



# **HRSA**

Health Resources & Services Administration



Title V MCH Block Grant Program

## **OREGON**

State Snapshot

FY 2020 Application / FY 2018 Annual Report

November 2019

### Title V Federal-State Partnership - Oregon

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2020 Application / FY 2018 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

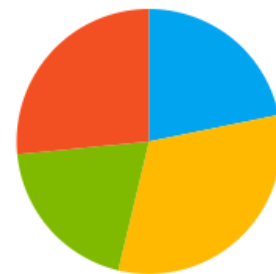
### State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
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### Funding by Source

Source	FY 2018 Expenditures
Federal Allocation	\$6,178,818
State MCH Funds	\$9,068,855
Local MCH Funds	\$5,594,166
Other Funds	\$7,531,186
Program Income	\$0

FY 2018 Expenditures



### Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$0	\$0
Enabling Services	\$1,939,194	\$19,553,908
Public Health Services and Systems	\$4,239,624	\$2,640,300

FY 2018 Expenditures  
Federal



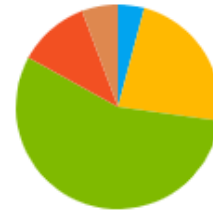
FY 2018 Expenditures  
Non-Federal



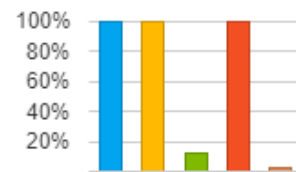
### Percentage Served by Title V

Population Served	Percentage Served	FY 2018 Expenditures
<span style="color: blue;">■</span> Pregnant Women	100.0%	\$1,155,714
<span style="color: orange;">■</span> Infants < 1 Year	100.0%	\$6,385,336
<span style="color: green;">■</span> Children 1 through 21 Years	12.0%	\$15,496,184
<span style="color: red;">■</span> CSHCN (Subset of all Children)	100.0%	\$3,130,346
<span style="color: brown;">■</span> Others *	2.0%	\$1,587,565

**FY 2018 Expenditures**  
Total: \$27,755,145



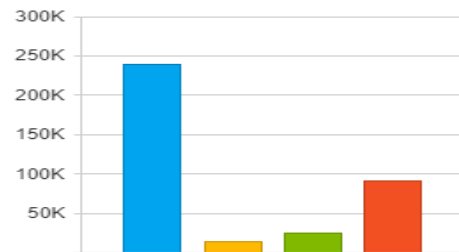
**FY 2018 Percentage Served**



\*Others– Women and men, over age 21.

### Communication Reach

Communication Method	Amount
<span style="color: blue;">■</span> State Title V Website Hits:	239,105
<span style="color: orange;">■</span> State Title V Social Media Hits:	13,370
<span style="color: green;">■</span> State MCH Toll-Free Calls:	25,355
<span style="color: red;">■</span> Other Toll-Free Calls:	90,512



### Selected National Performance Measures

Measure #	Measure Short Name	Reporting Domain(s)
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 4	Breastfeeding	Perinatal/Infant Health
NPM 8	Physical Activity	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Women/Maternal Health, Child Health
NPM 14	Smoking	Women/Maternal Health, Child Health

### Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.2	Number of women reached using traditional and social marketing campaigns such as CDC Show Your Love brochures, social media including Facebook and Twitter, attendance at health fairs and community meetings, and public service announcements.
NPM 1	Well-Woman Visit	ESM 1.3	Percent of local health departments receiving technical assistance to support implementation of the well woman care priority area.
NPM 1	Well-Woman Visit	ESM 1.5	Number of state and local partners engaged to improve access to and quality of well-woman care and reproductive health services.
NPM 4	Breastfeeding	ESM 4.3	Number of health care providers trained in breastfeeding support
NPM 4	Breastfeeding	ESM 4.4	Percent of local grantees who have met their target for breastfeeding education among pregnant and postpartum women
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.3	Percent of local grantees supported/provided with technical assistance to work on developing school wellness policies or safe routes to school, among those that selected the child physical activity priority area.
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.6	Number of state early care and education systems addressed or influenced by Title V physical activity efforts during the grant year (CDC ECE Spectrum of Opportunities)
NPM 8.1	Physical Activity Ages 6 through 11	ESM 8.1.7	Number of school districts who have participated in focus groups to explore challenges and opportunities to implement physical activity before, during and after school
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of health professionals trained on adolescent well visits.
NPM 10	Adolescent Well-Visit	ESM 10.2	The number of health professionals trained and informed to promote the practice of going beyond the sports physical
NPM 11	Medical Home	ESM 11.2	Number of PACCT (Piloting ACT.md for Care Coordination Team) standing teams with consistent primary care involvement.
NPM 12	Transition	ESM 12.1	Percent of SPOC initiated or re-evaluated by county public health departments contracting with OCCYSHN, that serve transition-aged youth 12 years and older.

