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**MCH Title V Planning Worksheet: Well Woman Care**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies)

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 (all types)
5. Provide access to well-woman care through Family Planning Clinics
6. Use of the postpartum health care visit to increase utilization of well-woman visits

**Other notes…**

**MCH Title V Planning Worksheet: Physical Activity**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies)

1. Support physical activity in child care settings through policy, training and workforce development
2. Support physical activity before, during and after school; support the implementation of HB3141 (school physical education law)
3. Promote community-wide campaigns for physical activity
4. Improve the physical environment for physical activity
5. Increase safe and active transportation options
6. Promote policies and programs for healthy worksites, with a focus on physical activity
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 Guidelines

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**Other Notes:**

**MCH Title V Planning Worksheet: Breastfeeding**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies)

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. Education/training of health care providers about breastfeeding
4. Education of pregnant women about breastfeeding
5. Increase the availability of breastfeeding support from professionals
6. Increase access to workplace breastfeeding support
7. Increase the support of breastfeeding at child care settings through policy, training, and workforce development
8. Advocate for program policies that support breastfeeding

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**Other Notes:**

**MCH Title V Planning Worksheet: Adolescent well care visit**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies)

1. Increase outreach to key populations in community
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. Raise awareness of the importance of adolescent well care
5. Leverage SBHC to conduct outreach within school and community
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

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**Other Notes:**

**MCH Title V Planning Worksheet: Oral health**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies)

1. Provide oral health services, education and referral/case management services through Oregon's Home Visiting System
2. Provide oral health 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. 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
8. Promote community water fluoridation

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**Other Notes:**

**MCH Title V Planning Worksheet: Smoking**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies)

1. Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use.
2. 5As Intervention within MCH Programs including Home Visiting, Oregon MothersCare, Family Planning, and WIC (if applicable)
3. Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age.
4. Collaborate w/CCOs, DCOs, and medical and early childhood/education providers to build screening and intervention processes into their work practices, including workforce training.
5. Implement a media campaign that targets women during childbearing years.

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1. Collaborate with the Oregon Quit Line Program to improve outreach and quit rates for pregnant and postpartum women
2. Promote expansion and utilization of health insurance coverage benefits for pregnant and postpartum women.

**Other Notes:**

**MCH Title V Planning Worksheet: Food Insecurity**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies).

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| 1.    Screen clients for food insecurity2.    Provide referrals  for food assistance3.    Address risk factors related to food insecurity (e.g. access, cost & health outcomes, social determinants) during clinic visits4.    Support or provide food security education5.    Advocate, support or develop partnerships for accessibility to healthy & affordable food; consider wide array of partnerships beyond public health and food advocacy groups6.    Promote access to healthy and affordable food7.    Improve access to food assistance safety net programs8.    Increase economic stability for individuals and families |

**Other Notes:**

**MCH Title V Planning Worksheet: Toxic stress, trauma, ACEs**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies).

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| 1.      Promote family friendly policies that decrease stress and adversity for all parents, increase economic stability, and/or promote health.2.      Provide outreach and education on the importance of early childhood, NEAR science, and the impact of childhood adversity on lifelong health.3.      Develop community partnerships, inter-agency collaborations, and cross-systems initiatives to prevent/address ACEs and trauma.4.      Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science to drive policy decisions.5.      Develop a trauma-informed workforce and workplaces.6.      Integrate trauma-informed care and culturally-specific approaches into services and systems for children, adolescents and families.7.      Identify children, youth and families experiencing adversity and connect them to needed supports and services.8.      Implement community level equity initiatives, and trauma and violence prevention programs.9.      Build community capacity for cohesion, safe and secure places, and equitable opportunities.10.   Strengthen protective factors for individuals and families; support programs that build parent capabilities, social emotional competence, and supportive/nurturing relationships; and foster connection to community, culture and spirituality. |

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**Other Notes:**

**MCH Title V Planning Worksheet: Culturally and Linguistically Accessible Services**

**Strategies** (see strategy table for more details and examples of activities associated with these strategies).

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.  Recruit, promote and support a culturally and linguistically diverse workforce that reflects local communities.

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.

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.

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**Other Notes:**