
Oregon MCAH Title V Block Grant

Title V Grantee webinars

Injury Prevention
February 26, 2021



Welcome and Webinar logistics

Thanks for joining us for this MCAH Title V Technical Assistance webinar.



- Please type your name and agency affiliation into the chat box
- Materials for this webinar will be posted in the chat box, as well as on the [MCH Title V website](#) by March 1st.
- If you have any technical difficulties during the webinar, contact Casey Tucker through the Zoom chat function, or at 971-349-3792

Purposes of the webinar

To provide information about Oregon's 2021-2025 MCAH Title V priorities, strategies, activities and measures.

To answer your questions and provide tools to help you develop your Title V MCAH Annual Plans (due April 1).

Webinar Agenda

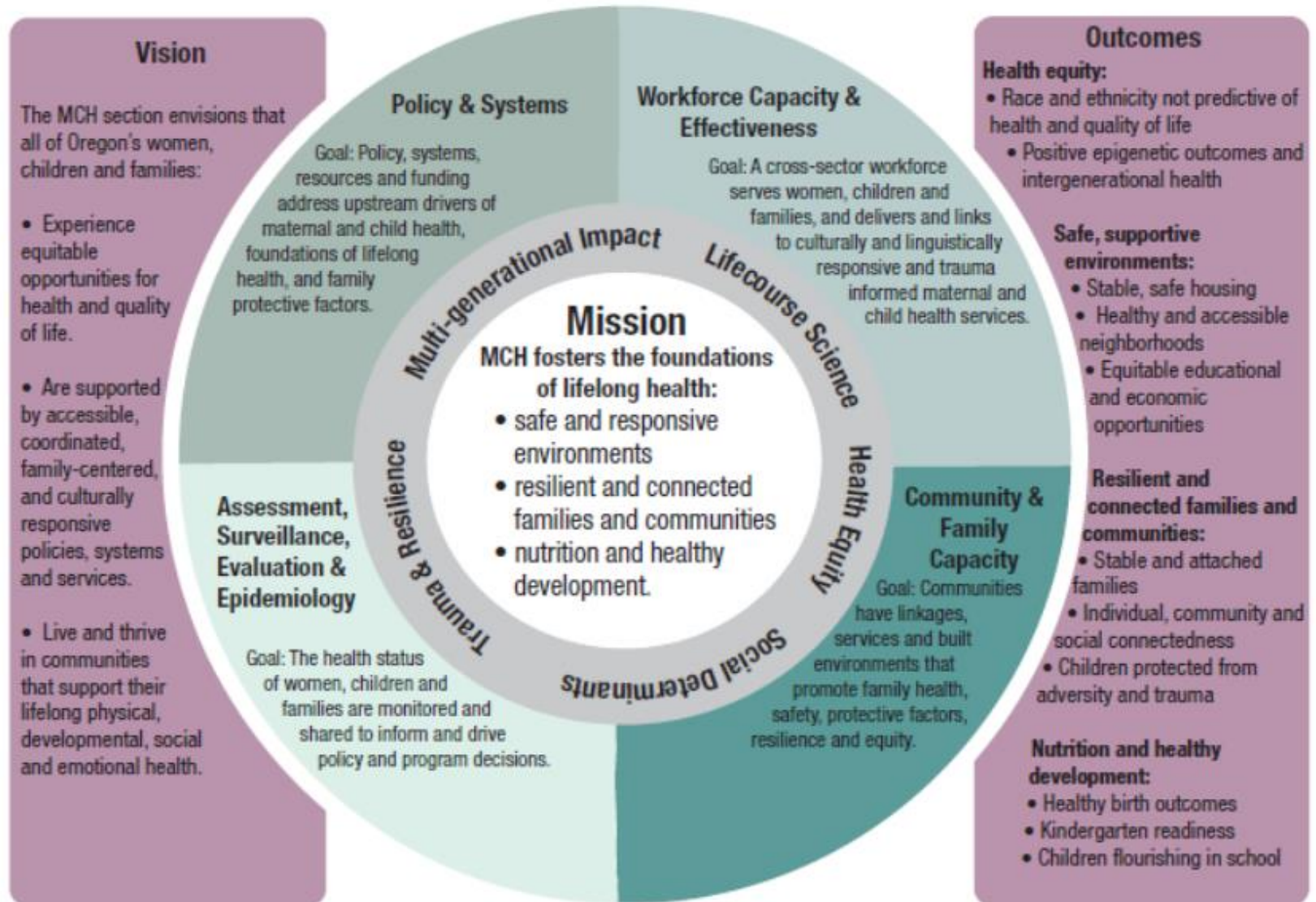
- Welcome and webinar logistics
- Brief intro to Title V and recap of Title V and MCAH Title V priorities for 2021-2025
- Overview of MCAH Title V's injury prevention work
 - Priority #1: *Injury prevention for children 0-9 years of age*
 - Priority #2: *Bullying prevention*
- Timeline and additional TA available for Title V Annual plan development
- Q&A

