

Oregon state-specific Title V MCH Strategies

Food Insecurity

What Is Food Security?

Food security for a household means access by all members at all times to enough food for an active, healthy life. Food security includes at a minimum:

- The ready availability of nutritionally adequate and safe foods
- Assured ability to acquire acceptable foods in socially acceptable ways (that is, without resorting to emergency food supplies, scavenging, stealing, or other coping strategies)

....and Food Insecurity?

Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

What is Hunger?

Hunger is a potential consequence of food insecurity that, because of prolonged, involuntary lack of food, results in discomfort, illness, weakness, or pain that goes beyond the usual uneasy sensation. USDA uses the description “very low food security”.

Food insecurity is a household-level economic and social condition of limited access to food, while hunger is an individual-level physiological condition that may result from food insecurity.

Strategy Number	Strategy name/brief description	Level(s) of influence (individual/ relationship; community; institutional; or societal)	Sample local level activities	Sample state level activities
1	Screen clients for food insecurity*	Individual	Implement a validated food insecurity screening tool, such as Hunger VitalSign, and for those identified at-risk tailor treatment plans. Screening could occur in programs such as Home Visit, WIC & School-Based Health Centers	Provide resources and support for local agencies to conduct food insecurity screening

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Strategy Number	Strategy name/brief description	Level(s) of influence (individual/ relationship; community; institutional; or societal)	Sample local level activities	Sample state level activities
	*screening and referral go hand-in-hand; strategy 1 and 2 are linked	Community	<p>Conduct food insecurity screening across a targeted population, e.g. school or program, in order to evaluate status through aggregated data</p> <p>Support / promote community partners to conduct screening e.g. FQHC, homeless liaisons (Oregon Food Bank can provide training)</p>	
		Institutional	Promote health care facilities to implement universal food insecurity screening and embed social determinants of health into EHR (Electronic Health Record)	Advocate / monitor food insecurity screening metrics
2	Provide referrals for food assistance*	Individual	Link clients / families to resources such as federal and community-based food assistance, education classes (e.g. <i>Cooking Matters</i>) and related benefits	Ensure that 211 provides quality statewide service & referrals for food access and related benefits
		Institutional	<p>Provide SNAP outreach training to all staff.</p> <p>Provide training on the continuum of nutrition assistance programs (including those listed below).</p>	Collaborate with organizations that support and provide outreach and provide food assistance to increase referrals and reach of programs

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			Establish referral pathways to community resources (e.g. food assistance programs like SNAP, WIC, child care and school nutrition programs, food pantries & other related income-supporting programs)	
3	Address risk factors related to food insecurity (e.g. access, cost & health outcomes, social determinants) during clinic visits	Individual	<p>Address client factors that may increase vulnerability to health impacts of food insecurity (e.g. access to food, stress, disability, poverty, etc.)</p> <p>Provide food prescription (e.g. fruit & veggie prescription) / medically-tailored meal program for vulnerable populations (e.g. food insecure, chronic conditions, malnutrition, homebound, etc.)</p>	<p>Provide resources and training about health impacts of food insecurity</p> <p>Provide training on the food assistance continuum with a focus on how to reduce stigma.</p>
4	Support or provide food security education	Community	Sponsor education programs in the community such as <i>Cooking Matters</i> , <i>Seed to Supper</i> and community garden programs. Ensure programs are culturally appropriate for audience, and foods highlighted in classes are accessible at low cost and in food pantries	Promote education programs statewide

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			<p>Reduce barriers to class attendance (e.g. <i>Cooking Matters</i>) through enabling services such as provision of child care during class time</p> <p>Support cooking / nutrition classes that include both parents and children, or target children when parents are in a cooking class</p> <p>Sponsor community based education and outreach campaign on SNAP, School Meals and WIC.</p>	
		Institutional	<p>Provide training for health care staff about food insecurity & related issues in order to address client needs in a culturally sensitive & appropriate way</p> <p>Support professional continuing education about Childhood Food Insecurity through online course</p> <p>Provide outreaching training on SNAP, School Meals Campaigns.</p>	<p>Support staff training about food insecurity through partnerships with food security organizations</p> <p>Develop or support development of food insecurity training that supplements the training that already exists, e.g. poverty or food insecurity simulation, SNAP challenge</p>
5	Advocate, support or develop partnerships for accessibility to healthy &	Community	Advocate for array of programs available to help clients / families meet nutrition needs	Expand & strengthen partnerships to address food access

