
Oregon MCAH Title V Block Grant

2021 Title V Grantee webinars:

Overview of 2021-2025 Priorities and Planning

February 18, 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:

- A brief overview of Oregon's MCAH Title V program
- An introduction to Oregon's 2021-2025 Title V priorities implementation plans
- A review of local Title V grantee implementation guidelines and Annual Plan requirements
- Answers to your questions

MCH Title V Block Grant

MCH Title V Block Grant provides federal funds to improve the health of Oregon's women, infants, children, adolescents, and children and youth with special health care needs.

States are required to:

- Conduct a 5-year needs assessment
- Choose among 15 national priority areas/performance measures; plus state-specific priorities
- Develop strategies and measures to “move the needle” on the selected national priorities
- Align use of funds with these priorities and strategies

MCH Title V Funding in Oregon

Oregon receives approximately \$6 million per year.
Funding is allocated as follows:

- One third to Oregon Center for Children and Youth with Special Health Needs (OHSU) for children with special health care needs
- One third stays at OHA PHD for state level Title V work
- One third to Local Health Authorities and Tribes

Oregon's Title V Needs Assessment and priority selection

- Title V priorities are revised every 5 years based on the findings of the state's MCAH Needs Assessment.
- Title V priorities – for both state and local level work include:
 - At least one priority in each population domain, chosen from a set of priorities provided by the MCHB, and
 - state-specific priorities reflecting other Oregon MCAH needs.
- Oregon's Title V Needs Assessment was conducted in 2019/2020.
- Findings were synthesized into 34 [Data Tools](#), which stakeholders and Title V staff used to select the new Title V priorities for 2021-2025.

2021-2025 Oregon MCH Title V Priority Areas

Population Domain	National Priority Areas						
Women's and Maternal Health	Well-Woman Care	Low-Risk Cesarean Delivery				Oral Health During Pregnancy	Smoking During Pregnancy
Perinatal and Infant Health	Breastfeeding	Safe Sleep					
Child Health	Developmental Screening			Child Injury	Child Physical Activity	Oral Health 0-11	Child Exposure to Secondhand Tobacco Smoke
Adolescent Health	Adolescent Well-Visit	Bullying		Adolescent Injury	Adolescent Physical Activity	Oral Health 12-17	Adolescent Exposure to Secondhand Smoke
CYSHCN	Medical Home	Transition to Adult Health Care					

State Priority Areas							
Current State Priority Areas	Toxic Stress, Trauma, Adverse Childhood Experiences and Resilience	Food Insecurity	Culturally and Linguistically Appropriate Services				
Emerging Issues	Drug Use and Misuse: Impact on Pregnant Women and Children	Adolescent Mental Health	Maternal Mental Health	Social Determinants of Health and Equity	Adult Alcohol Use	Child Care	Social Connectedness

