

**AGENDA**  
**Maternal and Child Health Title V Block Grantee Meeting**  
**February 27 and 28, 2018**  
**Sheraton Hotel Portland Airport**

**February 27<sup>th</sup>**

- |                 |  |
|-----------------|--|
| 10:15 - 10:30   | Check-in and packet pick-up for pre-meeting session attendees  |
| 10:30 – noon    | <i>Optional</i> Pre-meeting session: Overview of the MCH Title V Block Grant   |
| 12:45pm – 1pm   | Check-in and packet pick-up  |
| 1:00pm – 5:00pm | Title V Grantee meeting (day one) <ul style="list-style-type: none"><li>• Welcome, Introductions, Overview</li><li>• Plenary - Heading Upstream: Epigenetics, equity and the social determinants of maternal and child health (Dr. Larry Wallack)</li><li>• Intro to MCH Open Space Session</li></ul> Break <ul style="list-style-type: none"><li>• Developing Title V Strategies and Plans</li><li>• Title V Measures</li><li>• Emerging MCH issues</li></ul> |
| 5:00pm – 5:30pm | Break and refreshments   |
| 5:30pm – 7:00pm | Public Health Modernization Networking Session   |

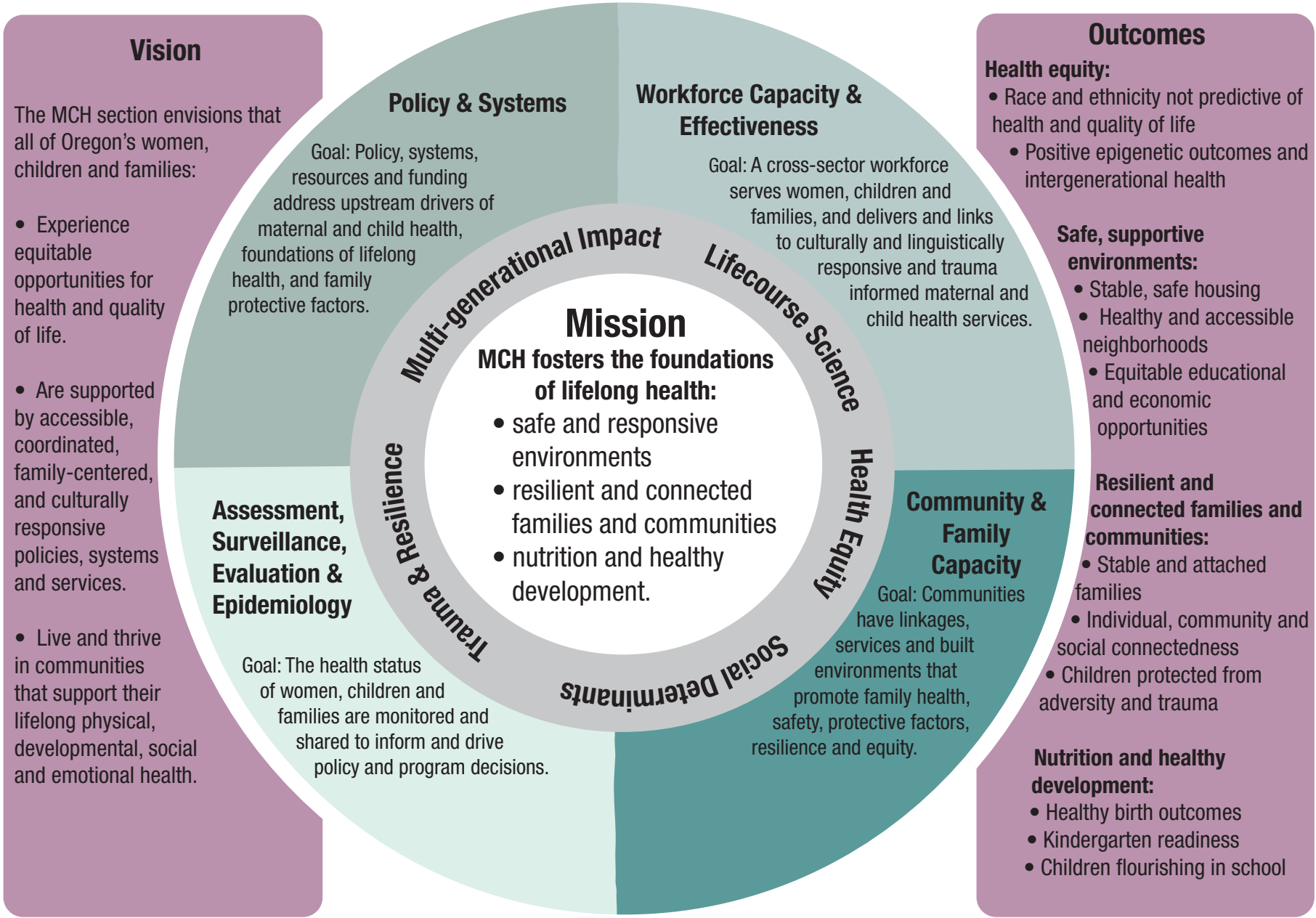
**February 28<sup>th</sup>**

- |                  |  |
|------------------|--|
| 7:30am – 8:15am  | Breakfast  |
| 8:15am – 12:45pm | Title V Grantee meeting (day two) <ul style="list-style-type: none"><li>• Welcome, Introductions, Overview</li><li>• MCH Title V Block Grant Updates</li><li>• Plenary: Links between MCH/Title V and Public Health Modernization, Early Learning, and Health Systems Transformation (Teri Thalhofer)</li></ul> Break <ul style="list-style-type: none"><li>• Title V priority breakout sessions<ul style="list-style-type: none"><li>Session 1:<ul style="list-style-type: none"><li>○ Room B – Breastfeeding</li><li>○ Room C – Culturally and linguistically responsive services</li><li>○ Room D – Child physical activity, Well-woman care</li></ul></li><li>Session 2:<ul style="list-style-type: none"><li>○ Room B – Food insecurity, Smoking</li><li>○ Room C – Trauma, ACEs and resiliency</li><li>○ Room D – Adolescent well care</li><li>○ Foyer – Oral Health</li></ul></li></ul></li><li>• Open Space session (lunch served during this time)</li><li>• Wrap up and send off</li></ul> |

