre-cancerous cervical condition requiring treatment, BCHC refers the woman to BC (Breast and Cervical) Medicaid. This allows women who would not normally be eligible for Medicaid access to Medicaid to pay for treatment.
- BCHC works with providers to help improve cancer screening in their offices by distributing evidence based materials to motivate women towards screening.
- BCHC works with partners to increase cancer screening rates statewide by linking resources. Examples would be in linking outreach activities to imaging centers to increase mammography services.

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Family Planning

The Family Planning Program funds comprehensive family planning and related reproductive health services for low income women, men, and teens.

- The federal Title X Family Planning Services Grant funds clinical family planning and related preventive health services, supplies, counseling and education at the Mat-Su Public Health Center in Wasilla and the non-profit Kachemak Bay Family Planning Clinic in Homer.
- The Federally funded Title V Family Planning Program maintains formal contracts with Nurse Practitioners who offer family planning and related reproductive health services at the Kodiak Public Health Center and at Juneau School Health Centers.

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Women's Health Program

The Women's Health Program promotes resources and initiatives designed to improve the health of Alaskan women of all ages. Activities include:

- Providing the public with reliable information about healthful living and its role in reducing the incidence of chronic and preventable conditions.
- Promotion of evidence-based clinical practices based on nationally recognized guidelines, including those published by the U.S. Preventive Services Task Force and the Centers for Disease Control and Prevention, to providers of women's health care through multiple venues, including live webcast, statewide and regional conferences.

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Child and Adolescent Health Unit

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Adolescent Health

The Adolescent Health Program seeks to promote positive youth development and prevent or reduce negative health outcomes, with a focus on:

- Managing community grants on unintended pregnancy prevention and healthy relationships promotion
- Working with health care providers to bolster youth-friendly clinical and other health services
- Implementing primary prevention strategies to reduce violence, specifically, sexual assault, bullying, and teen dating violence
- Emphasizing the importance of family, school and community involvement and strength-based approaches to support youth;
- Working with school and public health nurses to increase evidence-based sexual and relationship health education in schools
- Collaborating with stakeholders throughout the state to promote overall adolescent health and wellbeing;
- Coordinating the Youth Alliance for a Healthier Alaska- a statewide youth advisory committee;
- Implementing the Fourth R Curriculum in schools across Alaska, in partnership with the Department of Education and Early Development. The Fourth R teaches healthy relationship skills and empowers adolescents to make healthier decisions about relationships, sexual behavior, and substance use; and
- Providing technical assistance, trainings, and resources on healthy relationships, peer education, teen pregnancy prevention, youth development, and more for parents, teachers, and adolescent service providers

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School Nursing/School Health Services

The School Nursing/School Health Program seeks to promote optimal health and safety, educational achievement, and growth/development for all Alaska school children via provision of quality nursing and health services in schools and in communities. Key components of the program are:

- Clinical consultation, technical assistance, policy development and analysis, professional development in the areas of school nursing practice and school health services and the application of Bright Futures in comprehensive health exams for school aged children.
- Research and evaluation of best practices in the provision of school nursing and evaluation of the provision of school nursing services in schools across the state
- Consultation and collaboration with national and state organizations promoting school health including the National Association of State School Nurse Consultants, National Association of School Nurses, Alaska School Nurses Association, American School Health Association
- Collaboration with the Department of Education and Early Development, Department of Public Safety, Division of Public Health (Section of Epidemiology and Section of Chronic Disease Prevention and Health Promotion), Division of Behavioral Health and the Alaska Mental Health Board to coordinate school health programs and promote the CDC Whole School, Whole Child, Whole Community model at the state and local level.
- Inter- and intra-agency collaboration and partnering for school based health clinics, immunizations, infectious disease management, school environmental health, disaster preparedness, medical home promotion and communication, continuing nursing education, and planning for students with chronic conditions and special health care needs.
- Leadership of the School Health Nurse Advisory Committee to address current issues in school nursing practice, attain consistent school nursing practice across Alaska via the development of evidence-based guidelines for practice, and to increase the understanding of the role of the school nurse in student success
- Development, coordination, and provision of CNE contact hours for school nurse professional development, trainings, and webinars
- Promotion of comprehensive well child preventative health visits that include developmental assessments