Summary of changes in MCAH Title V priorities

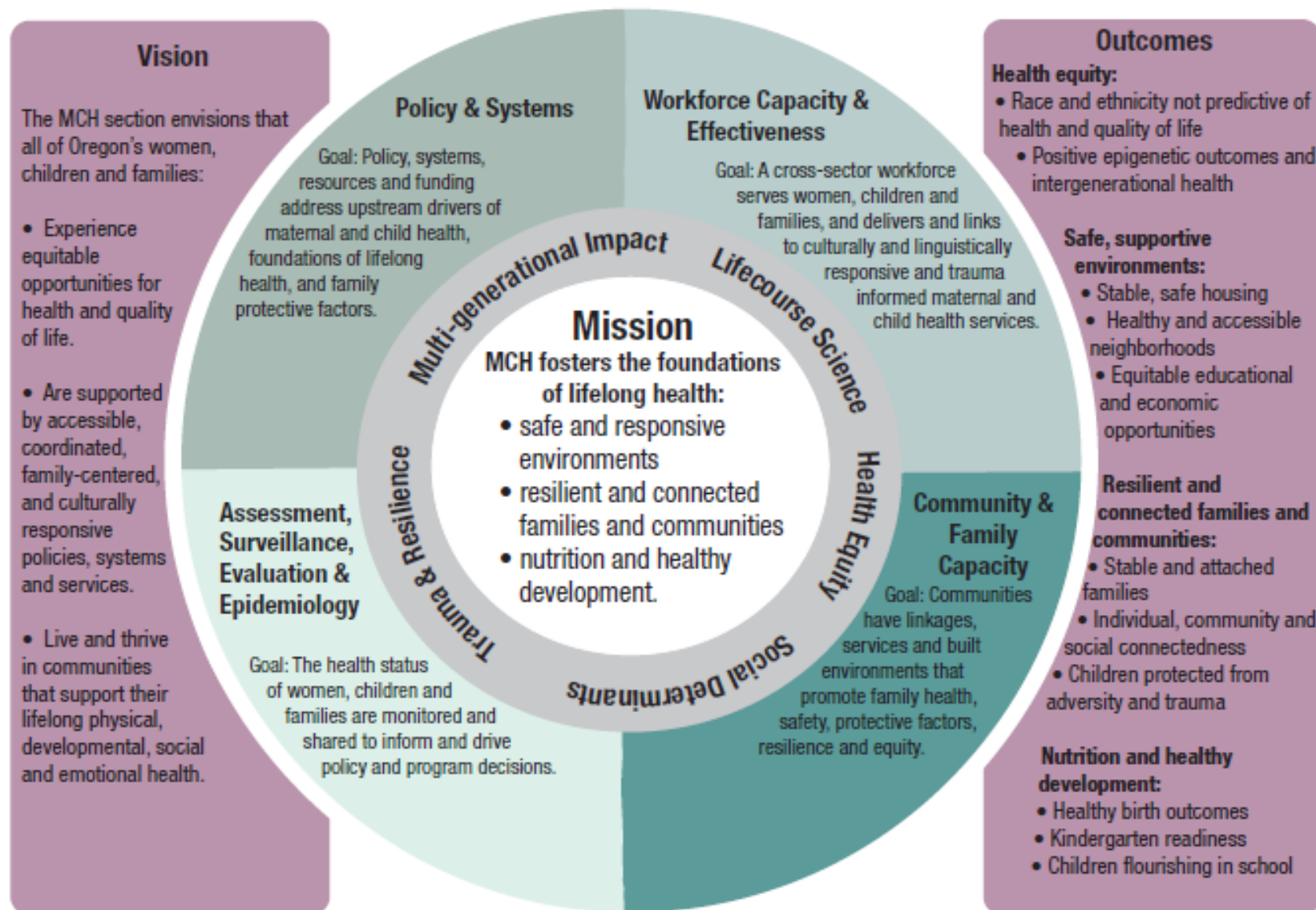
- National Priority Areas:
 - Child health priority changed from child Physical Activity to Child Injury
 - Adolescent health priority changed from Adolescent well visit to Bullying
 - Oral health and smoking are not on the list of 2021-2025 Oregon Title V priorities. Grantees can continue to work on them as locally-identified priorities if they wish.
- Cross-cutting state-specific priority Areas
 - Social Determinants of Health and Equity replaces Food insecurity (which is included within it)
 - Given the overlap in strategies and related work, the state-specific priorities will be addressed jointly with a set of cross-cutting “Foundations of MCAH” strategies

