



2016 Alaska Maternal Child Health & Immunization Conference Presentation Descriptions

Opening Plenary - Department of Health & Social Services (DHSS) Priorities in Maternal Child Health and Immunization

- Commissioner Valerie Davidson

DHSS Commissioner Valerie Davidson will discuss the unique challenges that face healthcare providers and public health workers in Alaska, especially in relation to Maternal-Child Health and Immunization programs. She will highlight areas of success and areas that need more attention, while outlining how recent changes in our approach healthcare in the state (including Medicaid reform, a new model for oral healthcare delivery, and addressing the impact of adverse childhood experiences) are making a difference.

Plenary #1 – The Importance of Preconception Care: A View from the Trenches

- Jordan Perlow, MD

Perhaps there is no greater truth in medicine than the old saying: "An ounce of prevention is worth a pound of cure". With that in mind, it is also true that there is no greater disappointment to a maternal and child healthcare provider, than to recognize a situation where the opportunity to improve perinatal outcome was lost, due to a lack of preparedness for pregnancy. The optimization of health prior to pregnancy offers the opportunity for improving the health of future generations. In this presentation, examples are taken from "the trenches" of the clinic and the hospital bedside to illustrate these "lost opportunities" so as to emphasize the critical nature of preconception counseling. It will be clear following this presentation, that prenatal care should begin BEFORE pregnancy ever occurs, and as such, that we must evolve our thinking and prior focus from an emphasis on "early prenatal care" to identifying EVERY healthcare interaction with a woman of reproductive age as a pre-pregnancy opportunity to provide preconception care.

A1 – 21st Century Vaccine Challenges

- Carrie Byington, MD

This session will be an interactive dialogue with participants. Challenging aspects of the national immunization program will be discussed. Topics will include pressure on the vaccine schedule as new vaccines are introduced, changes to the vaccine schedule, and the implementation of ACIP category B recommendations.

A2 – Intimate Partner Violence and Resilience

- Lindsey Blumenstein, PhD
- Laura Avellaneda-Cruz, LMSW

Intimate partner violence, sexual violence, and adverse childhood experiences are major public health issues affecting maternal and child health, particularly in Alaska where, according to the 2015 Alaska Victimization Survey, 50.3% of Alaskan women have experienced either physical and/or sexual violence in their lifetime, and according to 2013 – 2014 data from the Behavioral Risk Factor Surveillance System, 66.3% of Alaska's children experienced one of more of the 10 adverse childhood experiences (ACEs) assessed. Adult and adolescent victimization and

childhood adversity have been shown to significantly increase the risk of physical, mental, and social problems across the lifespan and even inter-generationally. Therefore, understanding the dynamics of and disparities in abuse, and utilizing innovative strategies for prevention and intervention are both vital for improving health outcomes.

Dr. Lindsey Blumenstein's talk addresses dynamics of and disparities in victimization. She utilizes the Alaska Victimization Survey, which is a statewide survey on health, injury, and IPV victimization providing an excellent representation of the adult population of Alaskan women. Using this survey, she will examine the impact of IPV victimization on food insecurity; in addition she will examine how mental health interacts with victimization and food insecurity. Lastly, she will compare American Indian and Alaska Native (AI/AN) women to white women in order to better understand how the AI/AN population in the state of Alaska is impacted by IPV victimization and if they differ from other minority groups. This study will help explain the dynamics of the relationships between victimization, mental health, and nutritional outcomes specific to the population so that programs may be tailored to increase prevention efforts in order to advance wellness across the lifespan.

