MCH Strategy Table: Well Woman Care

Local/State Level Strategies

Strategy Number	Strategy name/brief description	Level(s) of influence *	Sample local level activities	Sample state level activities
1	Case-management to improve utilization of well-woman care	Individual/ relationship	Educate home visiting and/or other MCH clients on the importance of well woman and pre/interconception care and provide referrals as needed.	Support local efforts and facilitate collaboration at the state level.
2	Provide outreach for insurance enrollment and referral to services	Individual/ relationship Community	a. Provide educational and enrollment opportunities, and utilize outreach workers to enroll patients in insurance plans. These services could be provided by LHDs or through collaboration with other health and human services agencies. b. Identify subgroups of women who are uninsured or underinsured and refer them to alternative services. Example: Oregon ScreenWise program http://public.health.oregon.gov/HEALTHYPEOPLEFAMILIES/WOMEN/HEALTHSCREENING/Pages/index.aspx c. Collaborate with community organizations and other groups (colleges, childcare providers, WIC, etc.) to use a community outreach model of care, i.e., women who receive services from any of many different types of health and human services organizations are screened and referred as appropriate.	Support local efforts and facilitate collaboration at the state level.
3	Use traditional and social marketing to educate the population and promote well woman care	Community	Expand public education and decrease stigma about preconception and well-woman care through traditional and social media. Examples: • CDC "Show Your Love" preconception health campaign, http://www.cdc.gov/preconception/showyourlove/index.html • "Amor Y Salud" preconception health campaign http://public.health.oregon.gov/HealthyPeopleFamilies/Women/PreconceptionHealth/amorysalud/Pages/index.aspx • Collaborate with National Text4baby program to include messages around pre/interconception health and well women care and then promote Text4baby to improve reach of the service.	Support local efforts, utilize state communication platforms and resources.

MCH Strategy Table: Well Woman Care

Strategy Number	Strategy name/brief description	Level(s) of influence *	Sample local level activities	Sample state level activities
			• 4) CDC "PACT for prevention of birth defects campaign, http://www.cdc.gov/ncbddd/birthdefects/prevention-month.html 5) Health Care Coalition of Southern Oregon preconception health media campaign	
4	Provide education/training on preconception/ interconception health for providers (providers could include primary care providers, MCH home visitors, WIC staff, family planning providers, community health workers)	Institutional	Provide education/training to improve comfort, knowledge and skills to provide appropriate pre and interconception care. Encourage pregnancy intention screening for well woman care. Resources: • National Preconception / Interconception Care Clinical Toolkit http://beforeandbeyond.org/toolkit/ • Guidelines developed by the Oregon Preconception and Reproductive Health Advisory Committee (OPRHAC) (currently in draft stage) • One Key Question Initiative http://www.onekeyquestion.org/ Have staff in LHDs dedicated to improving collaboration with primary care providers and other practitioners (community health workers, case workers, social workers, etc.)	Support local efforts, provide education and training.
5	Provide access to well-woman care through Family Planning Clinics	Individual/relationship	Integrate well woman care, including reproductive life planning, in reproductive health visits.	Support local efforts and facilitate collaboration at the state level.
6	Use of the postpartum health care visit to increase utilization of well-woman visits	Institutional	Collaborate with primary care, prenatal care providers and CCOs to develop and implement a plan to improve postpartum visit content and attendance, including communicating the value and importance of postpartum visits to women. Postpartum care should support the transition to appropriate well-woman care.	Support local efforts and facilitate collaboration at the state level.

*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

State Level only Strategies

Strategy name/brief description	Level(s) of influence	Sample state level activities
Research/assessment to identify barriers to having a usual primary care provider or PCPCH and receiving well-woman care.	Institutional	Assessment of characteristics of women who receive and do not receive well-woman care
OHP policies for provider billing for well-woman care	Societal	Collaborate with Medicaid and CCOs and advocate for payment for dyadic care for mom and baby at well-child care visits. Support development and implementation of alternative payment methodologies for perinatal and well-woman care.
Increase the number of persons covered by health insurance to improve access to well-woman care	Societal	Establish policy within OHA to fund services for subgroups of women would not quality for current coverage, example undocumented immigrants.
Improve continuity of care among insurance plans	Societal	Through policy strategies, address churn for pregnant women in order to provide continuity of care for women that may “churn” between Medicaid and the Exchange plans.