SOCIAL DETERMINANTS AND SOCIAL NEEDS: MOVING BEYOND MIDSTREAM

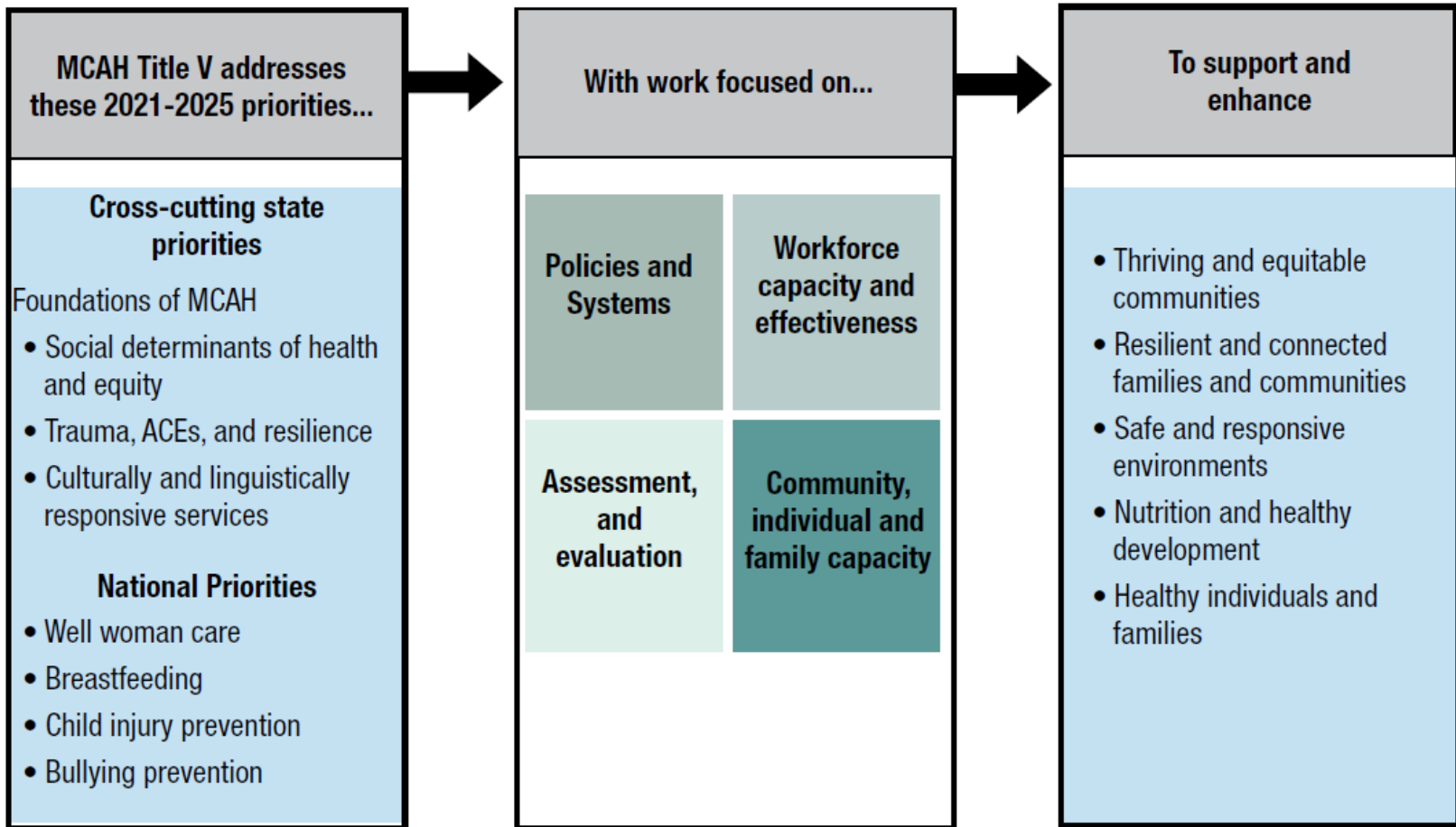


PHD Maternal and Child Health Section 2018 Strategic Plan:

Setting the trajectory for our population's future health



Oregon Title V Framework for Maternal, Child and Adolescent Health



Revised 2/4/2021

Questions?



Foundations of MCAH: Policy & Systems

- Robin Stanton, MA, RD, LD
Nutrition Consultant



- Addresses upstream drivers of maternal & child health for the 3 focus areas (SDOH; trauma & resilience; racism)
- 4 strategies
- Strategy and activity example:
Strengthen economic supports for families through policy development and implementation
Assess, develop & implement family friendly policies for LPHA and tribal employees (e.g., paid family leave, flexible scheduling, etc.)

Foundations of MCAH: Workforce Capacity and Effectiveness

- **Goal:** Support a cross-sector workforce that serves women, children, youth and families, including culturally and linguistically responsive and trauma informed maternal and child health services.
- **Two strategies:**
 1. Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services.
 2. Implement standards for workforce development that address bias and improve delivery of equitable, trauma-informed, and culturally and linguistically responsive services
- **Strategy and activity examples:**
 1. Coordinate training with Trauma Informed Oregon for staff and community partners
 2. Adopt best practices for equitable hiring and staff retention



*Wendy Morgan,
Health Educator*

Foundations of MCAH: Community, Individual and Family Capacity

People have access to resources, services and built environments that promote family health, safety, protective factors, resilience and equity.

Example strategies:

1. Support home visiting programs
2. Build community resilience



Kate O'Donnell

Foundations of MCAH: Assessment & Evaluation

- Maria Ness, Lead Research Analyst
- **Goal:** to examine data on social determinants of health, trauma, and equity in your community, in order to guide program and policy decisions
- **3 strategies:**
 - Improving race/ethnicity data collection
 - Local needs assessment
 - Engagement of families and community
- **Strategy and activity example:** Conduct local needs assessment using community based participatory research with underrepresented or marginalized communities.





Well Woman Care

Our Focus:

- Optimize the health of women before, between, and beyond potential pregnancies
 - Postpartum care: Sensitive period of time that links to lifecourse outcomes
 - Interconception care: Care in between pregnancies with a specific focus on improving the next birth outcome
 - Well Woman: Care across the lifecourse regardless of pregnancy intention
- Populations that may face additional barriers to care (undocumented, migrant and seasonal farm workers, people that speak a language other than English, black people, indigenous people and people of color, health care workers, essential workers)

Lead: Anna Stiefvater

Breastfeeding

- Robin Stanton, MA, RD, LD
Nutrition Consultant



- Focused on promoting and supporting breastfeeding, particularly with equity lens
- 6 strategies
- Strategy and activity example:
Ensure access to culturally responsive preventive clinical care for low income & undocumented women
Implement and expand access to culturally specific breastfeeding peer support services

Child Injury Prevention -

Using public health and MCH frameworks and competencies to reduce child injury and death!