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Oral Health

The Alaska Oral Health Program was funded by the Centers for Disease Control and Prevention in 2003 through a Chronic Disease Prevention and Health Promotion Cooperative Agreement. In FY2014 to the current time funding for the program has transitioned to partial funding from federal grant funds and funding within the WCFH Section. Activities include:

- Developing a comprehensive state oral health plan and surveillance system.
- Convening a broad-based oral health coalition to provide an advisory role for the oral health program and improve coordination and collaboration between public and private health systems.
- Developing a state community water fluoridation program.
- Coordinating development of a state oral health plan.
- Encouraging development of school-based dental sealant programs.

Summary data and the state oral health plan is available at <http://www.hss.state.ak.us/dph/wcfh/Oralhealth/>

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Perinatal and Early Childhood Health Unit

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Perinatal Health

This program provides consultation and technical assistance on perinatal health and birth outcomes to public and private health care providers across Alaska, and leadership to improve health care systems. The focus is on population-based activities and infrastructure building. Activities include:

- Identifying areas for improvement in perinatal standards of care and supporting development of policies and protocols.
- Partnering with health care providers and administrators to improve perinatal outcomes; supporting and collaborating with organizations that promote perinatal health.
- Developing, implementing, and evaluating initiatives to improve perinatal health including:
 - Alaska Infant Safe Sleep Initiative
 - Maternal, Infant, and Early Childhood Home Visiting Program
 - Decreasing substance use during pregnancy
 - Promoting immunizations
 - Promoting evidence-based screening tools
- Providing professional education opportunities through participation in conference planning, distribution of materials, and sharing MCH data.
- Preparing information for issues of public or legislative concern.

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Pediatric Subspecialty Clinics

WCFH contracts with medical specialists to bring them to regional centers or communities where there are no local providers with specialty expertise. This makes specialty care more accessible for those who need it. Local health practitioners are invited to facilitate coordination of care.

The Metabolic Genetics Clinic offer services for individuals diagnosed with metabolic genetic disorders:

- Most patients see are diagnosed with a metabolic disorder through the Newborn Bloodspot Program
- Children with changes in body chemistry, such as extremely high or low protein, fat, or sugar levels in their blood are referred to the Metabolic clinic
- Patients are seen to monitor their disorder and provide nutrition evaluation and counseling

The Neurodevelopmental/Autism Clinic offers screenings, diagnosis, and consultations for children with neurodevelopmental conditions. Autism screening clinics have been added around the state to reduce the number of children needing to travel to for a full diagnostic evaluation.

Process for referral:

- Contact the program manager/coordinator to request a 1-page referral form, if needed.
- Fax the completed referral form with all medical records relevant to the referral reason to the program manager. Complete information will expedite the scheduling process.

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Newborn Hearing Screening

The State of Alaska Early Hearing Detection and Intervention (EHDI) Program is committed to the National EHDI 1-3-6 Goals: newborn screening before 1 month of age, diagnostic assessment before 3 months, and intervention services before 6 months. The Alaska mandate for universal newborn hearing screening and intervention went into effect in January 2008.

- All birthing hospitals in Alaska are screening newborns. Hearing screening equipment was placed at public health centers in a community with high out of hospital births and in sixmidwifery centers in communities experiencing obstacles to screening at their local hospital. Information on where an infant can receive a hearing screening or location of pediatric audiology services can be obtained from the State EHDI Program.
- All newborn hearing screening results, including missed screenings, are reported into a secure web-based data system. Newborn hearing results are reported weekly and audiology (diagnostic) results are reported on a monthly basis.
- If parents or primary care providers do not know if an infant had a hearing screening, or passed their screening, this information can be obtained from the database through the State EHDI Program.
- Parent support is available for children diagnosed with a hearing loss through a parent navigation grant with the Stone Soup Group.
- The EHDI Advisory Committee meets 3x/year to discuss any issues or concerns about the screening program and updating any changes to protocol

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Newborn Bloodspot Screening

The Newborn Bloodspot Screening program screens for more than 45 heritable and congenital disorders in newborns. Educational presentations are conducted for the medical community when requested.