Laura Avellaneda-Cruz's talk will share two Alaska-grown projects that address intimate partner violence and childhood adversity, and guide audience members to think about how they can use these tools or get involved in the work. These are: 1.) Healthy Youth Relationships Toolkit: A set of tools created with guidance from over a hundred teens across the state that address healthy relationships, relationship abuse and sexual violence. These tools include wallet-sized safety cards, YouTube videos, and a community toolkit for working with youth. These tools are intended for use with adolescents in health care, behavioral health, social service, education, peer education, community, and other settings. 2.) The Alaska Resilience Initiative: A Collective Impact approach to bring together all of the efforts across the state that are addressing child trauma and resilience in order to create population-level change through a common agenda, shared measurements, mutually-reinforcing activities, continuous communication, backbone support, and a commitment to inclusion and equity. People and entities from all sectors can become involved in this organic, collaborative work. Both of these projects aim to advance wellness across the lifespan by working in a cross-sector fashion to prevent child trauma, toxic stress, adolescent relationship abuse, and sexual violence, and to provide support for those who have experienced trauma or toxic stress.

A3 – Reducing Infant and Childhood Morbidity and Mortality Through Comprehensive Data

- Kaerin Stephens, MA
- Sam Hyde-Rolland, MS, MPH, PhD
- Leanne Kim, BS

This session provides an overview of data available from three Alaska surveillance systems that can inform our understanding of factors associated with infant and childhood morbidity and mortality: the Pregnancy Risk Assessment Monitoring System (PRAMS), Childhood Understanding Behaviors Survey (CUBS) and Maternal Infant Child Death Review (MICDR).

Since 1990, Alaska PRAMS has collected state-specific, population-based data on maternal attitudes and experiences before, during and shortly after pregnancy that includes information on infant sleep position and sleep environment. CUBS is a three-year follow-up survey to PRAMS and was developed in 2008 to address a gap in population-based data about health, behavior and experiences of young children in Alaska before they enter school. CUBS collects information on child-focused topics that include risk factors for mortality such as adverse events, parenting behaviors (including supervision), vaccine hesitancy, safety, father involvement, family and financial stressors, parenting support, and income.

Since 1991, the MICDR program has conducted multidisciplinary reviews of Alaskan infant, child, and maternal deaths. In 2015, MICDR began participating in the National Center for the Review

and Prevention of Child Deaths' case reporting system to store these data. This database accepts a wide variety of data elements, which are extracted from multiple record sources. Through consensus review, partial or incomplete information is interpreted by the panel members and imputed or classified systematically. The ultimate goal of the MICDR program is to develop data informed recommendations aimed at preventing future deaths and improving the health and safety of Alaskan children. The case reporting system ensures that the MICDR data produced in Alaska are comparable to other states, easily accessible for researchers, and comprehensive. This session will 1) provide an overview of the information collection process for each of these systems, 2) expose participants to the data elements available for analysis, and 3) provide summary data on factors associated with recent deaths and new recommendations.

Lunch Plenary Panel – Moving Upstream: Preventing Substance Misuse-related Harms in Alaska

- Alexandra Edwards, MA
- Evelyn Rider, MD
- Sarah Dewane, PhD
- M. Claire Schleder, MPH
- L. Diane Casto, MPA
- Marilyn Pierce-Bulger, ANP, CNM, MN
- Sarah Hanson, MD
- Sherrell Holtshouser, RN, MPH

Substance misuse is recognized to be one of the primary health concerns across the lifespan in Alaska. Reducing misuse is one of the 25 leading health priorities for the Healthy Alaskans 2020 Initiative. Research shows that if we can intervene early, we can prevent many of the harms associated with substance misuse. Panel participants will discuss ongoing 'upstream' efforts in Alaska to reduce the harms related to alcohol and substance misuse: universal screening for the early identification of individuals whose alcohol or substance use may put them at risk; asking women of reproductive age the 'One Key Question'; how the state is addressing opioid and prescription drug misuse; and how these strategies are related.