# MCH Section Strategic Plan Outcomes

Short-Term Outcomes	Intermediate Outcomes	Long-term Outcomes
<p><b>Women</b></p> <ul style="list-style-type: none"><li>- Increased well woman visits</li><li>- Increased adequate prenatal care</li><li>- Decreased prenatal substance use</li><li>- Decreased prenatal smoking</li><li>- Improved prenatal oral health</li><li>- Increased access to mental health services</li></ul> <p><b>Children</b></p> <ul style="list-style-type: none"><li>- Increased safe sleep for infants</li><li>- Increased well child/adolescent visits, including immunizations</li><li>- Increased child oral health visits</li><li>- Increased child physical activity</li><li>- Decreased children’s exposure to smoking</li></ul> <p><b>Families</b></p> <ul style="list-style-type: none"><li>- Decreased intimate partner violence</li><li>- Increased breastfeeding</li><li>- Improved knowledge/skills in parenting &amp; child development</li><li>- Decreased food insecurity</li><li>- Accessible healthy food</li></ul> <p><b>Accessible and connected services and systems of care</b></p> <ul style="list-style-type: none"><li>- Increased access to paid family leave</li><li>- Increased access to healthy and affordable child care</li><li>- Increased receipt of needed child development supports</li></ul>	<ul style="list-style-type: none"><li>- Increased pregnancy intention</li><li>- Improved maternal social support</li><li>- Decreased stressful life events</li><li>- Decreased perinatal depression</li><li>- Improved preconception and prenatal health</li><li>- Healthy weight across the lifespan</li><li>- Improved family nutrition</li><li>- On-track early childhood development</li><li>- Reduced family violence and child abuse</li><li>- Increased neighborhood safety</li><li>- Safe home environment</li><li>- Increased parent-child attachment</li><li>- Increased parent capabilities</li><li>- Increased economic stability</li><li>- Effective safety net of services for families</li><li>- Improved oral health across the lifespan</li></ul>	<p><b>Health equity:</b></p> <ul style="list-style-type: none"><li>- Race and ethnicity not predictive of health and quality of life</li><li>- Positive epigenetic outcomes and intergenerational health</li></ul> <p><b>Safe, supportive environments:</b></p> <ul style="list-style-type: none"><li>- Stable, safe housing</li><li>- Healthy and accessible neighborhoods</li><li>- Equitable educational and economic opportunities</li></ul> <p><b>Resilient and connected families and communities:</b></p> <ul style="list-style-type: none"><li>- Stable and attached families</li><li>- Individual, community and social connectedness</li><li>- Children protected from adversity and trauma</li></ul> <p><b>Nutrition and healthy development:</b></p> <ul style="list-style-type: none"><li>- Healthy birth outcomes</li><li>- Kindergarten readiness</li><li>- Children flourishing in school</li></ul>

## PHD Maternal and Child Health Section 2018 Strategic Plan: Setting the trajectory for our population’s future health



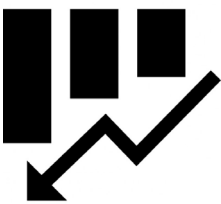
# Strategic Priorities



Goal: Policy, systems, resources and funding address upstream drivers of maternal and child health, foundations of lifelong health, and family protective factors.

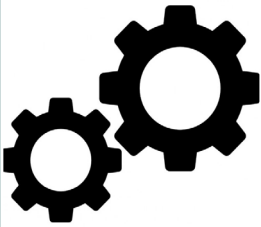
## Policy & Systems

- Advance family friendly policies that strive for equitable outcomes, decrease stress for all families, and address the social determinants of health and equity.  
Policies such as paid family leave, universal health and dental care coverage, and access to nutritious and affordable food.
- Engage in cross-sector coordination, collaboration and communication to ensure an integrated, comprehensive early childhood system.  
Components such as universal home visiting system, systems of affordable and quality childcare, and health and early learning governance.
- Engage in cross-system coordination and integration at the state and local level to ensure quality screening, referral, and access to and utilization of preventive services for women, children and families.  
Service integration such as preconception and perinatal health, oral health, physical and mental health, and developmental screening and follow-up.
- Integrate maternal and child health quality and evidence-based standards across healthcare systems in hospitals, CCOs and healthcare settings, and with providers.  
Standards such as breastfeeding best practices, birth anomalies and early hearing detection and intervention protocols, and opioid prescribing for pregnant women.



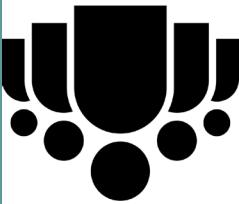
## Evaluation, Surveillance, Assessment, & Epidemiology

- Goal: The health status of women, children and families are monitored and shared to inform and drive policy and program decisions.
- Engage families and communities to participate in assessment, surveillance, epidemiology, interpretation and dissemination of findings.
  - Prioritize a racial/ethnic and health equity focus and metrics across all MCH data work to identify and address disparities.
  - Expand the use of rigorous evaluation and continuous quality improvement across state and local systems and initiatives impacting women, children and families.
  - Engage in continuous needs assessment and exploratory analysis to add to the maternal and child health knowledge base and improve effectiveness of MCH interventions and innovations.
  - Expand the use of data linkages, information technology and cross-sector measures to improve quality, efficiency, avoid duplication, maximize capacity and direct our efforts.



