### Women and Infant's Health

Title V Block Grant 2021 Local Strategies and Activities

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### 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 <u>MCH Title V website</u> by March 1<sup>st</sup>.
- 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 work in Women's and Infant Health
- Priority #1: Well Woman Care (WWC)
- Priority #2 Breastfeeding (Bf)
- 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

#### Vision

The MCH section envisions that all of Oregon's women. children and families:

- Experience equitable opportunities for health and quality of life.
- Are supported by accessible, coordinated. family-centered, and culturally responsive policies, systems and services.
- Live and thrive in communities that support their lifelong physical, developmental, social and emotional health.

#### Policy & Systems

Goal: Policy, systems, resources and funding Multigenerational Impact address upstream drivers of maternal and child health, foundations of lifelong health, and family protective factors.

#### Assessment. Surveillance. Evaluation & Epidemiology

Arauma & Resilience Goal: The health status of women, children and families are monitored and shared to inform and drive policy and program decisions.

#### Workforce Capacity & Effectiveness

Goal: A cross-sector workforce serves women, children and families, and delivers and links Lifecourse Science to culturally and linguistically responsive and trauma informed maternal and child health services.

Health Equity

resilience and equity.

Community &

Family

Capacity

Goal: Communities

have linkages,

services and built

environments that

### Mission

MCH fosters the foundations of lifelong health:

- safe and responsive environments
- resilient and connected families and communities
- nutrition and healthy development.

#### Health equity:

· Race and ethnicity not predictive of health and quality of life

Outcomes

· Positive epigenetic outcomes and intergenerational health

#### Safe, supportive environments:

- Stable, safe housing
- Healthy and accessible neighborhoods
  - Equitable educational and economic opportunities

#### Resilient and connected families and communities:

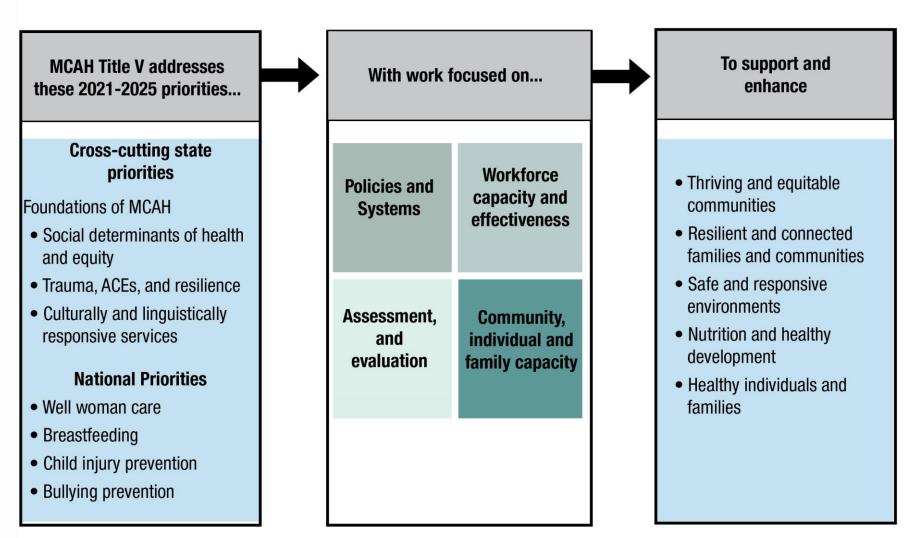
- Stable and attached families
- · Individual, community and social connectedness
- Children protected from adversity and trauma

#### Nutrition and healthy development:

- · Healthy birth outcomes
- Kindergarten readiness
- · Children flourishing in school

synenimants Determinants promote family health, safety, protective factors,

### Oregon Title V Framework for Maternal, Child and Adolescent Health



### **Connections - Women's & Infant Health**

- Connections among MCH topics and programs
  - NPMS: Well Woman Care (WWC) & Breastfeeding (Bf)
  - Oregon Mother's Care (OMC) & Home Visiting
  - MCAH Foundations priority
- Strategies & activities of WWC and Bf overlap with MCAH Foundations
  - WWC and Bf strategies & activities fall under same domains of Policy and Sytems, Workforce Capacity, and Community and Family Capacity (Assessment & Surveillance will be state-level work)
  - All work reflects principles of racial equity, trauma-informed care and social determinants of health (SDOH)



Strategies	WWC	Bf
Strengthen early identification of and supports for women's behavioral health needs.	X	
Promote & support laws and policies for pregnant & breastfeeding people in the workplace.		X
Support advanced training, coaching and quality improvement activities for home visitors.	X	X
Support efforts to improve diversity in the workforce	X	X
Ensure providers who serve tribal members have training in culturally specific approaches to breastfeeding promotion and support.		X
Ensure access to culturally responsive preventive clinical care for low income and undocumented women.	X	X
Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change.	X	X