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	affordable food; consider wide array of partnerships beyond public health and food advocacy groups		<p>Promote programs so that families are able to access the benefit for the entire time they are eligible, e.g. support WIC participation until child is 5</p> <p>Host an Americorps VISTA volunteer to work on food insecurity projects, outreach and to strengthen partnerships</p> <p>Sponsor or attend a community F.E.A.S.T. (Food, Education, Agriculture Solutions Together) workshop</p> <p>Develop a pilot program to fund community health worker / social services navigator in clinics</p> <p>Develop community partnerships to understand & address social determinants of health in role of hunger, poverty & chronic diseases, and to build a strong & equitable food system</p> <p>Partner with local colleges to create paid food security internships</p>	<p>Host an Americorps VISTA volunteer to work on food insecurity projects, outreach and to strengthen partnerships</p> <p>Research and share requirements for hosting a VISTA and describe benefit to community</p>

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			<p>Conduct or work with partners who do asset mapping of the community in order to use the information in planning</p> <p>Conduct an education campaign about values & benefit of an equitable food system</p>	
		Institutional	Advocate for food security as a key health care strategy, and for improving health care understanding of the nutrition assistance continuum to reduce hunger & poverty	Provide resources that support ways health care system can reduce hunger
6	Promote access to healthy and affordable food	Community	<p>Hold Farm Bill related education/listening sessions in your community and connect with statewide network of advocates working on Farm Bill related policy.</p> <p>Support or staff a local food policy council that includes food security as a priority.</p> <p>Increase the availability of and access to Oregon grown fruits & vegetables in the home, community and in places where children learn;</p>	<p>Support a statewide food policy council</p> <p>Promote minimum stocking requirements of WIC program as way to improve healthy food access in community</p>

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			<p>Ensure access to affordable healthy food for all families through nutrition assistance programs</p> <p>Participate in the community health needs assessment that local hospitals are required to perform & participate in the development of the community plan; Conduct a community food assessment Establish a county / region food policy council</p> <p>Integrate food system, health & equity recommendations into local zoning, land use & public planning documents</p> <p>Partner with Oregon Food Bank and RARE Americorps (Resource Assistance for Rural Environments) in local food assessment, planning & implementation</p> <p>Increase funding and/or promote Farm Direct vouchers to make local produce more affordable for WIC & senior participants</p>	

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			<p>Assess & improve viability & healthy food choices in small rural & urban grocery stores including bodegas, corner stores and convenience stores, especially for areas without access to full-service grocery stores</p> <p>Promote food access through sustainability by supporting food recovery in grocery stores and gleaning programs</p>	
		Institutional	<p>Ensure access to healthy food in school through school-based policies that address e.g. free & reduced price lunch, adequate time for breakfast, lunch after recess. Conduct a self-assessment or support students doing an environmental scan about school food policies and procedures</p>	
		Societal		<p>Support efforts to strengthen Oregon’s ability to produce, process & distribute food in ways that help feed & employ Oregonians</p> <p>Support efforts that invest in local & regional infrastructure</p>

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				that will increase food production & processing
7	Improve access to food assistance safety net programs	Community	<p>Collaborate with / support community food assistance programs and address barriers to participation in the community (location, time, transportation, etc.)</p> <p>Reduce barriers to transportation through support to & from community food resources</p> <p>Provide / promote / expand outreach for food assistance programs in the community</p> <p>Research ways to create a dignified shopping experience, e.g. client pays \$2 for a paper bag and fills it up with food</p>	Collaborate with state agencies and organizations that provide food assistance and outreach assistance to address barriers, expand outreach & participation
		Societal	Conduct a public education initiative to remove the stigma associated with getting food assistance	<p>Support increasing access and strengthening targeted improvements to federal food assistance programs (SNAP, WIC, CACFP, National School Lunch & summer feeding)</p> <p>Support for universal free school meals</p>