## Workforce Capacity and Effectiveness

- Goal: A cross-sector workforce serves women, children and families, and delivers and links to culturally and linguistically responsive and trauma informed maternal and child health services.
- Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services.  
Skills such as home visiting core competencies, Infant Mental Health-Endorsement, and trauma-informed practices.
  - Recruit and retain a diverse, stable and representative workforce with equitable access to professional development, compensation, and career pathways.  
The workforce includes health, mental health and public health providers, traditional health workers, childcare providers and the MCH Section.
  - Support innovative workforce models and practices in Oregon.  
Innovations such as dental pilots and reflective supervision.
  - Advance the foundational capabilities within the public health system as they relate to women, children, and families.  
Capabilities such as data analysis, policy development and communications.



## Community and Family Capacity

Goal: Communities have linkages, services and built environments that promote family health, safety, protective factors, resilience and equity.

- Promote public/private initiatives to build community capacity for improved health, resilience, social/cultural connection and equity.  
Initiatives such as Best Baby Zone, Oregon Parenting Education Collaborative, Cradle to Community, and Futures without Violence.
- Create sustainable local linkages between healthcare settings and community-based health and wellness initiatives.  
Linkages such as Community Health Improvement Plans and connections among CCO/Early Learning Hub/Public Health.
- Promote programs that engage families and build parent capabilities, resilience, supportive/nurturing relationships, and children's social-emotional competence.  
Programs such as home visiting, parenting education, and culturally-specific evidence-based social support and mental health practices.
- Support local communities to create built environments that enable equitable access to neighborhood safety, transportation, clean air and water, recreation and healthy living.  
Built environments, such as safe routes to schools, child care sites, and community water fluoridation.

## Local Grantee Implementation Guidelines

### Background/introduction

This document provides guidance for implementing the contractual obligations for LHAs and Tribes who receive Title V MCH Block Grant funds under PE 42 and 45 related to:

- Submission of an annual plan demonstrating how TitleV funds will be used to support activities that are directly related to Oregon's Title V priorities and action plan (PE 42, sec 3.b.i.);
- Provision of MCAH services and activities funded by Title V which align with the State Title V action plan, state and national Title V priorities and performance measures, and state-selected evidence-informed strategies and measures (PE 42, sec 3.b.ii); and
- Reporting on MCAH services and activities funded by Title V in an annual Title V progress report. (PE 42, sec4).

### Overview of Oregon's Title V Block Grant 3.0 Transformation

The Maternal and Child Health Bureau (MCHB) is transforming Title V's work to align with Federal health care transformation, and the evolving role of maternal and child health.

Under the new Federal guidance, Oregon is required to:

- Conduct a 5-year needs assessment
- Choose 8 of 15 national priority areas/performance measures, plus 3 state-specific priorities
- Develop strategies and strategic measures to "move the needle" on the national priorities
- Align use of funds with these priorities and strategies

Oregon's Title V MCH program recently completed its 5-year needs assessment and stakeholder engagement to select 8 National MCH priorities and 3 state specific MCH priorities for our Title V MCH work over the next five years. Two priorities specific to children and youth with special health needs (CYSHN) are funded separately through the Oregon Center for Children and Youth with Special Health Needs and are not addressed in this guideline. Each national priority has associated performance measures which are federally determined.

*(See attached list of priorities and performance measures)*

### Required Title V-funded activities: priorities and strategies

Each Title V Grantees is required to work on a minimum of 1-3 Title V priorities as follows:

Title V Funding level	Minimum # of priorities
Less than \$25,000 per year	1
\$25,000 - \$99,999 per year	2
\$100,000 or more per year	3

## Required Title V-funded activities: priorities and strategies (continued)

Grantees may request an exemption to work on fewer than the required number of priorities in writing from OHA

- All grantees must choose at least one of the 6 national priority areas to work on.
- Grantees that work on 2 or more priorities have the option to work on state-specific priority areas once they have satisfied the requirement to select at least one national priority area. FY 2017 plans for state-specific priority area work will include locally identified strategies and measures; local grantees are encouraged to participate in the development of state strategic plan for their priority area.
- For each priority selected, grantees will select one or more evidence-informed strategies to implement from the Title V strategy menu provided for that priority.
- Grantees will report to OHA which strategies they plan to implement and collect data needed to report on each strategy annually.
- Activities for carrying out each strategy and measures for the strategies/activities will be locally identified and tailored to community and target population-specific needs.
- All grantees are encouraged to use a variety of strategies which reflect the foundations of public health and diverse levels of influence: individual/family, community, institutional, or societal.
- Grantees working on more than one priority and/or strategy must select at least one strategy at the community, institutional, or societal level. (These will be indicated in the menu of strategies for each priority.)

Level of influence	Examples (spectrum of prevention)
Individual/relationship level	Strengthening individual knowledge and skills
Community level	Promoting community education; fostering coalitions or networks
Institutional level	Changing organizational practices, educating providers
Societal level	Influencing policy and legislation

## Use of Title V funds

- Title V funds must be used in alignment with Federal Title V parameters: at least 30% for child or adolescent health and no more than 10% for indirect costs.
- Up to 20% of Title V funds can be used for locally-identified MCH work that falls outside of Oregon's Title V priorities and/or strategy menu. Any Title V funded work on locally identified priorities outside of state Title V parameters must be described in the grantee's annual Title V MCH plan and approved by OHA.
- Title V funds may be used to contract with other programs or agencies, or to support cross-county or regional collaborations, so long as the work conducted aligns with identified Title V priorities and strategies. In such cases, accountability for data collection and reporting, as well as communication with OHA, will rest with the Title V grantee (not the sub-recipient).
- Local Agencies and Tribes that are recipients of Title V funds are encouraged to find ways to leverage work and resources and collaborate on strategies.
- As long as funds are used for identified Title V priorities and strategies, with appropriate tracking and reporting there are no further constraints regarding new work or use of Title V funds to support ongoing work previously funded by another source.