- Follow-up includes ensuring abnormal screens are not closed until a diagnosis is made or the case is closed with a normal screen. The program also provides technical assistance to birthing facilities on proper specimen collection.
- Children diagnosed with a metabolic disorder through the screening program are seen in the state sponsored Metabolic Clinics and have their diets monitored by a metabolic nutritionist.
- DNA testing for the CPT1A Arctic Variant was added to the screening panel in July 2016; this variant is very common in Alaska Native people from coastal Arctic regions. Caregivers are sent a DVD, jointly produced by the State and tribal health partners, that provides education on caring for their infant.
- In 2008, metabolic screening results were successfully integrated into the EHDI database so both programs could be tracked with the same system.
- The Newborn Bloodspot Advisory Committee meets twice a year to discuss issues, concerns, and proposed changes to the screening panel.

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Autism, Neurodevelopmental Disorders

In 2007, the State of Alaska's Section of Women's Children and Family Health (WCFH) collaborated with programs and agencies statewide in response to the Governor's Council on Disabilities and Special Education five-part autism strategic plan. In partnership, a system of care for children with autism spectrum disorder and other neurodevelopmental conditions was built which includes improved screening, intervention, diagnostic, and treatment services statewide.

- Pediatric neurodevelopmental outreach and autism screening clinics are held in up to 8 rural Alaska communities. In collaboration with tribal health, local health providers, families, and community agencies, patients are referred and seen by a developmental specialist and supported by a parent navigator.
- The UAA Center for Human Development, with support and partnership from WCFH, is implementing a Project ECHO on autism and other neurodevelopmental and behavioral disorders. Project ECHO serves as a tele-education tool for primary care providers serving children with these conditions. Using technology, primary care providers throughout the state have access to content experts who can provide feedback and consultation as a part of learning. The goal is to develop more capacity in Alaska for diagnosis and providing ongoing care.
- Partner with or fund on projects related to workforce development such as training for Applied Behavioral Analysis, Family Navigation, and developing a family advisory council.

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Pediatric Medical Home & Children and Youth with Special Health Care Needs (CYSHCN) Systems Integration Program

The Pediatric Medical Home Program works to enhance and integrate systems of care for CYSHCN through family and community partnership focused on the following activities:

- Assess pediatric systems to identify gaps and priorities
- Develop an [Alaska CYSHCN State Plan](#) using the 2014 “National Standards” framework
- Develop a “shared resource” for families and providers using the [Help Me Grow](#) centralized system model
- Partner with local pediatricians and school districts to implement a cross-system electronic “Shared Plan of Care” for enhanced care coordination for CYSHCN
- Engage health care and early intervention (Infant Learning Program) providers to streamline the referral feedback loop for at-risk children age birth-three years
- Partner with the Division of Behavioral Health and Medicaid to integrate primary care and behavioral health services
- Expand the “Principles of Pediatric Care Coordination” continuing education training program developed in partnership with the University of Alaska and the All Alaska Pediatric Partnership
- Integrate and adopt Quality Improvement measures and associated statewide medical home policy level initiatives aligned with state Medicaid Redesign efforts

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Breastfeeding Promotion

The Alaska Workplace Breastfeeding Project was funded by Association of Maternal and Child Health Programs (AMCHP) and the Association of State and Territorial Health Officials (ASTHO). The funding from AMCHP went towards purchasing a \$15,000-dollar “privacy pod” for one business in Anchorage to assist them meet the Affordable Care Act (ACA) amended Section 7 of the Fair Labor Standards Act (FLSA) requirements. The funding from ASTHO will provide up to 15 businesses throughout Alaska with \$1,000 awards for workplace renovations to accommodate and support lactating mothers.

- Breastfeeding mothers and babies are some of the most effective measures to protect and promote the health of all infants.
- Many workplaces lack facilities or policies to support breastfeeding mothers, and that is a persistent barrier for women to initiate and continue to exclusively breastfeed their babies.
- ACA and the FLSA requires employers with more than 50 employees to provide reasonable breaks for an employee to express breast milk for her nursing child for one year after the birth of the child.

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