B1 - Epidemiology of Haemophilus Influenzae (Hib) Serotype A from 2000-2015: An Emerging Pathogen in Alaska

- Michael Bruce, MD, MPH
- Carrie L. Byington, MD

Background. Prior to introduction of the Haemophilus influenzae type b (Hib) conjugate vaccines, rates of Hib disease among Alaska Native (AN) people were among the highest reported in the world. Routine vaccination has reduced these rates to very low levels; however, serotype replacement with non-type b strains is of concern. Methods. We identified cases of invasive Hi disease in Alaska (AK) from 2000–2015 through statewide invasive bacterial disease surveillance. Medical charts were reviewed on laboratory-confirmed cases using standard forms to verify clinical presentation. Estimated population in AK as of 2014 was 737,354; AN people comprised 19% of the population. Results. During the study period, a total of 264 cases of invasive Hi disease were reported; 134 (51%) were typeable Hi. Of those, 48 (34%) were serotype a, 38 (28%) were serotype b, 32 (24%) were serotype f. Among 48 Hia isolates, 44 (92%) occurred in AN people; median age was 0.7 year (range 0.3-60 years); 67% were male. 8% of Hia cases (4 children) were fatal. Common clinical presentations included: meningitis (39%), pneumonia (20%), and septic arthritis (18%). There were no cases of epiglottitis. Overall annual Hia incidence was 0.4 cases/100,000 population. Annual incidence rates among children < 2 were 13.2 cases/100,000 persons; annual incidence rates for AN children < 2 were 44 cases/100,000 persons. Conclusions. Serotype a is now the most common Hi serotype seen in Alaska, with the highest rates among AN children. Further research is needed to determine sequelae, risk factors, and prevention strategies.

B2 - Fetus on Steroids: Something Old and Something New

- Jordan H. Perlow, MD

There is probably no intervention used in the management of the high-risk pregnancy that has stood the test of time longer than the use of antenatal corticosteroids. This presentation will provide the historical perspective and review the serendipitous discovery that that has undoubtedly saved the lives of countless premature babies and improved pregnancy outcomes perhaps more than anything else that has come before or since. Technologies and medications have come and gone in the world of perinatal medicine; the terbutaline pump, home uterine activity monitoring, phenobarbital, prolonged tocolytic use, and oral Ritodrine; yet antenatal corticosteroids remain the cornerstone of treatment of women with threatened preterm delivery. This presentation will discuss current standard of practice and the evidence-based rationale for use, and review the most recent information which has initiated a reconsideration for past recommendations, allowing for an expansion of use and potentially the improvement in outcomes for countless more babies born too soon.

B3 – Update on Medicaid Reform in Alaska: What Are the Impacts for the MCH Population?

- Monique Martin

This year the Alaska State Legislature adopted Senate Bill 74, a comprehensive Medicaid Reform bill. Reforms included in Senate Bill 74 range from redesigning the behavioral health system to a public/private partnership to reduce overutilization of emergency room services to primary care case management. Learn more about Senate Bill 74 and how the Department of Health and Social Services plans to implement the wide range of reforms outlined in the bill.

C1 - Childhood Obesity Prevention: Statewide Efforts and Resources

- Lauren Kelsey, MPH
- Karol Fink, MS, RDN
- Diane Peck, MPH, RDN
- Ann Potempa, MPH

Childhood obesity is the predominant public health threat facing Alaska today. Too many of our kids are overweight or obese. They do not get enough physical activity. They drink too many sugary beverages. And they are suffering the consequences. Many maternal and child health professionals know that obese children suffer from serious conditions that used to occur only in adulthood, including diabetes, high blood pressure and high cholesterol. Not everyone knows of the latest resources and initiatives for reducing sugary drinks, improving nutrition and getting kids physically active, some of the most promising ways to advance wellness across the lifespan. If we don't act now, children today may be the first generation to live shorter, less healthy lives than their parents. We need to create an Alaska where every child lives, learns and plays in an environment filled with healthy choices. We can only achieve this if we work together. Maternal and child health professionals are some of our best advocates for obesity prevention. Come learn about the latest resources you can use when working with schools, early education, and others to combat childhood obesity.