## Planning and selection of Title V priorities and strategies

- Each local agency will select priorities and strategies from the Title V menu to implement with their Title V funds, based on examination of local data and self-determined local need.
- An annual plan reflecting selected priorities, strategies, activities and measures in alignment with Oregon's Title V Block grant is required of all Title V grantees.
- The plan will be submitted using the Title V Online Report Form.
- The plan will be due annually on March 15th, and will reflect activities for the upcoming state fiscal year (July 1 – June 30).
- For tribes, the annual MCH Title V plan will replace the triennial Title V plan.
- A brief description of the justification for priority/strategy selection will be included in the annual MCH Title V plan.
- Local agencies will decide on an individual basis whether to continue work on a priority/strategy over multiple years or replace them with new priority/strategy work.
- Local grantees will be required to include the percent of Title V funds used in support of different priorities and strategies in their annual MCH Title V plan.

## Data tracking and reporting

- Grantees must track and report on at least the one measure for each of the strategies that they choose to implement. Measures may be selected from a set of pre-defined measures, or locally-defined. Locally defined measures will be reviewed and approved by OHA as part of the MCH plan.
- An MCH Title V progress report will be due on September 30<sup>th</sup> each year. The report period will include Title V activities and measures from the prior State fiscal year (July 1-June 30<sup>th</sup>).

### Questions?

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HRSA/Maternal Child Health Bureau	Carolyn Gleason	<a href="mailto:cgleason@hrsa.gov">cgleason@hrsa.gov</a>
OHSU/PSU School of Public Health	Larry Wallack	<a href="mailto:bglw@pdx.edu">bglw@pdx.edu</a>

## Standard Measures for Title V Grantees

Well woman care				
Strategy	Measure(s)	(Only applicable if measure is a percentage)		
		Numerator		Denominator
1. Case-management to improve utilization of well-woman care	1.1 Number/percent of clients with referral to or facilitation of well woman visit	1.1	Number of clients with referral to or facilitation of well woman services	1.1 Number of clients
	1.2 Number/percent of clients asked the One Key Question	1.2	Number of clients asked the One Key Question	1.2 Number of clients
2. Provide outreach for insurance enrollment and referral to services	2.1 Number of outreach campaigns	2.1	N/A	2.1 N/A
	2.2 Number of individuals reached by outreach campaigns	2.2	N/A	2.2 N/A
3. Use traditional and social marketing to educate the population and promote well woman care	3.1 Number of traditional or social marketing campaigns	3.1	N/A	3.1 N/A
	3.2 Number of individuals reached by traditional or social marketing campaigns	3.2	N/A	3.2 N/A
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)	4.1 Number of providers or staff trained	4.1	N/A	4.1 N/A
5. Support access to well-woman care through Family Planning Clinics	5.1 Number/percent of family planning clients with referral to or facilitation of well woman care services	5.1	Number of family planning clients with referral to or facilitation of well woman care services	5.1 Number of clients
6. Use of the postpartum health care visit to increase utilization of well-woman visits	6.1 Number/percent of clients with referral to or facilitation of postpartum checkup	6.1	Number of clients with referral to or facilitation of postpartum checkup	6.1 Number of clients

## Standard Measures for Title V Grantees

Breastfeeding				
Strategy	Measure(s)	(Only applicable if measure is a percentage)		
		Numerator	Denominator	
1. Increase the number of fathers, non-nursing partner and family members, especially grandmothers, who learn about the importance of breastfeeding	1.1 Percent of pregnant & breastfeeding women whose family member participated in classes/support.	1.1 Number of pregnant & breastfeeding women whose family member participated in classes/support.	1.1	Number of pregnant & breastfeeding women
	1.2 Number of community awareness events	1.2 N/A	1.2	N/A
2. Fill unmet needs for peer support of breastfeeding	2.1 Number of mother-to-mother peer support groups established	2.1 N/A	2.1	N/A
3. Educate pregnant women about breastfeeding	3.1 Percent of pregnant & breastfeeding women provided breastfeeding education	3.1 Number of pregnant & breastfeeding women provided breastfeeding education	3.1	Number of pregnant & breastfeeding women
	3.2 Number of agreements with partners about breastfeeding education	3.2 N/A	3.2	N/A
4. Increase workforce support for breastfeeding through training and access to high quality services	4.1 Percent of staff who meet minimum competency in lactation care.	4.1 Number of staff who meet minimum competency in lactation care.	4.1	Number of staff
	4.2 Number of community HCP trained	4.2 N/A	4.2	N/A
	4.3 Number of staff supported to obtain IBCLC	4.3 N/A	4.3	N/A
	4.4 Number of agreements with partners / CCO to provide professional lactation support	4.4 N/A	4.4	N/A
5. Increase access to workplace breastfeeding support	5.1 Number of breastfeeding workplace support policies adopted / implemented	5.1 N/A	5.1	N/A
6. Increase the support of breastfeeding at child care settings through policy, training, and workforce development	6.1 Percent of child care providers who have received training or coaching	6.1 Number of child care providers who have received training or coaching	6.1	Number of child care providers
	6.2 Number of child care providers who have adopted / implemented breastfeeding support policies	6.2 N/A	6.2	N/A

## Standard Measures for Title V Grantees

Adolescent well care visit				
Strategy	Measure(s)	(Only applicable if measure is a percentage)		
		Numerator		Denominator
1. Increase outreach to key populations in community. This could include raising awareness of importance of well care and leveraging SBHCS to conduct outreach.	1.1 Number of outreach, social media, or educational activities completed	1.1	N/A	1.1 N/A
2. Promote practice of going beyond sports physicals to wellness exams.	2.1 Percent of SBHC patients with an adolescent well visit	2.1	Number of SBHC patients with an adolescent well visit	2.1 Number of SBHC patients
	2.2 Number of providers trained	2.2	N/A	2.2 N/A
	2.3 Number of policies developed or implemented	2.3	N/A	2.3 N/A
3. Develop and strengthen partnerships with public and private entities invested in adolescent health.	3.1 Number of new partnerships developed or further established	3.1	N/A	3.1 N/A
4. Promote policies and practices to make health care more youth-friendly. Including engaging youth as peer health educators.	4.1 Number of policies developed or implemented	4.1	N/A	4.1 N/A
	4.2 Number of youth engaged as peer health educators	4.2	N/A	4.2 N/A
5. Investigate barriers to adolescent well visits.	5.1 Number of youth, providers, or other partners surveyed to identify barriers	5.1	N/A	5.1 N/A
	5.2 Number of activities completed to address identified barriers	5.2	N/A	5.2 N/A
6. Strengthen health care privacy and confidentiality policies and practices.	6.1 Number of policies developed or implemented	6.1	N/A	6.1 N/A
	6.2 Number of clinical protocols improved	6.2	N/A	6.2 N/A