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				Support research in food security to evaluate health care costs & outcomes associated with food insecurity
8	Increase economic stability for individuals and families	Community	<p>Promote savings & asset building programs for individuals and families</p> <p>Promote and provide outreach about the EITC (Earned Income Tax Credit) with families</p> <p>Host an Americorps VISTA volunteer at community clinics during tax season to promote EITC and free tax filing assistance</p> <p>Promote and provide outreach about income-support programs in the community</p>	Partner with organizations to promote the EITC across programs
		Societal		<p>Support paid family leave</p> <p>Support raising the minimum wage</p> <p>Support increasing affordable housing stock</p>

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				<p>Support access to affordable housing</p> <p>Support access to affordable, high-quality child care</p> <p>Support education & job training programs for livable wage employment</p>

Examples of work at the different levels of influence

Level of influence	Examples (spectrum of prevention)
Individual/relationship	Strengthening individual knowledge and skills
Community	Promoting community education; fostering coalitions or networks
Institutional	Changing organizational practices, educating providers
Societal	Influencing policy and legislation

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Culturally and Linguistically Appropriate Services (CLAS)

Background:

- Culturally and Linguistically Appropriate Services (CLAS) is one of the Oregon’s 3 state-identified priorities for Title V.
- Some Local Health Departments, Tribes, and the State Title V office will be investing Title V funds in this area during 2016-2020.
- Three Title V Grantees selected this priority in 2016. (Klamath Falls Tribe, Warm Springs Tribe, and Multnomah County)
- Strategies will help the programs create a road map for implementing CLAS/Equity work throughout their agencies. This work aims to improve services, outreach, and health outcomes for historically marginalized communities. Each strategy has a varying level of influence, indicated in the right hand column.

Why CLAS?

It’s the right thing to do:

- Culturally responsive services is an important way to address health disparities.
- Race/ethnicity is the leading determinant of health outcomes.
- Oregon’s 0-18 population is over 40% kids of color.
It’s legally required for programs that receive federal funds
- Direct or indirect funding
- Title VI of the Civil Rights Act

Goal	Strategy	Sample Activities	Influence
	1. Provide effective, equitable, understandable, and culturally responsive services	<ul style="list-style-type: none"> • Create internal workgroup for equity to lead organization through improving equity. • Use Community Health Worker model to provide culturally responsive services to diverse communities • Include traditional cultural practices in community engagement, program development and service provision. 	Organizational, individual, and community
Organizational Governance, Leadership, and Workforce Development	2. Develop and improve organizational policy, practices, and leadership to promote CLAS and health equity	<ul style="list-style-type: none"> • Mandatory cultural competence trainings (annual) • Recruitment and hiring policies that promote staff diversity 	Organizational

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	<p>3. Recruit, promote and support a culturally and linguistically diverse workforce that reflects local communities.</p>	<ul style="list-style-type: none"> • Continuing education and language training for staff • Diversity training as part of new employee orientation • Continuing education credits for cultural competency training • Hiring staff who represent the diversity of the community. • Designate funds for diverse hiring policies. • Assign a staff member to oversee diverse recruiting • Training staff to develop cultural agility. • Flexibility around cultural holidays or important community events • Offer incentives and advancement opportunities to diverse staff 	<p style="text-align: center;">Organizational</p>
	<p>4. Educate and train leadership and workforce CLAS policies and practices on an ongoing basis.</p>	<ul style="list-style-type: none"> • Staff meetings that include case studies, cultural knowledge • Informal cultural exchanges: daily exchanges, potlucks, and diversity discussions 	<p style="text-align: center;">Organizational</p>
<p style="text-align: center;">Language Access/Assistance</p>	<p>5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them.</p>	<ul style="list-style-type: none"> • Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing. • Assess environmental and lifestyle factors, values, cultural health beliefs and practices that may affect health choices. • Offer interpreting services or auxiliary aids for LEP clients and those with sensory impairments. • Train all staff on how to access language assistance for clients • Ensure written materials (forms, labels, signs, and brochures) are in preferred languages, and appropriate literacy levels. 	<p style="text-align: center;">Individual</p>

