**Oregon’s Oct 2021-Sept 2022 MCAH Title V Priorities and strategies** (rev 11/8/21)

**Foundations of MCAH** (Integrated strategies address the following cross-cutting state priorities: Social determinants of health and equity; Trauma, ACEs and resilience; Culturally and linguistically responsive services)

**Policy and Systems strategies**

* 1. Strengthen economic supports for families through policy development and implementation (e.g. EITC, child tax credit, subsidized childcare, paid leave)
  2. Strengthen policies and systems that provide equitable access to safe, stable and affordable housing for the MCAH population (state only).
  3. Develop and/or strengthen systems and partnerships to address food security and barriers to accessing food resources.
  4. Foster cross-system coordination and integration to ensure screening and referral for SDOH, and equitable access to needed services for the MCAH population.
  5. Develop and implement systems that actively promote equitable, anti-racist, and trauma-informed workplaces, institutions, and services.

**Workforce Capacity & Effectiveness strategies**

1. Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services.
2. Implement standards for workforce development that address bias and improve delivery of equitable, trauma-informed, and culturally and linguistically responsive services.

**Community, Individual & Family Capacity strategies**

1. Support/fund programs - such as home visiting - that engage families and build parent capabilities, resilience, supportive/nurturing relationships, and children’s social-emotional competence
2. Build community capacity for improved health, resilience, social/cultural connection and equity.

**Assessment & Evaluation strategies**

1. Ensure all Title V priority areas include a racial/ethnic and health equity focus including performance measurement and evaluation to identify and address disparities.
2. Conduct continuous needs assessment and/or exploratory analysis to add to the SDOH, Equity, CLAS, and Trauma/ACEs knowledge base and improve effectiveness of Title V foundational interventions and innovations.
3. Engage families and communities in all phases of MCAH assessment, surveillance, and epidemiology, including interpretation and dissemination of findings

**Well Woman Care strategies**

1. Strengthen early identification of and supports for women’s behavioral health needs
2. Support advanced training, coaching and quality improvement activities for home visitors related to well woman care.
3. Support efforts to improve diversity in the workforce
4. Ensure access to culturally responsive preventive clinical care for low income and undocumented women.
5. Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. Engage affected communities including people of color in leadership.
6. Partner with Maternal Mortality Review Committee to understand contributing factors to maternal morbidity and mortality (state only)

**Breastfeeding strategies**

1. Promote & support laws and policies for pregnant & breastfeeding people in the workplace. Focus on populations with additional barriers.
2. Support advanced training, coaching and quality improvement activities for home visitors related to breastfeeding.
3. Ensure that providers who serve tribal members have training in culturally specific approaches to breastfeeding promotion and support.
4. Support efforts to improve diversity in the workforce
5. Ensure access to culturally responsive preventive clinical care for low income and undocumented women.
6. Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. Engage affected communities including people of color in leadership.
7. Evaluate the impact of breastfeeding programs and interventions.

**Child Injury Prevention strategies**

1. Identify child injury prevention needs and priorities; use them to develop, promote and/or implement data-informed child injury policy.
2. Strengthen workforce capacity to address child injury prevention at the state and local level.
3. Strengthen partnerships and coalitions to support child injury education, prevention plan implementation, and communication strategies.
4. Improve data collection, analysis, interpretation and dissemination of child injury data to focus on prevention efforts.

**Bullying Prevention strategies**

1. Support the workforce to understand the impact of bullying on adolescent health
2. Support bullying prevention education in schools
3. Determine gaps and opportunities for bullying prevention partnerships and initiatives with internal and external partners
4. Support youth participatory action research on bullying prevention.