## Standard Measures for Title V Grantees

Child Physical Activity				
Strategy	Measure(s)	(Only applicable if measure is a percentage)		
		Numerator		Denominator
1. Support physical activity in child care settings through policy, training and workforce development	1.1 Number of policies or policy briefs developed, promoted, or implemented	1.1	N/A	1.1 N/A
	1.2 Number of providers trained	1.2	N/A	1.2 N/A
2. Support physical activity before, during and after school	2.1 Number of new partnerships developed with schools/districts	2.1	N/A	2.1 N/A
	2.2 Number of schools/districts that have adopted physical activity policies	2.2	N/A	2.2 N/A
	2.3 Number of joint use agreements	2.3	N/A	2.3 N/A
3. Improve the physical environment for physical activity	3.1 Number of completed maps, inventories, or assessments	3.1	N/A	3.1 N/A
	3.2 Number of partnerships developed	3.2	N/A	3.2 N/A
4. Increase safe and active transportation options	4.1 Number of opportunities to inform strategic direction in community, or to convene and influence decisions	4.1	N/A	4.1 N/A
	4.2 Number of schools/districts that have increased safe and active transportation options	4.2	N/A	4.2 N/A
5. Promote policies and programs for healthy worksites, with a focus on physical activity	5.1 Number of presentations re: policy change	5.1	N/A	5.1 N/A
	5.2 Number of sites w/ policy change	5.2	N/A	5.2 N/A
	5.3 Number of new policies in place	5.3	N/A	5.3 N/A
6. Promote partnerships with clinical care providers to provide anticipatory guidance about the importance of physical activity	6.1 Number of partnerships developed	6.1	N/A	6.1 N/A
	6.2 Number of providers engaged in promoting and implementing physical activity guidelines for children			

## Standard Measures for Title V Grantees

Oral Health				
Strategy	Measure(s)	(Only applicable if measure is a percentage)		
		Numerator		Denominator
1. Provide oral health preventive services <u>or</u> education and referral/case management services through Oregon's Home Visiting System	1.1 Percent of home visiting clients who have received oral health preventive services	1.1	Number of home visiting clients who have received oral health preventive services	1.1 Number of home visiting clients
	1.2 Percent of home visiting clients who have received oral health referral and education	1.2	Number of home visiting clients who have received oral health referral and education	1.2 Number of home visiting clients
	1.3 Number of providers or staff who have received oral health related training	1.3	N/A	1.3 N/A
2. Provide oral health preventive services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guidelines	2.1 Number of children who have received oral health preventive services such as screening or fluoride varnish	2.1	N/A	2.1 N/A
	2.2 Number of providers or staff who have received oral health related training	2.2	N/A	2.2 N/A
3. Collaborate with primary care providers to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women	3.1 Number of pregnant women who have received oral health referral and education	3.1	N/A	3.1 N/A
	3.2 Number of providers or staff who have received oral health related training	3.2	N/A	3.2 N/A
	3.3 Percent of providers that have implemented ACOG oral health recommendations for pregnant women	3.3	Number of providers that have implemented ACOG oral health recommendations for pregnant women	3.3 Number of providers
4. Incorporate oral health preventive services for adolescents into School-based Health Centers (SBHCs) and adolescent well care visits	4.1 Number of adolescents who have received oral health preventive services such as screening or fluoride varnish	4.1	N/A	4.1 N/A
	4.2 Number of adolescents who have received oral health referral or education	4.2	N/A	4.2 N/A
	4.3 Number of providers or staff who have received oral health related training	4.3	N/A	4.3 N/A



## Standard Measures for Title V Grantees

5. Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health and the importance of dental visits	5.1 Number of clients who have received oral health preventive services, referral, or education 5.2 Number of oral health educational materials developed or trainings conducted	5.1 N/A 5.2 N/A	5.1 N/A 5.2 N/A
6. Promote community water fluoridation	6.1 Number of public water systems that are optimally fluoridated 6.2 Percentage of residents on public water systems receiving fluoridated water 6.3 Number of fluoridation related policy briefs, educational materials, presentations, or trainings developed and disseminated/provided	6.1 N/A 6.2 Number of residents on public water systems receiving fluoridated water 6.3 N/A	6.1 N/A 6.2 Number of residents 6.3 N/A

### Smoking

Strategy	Measure(s)	(Only applicable if measure is a percentage)	
		Numerator	Denominator
1. Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use.	1.1 Number of policies developed, implemented or promoted 1.2 Number of partnerships developed or strengthened	1.1 N/A 1.2 N/A	1.1 N/A 1.2 N/A
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)	2.1 Percent of clients receiving 5A's intervention 2.2 Percent of clients referred to Quit Line	2.1 Number of clients receiving 5A's intervention 2.2 Number of clients referred to Quit Line	2.1 Number of clients 2.2 Number of clients
3. Collaborate w/CCOs, DCOs, and medical and early childhood/education providers to	3.1 Number of partnerships developed or strengthened	3.1 N/A 3.2 N/A	3.1 N/A 3.2 N/A

## Standard Measures for Title V Grantees

build screening and intervention processes into their work practices, including workforce training.	3.2 Number of processes developed or improved 3.3 Number/percent of providers, partners or staff trained	3.3 Number of providers, partners or staff trained	3.3 Number of providers, partners or staff
4. Promote health insurance coverage benefits for pregnant and postpartum women and promote their utilization.	4.1 Number/percent of women educated about insurance coverage 4.2 Number of social media, outreach, or educational campaigns regarding insurance benefits	4.1 Number of women educated about insurance coverage 4.2 N/A	4.1 Number of women 4.2 N/A