MCH Strategy Table: Breastfeeding

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
1	Increase the number of fathers, non-nursing partner and family members, especially grandmothers, who learn about the importance of breastfeeding	Individual	Educate fathers, families, and support members to help them understand the importance of breastfeeding	Develop standardized breastfeeding messages for use by everyone who works with pregnant women and their families
		Community	Provide outreach to families to encourage accompanying mothers who attend breastfeeding classes / support Provide community awareness activities	Provide resources and outreach materials for fathers and family members
2	Fill unmet needs for peer support of breastfeeding	Individual	Provide quality breastfeeding support groups—both prenatally and postpartum—led by trained peer facilitators	Provide support for quality, trained facilitator-led breastfeeding support groups, both prenatally and postpartum Provide training for breastfeeding group peer facilitators
		Community	Support and fund community-based organizations to promote and support breastfeeding among communities of color Collaborate with local community–based organizations and hospitals to support creation and/or maintenance of mother-to-mother support groups	Support and fund community-based organizations to promote and support breastfeeding among communities of color
		Institutional	Establish referral pathways from the hospital to community support for all types of lactation care	Collaborate with other organizations to learn the level of unmet need for peer support of breastfeeding in the community or state, as well as to develop and implement a sustainable

MCH Strategy Table: Breastfeeding

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
				plan(s) for Title V support of these programs Conduct a needs assessment to learn about pockets of need and provide resources
3	Education/training of health care providers about breastfeeding	Community	Develop a lactation community of practice where IBCLCs partner and mentor "Breastfeeding Champions" who work in primary care clinics	
		Institutional	Ensure local staff meets minimum competency and skills in lactation care and support through training and continuing education (e.g. home visiting nurse competent to function as breastfeeding consultant)	Provide training and continuing education to ensure maintenance of minimum competencies and skills Establish and incorporate minimum requirements for competency in lactation care into health programs serving pregnant and postpartum women (e.g. MCM, home visit, etc.) Develop state-wide training materials for health care providers and hospital staff
4	Education of pregnant women about breastfeeding	Individual	Provide breastfeeding education that promotes self-efficacy, especially for pregnant teens and underserved women Ensure that new mothers are educated about the use of breast pumps and have access to resources supporting breastfeeding initiation and duration	Develop standardized breastfeeding messages for use by everyone who works with pregnant women and their families Ensure that new mothers are educated about the use of breast pumps and have access to

MCH Strategy Table: Breastfeeding

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
				resources supporting breastfeeding initiation and duration
		Community Institutional	Collaborate with hospitals, primary care providers, and CCOs to expand structured prenatal breastfeeding education classes/workshops and/or other means for pregnant women	Collaborate with hospitals, primary care providers, and CCOs to expand structured prenatal breastfeeding education classes/workshops
5	Increase the availability of breastfeeding support from professionals	Individual	Provide professional breastfeeding support that is accessible, timely and culturally appropriate for all women served	
		Community	Collaborate with organizations that provide breastfeeding support from professionals (including nurses, lactation consultants, dietitians) during the postpartum period to increase the reach of their programs to support more new mothers. Evidence-based support can be provided in a variety of settings (e.g. WIC, home, by telephone) Foster and support partnerships to increase the number of racial and ethnic minority IBCLCs to provide breastfeeding counseling	Collaborate with organizations that provide breastfeeding support from professionals (including nurses, lactation consultants, dietitians) during the postpartum period to increase the reach of their programs to support more new mothers. Foster and support partnerships to increase the number of racial and ethnic minority IBCLCs to provide breastfeeding counseling; remove barriers to IBCLC certification
		Institutional	Train public health home visiting nurses to become IBCLCs so that they are able to provide breastfeeding support while they are already in the home	Support training of public health home visiting nurses to become IBCLCs so that they are able to provide breastfeeding support while they are already in the home

MCH Strategy Table: Breastfeeding

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
				Provide training and support for IBCLCs to be mentors and preceptors so they feel more comfortable in that role
		Societal	Improve access to professional lactation support through work with local CCO; provide education about rights for lactation services and breast pumps under the Affordable Care Act	Improve access to professional lactation support through work with CCOs and DMAP; work to support IBCLC home visits covered by insurance / OHP
6	Increase access to workplace breastfeeding support	Individual	Address individual level barriers to breast pump access and ensure that new mothers are educated on the use of breast pumps	
		Community	Foster community partnerships in promotion and adoption of lactation accommodation laws	Collaborate with the Health Promotion and Chronic Disease Prevention section and Healthy Communities to increase access to workplace breastfeeding support as part of worksite wellness efforts Promote comprehensive, high-quality lactation support programs in worksites and as part of employee benefits package via partnership development
		Institutional	Provide education and technical assistance about the benefits of comprehensive, high-quality support for breastfeeding employees	Conduct assessment and surveillance about compliance with lactation accommodation laws and workplace policies