C2 - Advancing Adolescent Wellness – Tools to Promote Healthy Relationships and Healthy Sexual Norms Among Alaska Youth

- Katherine Huffman, MAT
- Anna Meredith, BA
- Julie Atkinson, MS
- Zane Boyer
- Jennifer Williamson
- Jaclynne Richards, BA
- Katie Reily, MPH
- Jenny Baker, BA

Panelists will share experiences and outcomes from their efforts to adapt or develop, implement, evaluate and disseminate healthy relationship and sexual health curricula for youth and young adults in Alaska. Featured curricula include programs such as Native It's Your Game (Native IYG), an evidence-based multimedia sexual health program for Alaska Native/American Indian (AN/AI) youth 12-14 years old; Safe in the Village (SITV), a culturally appropriate healthy relationship and safe sex behaviors video intervention for AN/AI high school aged youth; Alaska Promoting Health Among Teens (AKPHAT), a peer-led comprehensive sex education program for youth ages 16-21; The Fourth R (Relationships) Program (4thR) a school-based program designed to reduce violence, substance use, and other risk behaviors; a friendships and dating program for individuals with intellectual and developmental disabilities; the Resiliency Informed Sexual Wellness Lesson Package, a community-grown peer education program. This interactive workshop will discuss lessons learned in cultural adaptation, study design, benefits/ challenges associated with healthy relationship and sexual health promotion programs and provide considerations for various implementation strategies. This session relates to the adolescent phase of the lifespan and provides resources, best practices and tools to promote healthy life skills and behaviors among youth. Anybody working directly with youth and/or in the field of health education, sexual violence and sexually transmitted disease (STD) prevention and healthy relationship promotion will find this session informative and applicable.

C3 – Features of Treatment Options for Postpartum Depression and How to Improve Support

- Sarah Edwards, BA, MA, LPC

An estimated 3-6% of women will experience an onset of major depression during pregnancy or soon after the birth of their child (American Psychiatric Association, 2013). Episodes include, not only major depressive features, but may also include significant anxiety symptoms as well as psychosis. This can be an exhausting, confusing, and painful time for new mothers. Postpartum depression poses significant health and wellness concerns for mothers and babies in Alaska. Society, professionals specifically, could improve the experience for women and their babies by creating a nonjudgmental space for women dealing with PPD. There is a significant need for professionals that are trained and competent in the assessment and treatment of PPD. The risk factors, causes, and preventative measures will be illustrated. When to seek help as well as the treatment options will be detailed. Practical examples of how new mothers might cope and how their community must offer support will be emphasized. Natural considerations such as exercise, meditation, nutrition, and light therapy will also be discussed. This discussion will provide beneficial information to professionals (nurses, therapists, mental health professionals, doulas, medical doctors, etc.), mothers, and community members. Pregnancy and birth can be a beautiful experience when the right experience is available to mothers and infants. All individuals will benefit from increased awareness of how to better support our mothers.

Plenary #2 - Recognizing Vaccine Successes and Addressing Vaccine Hesitancy

- Carrie Byington, MD

This session will cover modern successes in disease control through immunization, including the collaboration between the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices and the American Academy of Pediatrics, the vaccines for children program, and will discuss the economic benefits of the national immunization program. The

session will also discuss the status of vaccine hesitancy nationally, the threat to herd immunity, and opportunities for addressing these challenges.

Plenary #3 – Integrated Perinatal Prevention: Targeting Parent Mental Health, Family Violence, and the Children’s Outcomes

- Mark Feinberg, PhD

A cluster of problems face many families with infants and young children, including parental stress and depression, disengaged fathers and over-burdened mothers, relationship conflict and violence, harsh parenting, and early child behavior problems. This talk will describe Family Foundations (FF), a universal, evidence-based prevention program designed specifically to engage fathers and promote a positive co-parenting relationship at the transition to parenthood. The talk will describe implementation and research-trial outcomes for parents, children, and families. Versions of the program adapted for higher-risk subgroups of families will be presented. The potential utility of FF for diverse family and child health programs will be considered.