Food Insecurity				
Strategy	Measure(s)	(Only applicable if measure is a percentage)		
		Numerator	Denominator	
1. Screen & Intervene: screen clients for food insecurity and provide referrals for food assistance	1.1 Percent of clients that are screened for food insecurity 1.2 Percent of clients with positive food insecurity screenings that are referred to resources	1.1 Number of clients that are screened for food insecurity 1.2 Number of clients with positive food insecurity screenings that are referred to resources	1.1 Number of clients 1.2 Number of clients	
2. Support or provide food security education	2.1 Percent/number of clients/community members who received education 2.2 Number of education and/or outreach campaigns sponsored 2.3 Percent of staff trained	2.1 Number of clients/community members who received education 2.2 N/A 2.3 Number of staff trained	2.1 Number of clients/community members 2.2 N/A 2.3 Number of staff	
3. Increase access to healthy, affordable food, including access to food assistance safety net programs	3.1 Number of community partnerships strengthened/ developed with focus on improving access to healthy food 3.2 Percent of clients provided with access to affordable healthy food 3.3 Number of needs assessment or policy planning processes engaged in	3.1 N/A 3.2 Number of clients provided with access to affordable healthy food 3.3 N/A 3.4 N/A	3.1 N/A 3.2 Number of clients 3.3 N/A 3.4 N/A	

## Standard Measures for Title V Grantees

	3.4 Number of outreach or education activities conducted		
4. Increase economic stability for individuals and families	4.1 Number of promotion activities targeting savings & asset building programs for individuals & families 4.2 Number of outreach activities that promote income support programs	4.1 N/A 4.2 N/A	4.1 N/A 4.2 N/A

### Culturally and Linguistically Appropriate Services (CLAS)

Strategy	Measure(s)	(Only applicable if measure is a percentage)	
		Numerator	Denominator
1. Provide effective, equitable, understandable, and culturally responsive services.	1.1 Number of culturally responsive practices or policies implemented 1.2 Number of clients served by culturally responsive services	1.1 N/A 1.2 N/A	1.1 N/A 1.2 N/A
2. Develop and improve organizational policy, practices, and leadership to promote CLAS and health equity	2.1 Number of culturally responsive practices or policies developed and promoted 2.2 Number of providers or staff trained in cultural responsiveness	2.1 N/A 2.2 N/A	2.1 N/A 2.2 N/A
3. Conduct ongoing assessments of the organization's CLAS related activities and integrate CLAS related measures into continuous quality improvement activities	3.1 Number of assessments conducted to examine CLAS related activities 3.2 Number of policy or practice changes implemented based on assessments of CLAS activities	3.1 N/A 3.2 N/A	3.1 N/A 3.2 N/A

