

Oregon's 2016-2020 MCH Title V Priorities and strategies

Priority/State Lead	Performance Measure	Strategies
Maternal and Women's Health		
Well woman care (Anna Stiefvater)	Percent of women with a past year preventive visit	<ol style="list-style-type: none"> 1. Case-management to improve utilization of well-woman care 2. Provide outreach for insurance enrollment and referral to services 3. Use traditional and social marketing to educate the population and promote well woman care 4. Provide education/training on preconception/ interconception health for providers (all types) 5. Provide access to well-woman care through Family Planning Clinics 6. Use of the postpartum health care visit to increase utilization of well-woman visits
Perinatal and Infant Health		
Breastfeeding (Robin Stanton)	<ol style="list-style-type: none"> A) Percent of infants who are ever breastfed; B) Percent of infants breastfed exclusively through 6 months 	<ol style="list-style-type: none"> 1. Increase the number of fathers, non-nursing partner and family members, especially grandmothers, who learn about the importance of breastfeeding 2. Fill unmet needs for peer support of breastfeeding 3. Education/training of health care providers about breastfeeding 4. Education of pregnant women about breastfeeding 5. Increase the availability of breastfeeding support from professionals 6. Increase access to workplace breastfeeding support 7. Increase the support of breastfeeding at child care settings through policy, training, and workforce development 8. Advocate for program policies that support breastfeeding

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Child Health		
Physical Activity for children (Heather Morrow Almeida)	Percent of children ages 6 through 11 years who are physically active at least 60 minutes per day	<ol style="list-style-type: none"> 1. Support physical activity in child care settings through policy, training and workforce development 2. Support physical activity before, during and after school; support the implementation of HB3141 (school physical education law) 3. Promote community-wide campaigns for physical activity 4. Improve the physical environment for physical activity 5. Increase safe and active transportation options 6. Promote policies and programs for healthy worksites, with a focus on physical activity 7. Promote partnerships with clinical care providers to provide anticipatory guidance about the importance of physical activity, as recommended in the American Academy of Pediatrics Bright Futures Guideline
Adolescent Health		
Adolescent well care visit (Liz Thorne)	Percent of adolescents with a preventive services visit in the last year	<ol style="list-style-type: none"> 1. Increase outreach to key populations in community 2. Promote practice of going beyond sports physicals to wellness exams 3. Develop and strengthen partnerships with public and private entities invested in adolescent health 4. Raise awareness of the importance of adolescent well care 5. Leverage SBHC to conduct outreach within school and community 6. Engage adolescents as community health workers or peer health educators 7. Promote policies and practices to make health care more youth-friendly 8. Investigate barriers to adolescent well visits 9. Strengthen health care privacy and confidentiality policies and practices

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Children and Youth with Special Health Needs		
Medical home	Percent of children with and without special health care needs having a medical home	TBD
Transition	Percent of children with and without special health care needs who received services necessary to make transitions to adult health care	TBD
Cross-cutting or Life course		
Oral health (Amy Umphlett)	<p>A) Percent of women who had a dental visit during pregnancy</p> <p>B) Percent of children ages 1 to 17 years who had a preventive dental visit in the last year</p>	<ol style="list-style-type: none"> 1. Provide oral health services, education and referral/case management services through Oregon's Home Visiting System 2. Provide oral health services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guidelines 3. Collaborate with primary care providers to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women 4. Collaborate with Early Childhood Care and Education to plan and implement methods to increase preventive dental services for children 5. Incorporate oral health services for adolescents into School-based Health Centers (SBHCs) and adolescent well-child visits 6. Promote the provision of dental sealants and oral health education in schools 7. Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health 8. Promote community water fluoridation

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Smoking (Lesa Dixon-Gray)	A) Percent of women who smoke during pregnancy B) Percent of children who live in households where someone smokes	<ol style="list-style-type: none"> 1. Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use. 2. 5As Intervention within MCH Programs including Home Visiting, Oregon MothersCare, Family Planning, and WIC (if applicable) 3. Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age. 4. Collaborate w/CCOs, DCOs, and medical and early childhood/education providers to build screening and intervention processes into their work practices, including workforce training. 5. Implement a media campaign that targets women during childbearing years. 6. Collaborate with the Oregon Quit Line Program to improve outreach and quit rates for pregnant and postpartum women 7. Promote expansion and utilization of health insurance coverage benefits for pregnant and postpartum women.
State-Specific Priorities		
Toxic stress, trauma, and adverse childhood experiences (Nurit Fischler)	TBD	TBD
Food insecurity and nutrition (Robin Stanton)	TBD	TBD
Culturally and linguistically responsive services (Wendy Morgan)	TBD	TBD