D1 – Best Practices Update in Reproductive Health: Long-Acting Reversible Contraception (LARCs)

- Janet Johnston, PhD, MPH
- Kami Hutchins, RN, ANP
- Bethany Berry, CNM, MSN
- Alyssa Givens, BSN, MSN

Long-acting reversible contraception (LARC)—intrauterine devices and the contraceptive implant—are safe and appropriate contraceptive methods for most women and adolescents. The LARC methods are top-tier contraceptives based on effectiveness, with pregnancy rates of less than 1% per year for perfect use and typical use. These contraceptives have the highest rates of satisfaction and continuation of all reversible contraceptives. Adolescents are at high risk of unintended pregnancy and may benefit from increased access to LARC methods. Barriers to wide use of LARC methods by adolescents include a lack of familiarity with or misperceptions about the methods, the high cost, the lack of access, and health care providers’ concerns about the safety of LARC use in adolescents. A large study that removed cost and other common barriers to LARC methods, and included counseling on the full range of birth control options, found that more than two thirds of females aged 14–20 years chose LARC methods. Increased use of LARCs is a clinical and public health opportunity to reduce risk of unintended pregnancy. However, because LARCs do not protect against sexually transmitted infections, women should be counseled about the continued need for condoms.

Insertion of an IUD or implant immediately postpartum ensures reliable contraception for women (including adolescents) when they are highly motivated to prevent pregnancy and are already in the health care system. The benefits of postpartum IUD insertion outweigh the risks, although recommendations vary depending on the type of device and timing of postpartum insertion. Although the risk of expulsion is higher for immediate insertion compared with delayed insertion, if a delayed insertion presents a significant barrier, immediate insertion should be offered. At Alaska Native Medical Center, immediate postpartum placement of LARC methods was initiated in 2012. A recent quality assurance study in women from both urban and rural Alaska who received a postpartum LARC (IUD or implant) revealed a high satisfaction and continuation rate of both IUD and the implant. IUD users reported higher satisfaction rates, but implant satisfaction rates were still substantial. Access to immediate postpartum LARC methods should be offered by clinicians in the obstetric setting.

D2 - Viral Hepatitis Update: Screening, Vaccination and Treatment

- Prabhu Gounder, MD, MPH

Viral hepatitis results in more deaths in the US and around the world than many infectious diseases including HIV. The key to advancing wellness is vaccination against hepatitis A and B, screening high risk persons for hepatitis B and C and providing appropriate antiviral therapy for those with chronic hepatitis B and C. Since the mid 1990's hepatitis A has been a routine vaccination for all children in Alaska. In the last few years the annual incidence of hepatitis A in Alaska has fallen to less than 1/100,000. Virtually all cases of acute icteric hepatitis A occur in adults traveling to endemic regions of the world. Vaccination to travelers can eliminate these cases. Ongoing studies from ANTHC show that protection in persons who receive hepatitis A vaccine as children lasts at least 20 years and those vaccinated as infants and toddlers, more than 15 years. Rates of acute hepatitis B have also fallen to less than 1 cases/100,000 per year due to universal vaccination of newborns and children but the prevalence of chronic HBV has likely increased in Alaska due to immigration of persons from endemic areas. Screening of pregnant women, high risk adults as well as persons born in endemic areas can identify vaccine candidates and persons with chronic disease who can be linked to care. HBsAg-positive pregnant women should have HBV DNA testing and if levels are > 200,000 IU/ml, receive tenofovir during the 3rd trimester as well as administering HBIG and vaccine to their newborns. Ongoing studies from ANTHC show protection from hepatitis B in persons vaccinated as children and adults lasts > 30 years. All baby boomers born between 1945 and 65 as well as high risk persons should be tested for hepatitis C virus (HCV). Rates of new cases of HCV are increasing due to the rise in injecting drug use in the US and Alaska. New highly curative oral drugs with minimal side effects for HCV are now licensed. For that reason screening is important to identify persons who can be cured and prevent future development of cirrhosis, liver failure and hepatocellular carcinoma.