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Improving Cultural Competence, Responsiveness and Agility	<p>6. Establish CLAS/health equity goals, policies, and accountability, and infuse them throughout the organizations' planning and operations.</p>	<ul style="list-style-type: none"> • Recruitment and hiring policies that promote staff diversity • Non-discrimination policies that prohibit discrimination based on race, ethnicity, language spoken and personal characteristics • Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints. 	Organizational
	<p>7. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into continuous quality improvement activities.</p>	<ul style="list-style-type: none"> • Conduct initial organizational assessment for equity to identify agency strengths and barriers to equity 	Organizational
	<p>8. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes.</p>	<ul style="list-style-type: none"> • Collect REAL+ D data on clients/communities served • Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness. • Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. 	Organizational Community
	<p>9. Communicate the organization's progress on CLAS to all stakeholders, constituents and the general public.</p>	<ul style="list-style-type: none"> • Develop outward facing statement of equity to share widely that states goals, progress and activities of the agency's equity work. 	Organizational Community

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Toxic Stress, trauma and ACEs

Toxic stress, trauma and adversity (including historical trauma, adverse childhood experiences (ACEs), and/or adverse peer, school or adult experiences) influence the biology of health and development, resulting in multiple mental, physical, relational and productivity problems throughout the lifespan. Stable responsive relationships and secure attachment in early childhood; meaningful peer and adult relationships for children and adolescents; and social support and connection to community, culture and spirituality for adults can help build resiliency and buffer the effects of adversity and trauma.

Goal: Oregon's Title V programs aim to reduce exposure to toxic stress, trauma and adverse childhood experiences (ACEs); and promote resilience among Oregon's children, youth and families, communities, and the workforce that serves them.

Our programs promote safe, stable and nurturing relationships and environments:

- Across the life-course
- Across settings in families, schools, communities, childcare, health and mental health systems, social services, etc.
- Across the spectrum of prevention
- Across all cultures, ethnicities and races

Through:

- Policies and systems;
- Enhanced community capacity;
- Strengthened family, individual and caregiver capacity and connections;
- Trauma-informed workforce and services; and
- Cultural humility

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Toxic stress/trauma/ACEs

Strategy #	Strategy name/brief description	Level(s) of influence	Sample local level activities * See resource list below table for links to more activities, practices, tools, etc.	Sample state level activities
1	Promote family friendly policies that decrease stress and adversity for all parents, increase economic stability, and/or promote health.	Community and societal	Convene policy development work groups, provide data on public health impact, or support community partners working to implement paid sick and family leave, promote earned income tax credit, etc.	Provide OR data and national policy resources to partners working to implement family friendly policies.
2	Raise awareness through outreach/education on the importance of early childhood, NEAR* science, and the impact of childhood adversity on lifelong health. *neurobiology, epigenetics, ACEs, and resilience	Community	Develop public awareness/social marketing campaigns, conduct outreach/education at community events, sponsor community educational events/discussions on trauma, historical trauma, etc.	Provide presentations for state and local partners on ACEs, resilience, Oregon data and initiatives, etc. Support local partners to conduct outreach/education with data, resources, etc.
3	Develop community partnerships, coalitions, inter-agency collaborations, and cross-systems initiatives to prevent/address ACEs and trauma.	Community	Mobilize partners (including CCOs and EL Hubs), build shared understanding of community needs and resources, and develop community initiatives to prevent/address trauma and ACEs and promote resilience.	Map state agency trauma initiatives; Convene and/or participate in collaborative initiatives including CCOs and Early Learning Hubs, education, and other partners.