Oregon's MCAH Title V Program

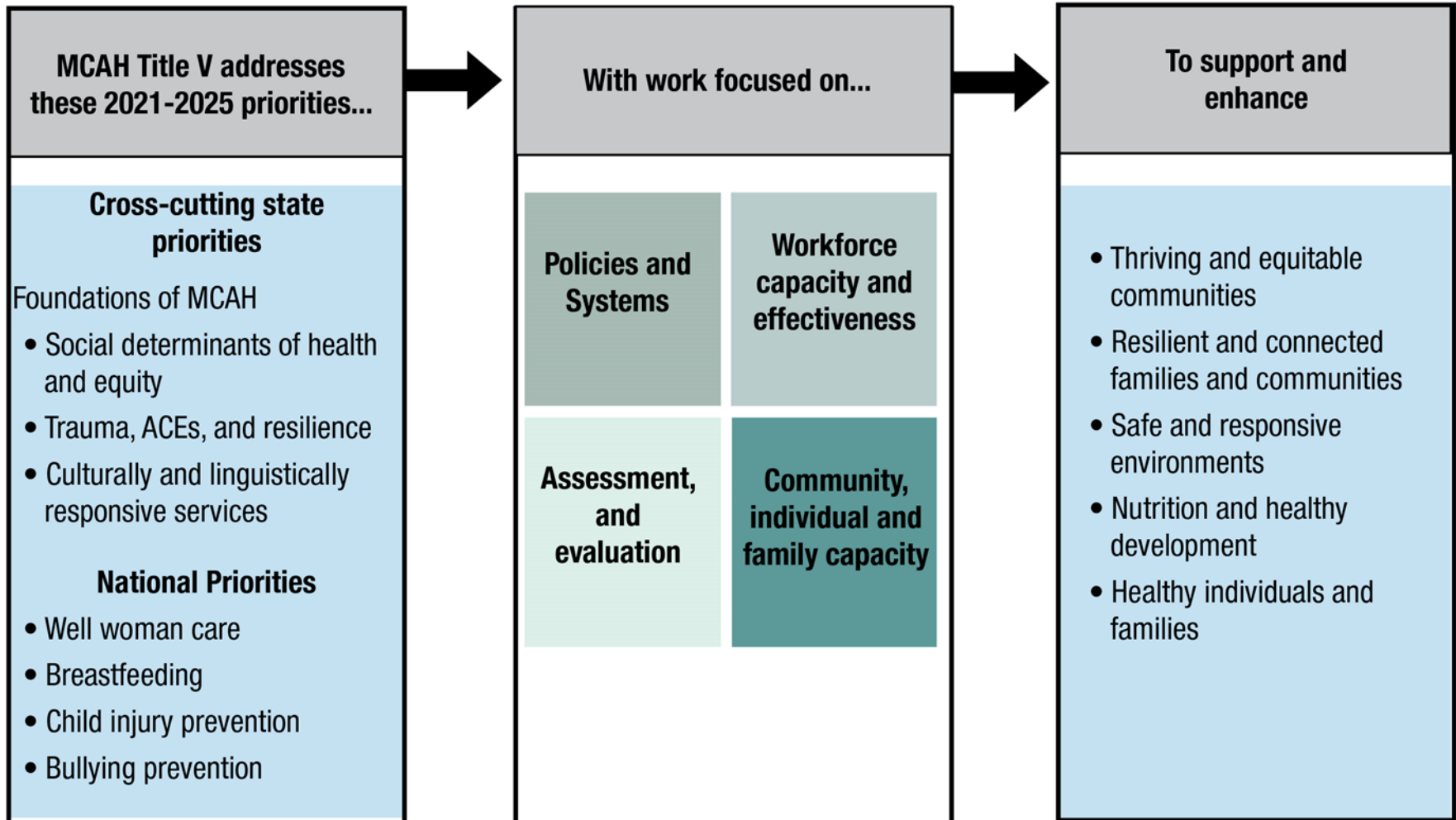
- **MCH Title V Block Grant** provides federal funds to Oregon to improve the health of Oregon's women, infants, children, adolescents, and children and youth with special health care needs.
- Oregon's Title V funds support the work of: local public health authorities; tribes; state maternal, child and adolescent health staff; and the Oregon Center for Children and Youth with Special Health Needs (OCCYSHN).
- Oregon's Title V program priorities:
 - Are revised every 5 years based on the findings of the state's MCAH Needs Assessment.
 - Include national priorities (at least 5) chosen from a set of priorities provided by the MCHB, and state-specific priorities reflecting other Oregon MCAH needs.