D3 - Child and Maternal Environmental Health: An Overview of Health Care Providers and Practitioners

- Sandrine Deglin, PhD
- Joe Sarconne, MSPH

We are exposed daily to various chemicals contained in commercial and household products, soil, water, outdoor and indoor air, and even in foods, both traditional and store-bought. While most of these exposures are not harmful, we need to be aware of those that could be. Because they are in early stages of biological development, the developing fetus and child tend to be the most susceptible to some of these exposures. Toxins and toxicants can have a larger and longer-lasting effect in these early developmental stages than later in life. In addition, toddlers tend to be closer to the ground, which makes them more vulnerable to dust exposures. Through this presentation, we seek to advance knowledge about environmental exposures for children and pregnant women such as smoking, indoor air quality, pesticides, lead, and mercury. We also aim to strengthen the relationship between environmental public health and health care professionals in Alaska.

E1 – Update on Human Papillomavirus (HPV) Vaccine Recommendations, Increasing Uptake, and Evaluating Impact in Alaska

- Matthew Bobo, MPH
- Thomas Hennessy, MD, MPH

Human papillomavirus (HPV) is the most common sexually transmitted infection in the United States. HPV can be classified by genotype, with low-risk types causing benign genital warts and high-risk types associated with cancers of the cervix, anus, mouth and throat. HPV vaccines can prevent infection and rates of genital warts have declined since introduction. Declines in cancer incidence are expected over time. Unfortunately, the vaccine is under utilized. As reported by the 2014 National Immunization Survey (NIS), Alaska ranked 45th among females and 29th among

males for HPV vaccination coverage rates. In this presentation we will update new developments with HPV vaccine and vaccine policy. We will highlight ongoing Alaska-based research studies that have helped us understand the potential impact of HPV vaccine on genital warts, cervical dysplasia and cancers. Studies related to HPV vaccine safety and immunologic effect from Alaska will be reviewed. Further, we will describe efforts undertaken in a grant to the Alaska immunization Program to increase HPV coverage among adolescents. These included: (a) implementing a statewide comprehensive communication campaign targeted to the public, (b) implementing an Immunization Information System (IIS)-based reminder/ recall for adolescents aged 11-18 years through a centralized approach, (c) evaluating and improving the performance of immunization providers in administering the 3-dose HPV vaccine series consistent with current ACIP recommendations, and (d) implementing strategies targeted to immunization providers to increase knowledge about HPV in general. Since HPV is a chronic infection with both short and long-term effects, this fits the theme of Wellness Across the Lifespan.

E2 – Siblings are Special: A Universal Program to Promote Sibling Relationships and Promote Healthy Development

- Mark Feinberg, PhD

Although most family interventions focus on parent-child relationships, research indicates that sibling relationships are a key influence on the development of childhood and adolescent emotional, behavioral, and substance use, as well as prosocial peer competence, academic success, and romantic relationships. This presentation provides an overview of this research in the context of a comprehensive model of family relations and development. This presentation then provides an overview of a sibling-focused prevention program that has been tested in two randomized trials. Siblings Are Special (SAS) is a universal prevention program for fifth graders, their younger siblings, and their parents. The program includes 12 after-school sessions for groups of sibling dyads, as well as three family nights. In both studies, participation rates were high as families appeared eager for support for the stress of sibling conflict. We will present results on sibling warmth and conflict, parental mental health and parenting, and youth well-being.

