

Oregon MCH Title V Executive Summary - Block Grant 2022 (rev 10/2021)

Oregon's Title V framework and leadership role

Oregon's Title V program relies on shared leadership between the Oregon Health Authority (OHA) Public Health Division (PHD) Maternal and Child Section (MCH), its Adolescent and School Health program (ASHP), and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN) at Oregon Health and Science University's Institute on Development & Disability. A leadership team makes Title V program and policy decisions and ensures alignment across the programs and agencies. Designated state priority leads oversee state level program and policy work and provide technical assistance and oversight to local public health and tribal Title V grantees. Title V Maternal, child and adolescent health (MCHA) also has a tribal liaison who supports the work of the tribal Title V MCAH grantees. The state priority leads, Title V coordinator, Title V MCAH and Children and Youth with Special Health Care Needs (CYSHCN) research analysts and Title V MCAH tribal liaison coordinate work across populations/domains. MCAH work is also integrated and coordinated across priorities through perinatal and women's health, injury prevention, and foundations of MCAH teams.

Findings from the Title V five-year needs assessment guide the identification of Oregon's Title V needs and priorities. These in turn inform development of the structure and work of the program, guided by Title V staff and leadership, as well as grantees, families, and community partners. Ongoing needs assessment and surveillance activities are conducted in the interim years to support development of evidence based/informed activities, monitor progress, identify emerging issues, and modify approaches as needed.

Title V strategies, activities and measures are developed by Oregon's Title V staff subject matter experts, in consultation with researchers, MCHB, and state and local partners. Thirty percent of Title V funding is allocated to OCCYSHN to address the Title V CYSHCN national and state-specific cross-cutting priorities at both the state and local levels. The remaining funds are administered through the OHA PHD to implement and monitor state and local level Title V work in the maternal/women, perinatal/infant, child, adolescent, and cross-cutting domains.

Population needs, Title V priorities, strategies, and plans

Oregon's 2020 Maternal Child and Adolescent Health (MCAH) Title V Needs Assessment identified six national and three state-specific priorities for 2021-2025. These are: well woman care, breastfeeding, prevention of child injury and bullying, medical home and transition to adult health care for CYSHCN, toxic stress/trauma/ACEs, social determinants of health and equity, and culturally and linguistically responsive MCAH services (CLAS). An overview of Oregon's priority Title MCAH V needs, strategies, progress and plans for each domain is outlined below.

Maternal/Women's Health

Oregon's Title V program provides leadership for policy and system development efforts related to maternal/women's health including support for universally offered home visiting, and

ensuring that health system transformation addresses the need for comprehensive, culturally responsive women's and maternal health services.

Needs/priorities

Based on the 2020 MCAH needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this maternal/women's health. This need is being addressed through work on well-woman care (NPM 1). Social determinants of health; health equity; safe and supportive environments; stable and responsive relationships and resilient, connected families and communities are cross-cutting needs that also impact this population and are being addressed through both NPM 1 and Oregon's cross-cutting systems domain work.

Strategies

Well woman care strategies focus on: support for behavioral health needs, home visiting workforce development; access to culturally responsive preventive care for low income and undocumented women; and development/engagement of community based advisory groups.

Perinatal/Infant Health Domain

Title V provides leadership and technical assistance for linkages to prenatal care, oral health, maternal mental health, and other perinatal services; infant mortality reduction; PRAMS and ECHO surveillance systems; early hearing detection and intervention (EHDI); breastfeeding support; Univerally Offered Home Visiting, and integration of perinatal/infant health into programs and policies across state and local agencies.

Needs/priorities

Based on the 2020 needs assessment, improved nutrition is a priority need for perinatal/infant health, which will be addressed through work on breastfeeding (NPM 4). Social determinants of health; health equity; safe and supportive environments; stable and responsive relationships and resilient, connected families and communities are cross-cutting needs that also impact this population and are being addressed through both NPM 1 and Oregon's cross-cutting/systems building work.

Strategies

Breastfeeding strategies focus on: support/implementation of workplace laws and policies; workforce development including training and enhanced diversity; culturally appropriate approaches for work with tribal communities; access to culturally responsive preventive care for low income and undocumented women; and development/engagement of community based advisory groups.

Child Health Domain

Title V's work in child health focuses on increasing community and caregiver capacity to promote the foundations of health: stable responsive relationships, safe supportive environments, and nutrition and healthy behaviors. A major focus is integration of child health

into programs and policies across state and local agencies, including the early learning and education systems.

Needs/priorities

Based on the 2020 needs assessment, enhancing safe and supportive environments; stable and responsive relationships; and resilient/connected families and communities are needs for Oregon's children. The need to address social determinants of health and health equity also impact this population. These needs will be addressed through work on child injury (NPM 7), as well as through Oregon's cross-cutting/systems building work.

Strategies

Child injury strategies focus on improved data capacity; use of child injury data to inform policy; enhanced workforce capacity; partnerships and coalition-building including around shared risk and protective factors.

Adolescent Health Domain

Title V strengthens policies and systems that support adolescent health in school-based health centers, schools, health systems, and communities. The program engages youth to inform policies and programs that reflect their needs through youth action research.