PHD Maternal and Child Health Section 2018 Strategic Plan:

Setting the trajectory for our population's future health



Oregon Title V Framework for Maternal, Child and Adolescent Health



MCAH Title V Injury Prevention Approach

Anchoring the work in the life course perspective:

- Timeline – health and development through all stages of life
- Timing – critical and sensitive periods can affect exposures and experiences
- Environment – family, social, economic and environment as risk and/or protective factors
- Equity – health disparities across populations and over time

MCAH Title V Injury Prevention Approach

Centering equity, trauma-informed approaches and social determinants of health:

- Racial justice and equity focus built into the work
- Build and enhance community resilience
- Equitable access to safe, stable, culturally appropriate conditions for health

MCAH Title V Injury Prevention Approach

Working in collaboration and partnership because injury and bullying prevention is everyone's business!

- State and local public health
- Transportation, planning, law enforcement, health care
- Families and community-based organizations
- Education, early care

Child Injuries and Bullying

Injury and violence are leading causes of death, hospitalizations and emergency department visits for infants, children and adolescents in the United States and here in Oregon.

Unintentional injuries.....	Intentional injuries
-drowning	-homicide
-motor vehicle crashes	-suicide
-poisonings	-child maltreatment
-fire	-bullying
-suffocation	-violence and abuse

Unintentional and intentional injuries are largely preventable.

Lasting impacts on children and families.

Lasting Impacts of Bullying and Injury

Among those who experience serious injury and/or injury fatality, and their families:

- Disability
- Medical and work loss costs for families
- Stress and emotional costs
- Disproportionate effect on families with low SES, young and single parents

Among the bullied, those who bully and bystanders:

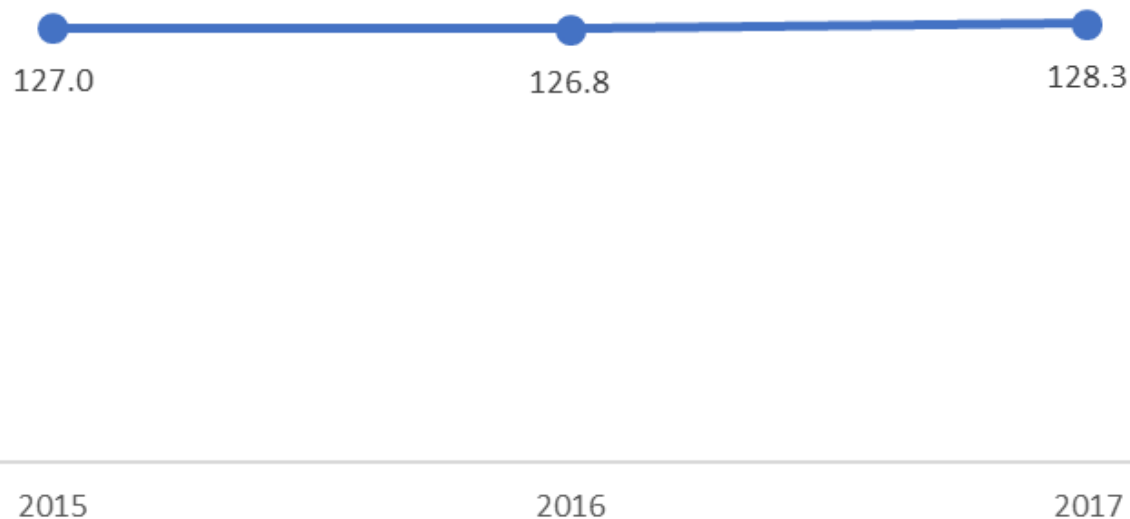
- Mental health problems, depression and anxiety
- Health complaints, changes in sleep and eating patterns
- Decreased academic achievement
- Violent behaviors
- Risky behaviors

Leading causes of injury hospitalizations and deaths by age group, Oregon, 2014-2018

Rank	Hospitalizations 2016-2018					Deaths 2014-2018				
	0	1-4	5-9	10-14	15-19	0	1-4	5-9	10-14	15-19
1	Poisoning 179	Poisoning 616	Poisoning 373	Poisoning 936	Poisoning 2372	Suffocation 68	All transport 21	All transport 26	All transport 30	All transport 112
2	Fall 161	Fall 341	Fall 267	All transport 270	All transport 754	Drowning; All transport 2	Drowning 16	Drowning; Firearm 5	Firearm 25	Firearm 106
3	Hot object or substance 18	All transport 74	All transport 197	Fall 198	Fall 234		Suffocation 8		Drowning 8	Poisoning 25
4	Suffocation 11	Natural/ Envrnmntl 69	Natural/ Envrnmntl 45	Struck by or against 61	Struck by or against 108	Smoke, fire, and flames; Firearm; Natural/ Envrnmntl 1	Smoke, fire, and flames 7	Smoke, fire, and flames 4	Smoke, fire, and flames 5	Drowning 24
5	Natural/ Envrnmntl 10	Hot object or substance 47	Struck by or against 25	Natural/ Envrnmntl 32	Firearm 71		Natural/ Envrnmntl 5	Fall; Struck by or against 2	Struck by or against; Suffocation 2	Fall 11
6	Struck by or against 7	Struck by or against 31	Smoke, fire, and flames 17	Suffocation 15	Natural/ Envrnmntl 33		Fall; Poisoning; Struck by or against 2			Smoke, fire, and flames; Struck by or against; Suffocation 1