E3 – Breastfeeding in the Last Frontier: What we Know About Breastfeeding and Substance Use

- Kathy Perham-Hester, MS, MPH

Alaska breastfeeding trends will be shown by different data sources (the Pregnancy Risk Assessment Monitoring System or PRAMS and the National Immunization Survey). These will be given at different postpartum timeframes of duration and exclusive breastfeeding, including how Alaska is doing compared to the Healthy People 2020 goals. A focus will be to look at the characteristics of women who breastfeed at 8 weeks (maternal race, prenatal WIC participation, region, and maternal age). To familiarize the participant with concurrent behaviors that may compete with breastfeeding, an overview of substance use around the time of pregnancy will be shown and the prevalence of those habits among breastfeeding women (overall and by region). Also shared will be reasons for stopping breastfeeding by the timing of stopping (whether before hitting 1 month or not), hospital-related practices as experienced by the mother that align themselves with the Maternity Practices in Infant Nutrition and Care (mPINC), and mPINC results.

F1 – From Preconception to Parenting: Behavioral Health Screening, Intervention, and Collaborative Care

- Evelyn Mujica-Larson, LPC, CRC, CDCI
- Elizabeth Edwards, LCSW
- Sarah Switzer LCSW, CDCI

This session will cover Southcentral Foundation's (SCF) comprehensive care for patients (called "customer-owners") who are expecting mothers or who may become mothers, and their families. Services provided include screening, intervention, and collaborative care. In many cases, the process begins before conception and continues throughout pregnancy, and involves primary care, pediatrics, and behavioral health. SCF has integrated behavioral health consultants into primary care and pediatrics; they are available for screening and consultations, or visits in the exam room. The care provided with expecting mothers and/or customer-owners who may become mothers takes advantage of SCF's system of integrated care. SCF uses regular screenings at well-child visits from 0-17 years old as a place to discuss anticipatory guidance. Expecting mothers also receive depression and substance use screenings at their first prenatal appointment, and again at their six week postpartum visit. In addition, there are targeted points of standard intervention between behavioral health consultants and the customer-owner. During OB and family planning services, motivational interviewing and stage of change are used to support customer-owners working toward healthy changes in behavior. Interventions include preconception planning and focus on strengths and self-determination, with culture, resilience, and self-efficacy from past change highlighted whenever possible. Barriers to care and health behavior change (such as generational trauma) are also identified. In addition to integrating behavioral health services, pediatrics is also integrated into the process to ensure smooth continuation of care after the child is born. One example is SCF's Nutaqsiivik Nursing Program, which provides services for newborn children up to 24 months of age. Upon graduating the program at 24 months, 96 percent of children have received all prescribed immunizations. This session will be valuable for primary care and pediatric staff, as well as behavioral health providers. This presentation will offer information about an important aspect of SCF's behavioral health integrative care across the lifespan, from preconception to parenting.

F2 – Infectious Diseases During Pregnancy: Zika Virus and Cytomegalovirus

- Louisa Castrodale, DVM, MPH
- Dana Damron, MD

Drs. Castrodale and Damron will present information on two infectious diseases that can adversely impact pregnancy outcomes, Zika and cytomegalovirus (CMV). This presentation will be of interest to obstetricians, perinatologists, and other health care providers who may care for infants and children impacted by perinatal virus infections. Information about diagnostic testing methods available, interpretation of test results, and prevention of infection will also be covered. The session will include an update of the ongoing international investigation into the sequelae of Zika infection for pregnant women.

F3 – Teen Friendly Clinics

- Jenny Baker, BA

In this session, we will discuss 5 key strategies clinics can adopt to increase youth access to reproductive and preventative health services in Alaska. Adolescents (10-24 year olds) represent 21% of Alaska's population (2013 Census). With 35.1% of teens 15-18 self-reporting contraceptive use, Alaska's high rates of Chlamydia and Gonorrhea, and limited access to services and knowledge about reproductive and preventative health, adolescents represent a relatively high proportion of the state's unmet reproductive health needs. Promoting comprehensive youth-friendly health services is essential in assisting youth in making critical

sexual and reproductive health decisions and empowering them to enforce healthy decisions throughout the life course.