NPM 12	Transition	ESM 12.2	Percent of the SPOC that are initiated or re-evaluated for youth that address transition planning.
NPM 13.1	Preventive Dental Visit Pregnancy	ESM 13.1.2	Number of data sets in the Oregon Oral Health Surveillance System (OOHSS) that can be analyzed for oral health disparities
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.1	Number of school oral health programs and Title V local grantees provided with technical assistance to enhance the quality of oral health services and increase oral health visits.
NPM 13.2	Preventive Dental Visit Child/Adolescent	ESM 13.2.3	Number of oral health providers provided training on oral cancer and HPV.
NPM 14.1	Smoking Pregnancy	ESM 14.1.1	Percent of local Title V grantees who have selected smoking as a priority area who are implementing the 5A's with their clients.
NPM 14.1	Smoking Pregnancy	ESM 14.1.2	Percent of local Title V grantees who have selected smoking as a priority area who have at least two technical assistance contacts.
NPM 14.2	Smoking Household	ESM 14.2.5	Number of external partners engaged in developing a policy agenda to decrease youth exposure to tobacco.

### State Performance Measures

SPM #	SPM Title	Reporting Domain(s)
SPM 1	A) Percentage of new mothers who experienced stressful life events before or during pregnancy B) Percentage of mothers of 2 year olds who have adequate social support	Cross-Cutting/Systems Building
SPM 2	A) Percentage of households experiencing food insecurity B) Percentage of households with children < 18 years of age experiencing food insecurity	Cross-Cutting/Systems Building
SPM 3	A) Percentage of children age 0 - 17 years who have a healthcare provider who is sensitive to their family's values and customs B) Percentage of new mothers who have ever experienced discrimination while getting any type of health or medical care	Cross-Cutting/Systems Building

## Executive Summary

### Program Overview

#### **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's 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. Each Title V priority has a designated state lead who oversees state level program and policy work and provides technical assistance and oversight to the local level Title V grantees (public health and tribal). Title V also has a designated 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 steering committee with representatives from OHA MCH, Adolescent Health, 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 to implement and monitor performance related to the developed plans 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**

The findings of Oregon's 2015 Maternal Child and Adolescent Health (MCAH) Title V Needs Assessment identified 8 national priorities and 3 state-specific priorities for 2016-2020. They are: well woman care, breastfeeding, child physical activity, adolescent well care, medical home, and transition to adult health care for children and youth with special health care needs, oral health, smoking, toxic stress/trauma/ACEs, food insecurity, 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 (see map of priority work, Supporting Document 4).

#### **Maternal/Women's Health**

Oregon's Title V program provides leadership for policy and system development efforts related to maternal/women's health including: ensuring that health system transformation addresses the need for comprehensive, culturally responsive maternal health services.

##### Needs/priorities

Based on the 2015 MCAH needs assessment, high quality, culturally responsive preconception, prenatal and inter-conception services are a priority need for this population. This need is being addressed through work on NPM 1 well-woman care (WWC). Improved oral health and reduced tobacco exposure for pregnant women were identified and are being addressed through work on NPM 13 oral health, and NPM 14.

##### Strategies

**Well woman care** strategies being implemented at the state level and by 8 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**

Oregon 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 PRAMS2 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 2015 needs assessment, improved nutrition is a priority need for this population which will be addressed through work on NPM 4 breastfeeding, as well as through Oregon's food insecurity work.

##### Strategies

**Breastfeeding** strategies being implemented at the state level and by 17 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 2015 needs assessment, enhancing physical activity is a priority need for this population, which will be addressed through work on NPM 8 physical activity, as well as through Oregon's cross-cutting/systems work. Improved oral health for children; and reduced tobacco exposure for pregnant women and children were also identified and are being addressed through work on NPM 13 oral health, and NPM 14.

#### Strategies

**Physical activity** strategies being implemented at the state level and by 4 grantees include: physical activity in child care settings; physical activity before, during and after school; improving the physical environment for physical activity; expanding safe and active transportation options; policies and programs for healthy worksites; and partnerships with clinical care providers to support anticipatory guidance for physical activity.

### **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 2015 needs assessment, high quality, confidential preventive health services for adolescents is a priority need for this population. Title V will address this need through continued work on adolescent well-visit (NPM 10) and through Oregon's cross-cutting/systems work.

#### Strategies

**Adolescent well care** strategies being implemented at the state level and by 7 grantees include: outreach to key populations; promoting the practice of going beyond sports physicals to wellness exams; partnerships with public and private entities invested in adolescent health; policies and practices to make health care more youth-friendly; investigating barriers to adolescent well visits; and strengthening health care privacy and confidentiality policies and practices.

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

Title V CYSHCN program provides leadership and support for the development of comprehensive, coordinated, and integrated 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 program development.

#### Needs/priorities

Medical home (MH) and youth health care transition (HCT) are Oregon's current state Title V CYSHCN priorities. Additionally, culturally and linguistically responsive services are a state CYSHCN priority. Findings from the needs assessment showed that high quality, family-centered coordinated systems of care are required to meet CYSHCN's complex needs. The *National Standards for Systems of Care for CYSHCN* include MH and HCT as 2 of its 10 domains of standards. The priorities will be addressed through work on NPM 11 and 12.