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Strategy #	Strategy name/brief description	Level(s) of influence	Sample local level activities * See resource list below table for links to more activities, practices, tools, etc.	Sample state level activities
4	Conduct assessment, surveillance, and epidemiological research. Use data and NEAR science (neurobiology, epigenetics, ACEs and resilience) to drive policy decisions.	Community and Societal	Conduct community needs assessment and/or surveys; develop policy briefs using state and local data; present to policy makers to inform policy, funding, and program decisions impacting children, youth and families. engage communities to ensure that the data is accessible and useful to them; use Oregon Health Authority REAL D protocols for data collection where possible; conduct community based participatory research	Provide training and technical assistance in community assessment and use of state data resources; integrate NEAR science into chronic disease prevention and child fatality review; educate policy makers on the lifelong impact and cost of trauma and ACEs, and policy approaches to prevent or mediate the impact.
5	Develop a trauma-informed workforce and workplaces	Systems	Train providers in trauma and trauma-informed care, integrate principles of TIC into agency policies and practices; make changes in workplaces and service settings to prevent re-traumatization (including historical trauma) .	Provide training and resources to local partners; participate in Trauma-informed Oregon leadership team
6	Integrate trauma-informed care and culturally-specific approaches into services and systems for children, adolescents and families.	Systems and Individual/relationship	Develop trauma-informed schools, MCH services, health and mental health, and early childhood services; integrate programs that prevent trauma, support those experiencing adversity, and promote resilience.	Support integration of resilience promotion and trauma prevention into state-funded MCH programs

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Strategy #	Strategy name/brief description	Level(s) of influence	Sample local level activities * See resource list below table for links to more activities, practices, tools, etc.	Sample state level activities
7	Identify children, youth and families experiencing adversity and connect them to needed supports and services.	Systems and individual/relationship	Develop culturally and linguistically competent systems to screen and refer for adversity including food and diaper insecurity, ACEs, homelessness, depression, etc. Provide screening in home visiting, health and other settings; use community health workers, home visitors, etc. to support families to access services.	Support statewide information and referral services for families through 211info.
8	Implement community level equity initiatives, and trauma and violence prevention programs.	Community and Systems	Convene or join partnerships to build community resilience; support violence prevention and equity initiatives	Support and administer equity and violence prevention initiatives
9	Build community capacity for cohesion, safe and secure places, and equitable opportunities.	Community and systems	Work with partners to create safer public spaces and opportunities for connection to community, spirituality and culture; ensure equitable access to affordable housing, jobs, schools, transportation, healthy food, clean air and water and concrete supports for families in need.	

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10	Strengthen protective factors for individuals and families; support programs that build parent capabilities, children's social emotional competence, supportive/nurturing relationships; and foster connection to community, culture and spirituality.	Individual/ relationship	Support programs such as: <ul style="list-style-type: none"> a) Home visiting (Nurse Family Partnership, HFO, Babies 1st, etc.) b) Parenting education (Triple P, make parenting a pleasure, incredible years) c) Comprehensive early care and education programs (e.g. Head Start) d) Community respite programs (e.g relief nurseries) e) Culturally-specific evidence-based social support and mental health practices 	Provide resources and training for home visiting and early childhood providers; strength the early childhood home visiting system in Oregon including program entry and data collection.

Examples of work at the different levels of influence

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Additional information, resources and links for Trauma and Aces strategies and activities

General

ACEs Connection <http://acesconnection.com>

ACES Too High www.cestoohigh.com

Centers for Disease Control and Prevention www.cdc.gov/ace

Center on the Developing Child www.developingchild.harvard.edu/resources

Essentials for Childhood <http://www.cdc.gov/violenceprevention/pdf/efc-01-03-2013-a.pdf>

Family Policy Council www.fpc.wa.gov

Resilience Trumps ACEs www.resiliencetrumpsaces.org

The Adverse Childhood Experiences Study www.cestudy.org

1. Promotion of family friendly policies

- [Earned income tax credit](#) (EITC) For information about Oregon promotion of EITC contact olivia.percoco@state.or.us
- [Paid sick and family leave](#)

2. Education and outreach

- Educational events such as showings/discussion of the [“Raising of America”](#) series, [Paper Tigers](#), [Resilience: the biology of stress and the science of hope](#) by James Redford, etc.

3. Community partnerships, coalitions, inter-agency collaborations, and cross-systems initiatives to prevent/address ACEs and trauma.