- H** – Health! as in, my name is “Healthier”.
- E** – Early Hearing Detection and Intervention Program
- A** – Anomalies (Birth Anomalies Surveillance System)
- T** – Title V: physical activity, injury, other MCH areas
- H** – Heart: as in, public health is heart work
- E** – Enthusiastic about working together with you!
- R** – Run * Read * Restore * Refresh * Renew



Example of the work:

Strategy: strengthen partnerships and coalitions to support child injury education, prevention plan implementation and communication

Activity: Join local Safe Kids Coalition | Share your MCH expertise | Collaborate for collective impact!

Bullying Prevention

- Shelagh Johnson, Youth Sexual Health Team Lead & Interim Adolescent & School Health Policy Lead
- About me: Over twenty years of experience in youth sexual health including working with schools, youth engagement, policy, and health education. Parent of three kids (12, 8, 8) navigating isolation and disconnectedness.
- Possible strategies: Make friends, work with schools, align efforts.
- Possible activities: With all strategies; youth engagement, youth engagement, youth engagement.



Questions?



Overview of Title V Implementation

Guidance: priority selection

Title V [Implementation Guidance](#) provides the basic implementation requirements for grantees. Please continue to use the updated 2020-2022 Implementation Guidelines (Feb 2021 version).

- ❑ Only one substantive change from previous version – Grantees are no longer required to work on at least on National Priority Area. All grantees are welcome to work on strategies within the state cross-cutting “Foundations of MCAH priority”, or the national priorities.

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

Note: A joint state/local Title V committee will be formed next summer to consider further implementation guidance changes.

Overview of Title V Implementation

Guidance: strategies, activities and measures

- Strategies are selected from drop down list for each priority.
- To simplify the Title V Annual Plan process, the Title V strategies will include the option to choose activities from a drop-down list. Activities can also be locally developed.
- Drop down lists of measures will be available for each activity – or measures can be locally determined.
- At least one measure per strategy is required.

Overview of Title V Implementation

Guidance: Use of funds

- No more than 10% may be for indirect costs (or Federally-approved indirect rates for tribes)
- Local grantees can continue to use 20% of funding (more with approval) to address locally defined MCAH needs including COVID support for MCAH population.
 - If more than 20% locally-identified is needed for COVID-19 or other reasons, please talk with state Title V staff.
- Funding may be used to contract/partner with other programs or agencies

Overview of Title V Implementation

Guidance: Planning and reporting

Title V Annual Plan

- Annual Plan with selected priorities, strategies, activities and measures due April 1, 2021.
- Plans are submitting using the [Title V online plan/report form](#)
- Annual plans outline grantees' Title V work for the upcoming state fiscal year beginning July 1, 2021

Title V Annual Report

- An annual progress report is due in September of each year.
- The report covers Title V work conducted during the prior state fiscal year (July 1 – June 30).

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.

MCAH Title V TA Webinar schedule

Mon Feb 22, 1-2:30

- **Foundations of MCAH webinar (Priorities: social determinants of health and equity; trauma/ACEs/resilience; culturally and linguistically responsive services)**

<https://www.zoomgov.com/j/1617799225?pwd=UDVKT0laUWFLajVEZmlRb1FKOUcrUT09>

Meeting ID: 161 779 9225

Passcode: 133145

Phone: 669 254-5252

Thurs Feb 25, 3-4 PM

- **Women's, infants and perinatal health webinar (Priorities: breastfeeding and well woman care)**

<https://www.zoomgov.com/j/1610443034?pwd=bHZsMVhPWGVobHVIRmtyQzRFSEdUZz09>

Meeting ID: 161 044 3034

Passcode: 476747

Phone: 669 254-5252

Friday Feb 26, 11AM – noon

- **Injury prevention webinar (Priorities: child injury prevention and bullying prevention)**

<https://www.zoomgov.com/j/1613282949?pwd=R1dRdU12enhCZjdJaDZMMTILdkpHZz09>

Meeting ID: 161 328 2949

Passcode: 722247

Phone: 669 254-5252

Questions, comments, TA needs?

- For general MCH Title V questions:
Nurit Fischler (MCAH Title V Coordinator)
nurit.r.fischler@state.or.us

Cate Wilcox (MCH Title V Director)
Cate.s.wilcox@state.or.us

- For priority-specific questions:
Contact individual state Title V Leads
- For measures or data questions: Maria Ness
(Title V Research Analyst)
maria.n.ness@state.or.us
- For webinar or administrative questions: Casey
Tucker (MCAH Title V Admin Support)
Casey.tucker@state.or.us