G1 – Environmental Influences on Respiratory and Skin Infections

- Rosalyn Singleton, MD, MPH
- Thomas Hennessy, MD, MPH

Rural Alaska children experience some of the highest reported U.S. rates of hospitalizations for lower respiratory infections and skin infections. Environmental factors such as household crowding, substandard housing, indoor air pollution and lack of indoor plumbing are major drivers for the persistence of elevated rates of lung infections; and crowding and lack of indoor plumbing are risk factors for skin infections. In this session, Alaska Native Tribal Health Consortium and CDC's Arctic Investigations Program staff will discuss new research showing the relationship between environmental factors and infections and exciting new research on interventions to prevent respiratory and skin infections. This session will be of interest for health care personnel and others who live and work in rural Alaska, and will provide a forum for dialogue and further understanding on interventions and barriers to reducing infectious diseases.

G2 – Pediatric Care Coordination Panel: Reflections on Practice and Training Program Experiences

- Jimael Johnson, BA
- Jessica Daniels, RN
- Arlene Patuc, RN, MPH
- Jamie Reyes

Care coordination within the patient centered medical home (primary care) model is widely considered a best practice for children, youth, and adults with chronic conditions and special health care needs. This session highlights experiences from two tribal health organizations, Southeast Regional Health Corporation and Southcentral Foundation, who currently use care coordination regularly in their practices to support and promote general wellness for children and families with complex needs. Additionally, panelists will share tools and insight from a newly offered "Principles of Pediatric Care Coordination" continuing education course developed in partnership with the State of Alaska, University of Alaska Anchorage, and the All Alaska Pediatric Partnership. Target audience members include health care providers, nurses, community-based service providers, educators and policy makers.

G3 – Efforts to Understand Tobacco Use and Increase Cessation Among Pregnant Women and Adults Across Alaska

- Christie Flanagan, MPH, CTTS
- Debbie Golden, RN, MS
- Cheryl Dalena, BS, CTTS

This presentation will share three approaches aimed at reducing tobacco prevalence in Alaska. Presenters will share information on the CoIIN Tobacco Cessation Efforts highlighting the Script Program; the MAW Research Study- Biomarker Feedback to **M**otivate Tobacco Cessation in Pregnant **A**laska Native **W**omen, a collaborative effort between the Alaska Native Tribal Health Consortium, Southcentral Foundation, and the Mayo Clinic, Rochester, MN; and an Office Of Minority Health Grant - Closing the Gap at the Top of the World: Reducing Racial Disparities in Smoking in Alaska's North Slope Borough, a collaboration between Alaska Native Tribal Health Consortium, North Slope Borough Health Department, The State of Alaska and Arctic Slope Regional Corporation/Samuel Simmonds Hospital.

Plenary #4 – The 21st Century Opioid Epidemic: How Did We Get Here and Where Do We Go Now?

- Jay Butler, MD, CPE

Opioids are important and effective medications for acute pain management and palliation; however, there is poor evidence of efficacy for chronic, non-cancer pain management. Over the past 20 years, opioid dependence, addiction, and overdose have increased dramatically in parallel to increase in opioid pain reliever use nationally and in Alaska. In 2015, over 80 Alaskans died of opioid overdose. Risk of opioid OD related to higher doses, particularly a recent increase in dose, coadministered drugs, especially benzodiazepines, prior history of overdose, and resumption of opioid use after period of abstinence. Opioid dependence and abuse is a likely driver in the increase in heroin use and overdose deaths. Opioid dependency during pregnancy has led to an increasing number of cases of neonatal abstinence syndrome, and self-infection is leading to new cases of hepatitis C and HIV. Clinicians and public health professionals play a major role in addressing the opioid epidemic. Interventions include promoting evidence-based pain management strategies judicious use of opioids, providing treatment for opioid addiction, and reversing overdose-related respiratory depression through the use of naloxone. Ultimately, there is need for deeper understanding of factors creating the need to self-medicate and factors the foster resiliency for wellness across the lifespan.