MCH Strategy Table: Breastfeeding

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
			Promote innovative programs that allow mothers to directly breastfeed their babies after they return to work	
		Societal	Develop and implement workplace policy and practice tools for employers to accommodate breastfeeding mothers	Decrease barriers to breast pump access: work with CCOs to improve access to breast pump coverage; streamline process to obtain breast pump from insurance without long wait periods; ensure that new mothers are fully educated on the use of breast pumps
7	Increase the support of breastfeeding at child care settings through policy, training, and workforce development	Institutional	Provide public health consultation for Early Care and Education (ECE) providers to support breastfeeding. • E.g. Develop a written breastfeeding policy Promote available trainings on breastfeeding for ECE providers. Provide resources, information, and tools to ECE providers.	Develop local public health consultation role for Early Care and Education providers Develop training resources for child care providers via Oregon Public Health Division breastfeeding web pages, update breastfeeding information in the Oregon Kids Health & Safety manual for early childhood care and education and partnership with the Oregon Center for Career Development in Childhood Care & Education
		Societal		Collaborate with the Oregon Office of Child Care, the Childhood Care and Education Coordinating Council, Child Care Resource and Referral organizations, community organizations, and/or child care providers to improve support for breastfeeding at child care sites

MCH Strategy Table: Breastfeeding

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
				through licensing requirements, provider education and in the Quality Rating and Improvement System (QRIS) standards

*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

State-level only strategies

Strategy Name/brief description	Level of influence	Sample state level activities
Advocate for program policies that support breastfeeding	Societal	Collaborate with the Oregon Health Plan / Medical Assistance Programs, the Quality and Health Outcomes Committee (QHOC) and CCOs for implementation of policy coverage for lactation services and breast pumps Partner with the Oregon Child and Adult Care Food Program (CACFP) which will be implementing new food guidelines that benefit breastfeeding families, to advocate for guidelines that support breastfeeding Support statewide networks for home- or clinic-based follow-up care provided to all newborns in Oregon Support Temporary Aid for Needy Families (TANF) policy for breastfeeding women in JOBS program

MCH Strategy Table: Physical Activity for Children

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
1	**Support physical activity in child care settings through policy, training and workforce development**	Societal Institutional	Provide public health consultation for Early Care and Education (ECE) providers to support physical activity. • E.g. Develop a written physical activity policy Promote and/or deliver trainings on physical activity for ECE providers. Provide resources, information, and tools to ECE providers.	Develop local public health consultation role to support ECE providers. Develop/identify/promote training resources for ECE providers. 1. Add new resources to the Oregon Public Health Division web pages 2. Update physical activity information within the Oregon Kids Healthy and Safe (OKHS) training curriculum Collaborate and promote revisions to child care regulations and QRIS standards to align with best practices and model standards.
2	**Support physical activity before, during and after school; support the implementation of HB3141 (school physical education law)**	Community Institutional	Collaborate with Healthy Communities coordinators, local school boards, PTAs, and other community organizations to: • adopt a comprehensive school physical activity program or policy that increases physical activity minutes before, during and after school (e.g recess in school wellness policies, activity breaks in class, active transportation to and from school) • promote the Oregon Healthy Schools Partnership to activate a comprehensive approach to health in school district wellness policies Educate the community about the benefits of physical activity for academic achievement and lifelong health and wellness.	Collaborate with the Health Promotion and Chronic Disease Prevention Section, the Department of Education, parents and community partners to: • support physical activity embedded throughout the day • strengthen USDA required district wellness policies and promote school wellness councils • develop, strengthen and expand state and community partnerships to support wellness in schools. Support local agencies with capacity, technical assistance and resources. Advocate for adequate resources and trained personnel.

