

Oregon's 2016-2020 MCH Title V Priorities and strategies

Priority/State Lead	Performance Measure	Strategies
Maternal and Women's Health		
Well woman care (Anna Stiefvater)	Percent of women with a past year preventive visit	<ol style="list-style-type: none"> 1. Case-management to improve utilization of well-woman care 2. Provide outreach for insurance enrollment and referral to services 3. Use traditional and social marketing to educate the population and promote well woman care 4. Provide education/training on preconception/ interconception health for providers (providers could include primary care providers, MCH home visitors, WIC staff, family planning providers, community health workers) 5. Support access to well-woman care through Family Planning Clinics 6. Use of the postpartum health care visit to increase utilization of well-woman visits
Perinatal and Infant Health		
Breastfeeding (Robin Stanton)	<ol style="list-style-type: none"> A) Percent of infants who are ever breastfed; B) Percent of infants breastfed exclusively through 6 months 	<ol style="list-style-type: none"> 1. Increase the number of fathers, non-nursing partner and family members, especially grandmothers, who learn about the importance of breastfeeding 2. Fill unmet needs for peer support of breastfeeding 3. Educate pregnant women about breastfeeding 4. Increase workforce support for breastfeeding through training and access to high quality services 5. Increase access to workplace breastfeeding support 6. Increase the support of breastfeeding at child care settings through policy, training, and workforce development

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Child Health		
Physical Activity for children (Heather Morrow Almeida)	Percent of children ages 6 through 11 years who are physically active at least 60 minutes per day	<ol style="list-style-type: none"> 1. Support physical activity in child care settings through policy, training and workforce development 2. Support physical activity before, during and after school 3. Improve the physical environment for physical activity 4. Increase safe and active transportation options 5. Promote policies and programs for healthy worksites, with a focus on physical activity 6. Promote partnerships with clinical care providers to provide anticipatory guidance about the importance of physical activity
Adolescent Health		
Adolescent well care visit (Liz Thorne)	Percent of adolescents with a preventive services visit in the last year	<ol style="list-style-type: none"> 1. Increase outreach to key populations in community. This could include raising awareness of importance of well care and leveraging SBHCS to conduct outreach. 2. Promote practice of going beyond sports physicals to wellness exams. 3. Develop and strengthen partnerships with public and private entities invested in adolescent health. 4. Promote policies and practices to make health care more youth-friendly. Including engaging youth as peer health educators. 5. Investigate barriers to adolescent well visits. 6. Strengthen health care privacy and confidentiality policies and practices.
Cross-cutting or Life course		
Oral health (Amy Umphlett)	<ol style="list-style-type: none"> A) Percent of women who had a dental visit during pregnancy B) Percent of children ages 1 to 17 years who had a preventive dental visit in the last year 	<ol style="list-style-type: none"> 1. Provide oral health preventive services or education and referral/case management services through Oregon's Home Visiting System 2. Provide oral health preventive services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guidelines 3. Collaborate with primary care providers to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women 4. Incorporate oral health preventive services for adolescents into School-based Health Centers (SBHCs) and adolescent well care visits 5. Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health and the importance of dental visits 6. Promote community water fluoridation

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<p>Smoking (Lesia Dixon-Gray)</p>	<p>A) Percent of women who smoke during pregnancy</p> <p>B) Percent of children who live in households where someone smokes</p>	<ol style="list-style-type: none"> 1. Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use. 2. 5As Intervention and Quit Line Referral (or other customized Evidence-Informed Program) within MCH Programs including Home Visiting, Oregon MothersCare, Family Planning, and WIC (if applicable) 3. Collaborate w/CCOs, DCOs, and medical and early childhood/education providers to build screening and intervention processes into their work practices, including workforce training. 4. Promote health insurance coverage benefits for pregnant and postpartum women and promote their utilization.
State-Specific Priorities		
<p>Toxic stress, trauma, and adverse childhood experiences (Nurit Fischler)</p>	<p>A.)Percentage of new mothers who experienced stressful life events before or during pregnancy;</p> <p>B.) Percentage of mothers of 2 year olds who have adequate social support.</p>	<ol style="list-style-type: none"> 1. Promote family friendly policies that decrease toxic stress and adversity, increase economic stability, and promote health 2. Increase understanding of NEAR* science, and the impact of childhood adversity on lifelong health. *neurobiology, epigenetics, ACEs, and resilience 3. Engage partners to build capacity for safe, connected, equitable and resilient communities. 4. Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science to drive policy decisions. 5. Develop trauma-informed workforce, workplaces, systems, and services. 6. Strengthen protective factors for individuals, families and communities.
<p>Food insecurity and nutrition (Robin Stanton)</p>	<p>A.) #2 % of households experiencing food insecurity;</p>	<ol style="list-style-type: none"> 1. Screen & Intervene: screen clients for food insecurity and provide referrals for food assistance 2. Support or provide food security education 3. Increase access to healthy, affordable food, including access to food assistance safety net programs

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	B.) % of households with children <18 years of age experiencing food insecurity	4. Increase economic stability for individuals and families
Culturally and linguistically responsive services (Wendy Morgan)	A.) Percentage of children age 0 - 17 years who have a healthcare provider who is sensitive to their family's values and customs; B.) Percentage of new mothers who have ever experienced discrimination while getting any type of health or medical care	1. Provide effective, equitable, understandable, and culturally responsive services. 2. Develop and improve organizational policy, practices, and leadership to promote CLAS and health equity 3. Conduct ongoing assessments of the organization's CLAS related activities and integrate CLAS related measures into continuous quality improvement activities