### **Policy and Systems**

Goal: Policy, systems, resources and funding address upstream drivers of maternal, child and adolescent health, foundations of lifelong health, and family protective factors



# Strategy: Strengthen early identification of and supports for women's behavioral health needs (WWC #1)

- 1. Conduct and/or fund culturally specific behavioral health outreach and education efforts among perinatal populations.
- 2. Develop, implement and/or fund behaviorist models in primary care, hospital and perinatal care settings.
- 3. Implement screening and referrals for perinatal mood disorders in clinical and community settings.
- 4. Partner with and/or fund community-led efforts to provide traumainformed, culturally specific and/or peer-delivered behavioral health services for perinatal populations.



## Strategy: Promote & support laws and policies for pregnant & breastfeeding people in the workplace. (Bf #1)

Focus on populations with additional barriers (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).

- 1. Increase awareness at individual or community level of current laws that protect against discrimination during pregnancy and support breastfeeding.
- 2. Engage workplace leaders to develop and implement breastfeeding workforce policies that promote a workplace culture of support for breastfeeding people.
- 3. Facilitate development of breastfeeding policies with local childcare providers.
- 4. Provide training to local childcare providers about how to support breastfeeding families and employees.



### **Workforce Capacity and Effectiveness**

Goal: Support a cross-sector workforce that serves women, children, youth and families, and delivers and links to culturally and linguistically responsive and trauma informed maternal and child health services.



Strategy: Support advanced training, coaching and quality improvement activities for home visitors (WWC #2, Bf #2)

### **Activities**

 Provide or arrange for Home Visiting staff to attend training and participate in quality improvement activities that work towards increasing the number of home visiting clients that receive an annual preventive visit or a post-partum care visit. (WWC)

 Provide or arrange for sponsor home Visiting staff to attend advanced training and receive coaching to promote and support breastfeeding best practices. (Bf)



# Strategy: Support efforts to improve diversity in the workforce (WWC #3, Bf #4)

- Support CHWs and doulas working with the MCH population in becoming an OHA certified Traditional Health Worker. (WWC)
- Support training activities for CHWs to be certified as a certified lactation counselor (CLC). (Bf)



Strategy: Ensure providers who serve tribal members have training in culturally specific approaches to breastfeeding promotion and support. (Bf #3)

### **Activity**

- 1. Assess breastfeeding/infant feeding knowledge and practices among providers who serve tribal members to identify gaps and training needs.
- 2. Provide training on culturally specific approaches to providers (including home visitors) who serve tribal members.



# Community, Individual, and Family Capacity

Goal: Communities, individuals and families have access to resources, services and built environments that promote family health, safety, protective factors, resilience and equity.



Strategy: Ensure access to culturally responsive preventive clinical care for low income and undocumented women. (WWC #4, BF #5)

- Partner with organizations and shelters that serve unhoused people to ensure access for preventive reproductive care (WWC)
- Implement a patient reminder/invitation systems at Reproductive Health Clinics to improve access to Well Woman Care. (WWC)
- Partner with Coordinated Care Organizations to promote, incentivize and support attendance at postpartum visits (WWC)
- Provide community education on well-woman visits and woman's health. (WWC)
- Implement and expand access to culturally specific breastfeeding peer support services (Bf)
- Create formalized linkages (i.e. agreements, MOUs, referral pathways) between health care settings & community-based health initiatives and programs (e.g. CHIPs, early learning /parent HUBs) to support access to lactation services. (Bf)



Strategy: Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. (WWC #5, Bf #6)

Engage affected communities including people of color in leadership.

- 1. Convene or participate in a local community based perinatal, women's and infant health advisory group. (WWC, Bf)
- 2. Engage and pay community members to participate in and lead community based advisory groups. (WWC, Bf)



# 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 1<sup>st</sup>
- 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

Thurs Feb 18, 1-2:30 – Recording and slides will be available on MCH Website

> Overview of MCAH Title V 2021-2025 Priorities and Planning

Mon Feb 22, 1-2:30 – Recording and slides will be available on MCH Website

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

Thurs Feb 25, 3-4 PM – Recording and slides will be available on MCH website

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

### Friday Feb 26, 11AM – noon

Injury prevention webinar (Priorities: child injury prevention and bullying prevention

)<u>https://www.zoomgov.com/j/1613282949?pwd=R1dRdU12enhCZjdJaDZMMTILd</u>kpHZz09

Meeting ID: 161 328 2949 Passcode: 722247

Phone: 669 254-5252



### **Questions, comments, TA needs?**

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