- [Collective impact tools](#):
- Sample ACEs and resilience community mobilization initiatives and models:
 - ACEs Connection
 - [Resilience trumps ACEs](#) – Website for Walla Walla community initiative and many great resources
 - [Washington County ACEs Initiative](#)
 - [Mobilizing Action for Resilient Communities](#) (MARC) – the Dalles Sanctuary model is one of the MARC communities

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- Building Community Resilience Collaborative (In OR Trillium Family Services – Keeping Oregon Well – moving healthcare upstream to address and prevent trauma <https://trilliumfamily.org/advocacy-platform/building-community-resilience/>)
- Best Baby zone – In Oregon Rose Community [Baby Booster initiative](#)
- Prevent and address adverse community experiences/trauma (Prevention institute Elements of a resilient community)
- [Communities that Care](#) – science-based process for bringing together partnerships for youth prevention – social development strategy
- Klamath Tribe Social Exclusion training (see #5 below or contact Gia Seutter, Klamath Tribe, gia.seutter@klm.portland.ihs.gov for more information)

4. Assessment, surveillance, epidemiology, and the use of data to inform policy decision

- Assess community/agency needs and resources related to trauma, toxic stress and ACEs –
 - [Community Tool Box](#)
 - CCO community health assessments and community health improvement plans
- Data sources related to the prevalence and impact of trauma, toxic stress and ACEs; risk and protective factors, community capacity, etc. (PRAMS, PRAMS 2, BRFSS, NSCH, OHT, OR Student Wellness Survey, SVBHC utilization and survey data, vital statistics);
- Engage communities to ensure that the data is accessible and useful to them, provide community specific data whenever possible;
- Educate policy makers on the lifelong impact and cost of trauma and ACEs, and policy approaches to prevent or mediate the impact (Oregon ACEs
- Integrate NEAR science and ACEs prevention into chronic disease prevention;
 - CDC: <https://www.cdc.gov/violenceprevention/cestudy/>
- Oregon Health Authority [REAL D standards](#) for data collection
- Conduct community based participatory research
 - Community-Campus Partnerships for Health - <https://ccph.memberclicks.net/about-us>

5. Trauma-informed workforce and workplaces

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- [Trauma-informed Oregon](#) and [SAMHSA Principles of trauma-informed care](#) –Resources for developing trauma-informed workplaces, systems, and workforce
- Trauma-related trainings include:
 - [NEAR at home](#) (for home visitors),
 - [Trauma Informed Oregon](#) trainings (many audiences),
 - [OPS ACEs/TIC START module](#) (for primary care providers),
 - [Oregon Infant mental health endorsement](#) (home visiting and early care and education providers); and
 - social exclusion simulation training for agency leaders and staff to increase understanding and awareness of how service systems can trigger client trauma (e.g., contact Gia Seutter, Klamath Tribe, gia.seutter@klm.portland.ihs.go)

6. Trauma-informed services

- Trauma-informed schools:
 - a) Provide comprehensive sex education to children and youth:
 - Cuidate
 - FLASH
 - Rights Respect Responsibility
 - b) Promote social emotional development and positive youth development; and support for children and youth who have experienced trauma
 - The Good Behavior Game
 - [Seattle Social Development project](#) (increase bonding to school in grades 1-6)
 - Mindfulness education in schools
 - c) Interrupt school to prison pipeline (<http://www.stoneleighfoundation.org/sites/default/files/SchoolDiversionProgram-Spreads.pdf>)
- Trauma-informed MCH services (including home visiting)
 - a) [NEAR at home toolkit](#)
 - b) Mindfulness training for children and adolescents (http://childhealthdata.org/docs/drc/mch-mindfulness-packet_july2012.pdf)
 - c) Positive Indian Parenting (Gia will provide link)
- Trauma-informed health and mental health services including school based health centers
 - a) Trauma-informed pediatric and primary care including school-based health centers (SBHCs).

