

# Oregon MCH Title V Block Grant Executive Summary: 2019 report/2021 plan

## 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. 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 the local level Title V grantees (public health and tribal). Title V also has a tribal liaison who supports/oversees the work of the tribal Title V grantees. The state priority leads, Title V coordinator, Title V MCAH and CYSHCN research analysts and Title V tribal liaison coordinate work across populations/domains.

The five-year needs assessment structure and activities are developed and coordinated by a planning committee with representatives from OHA MCH, ASHP, and OCCYSHN, with input from Title V grantees and other stakeholders. Findings from the needs assessment are presented to a stakeholder group which uses them to recommend state and national Title V priorities, which are finalized by the Title V MCAH and CYSHCN directors with Title V staff input. Ongoing needs assessment and surveillance activities are conducted in the interim years to support development of evidence based/informed activities, monitor progress, and identify emerging issues.

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 CYSHN 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.

## MCAH Population Needs, Title V priorities, strategies, and plans

Oregon's 2020 Maternal Child and Adolescent Health (MCAH) Title V Needs Assessment identified six national priorities and three state-specific priorities for 2021-2025. They are: well woman care, breastfeeding, child injury, 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 MCAH Title 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 being implemented at the state level and by local grantees include: case-management and use of the postpartum health care visit to improve utilization of well-woman care; marketing to educate the population and promote well-woman care; training of health care providers, support for access through Family Planning Clinics.

## Perinatal/Infant Health

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; 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 being implemented at the state level and by local grantees include: education of non-nursing partners and family members about the importance of breastfeeding; filling unmet needs for peer support of breastfeeding; education of pregnant women about breastfeeding; workforce support for breastfeeding; access to workplace breastfeeding support; and support for breastfeeding at child care settings.

## Child Health

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 for the upcoming five-year cycle are still in development. Strategies will focus on evidence bases/informed approaches to address upstream risk and protective factors including ACEs and social determinants of health and equity. Injury work will be addressed in a cross-cutting manner with a wide range of partners, and will be designed to impact a variety of injury outcomes across MCAH populations.

## Adolescent Health

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 develop 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/positive youth development** strategies for the upcoming five-year cycle are still in development. Strategies will focus on evidence based/informed approaches to address upstream risk and protective factors including ACEs and social determinants of health and equity. Approaches will be cross-cutting, involving a wide range of partners, and will be designed to impact a variety of injury prevention and positive youth development outcomes.

## Children and Youth with Special Health Needs (CYSHCN)

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 children and youth with special health needs, increasing health care equity, 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; promoting regional and state level infrastructure development to support CSCC; and building an evidence base to describe the effectiveness of these strategies.

**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 provide cross-systems care coordination. Professional development for both pediatric and adult providers increases the capacity to provide necessary HCT services. We will continue with our quality improvement projects begun as part of our CMC CoIIN work. We also will continue to educate families about HCT and its importance.

## Life course and Cross-cutting/systems

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. Cross-cutting/systems work includes work on upstream on both national performance measures and state-specific priorities; and investment in foundational capabilities such as epidemiology, communications, and leadership.

### Needs/priorities

Based on the 2020 needs assessment, Oregon's MCAH needs with cross-cutting/systems implications 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 Title V program is developing a new structure and strategies to address these upstream cross-cutting needs during the coming five-year cycle including: integrated state-level staff teams, re-structured strategies and logic models, and new supports for local Title V grantees – particularly in relation to the upstream state-specific Title V priorities. Work on strategies related to continuing priorities will proceed as outlined below, while the new framework and strategies related to social determinants of health and equity strategies is developed.

**Toxic stress, ACEs and resilience** strategies being implemented include: family friendly policies that decrease stress and adversity; outreach and education to increase understanding of NEAR science (neurobiology, epigenetics, ACEs and resilience) and the impact of childhood adversity; engaging partners to build capacity for safe, connected, equitable and resilient communities; assessment, surveillance, and epidemiological research; development of trauma-informed workforce, workplaces, systems, and services; support for programs that build protective factors.

**Culturally and linguistically responsive services** strategies being implemented at the state level include: effective, equitable, understandable, and culturally responsive services; organizational policy, practices, and leadership to promote CLAS and health equity; assessments of organization’s CLAS-related activities and integration of CLAS-related measures into continuous quality improvement.

### **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 4A: breastfeeding initiation. NPMs that have improved moderately include 8.1: child physical activity, 13.2: child dental visits, 14.1: smoking during pregnancy, and 14.2: household smoking. NPMs that have worsened slightly but are still consistently about national averages are 4B: exclusive breastfeeding at 6 months and 13.1: dental visits during pregnancy. An NPM that showed substantial worsening is 10: adolescent well visits. Moderate increases and decreases in NPMs are small and should be interpreted with caution.

According to the 2016-17 National Survey of Children’s Health (NSCH), 39% of CYSHCN have a medical home (NPM 11). The estimate remained the same for 2018. Seventeen percent of YSHCN received services necessary to make transitions to adult health care (NPM 12); state-level estimates are not available for 2018.

Updated data is only available for two of the six SPMs, and both of these showed improvement; 2A: food insecurity, and 3A: children with a healthcare provider who is sensitive to their family's values and customs.

## **Title V partnerships and stakeholder engagement**

Stakeholder engagement and partnerships are central to all phases of Oregon's Title V work. The Title V Director, CYSHCN Director, Adolescent Health Director, and Title V staff all work with external and internal stakeholders to provide MCAH leadership and ensure that Title V work is represented and integrated within and across agencies. These partnerships – including with the Governor's Children's Cabinet, Coordinated Care Organizations, the Early Learning Division, local health authorities, and tribes - provide critical opportunities to leverage Title V's work and develop collaborations which benefit the MCAH population and maximize use of funds. This work - especially with families and communities - also informs ongoing needs assessment, strategy implementation, evaluation, and modification of strategies/activities throughout the 5-year cycle.

## **Title V support for state MCH efforts**

Title V funds complement and support overall state MCAH efforts. The 30% of funding that goes to OCCYSHN provides capacity for work with partners and local grantees on medical home transition initiatives CYSHCN; and expertise, advocacy, and partnership both within OHSU, and externally to strengthen systems and services, and improve and the health of children and youth with special health needs and their families.

The remaining 70% of Title V funding, administered through the OHA PHD, is used to support maternal, child, and adolescent health specialists, nurses, epidemiologists, and policy analysts working in: local health departments, tribes, and at the state level. The MCAH capacity provided through Title V supports work on both the identified Title V priorities, as well as ongoing MCAH assessment and surveillance, policy and partnership work, and multiple planning and system development efforts to which Title V staff contribute at the state and local level. The flexibility of the Title V program and funding have been critical to supporting Oregon's response to the COVID-19 pandemic at both the state and local levels.

Partnerships described in III.A.1. above allow Title V to leverage work across the state on behalf of the MCAH and CYSHCN populations. This enhances the scope and ability of Title V funding to impact the health of Oregon's women, children, youth, and families, including children and youth with special health needs.