MCH Strategy Table: Physical Activity for Children

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
			Promote policies that support enjoyable, lifelong physical activity for children regardless of ability and gender. Collaborate with partners to establish formal agreements to promote physical activity through shared use of public properties or facilities (joint use agreements).	Collaborate with the Health Promotion and Chronic Disease Prevention Section, the Department of Education, and other partners to identify and support use of policy tools for local implementation of joint use agreements for community use of school facilities for physical activity.
3	**Promote community-wide campaigns for physical activity**	Community	Convene community partners, collaborate and foster support for community-wide campaigns that promote equity and inclusion, and the importance of physical activity for lifelong health and wellness. Collaborate with Healthy Communities coordinators, local school boards, PTAs, and other community organizations to promote and adopt point of use (stairwell) campaigns.	Support local agencies with the capacity, technical assistance and resources to take a lead role in their communities.
4	**Improve the physical environment for physical activity**	Community Societal	Collaborate with Healthy Communities coordinators, local county and city planners, architects, engineers, and other partners to identify and promote changes to the physical environment that support safe and accessible physical activity opportunities. Provide education and technical assistance about the benefits of physical activity for academic achievement and lifelong health and wellness.	Collaborate with the Health Promotion and Chronic Disease Prevention Section, ODOT, architects, engineers, and other partners to support changes to the physical environment that support safe and accessible physical activity opportunities Identify policy tools for state and local use. Provide technical assistance to support health impact assessments. Support public policies that promote equity and access for families and children.

MCH Strategy Table: Physical Activity for Children

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
			Use Health Impact Assessments to illustrate the importance of a health lens in local land use, design and planning decisions. Promote a Health in all Policies approach.	Promote a Health in all Policies approach.
5	**Increase safe and active transportation options**	Community Societal	Collaborate with Healthy Communities coordinators, local county and city planners, architects, engineers, PTAs and other partners to support safe and active transportation options for children and families, including biking, walking, trails, public transit, Safe Routes to School, Walking School Bus, Safety Towns, etc. Provide education and technical assistance to promote safe and active transportation as a means to achieve physical activity goals and lifelong health and wellness. Use Health Impact Assessments to illustrate the importance of a health lens in local land use and transportation decisions. Partner with school districts and local and state SR2S Programs to promote and encourage pedestrian road safety audits to identify and address pedestrian safety issues for "vulnerable" users, such as low-income neighborhoods, schools, etc. and to obtain resources for education and infrastructure.	Collaborate with the Health Promotion and Chronic Disease Prevention Section, ODOT, architects, engineers, and other partners to support policy, infrastructure and funding to support safe and active transportation options. Identify policy tools for state and local use. Provide technical assistance to support health impact assessments. Promote a Health in all Policies approach.
6	**Promote policies and programs for healthy**	Community	Collaborate with Healthy Communities coordinators and other staff to conduct	Provide technical assistance to local agencies with efforts to implement policies

MCH Strategy Table: Physical Activity for Children

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
	worksites, with a focus on physical activity	Institutional	assessment of policies, provide resources, information, training and support, and support implementation of policies for staff and client wellness. Collaborate with community businesses, organizations and schools to implement point-of-decision prompts for physical activity. Provide resources, information and tools to support healthy worksites.	and programs to support wellness and physical activity. Collaborate with and support the Cross Agency Health Improvement Project (CAHIP) Employee Wellness Program Policy efforts.
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 Guidelines**	Institutional Individual / relationship	Collaborate with local primary care providers to promote physical activity guidance, evidence-based wellness programs and prevention programs and education for children. Implement enhanced support for physical activity for children and families in MCH home visiting programs.	Collaborate with primary care provider organizations and CCOs to promote use of physical activity counseling and guidance during well-child visits. Identify resources and supports for parent referrals to programs that promote healthy weight for children.