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- b) Integrate mental health services into elementary school SBHCs.
- c) Youth-friendly preventive health services
- d) Trauma-informed family planning/contraceptive services

7. Identify those experiencing or at risk of adversity and link them to supports/services

- Possible screening tools: ASQ, ACEs, SBIRT, PHQ-2/PHQ-9, Edinburgh, GAPS/RAAPS, Oregon Family Well-being Assessment
- Ensure that systems for identifications and referral are accessible across multiple languages and communities (work with local social service agencies, 211 info, etc.); Develop referral networks to link families experiencing adversity to health, mental health, social services, housing, community supports, food and diapers, domestic violence and sexual assault etc. <http://211info.org/>

8. Promotion of equity and prevention of violence

- Prevention Institute framework for building community resilience: [Adverse Community Experiences and Resilience](#)
 - a) Equitable opportunity – living wages, local wealth, quality education...
 - b) People – strong social networks and norms, community connections
 - c) Place –safe public spaces, built environment, safe housing, transportation, cultural supports, etc.
- Violence prevention initiatives
 - a) [Connecting the Dots](#) – links among multiple forms of Violence (Prevention Institute and CDC) shared community and individual level risk and protective factors
 - b) [Futures without Violence](#)
 - c) [Cradle to Community](#): A focus on community safety - Prevention Institute – focused on the intersection and interactive nature of community violence/trauma and early childhood development
 - d) Dept. of Justice [Defending Childhood Initiative](#). [Multnomah County Defending Childhood Initiative](#) – support children youth and families impacted by violence and trauma

- Equity initiatives

THRIVE: Community Tool for health &resilience in Vulnerable Environments (<https://www.preventioninstitute.org/tools/thrive-tool-health-resilience-vulnerable-environments>)

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9. Community capacity for cohesion, safe and secure places, and equitable opportunity

- Work with partners to create safer public spaces; Improve built environment – [Place Matters Oregon](#)
- .Environmental justice: equitable access to healthy food, water, clean air, living wage jobs, early care and education, Strong schools and education system, community respite programs, transportation, affordable housing, libraries, parks, transportation, etc. [Regional Equity Atlas](#)
- Opportunities for connection to community, spirituality and culture
- Concrete supports for families in times of need – health and mental health services including maternal depression, WIC, SNAP, food and diaper security, respite programs etc.

10. Strengthen protective factors; support programs that build parent capabilities, children’s social emotional competence, supportive/nurturing relationships; and foster connection to community, culture and spirituality.

- Parental capability, skills, and resilience
 - a) Intellectual and employable skills
 - b) knowledge of child development
 - c) Self-regulation: self-control, executive function, flexible thinking
 - d) Ability to direct and control attention, emotion and behavior
 - e) Sense of self-efficacy and perceived control, positive view of self
- Social emotional competence for infants and young children: parent/child relationship; attachment/bonding, self-regulation, ability to communicate feelings, etc. Tools/programs include:
 - a) [Promoting First Relationships](#)
 - b) [Circle of security](#)
 - c) [VROOM](#)
 - d) [CAM modalities to promote social emotional healing/connection](#)
 - e) [Pocket full of feelings](#)
- Attachment/belonging for children, youth and adults – including social connections and supportive relationships

Oregon state-specific Title V MCH Strategies

- a) For children and youth: Positive relationships with competent and nurturing adults;
- b) For all ages: executive function and self-regulation skills
- c) Mindfulness training for all ages
- d) For adults: Friends or romantic partners who provide a sense of security and belonging, emotional support
- Connection to community, culture, spirituality.
 - a) Faith, hope, sense of meaning
 - b) Engagement with effective organizations (schools, work, pro-social groups, etc.), and/or community-based activities (Mom/baby groups, peer breastfeeding support, walking school buses, etc.)
 - c) Opportunities for youth to engage as learners, leaders, workers, team members
 - Positive youth development programs: Youth Build. Promise Neighborhoods
 - Youth Participatory Action Research
 - d) Build networks of supports and opportunity to help others
 - e) Provide opportunities for connection to culture providing positive standards, expectations, ritual, relationships & support
- Programs that build parental capabilities, children's social emotional competence, supportive/nurturing relationships; and connection to community, culture and spirituality include:
 - Home visiting (Nurse Family Partnership, HFO, Babies 1st, etc.)
 - Parenting education (Triple P, make parenting a pleasure, incredible years)
 - Comprehensive early care and education programs (e.g. Head Start)
 - Culturally-specific evidence-based mental health practices <https://www.oregon.gov/oha/amh/Pages/ebp.aspx>