Title V National Priority: Child Injury

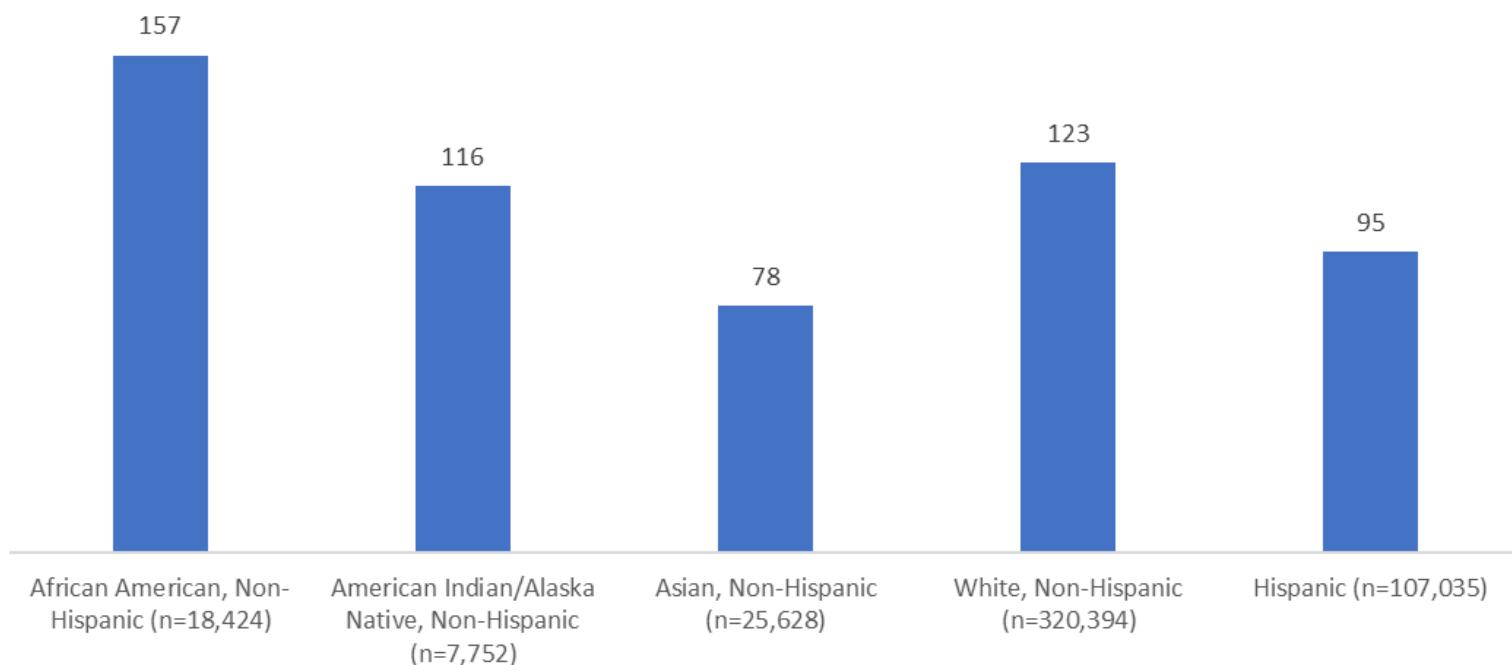
Figure 1. Rate of hospital admissions (per 100,000 population) with a primary diagnosis of unintentional or intentional injury among children, ages 0 through 9 (excludes in-hospital deaths), Oregon