*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

MCH Strategy Table: Adolescent Well Care Visits

Strategy Number	Strategy name/brief description	Level(s) of influence *	Sample local level activities	Sample state level activities
1	Increase outreach to key populations in community.	Individual, community	Promote adolescent well visits with children aged 12-17 coming in to the local/tribal health agency for family planning visits, WIC, etc.	N/A
2	Promote practice of going beyond sports physicals to wellness exams.	Community, Institutions, Societal	Partner with schools and CCOs to provide and promote adolescent well care visits in place of sports physicals.	Work with partners to align sports physical policy with providing annual adolescent well care visits.
3	Develop and strengthen partnerships with public and private entities invested in adolescent health.	Community	Convene partners from local youth-serving organizations, CCOs, community providers, SBHCs and schools to identify shared goals and resources.	Convene partners from OHA, youth-serving state agencies and private partners to identify opportunities for policy alignment and disseminate best practices.
4	Raise awareness of the importance of adolescent well care.	Community, Institutions	Work with local youth-serving organizations, CCOs, community providers, SBHCs and schools to disseminate consistent messaging for providers, youth and families.	Pilot a media campaign directed to youth to increase awareness of importance of annual preventive care.
5	Leverage SBHC to conduct broader outreach within school and community.	Community	Conduct education and awareness activities within the school (i.e. presentations in health classes, assemblies).	N/A
6	Engage adolescents as community health workers or peer health educators.	Community	Support and train youth as peer educators.	Partner with OHA-Office of Equity and Inclusion to identify training and best practices and policies that support youth in these roles.
7	Promote policies and practices to make health care more youth-friendly.	Community, Institutional, Societal	Partner with CCOs, local providers, SBHCs to deliver patient-modeled youth-led training of providers (i.e. Adolescent Health Care Communication Training).	Partner with CCOs and OHA-Health Systems to pilot test comprehensive training and quality improvement activities for clinics.
8	Investigate barriers to adolescent well visits.	Community	Partner with local organizations to hold a listening session to understand youth's experience of care.	Fund youth participatory action research projects to illuminate youth experience of health care and promising practices.

9	Strengthen health care privacy and confidentiality policies and practices.	Community, Institutional, Societal	Align policies and practices to support implementation of HB 2758 and incorporate best practices as recommended by American Academy of Pediatrics.	Education and awareness to support implementation of HB 2758. Work with OHA to identify policy opportunities for OHP members.

* 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

MCH Strategy Table: Oral Health

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
1	Provide oral health services, education and referral/case management services through Oregon's Home Visiting System	Individual/Relationship Institutional	Provide oral health screenings and fluoride varnish applications (if trained), oral health education (including the reduction of risk factors in the home), and referral/case management services for dental care through integration into Oregon's Home Visiting System: • MIECHV • Maternity Case Management • Nurse Family Partnership • Babies First! • CaCoon	Develop/identify resources that can be utilized by local programs. Support First Tooth trainings for nurses.
2	Provide oral health services during well-child visits as recommended in the American Academy of Pediatrics Bright Futures Guidelines	Community Institutional Individual/relationship Institutional	Collaborate with CCOs, FQHCs, rural health centers, tribal health centers, school-based health centers, and primary care providers to provide oral health services during well-child visits. • e.g. by implementing First Tooth Program*. Supply a First Tooth trainer for health care providers in the county. ** The Oregon Oral Health Coalition (OrOHC) administers the First Tooth Program, which is a train-the-trainer program that teaches medical and dental providers to deliver early childhood caries prevention services (oral health screenings, fluoride varnish, anticipatory guidance, and referral/case management services) for children 0 to 5 years old.*	Collaborate with CCOs, local health departments, FQHCs, rural health centers, tribal health centers, school-based health centers, and primary care providers to provide oral health services during well-child visits. Collaborate with OrOHC to promote the First Tooth Program.
3	Collaborate with primary care providers	Community	Develop partnerships and communicate with CCOs, FQHCs, rural health centers, tribal	Communicate with CCOs, local health departments, FQHCs, rural health

MCH Strategy Table: Oral Health

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
	to follow the American Congress of Obstetricians and Gynecologists (ACOG) oral health recommendations for pregnant women	Community Institutional	health centers, school-based health centers, and primary care providers to encourage use of ACOG oral health recommendations* for pregnant women. Develop/identify tools that can be utilized. Implement the *Maternity: Teeth for Two* program** when available. ** ACOG recommendations include talking to the patient about the importance of oral health and educating her about the safety of dental health procedures during pregnancy.* *** The Oregon Oral Health Coalition (OrOHC) is developing a curriculum, Maternity: Teeth for Two, to educate pregnant women and the medical workforce on the importance of oral health care during pregnancy.*	centers, tribal health centers, school-based health centers, and primary care providers to encourage use of ACOG oral health recommendations for pregnant women. Develop/identify tools that can be utilized. Continue to assist OrOHC in developing the *Maternity: Teeth for Two* curriculum.
4	Collaborate with Early Childhood Care and Education to plan and implement methods to increase preventive dental services for children	Individual/Relationship Institutional Community Institutional	Coordinate with Early Childhood Care and Education providers to implement a daily oral hygiene program for children (e.g. brushing after each meal, fluoride rinse/tablets). Provide resources, information and tools for Early Childhood Care and Education providers targeted at parents and children that: • Promote good oral hygiene practices • Encourage preventive dental visits at recommended times/frequencies	Provide resources, information and tools for Early Childhood Care and Education providers targeted at parents and children that: • Promote good oral hygiene practices • Encourage preventive dental visits at recommended times/frequencies