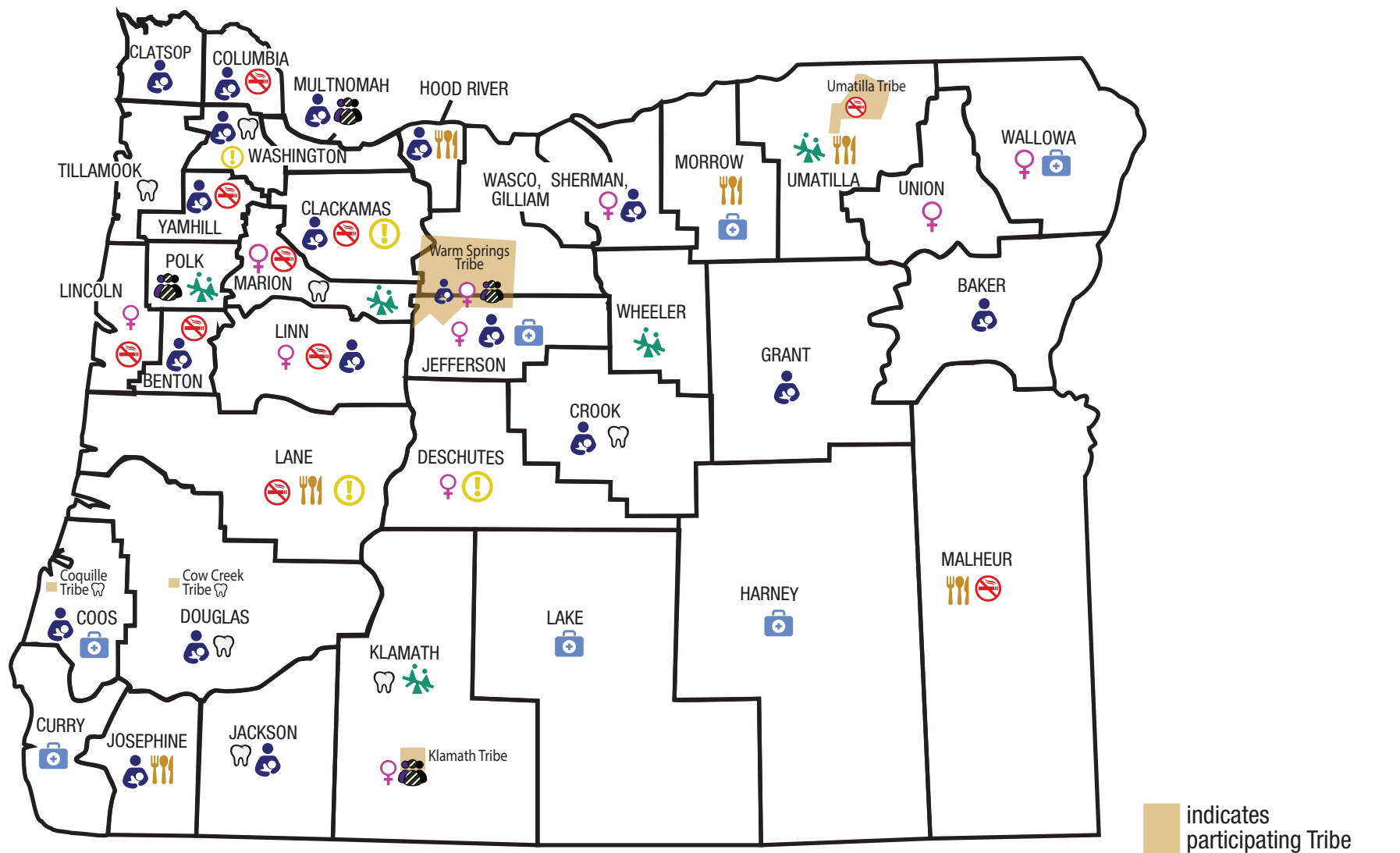
### Toxic stress, trauma and ACEs

Strategy	Measure(s)	(Only applicable if measure is a percentage)	
		Numerator	Denominator
1. Promote family friendly policies that decrease toxic stress and	1.1 Number of policies developed or promoted	1.1 N/A 1.2 N/A	1.1 N/A 1.2 N/A

## Standard Measures for Title V Grantees

adversity, increase economic stability, and promote health	1.2 Number of partnerships developed or strengthened		
2. Increase understanding of NEAR* science, and the impact of childhood adversity on lifelong health. *neurobiology, epigenetics, ACEs, and resilience	2.1 Number of social media or outreach events; or education campaigns 2.2 Number/percent of providers or staff trained 2.3 Number of people reached through outreach or education	2.1 N/A 2.2 Number of providers or staff trained 2.3 N/A	2.1 N/A 2.2 Number of providers or staff 2.3 N/A
3. Engage partners to build capacity for safe, connected, equitable and resilient communities.	3.1 Number of partnerships developed or strengthened 3.2 Number of projects/coalitions convened or implemented with partners	3.1 N/A 3.2 N/A	3.1 N/A 3.2 N/A
4. Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science to drive policy decisions.	4.1 Number of needs assessments, surveys, or other data gathering activities conducted 4.2 Number of policy briefs or data/educational tools developed 4.3 Number of community members engaged in research activities	4.1 N/A 4.2 N/A 4.3 N/A	4.1 N/A 4.2 N/A 4.3 N/A
5. Develop trauma-informed workforce, workplaces, systems, and services.	5.1 Number/percent of providers or staff trained 5.2 Number of trauma informed or culturally responsive approaches integrated 5.3 Number/percent of clients who have received screening, referrals, or education	5.1 Number of providers or staff trained 5.2 N/A 5.3 Number of clients who have received screening, referrals, or education	5.1 Number of providers or staff 5.2 N/A 5.3 Number of clients
6. Strengthen protective factors for individuals, families and communities.	6.1 Number of individuals served by programs that build family or community protective factors 6.2 Number of activities that build family or community protective factors	6.1 N/A 6.2 N/A	6.1 N/A 6.2 N/A

## Title V Grantees and Priorities

Well Woman  
Care

## Breastfeeding



## Adolescent Well Care



## Physical Activity in Children



## Oral Health



## Smoking



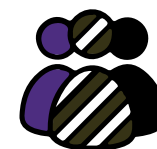
## Toxic Stress & Trauma



## Nutrition and Food Insecurity



## CLAS Standards



Oregon MCH Title V Annual Plan priorities selected - FY 2018 (submitted Spring 2017 )										
Title V Grantee	Well Woman	Breastfeeding	Physical activity	Adolescent well care	Oral health	Smoking	Food Insecurity	Toxic stress /trauma/ACEs	Culturally/linguistically appropriate Services (CLAS)	Other locally identified priority
<b>LHAs</b>										
BAKER		1								1
BENTON		1				1				
CLACKAMAS		1				1		1		
CLATSOP		1								
COLUMBIA		1				1				
COOS		1		1						
CROOK		1			1					1
CURRY				1						
DESCHUTES	1							1		
DOUGLAS		1			1					
GRANT		1								1
HARNEY				1						
HOOD RIVER		1					1			
JACKSON		1			1					
JEFFERSON	1	1		1						
JOSEPHINE		1					1			
KLAMATH			1		1					
LAKE				1						
LANE						1	1	1		
LINCOLN	1					1				
LINN		1				1				1
MALHEUR						1	1			
MARION	1		1		1	1				
MORROW				1			1			
MULTNOMAH		1							1	1
North Central PH District	1	1								
POLK			1						1	
TILLAMOOK					1					
UMATILLA			1				1			
UNION	1									
WALLOWA	1			1						1
WASHINGTON		1			1			1		
WHEELER			1							
YAMHILL		1				1				
<b>Tribes</b>										
Coquille					1					
CowCreek					1					
Klamath Tribes	1								1	
Umatilla - Yellowhawk						1				
Warm Springs	1	1							1	1
Total # grantees working on this priority	9	19	5	7	9	10	6	4	4	7