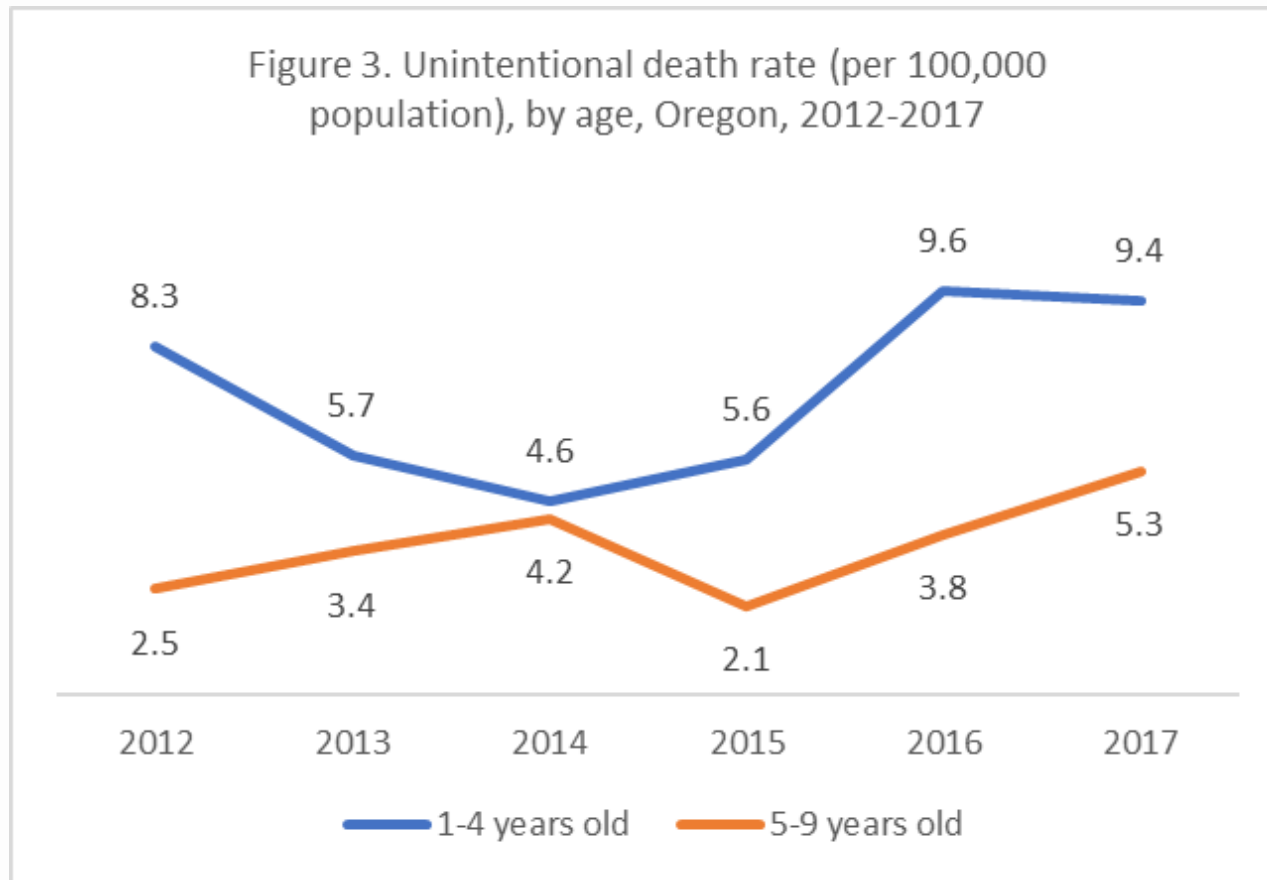
NPM7: Rate of injury-related hospital admissions per population

Title V National Priority: Child Injury

Figure 2. Rate of hospital admissions (per 100,000 population) with a primary diagnosis of unintentional or intentional injury among children, ages 0 through 9 (excludes in-hospital deaths), by race/ethnicity, Oregon, 2017



Title V National Priority: Child Injury



Strategy 1: POLICY

- 1) Assess opportunities to strengthen child injury prevention policies.
- 2) Convene local partners to identify policy priorities and develop plans to advance priorities.
- 3) Engage culturally specific organizations, and/or fund culturally specific organizations to join with injury prevention partners to use data to inform prevention planning efforts.

Strategy 2: WORKFORCE

- 1) Assess and enhance integration of injury risk assessment, education and remediation into home visits with families.
- 2) Provide or arrange for staff to participate in child injury prevention trainings.
- 3) Engage members of culturally specific organizations in training opportunities to grow culturally diverse workforce and culturally responsive injury prevention approaches.