MCH Strategy Table: Oral Health

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
5	Incorporate oral health services for adolescents into School-based Health Centers (SBHCs) and adolescent well-child visits	Community Institutional	Build partnerships and collaborate with the state School-based Health Center (SBHC) Program, CCOs, FQHCs, rural health centers, tribal health centers, and primary care providers to incorporate oral health services into SBHCs and adolescent well-child visits. • Follow Bright Futures guidelines. • Topics would include oral hygiene and the usage of mouth guards during contact sports.	Collaborate with the state School-based Health Center (SBHC) Program, CCOs, local health departments, FQHCs, rural health centers, tribal health centers, and primary care providers to incorporate oral health services into SBHCs and adolescent well-child visits.
6	Promote the provision of dental sealants and oral health education in schools	Community	Partner with school dental sealant programs to provide oral health education for students in K-12 grades. **** The Mercy Foundation Healthy Kids Outreach Program is an example.*	Continue to operate the statewide School-based Dental Sealant Program. Administer the mandatory certification program for local school dental sealant programs.
7	Educate pregnant women, parents/caregivers of children, and children 0-17 about oral health	Community Community	Develop and distribute culturally appropriate oral health education materials, public service announcements, and social media messages geared towards specific target audiences: • Pregnant women • Parents and caregivers of young children • Young children 0-5 • School-age children 6-12 • Adolescents 13-17 • Schools Register to be an outreach partner and promote the Text4baby program*.	Develop and distribute culturally appropriate oral health education materials, public service announcements, and social media messages geared towards specific target audiences: • Pregnant women • Parents and caregivers of young children • Young children 0-5 • School-age children 6-12 • Adolescents 13-17 • Schools

MCH Strategy Table: Oral Health

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
		Individual/Relationship Individual/Relationship	Provide oral health education and/or referral/case management services through: • Oregon MothersCare program • WIC program • Other appropriate venues (e.g. immunizations, tobacco prevention diabetes prevention) Utilize Outreach Coordinators to provide oral health toolkits, oral health education, and/or referral/case management services to pregnant women and children. ** Text4baby is a free health text messaging service for pregnant women and moms with babies under one year. Oral health messages are provided.*	
8	Promote community water fluoridation	Community Community Societal	Build partnerships and collaborate with dental care providers, medical providers, professional organizations, and businesses to promote community water fluoridation through education and policy change. Develop culturally appropriate water fluoridation education materials, public service announcements, and social media messages for specific target audiences. Collaborate with the local City Council to fluoridate the city's water supply.	Build partnerships and collaborate with local governments, CCOs, DCOs, dental care providers, and dental professional organizations to promote community water fluoridation through education and policy change. Develop culturally appropriate water fluoridation education materials, public service announcements, and social media messages for specific target audiences.

MCH Strategy Table: Oral Health

*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

State-level only Strategies

Strategy	**Level of influence**	**Sample state level activities**
Integrate oral health into state Maternal and Child Health (MCH), Health Promotion, and Chronic Disease Prevention Programs	Institutional	Incorporate oral health across the lifespan into all state MCH, chronic disease prevention, and health promotion programs: • Perinatal health and infant mortality reduction • Injury prevention • Tobacco cessation • Cancer prevention • Immunizations • Obesity prevention • Diabetes, heart disease and stroke prevention
Advocate for policies that require dentists who accept Medicaid patients to provide services to pregnant women and young children	Institutional Societal	Collaborate with OHA and CCOs to establish organizational policies in provider contracts that require any dentist who accepts Medicaid patients to provide services to young children and pregnant women.
Advocate with OHA and the Metrics and Scoring Committee to add CCO measures and incentives for dental care	Societal	Collaborate with OHA and the Metrics and Scoring Committee to advocate for 1) adding CCO measures that align with the national Title V measures for dental visits for pregnant women and children, and 2) incentivizing CCOs for reaching benchmarks for those measures.