Needs/priorities

Based on the 2020 needs assessment, enhancing safe and supportive environments; stable and responsive relationships; and resilient/connected families and communities are needs for Oregon's adolescents. The need to address social determinants of health and health equity also impact this population. These needs will be addressed through work on bullying (NPM 9), as well as through Oregon's cross-cutting/systems building work.

Strategies

Bullying prevention strategies focus on workforce development; bullying prevention education in schools; development of partnerships and shared initiatives; and Positive Youth Development strategies, including youth participatory action research.

Children and Youth with Special Health Needs (CYSHN) Domain

Title V CYSHCN provides leadership and support for the development of comprehensive, coordinated, family-centered systems of care that are culturally responsive for CYSHCN and their families. It leads efforts that support access to care for CYSHCN, and partners with families and communities in policy and strategy development.

Needs/priorities

Based on the 2020 needs assessment, assuring high quality, family-centered, coordinated systems of care for CYSHCN, increasing health care equity and culturally and linguistically responsive services (CLAS), and reducing disparities are needs for Oregon's CYSHCN. These priorities will be addressed through work on NPMs 11 and 12 and all three state priorities.

Strategies

Medical Home (MH) strategies focus on increasing cross-systems care coordination (CSCC) for CYSHCN and their families through public health nurse home visiting; supporting local public health in convening cross-sector child health teams to implement family-centered shared care planning; supporting cross-systems community-based standing teams to perform care coordination functions for the population of CYSHCN; supporting regional and state learning collaboratives to address the needs of the CYSHCN population; and promoting regional and state level infrastructure development to support CSCC.

Health Care Transition (HCT) strategies are integrated with those of MH given their interrelationship. Child health teams will identify youth with special health care needs and build capacity to support cross-systems care coordination. We will continue with our quality improvement projects begun as part of our CMC CoIIN work. This includes professional development for both pediatric and adult providers, as it increases their capacity to provide necessary HCT services. We also will continue to educate families about HCT and its importance.

Life Course and Cross-cutting/Systems Domain

Oregon's Title V program uses a life course focus and equity lens to maximize investment in policies, systems and programs that support lifelong health. Work in this domain crosses all priorities and is the primary focus of our state-specific priorities.

Needs/priorities

Based on the 2020 needs assessment, Oregon's MCAH needs in the cross-cutting/systems domain include: enhancing safe and supportive environments; assuring stable, responsive relationships and resilient, connected families and communities; improving lifelong nutrition; increasing health equity; addressing social determinants of health; and assuring high quality, culturally responsive preventive systems and services. All of these needs span the lifecourse and all MCAH populations. The Title V program addresses these needs through work in each of the domains and national priority areas, as well as through our work on our state-identified priorities of toxic stress, trauma, ACEs and resilience; culturally and linguistically responsive MCAH services (CLAS), and social determinants of health and equity (SDOH-E).

Strategies

The OHA MCAH Title V program addresses the cross-cutting domain priorities through a set of upstream "Foundations of MCAH" strategies. This approach reflects the integrated nature of work on social determinants of health and equity, trauma/ACEs, and equity/CLAS. Strategies are grouped as follows.

- Policy and systems strategies focus on equitable, anti-racist and trauma informed workplaces, institutions and services; systems to integrate screening and referral for SDOH-E; housing, food systems, and economic supports for families.

- Workforce strategies focus on skills and abilities of the workforce to deliver equitable, trauma informed and culturally appropriate services, and standards to address these.
- Community, individual and family capacity strategies focus on programs (e.g. home visiting) and community strategies that promote family health, safety, protective factors, resilience, and equity.
- Assessment and evaluation strategies focus on development and use of data on social determinants of health, trauma, and equity to drive MCAH policy and programs.

OCCYSHN strategies to address SDOH-E, trauma/ACEs, and CLAS similarly focus on integration of strategies and systems across Title V work to support CYSHCN and their families.

Progress on State and National Performance measures

Title V MCAH and OCCYSHN staff monitor progress on state and national performance measures (SPMs and NPMs). Oregon’s NPMs have shown mixed results during the past year. NPMs that have shown substantial improvement include 1: well woman care and 9: bullying. Both 4B: exclusive breastfeeding at 6 months and 7.1: child injury hospitalizations have improved moderately. NPM 4A: breastfeeding initiation has worsened slightly but is still above the national average. Moderate increases and decreases in NPMs are small and should be interpreted with caution.

Thirty-nine percent of CYSHCN had a medical home (NPM 11) in 2016-17 compared to 35% in 2018-2019 (National Survey of Children’s Health). Meaningful improvement occurred between 2016-2017 and 2018-2019 on health care transition (NPM 12). During the former timeframe, only 17% youth with special health care needs received services necessary to make transitions to adult health care compared to 31% during the latter timeframe.

Among SPMs, one showed improvement; 1: prenatal stress, and two SPMs worsened slightly, 2: children with a healthcare provider who is sensitive to their family’s values and customs, and 3: children living in a household that received food or cash assistance.