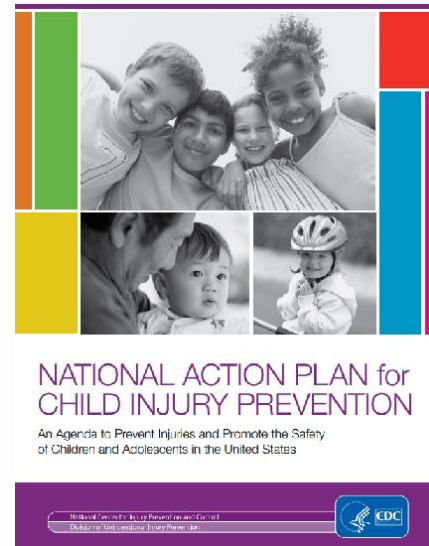
Strategy 3: PARTNERSHIPS AND COMMUNICATION

- 1) Participate in Oregon Safe Kids Coalitions in county or region.
- 2) Conduct in partnership and/or fund culturally specific health outreach and education efforts.
- 3) Develop and disseminate child injury prevention messaging to the public.

Strategy 4: DATA

1) Participate in local child death review teams and contribute to subsequent data reporting into National Child Death Data Reporting System.

Key Resources



Children's Safety Network



Oregon
Health
Authority

Title V Adolescent Measure: Bullying



Strategy 1: Support the workforce to understand the impact of bullying.



Above all else, engage youth

- **Engage youth** in the planning, design, development and evaluation of a training module or other product to support the workforce to understand the impact of bullying.
- Assess local workforce training needs on bullying, youth engagement, and adolescent health and develop a list of local level partners where trainings could be provided.
- Collaborate with PHD to develop a training module on bullying, youth engagement, and adolescent health.

Strategy 2: Support bullying prevention education in schools.



Align efforts with schools

- **Engage youth** through the development of a youth advisory council or by joining existing local youth engagement efforts to ensure youth are leading school-based bullying prevention and health education efforts.
- Assess current bullying prevention efforts in schools in alignment with K-12 health education and mental health supports.
- Share local level expertise and connect any local programs/activities with current health standards and performance indicators and/or other Department of Education initiatives such as the Student Success Act, Safe Schools Act, and All Students Belong.
- Collaborate with PHD to conduct a relationship scan at the local level between LPHAs/tribes and schools to build upon effective school partnerships.

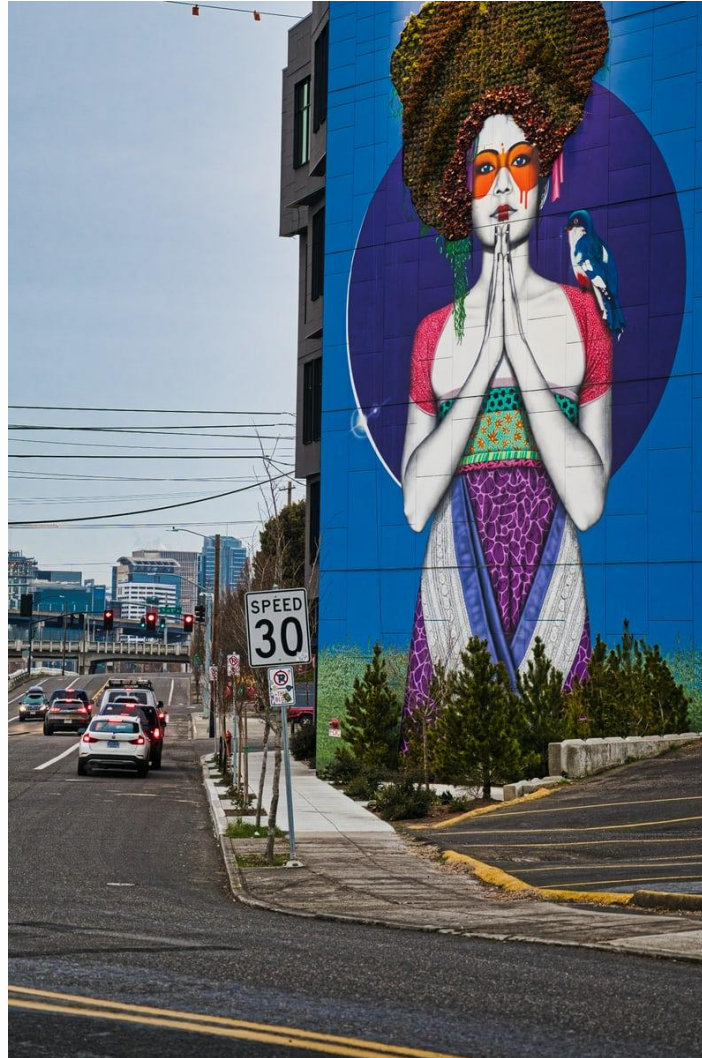
Strategy 3: Determine opportunities for partnerships and initiatives.