MCH Strategy Table: Oral Health

Strategy	Level of influence	Sample state level activities
Integrate Title V strategies and activities with other statewide strategic plans	Community	Collaborate with the Oregon Oral Health Coalition (OrOHC) and Oral Health Funders Collaborative to incorporate Title V strategies and activities into the *Strategic Plan for Oral Health in Oregon: 2014- 2020*.
	Institutional	Integrate Title V strategies and activities with the Public Health Division's State Health Improvement Plan and Modernization of Public Health work.

MCH Strategy Table: Smoking

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
1	Develop a policy agenda that decreases youth exposure to tobacco products and decreases likelihood for initiation and use.	Societal Institutional	Develop a policy agenda decreasing youth exposure to tobacco for the county. Collaborate with TPEP staff to work in restricting retail environments in dispensing tobacco to adolescents. Develop a plan to counter retail price reductions at the county level.	Work w/HPCDP to decrease youth exposure to tobacco products. Work with Adolescent Health – SBHCs – to review policies regarding tobacco policies and messages for youth.
2	5As Intervention within MCH Programs including Home Visiting, Oregon MothersCare, Family Planning, and WIC (if applicable)	Individual Institutional	Train staff in 5As and Motivational interviewing (MI). Establish systems to track and record delivery of 5As counseling and quitline referrals Conduct the 5As intervention at each visit or encounter with MCH clients who smoke. Participate in continuous quality improvement regarding 5As provision to clients.	Provide and fund training opportunities Provide technical assistance Provide continuous quality improvement
3	Develop customized programs for specific at-risk populations of women who are smokers and of reproductive age.	Community Institutional	Choose a customized Evidence-Informed Program to implement for MCH population. Collaborate with existing smoking cessation providers to develop local systems for delivering customized population-specific programs. Develop and implement a work plan for conducting customized program.	Provide MCH Programs and Tribes with a menu of customized EI Programs. Provide technical assistance to local MCH Programs and Tribes in implementing programs.
4	Collaborate w/CCOs, DCOs, and medical and	Institutional	Engage CCOs, DCOs, ELC Hubs and/or medical and early childhood/education	Provide liaison between MCH Programs and Innovator Agents

MCH Strategy Table: Smoking

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
	early childhood/education providers to build screening and intervention processes into their work practices, including workforce training.		providers as partners and encourage building screening and intervention processes into medical practices. Organize/provide 5As and Motivational Interviewing training for CCOs, DCOs, ELCs, and/or medical and early childhood/education providers. Work with local TPEP Program as a partner to apply for HPCDP SEARCH Grant	regarding CCO, DCO, ELC Hubs and/or medical and early childhood/education providers. Work w/HPCDP and CCOs to provide trainers for medical practice workforce.
5	Implement a media campaign that targets women during childbearing years.	Community	Collaborate with TPEP Programs to implement HPDCP media campaign, integrating a women's health and pregnancy component	Collaborate with HPCDP around their media campaigns (integrate a pregnancy component). Contract w/Social Marketing Firm to conduct media campaign. Utilize social marketing theory in campaign development.
6	Collaborate with the Oregon Quit Line Program to improve outreach and quit rates for pregnant and postpartum women	Community Institutional	Ensure that every MCH client who smokes receives quit line information. Promote provider use of quit line fax and EHR referrals for pregnant women who smoke. Provide incentives to pregnant women for use of the quit line (additional phone minutes).	Work with HPCDP to improve collection of quit line data re: pregnant women Work with County MCH Programs to encourage quit line referral
7	Promote expansion and utilization health insurance coverage	Community Institutional	Ensure that MCH population is made aware of tobacco cessation benefits for the Oregon Health Plan	Work with HPCDP to insure that health systems are providing required coverage benefits.

MCH Strategy Table: Smoking

Strategy Number	Strategy name/brief description	Level(s) of influence*	Sample local level activities	Sample state level activities
	benefits for pregnant and postpartum women.		Develop communication messages regarding tobacco cessation benefits for pregnant women. Provide materials to MCH population who smokes enrolling in OHP regarding cessation insurance benefit coverage.	Assist MCH Programs to promote knowledge about cessation benefits to MCH population in OR. Encourage PEBB plans to provide full health insurance tobacco coverage benefits for pregnant and postpartum women

*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