**Oregon MCH Title V Annual Plan priorities selected - FY 2018 (submitted Spring 2017)**

Title V Priority/strategy	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Grant	Harney	Hood River	Jackson	Jefferson	Josephine	Klamath Co	Lake	Lane	Lincoln	Linn	Malheur	Marion	Morrow	Multnomah	North Central	Polk	Tillamook	Umatilla Co	Union	Wallowa	Washington	Wheeler	Yamhill	Coquille	CowCreek	Klamath Tr	Umatilla - Yellowhawk	Warm Springs
Well Woman Care - 9 grantees; \$176,000								x						x					x			x			x			x	x							x		x	
1. Case-management to improve utilization of well-woman care								x						x					x			x														x		x	
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																							x							x									
4. Provide education/training on preconception/ inter-conception health for providers (all types)																									x														
5. Provide access to well-woman care through Family Planning Clinics																												x											
6. Use of the postpartum health care visit to increase utilization of well-woman visits																			x																				
7. Research to identify barriers to well woman care																																							
8. Enhance OHP billing policies for well woman care																																							
9. Increase the number of women covered by health insurance																																							
10.Improve continuity of care among insurance plans																																							
Breastfeeding - 19 grantees; \$456,000	x	x	x	x	x	x	x		x	x		x	x	x	x					x				x	x					x	x							x	
1. Increase the number of fathers, non-nursing partner and family members, especially grandmothers, who learn about the importance of breastfeeding																									x						x								
2. Fill unmet needs for peer support of breastfeeding	x			x		x	x								x										x														
3. Education/training of health care providers about breastfeeding	x	x	x										x	x							x																		
4. Education of pregnant women about breastfeeding			x	x	x						x					x																			x				x
5. Increase the availability of breastfeeding support from professionals				x		x				x			x		x																				x				
6. Increase access to workplace breastfeeding support					x											x																x							
7. Increase the support of breastfeeding at child care settings through policy, training, and workforce development																x																							
8. Advocate for program policies that support breastfeeding																																							
Child Physical Activity - 5 grantees; \$110,000																	x						x			x		x				x							
1. Support physical activity in child care settings through policy, training and workforce development																										x													
2. Support physical activity before, during and after school; support the implementation of HB3141 (school physical education law)																	x																	x					
3. Promote community-wide campaigns for physical activity																	x						x			x		x											
4. Improve the physical environment for physical activity																							x																
5. Increase safe and active transportation options																							x																
6. Promote policies and programs for healthy worksites, with a focus on physical activity																							x																
7. Promote partnerships with clinical care providers to provide anticipatory guidance about the importance of physical activity, as recommended in the American Academy of Pediatrics Bright Futures Guideline																																							

**Oregon MCH Title V Annual Plan priorities selected - FY 2018 (submitted Spring 2017)**

Title V Priority/strategy	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Grant	Harney	Hood River	Jackson	Jefferson	Josephine	Klamath Co	Lake	Lane	Lincoln	Linn	Malheur	Marion	Morrow	Multnomah	North Central	Polk	Tillamook	Umatilla Co	Union	Wallowa	Washington	Wheeler	Yamhill	Coquille	CowCreek	Klamath Tr	Umatilla - Yellowhawk	Warm Springs	
Adolescent Well Care - 7 grantees; \$89,000						X		X				X			X		X							X						X										
1. Increase outreach to key populations in community						X		X							X			X						X																
2. Promote practice of going beyond sports physicals to wellness exams												X			X			X													X									
3. Develop and strengthen partnerships with public and private entities invested in adolescent health																															X									
4. Raise awareness of the importance of adolescent well care																								X							X									
5. Leverage SBHC to conduct outreach within school and community								X							X																									
6. Engage adolescents as community health workers or peer health educators																																								
7. Promote policies and practices to make health care more youth-friendly																																								
8. Investigate barriers to adolescent well visits																																								
9. Strengthen health care privacy and confidentiality policies and practices																																								
Oral Health - 9 grantees; \$186,000							X			X			X			X							X					X			X			X	X					
1. Provide oral health services, education and referral/case management services through Oregon's Home Visiting System													X										X					X			X			X						
2. Provide oral health services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guidelines																							X					X			X									
3. Collaborate with primary care providers to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women																																								
4. Collaborate with Early Childhood Care and Education to plan and implement methods to increase preventive dental services for children																																								
5. Incorporate oral health services for adolescents into School-based Health Centers (SBHCs) and adolescent well-child visits																																								
6. Promote the provision of dental sealants and oral health education in schools																																								
7. Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health							X			X							X						X													X				
8. Promote community water fluoridation																	X						X													X				
Smoking - 10 grantees; \$204,000	X	X		X														X	X	X	X	X										X						X		
1. Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use.																																	X					X		
2. 5As Intervention within MCH Programs including Home Visiting, Oregon MothersCare, Family Planning, and WIC (if applicable)			X															X				X	X															X		
3. Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age.																																	X							
4. Collaborate w/CCOs, DCOs, and medical and early childhood/education providers to build prevention, screening, and intervention processes into their work practices, including workforce training.	X																			X	X																			
5. Implement a media campaign that targets women during childbearing years.																																								
6. Collaborate with the Oregon Quit Line Program to improve outreach and quit rates for pregnant and postpartum women			X		X													X				X	X																	
7. Promote expansion and utilization of health insurance coverage benefits for pregnant and postpartum women.					X																																			

**Oregon MCH Title V Annual Plan priorities selected - FY 2018 (submitted Spring 2017)**

[illegible]

**Oregon MCH Title V Annual Plan priorities selected - FY 2018 (submitted Spring 2017)**

Title V Priority/strategy	Baker	Benton	Clackamas	Clatsop	Columbia	Coos	Crook	Curry	Deschutes	Douglas	Grant	Harney	Hood River	Jackson	Jefferson	Josephine	Klamath Co	Lake	Lane	Lincoln	Linn	Malheur	Marion	Morrow	Multnomah	North Central	Polk	Tillamook	Umatilla Co	Union	Wallowa	Washington	Wheeler	Yamhill	Coquille	CowCreek	Klamath Tr	Umatilla - Yellowhawk	Warm Springs
Culturally and linguistically responsive services - 4 grantees; \$235,000																								X	X											X		X	
1. Provide effective, equitable, understandable, and culturally responsive services																								X												X		X	
2. Develop and improve organizational policy, practices, and leadership to promote CLAS and health equity																									X												X		
3. Recruit, promote and support a culturally and linguistically diverse workforce that reflects local communities.																											X												
4. Educate and train leadership and workforce CLAS policies and practices on an ongoing basis.																																							
5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them.																																							
6. Establish CLAS/health equity goals, policies, and accountability, and infuse them throughout the organizations’ planning and operations.																								X															
7. Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into continuous quality improvement activities.																																							
8. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes.																																							
9. Communicate the organization’s progress on CLAS to all stakeholders, constituents and the general public.																																							