Make friends

- **Engage youth** in all elements of any program planning, design, implementation and evaluation of bullying prevention partnerships and initiatives.
- Assess local efforts on the bullying of adolescents with disabilities, LGBTQAI+ youth, Black youth, multilingual youth, and other groups known to be at higher risk for bullying to ensure programs are meeting their needs and priorities.
- Align bullying prevention efforts with other local level programming including violence prevention, suicide prevention, transformative justice, restorative justice, and anti-oppression work.
- Collaborate with PHD to provide local level expertise to develop state-level framing, points of leverage, possible funding mechanisms and policy solutions for bullying prevention in Oregon.

Strategy 4: Support youth participatory action research on bullying prevention.



Youth can create solutions

- Assess capacity (e.g. funding, staffing, youth, etc.) to use Youth Participatory Action Research (YPAR) in local level activities as a **youth engagement** strategy and a tool for youth-developed solutions.
- Connect with YPAR projects (if any) at the local level and explore opportunities to collaborate and/or develop new YPAR projects.

Resources

- Youth Engagement Toolkit:
<https://www.sbh4all.org/training/youth-development/youth-engagement-toolkit/>
- CDC Technical Package: Youth Violence Prevention
<https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>
- Oregon Department of Education: Safe and Inclusive Schools
https://www.oregon.gov/ode/students-and-family/equity/SchoolSafety/Pages/Safe_and_Inclusive_Schools.aspx
- Youth Participatory Action Research (YPAR)
<https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/YOUTH/Pages/youth.aspx>

Seriously. Thank you.



All photos by Kevin Butz and Unsplash

Next steps for Title V Annual plan development

- **Annual Plans are due April 1, 2021.** Detailed instructions on annual plan submission to follow by email first week of March.
- A link to the Title V website posting of the slides from this webinar is Title V is in the chat box. The webinar recording will also be posted there.
- Priority-specific tables detailing the activities, measures, and resources for each priority and strategy will be available at the upcoming webinars - and will be posted to the MCH Title V website no later than March 1st
- Other tools available on the website include:
 - Summary list of Title V MCAH priorities and strategies
 - Updated Title V implementation guidance
 - Contact list for state Title V Leads for each priority
 - Annual plan development worksheet
- State Title V staff are available to provide TA for plan development, and to help with entering/submitting online plans.

Questions, comments, TA needs?

- Injury Prevention: Heather Morrow-Almeida
heather.r.morrow-almeida@state.or.us
- Bullying Prevention: Shelagh Johnson
shelagh.m.johnson@state.or.us
- For general Title V questions: Nurit Fischler
(MCAH Title V Coordinator)
nurit.r.fischler@state.or.us
- For measures or data questions: Maria Ness
(Title V Research Analyst)
maria.n.ness@state.or.us
- For webinar or other admin questions: Casey
Tucker (MCAH Title V Admin Support)
Casey.tucker@state.or.us