#### 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 develop family-centered shared care planning; promoting family health literacy and family engagement in healthcare settings; 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 the interrelationship of these 2 priorities. Led by local public health entities, child health teams identify youth with special health care needs and build capacity to provide Shared Plan of Care services. Professional development for both pediatric and adult providers increases the capacity for provide necessary HCT services. Families receive HCT education, and we are exploring alternative payment models to support facilitated transition of care between pediatric and adult providers.

### **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 state-specific priorities and investment in foundational capabilities such as epidemiology, communications, and leadership. Life course priorities of oral health and smoking priorities are also reported here.



### Needs/priorities

Based on the 2015 needs assessment, improved oral health for pregnant women and children; reduced tobacco use/exposure among pregnant women and children; nutrition; safe and nurturing relationships/stable, attached families; and improved health equity are all high priority cross-cutting needs for Oregon's MCAH population. These are addressed through work on NPM 13 oral health, NPM 14 smoking, as well as Oregon's state-specific priorities/performance measures of toxic stress/ACEs/resilience, food insecurity, and culturally and linguistically responsive services (CLAS).

### Strategies

**Oral health** strategies being implemented at the state level and by 18 grantees include: oral health preventive services through Oregon's Home Visiting System and during well-child visits; collaboration with primary care providers on oral health guidelines for pregnant women; oral health preventive services for adolescents through schools; education about oral health & the importance of dental visits; and promotion of community water fluoridation.

**Smoking** strategies being implemented at the state level and by 5 grantees include: policy agenda to decrease youth exposure; 5As Intervention and Quit Line Referral within MCH Programs; collaboration with health systems and providers on screening and intervention processes and workforce training; promotion of health insurance coverage benefits for pregnant and postpartum women.

**Toxic stress, ACEs and resilience** strategies being implemented at the state level and by 7 grantees 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 and by 5 grantees 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.

**Food insecurity** strategies being implemented at the state level and by 7 grantees include: screen clients for food insecurity & provide referrals for food assistance; food security education; access to healthy, affordable food; economic stability for individuals and families

### **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. The NPMs that have improved moderately include NPM 8: Child physical activity, NPM 10: Adolescent well visit, NPM 13 B: Dental care among children, and NPM 14 A: Smoking during pregnancy. The NPMs that have worsened slightly are NPM 1: Well woman care, NPM 4 A & B: Breastfeeding initiation and exclusivity at 6 months, and NPM 13 A: Dental visit during pregnancy. Although the rates of breastfeeding and dental visits during pregnancy have both worsened slightly, Oregon consistently performs better in these areas than the national average. Both the increases and decreases in NPMs are small 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) and 17% of YSHCN received services necessary to make transitions to adult health care (NPM 12). These data are not comparable to previous NSCH/NS-CSHCN estimates because of significant sampling and administration changes, but will be comparable to future data.

All SPMs either show improvement since last year's report or have remained stable. For SPM 2 B: Food insecurity among households with children, no new data is available to compare to data included in the previous report."

### **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.

## How Federal Title V Funds Support 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 the Title V priorities of transition and medical home for CYSHCN, and provide expertise, advocacy, and partnership both within OHSU and externally with a wide range of external partners to change systems and services to improve and the health of children and youth with special health needs and their families.



The remaining 60% of Title V funding, administered through the Public Health Division, 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.

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.

## MCH Success Story

Community and partner engagement is at the core of our MCAH successes this year.

The 2020 Title V Needs assessment is using innovative strategies, including 8 small grants to engage communities that experience MCAH disparities and/or have been underrepresented in past Title V assessments. A PhotoVoice project with youth with disabilities, and two qualitative research partnerships with African American and Latinx families of children with disabilities are also underway to broaden engagement of diverse communities.

The Title V program, with champions including the Governor, Senator Steiner Hayward, the Early Learning Council and the Governor's Children's Cabinet passed legislation making Oregon the first state to support universally offered nurse home visiting for families with newborns. SB 526 requires commercial insurance plans to offer this benefit, and OHA will support it for the Medicaid population. Oregon will implement the Family Connects evidence-based model and roll it out statewide over the next 6 years.

OCCYSHN has developed a novel approach to building a distance-based learning community among Title V CYSHN grantees. Using the Extension for Community Healthcare Outcomes model, 5 county-based teams are piloting a standing cross sector community team to facilitate family-centered shared plans of care, as well as ACT.md, a cloud-based platform for shared care planning across sectors. This peer coached learning community model holds promise for future OCCYSHN programming.

## Maternal and Child Health Bureau (MCHB) Discretionary Investments - Oregon

The largest funding component (approximately 85%) of the MCH Block Grant is awarded to state health agencies based on a legislative formula. The remaining two funding components support discretionary and competitive project grants, which complement state efforts to improve the health of mothers, infants, children, including children with special needs, and their families. In addition, MCHB supports a range of other discretionary grants to help ensure that quality health care is available to the MCH population nationwide.

Provided below is a link to a document that lists the MCHB discretionary grant programs that are located in this state/jurisdiction for Fiscal Year 2018.

### [List of MCHB Discretionary Grants](#)

Please note: If you would like to view a list of more recently awarded MCHB discretionary investments, please refer to the [Find Grants](#) page that displays all HRSA awarded grants where you may filter by Maternal and Child Health.