

State Action Plan Table (Oregon)

Women/Maternal Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
High quality, culturally responsive preconception, prenatal and inter-conception services.	Increase the accessibility, quality and utilization of well-woman care	<ol style="list-style-type: none"> <li>1. By August 2015, align state MCH staffing; develop Title V priority teams.</li> <li>2. By September 2015 recruit local partners to Title V priority teams.</li> <li>3. By October 2015, launch Title V priority teams.</li> <li>4. By November 2015 develop potential strategies and ESMs.</li> <li>5. By January 2016 determine state strategies, ESMs, and data collection plans.</li> <li>6. By February 2016 local implementing partners select NPMS, strategies/ESMs to implement.</li> <li>7. By April 2016 begin implementing strategies</li> </ol>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p> <p>Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>Percent of very low birth weight deliveries (&lt;1,500 grams)</p> <p>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p> <p>Percent of preterm births (&lt;37 weeks)</p> <p>Percent of early preterm births (&lt;34 weeks)</p> <p>Percent of late preterm births (34-36 weeks)</p> <p>Percent of early term births (37, 38 weeks)</p>	Percent of women with a past year preventive medical visit		

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**Women/Maternal Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		and tracking of ESMs. 8. April 2016-September 2020, implement strategies; track ESMs and NPMs; revise objectives, strategies and ESMs as needed.	Perinatal mortality rate per 1,000 live births plus fetal deaths Infant mortality rate per 1,000 live births Neonatal mortality rate per 1,000 live births Post neonatal mortality rate per 1,000 live births Preterm-related mortality rate per 100,000 live births			

**State Action Plan Table (Oregon)**

**Perinatal/Infant Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improved maternal, infant, child, adolescent and family nutrition.	Increase initiation and duration of breastfeeding among	By August 2015, align state MCH staffing; develop Title V priority	Post neonatal mortality rate per 1,000 live births	A) Percent of infants who are ever breastfed and B) Percent of		

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Perinatal/Infant Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
	target populations.	<p>teams.</p> <p>By September 2015 recruit local partners to Title V priority teams.</p> <p>By October 2015, launch Title V priority teams.</p> <p>By November 2015 develop potential strategies and ESMs.</p> <p>By January 2016 determine State Title V strategies, ESMs, and data collection plans.</p> <p>By February 2016 local implementing partners select NPMs, strategies/ESMs to implement.</p> <p>By April 2016 begin implementing strategies and tracking of ESMs.</p> <p>April 2016 - September 2020, implement strategies; track ESMs</p>	Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	infants breastfed exclusively through 6 months		

**State Action Plan Table (Oregon)**

**Perinatal/Infant Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		and NPMs; revise objectives, strategies and ESMs as needed.				

**State Action Plan Table (Oregon)**

**Child Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Physical activity throughout the lifespan.	Create the context to promote physical activity among children.	<p>By August 2015, align state MCH staffing; develop Title V priority teams.</p> <p>By September 2015 recruit local partners to Title V priority teams.</p> <p>By October 2015, launch Title V priority teams.</p> <p>By November 2015 develop potential strategies and ESMs.</p>	<p>Percent of children in excellent or very good health</p> <p>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p>	Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day		

**State Action Plan Table (Oregon)**

**Child Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>By January 2016 determine State Title V strategies, ESMs, and data collection plans.</p> <p>By February 2016 local implementing partners select NPMs, strategies/ESMs to implement.</p> <p>By April 2016 begin implementing strategies and tracking of ESMs.</p> <p>April 2016 - September 2020, implement strategies; track ESMs and NPMs; revise objectives, strategies and ESMs as needed.</p>				

**State Action Plan Table (Oregon)**

**Adolescent Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs

State Action Plan Table (Oregon)

Adolescent Health

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
High quality, confidential, preventive health services for adolescents	Increase the accessibility, quality and utilization of adolescent well visits.	<p>By August 2015, align state MCH staffing; develop Title V priority teams.</p> <p>By September 2015 recruit local partners to Title V priority teams.</p> <p>By October 2015, launch Title V priority teams.</p> <p>By November 2015 develop potential strategies and ESMs.</p> <p>By January 2016 determine State Title V strategies, ESMs, and data collection plans.</p> <p>By February 2016 local implementing partners select NPMs, strategies/ESMs to implement.</p> <p>By April 2016 begin implementing strategies and tracking of ESMs.</p>	<p>Adolescent mortality rate ages 10 through 19 per 100,000</p> <p>Adolescent motor vehicle mortality rate, ages 15 through 19 per 100,000</p> <p>Adolescent suicide rate, ages 15 through 19 per 100,000</p> <p>Percent of children with a mental/behavioral condition who receive treatment or counseling</p> <p>Percent of children in excellent or very good health</p> <p>Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)</p> <p>Percent of children 6 months through 17 years who are</p>	Percent of adolescents, ages 12 through 17, with a preventive medical visit in the past year.		

**State Action Plan Table (Oregon)**

**Adolescent Health**

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>April 2016 - September 2020, implement strategies; track ESMs and NPMs; revise objectives, strategies and ESMs as needed.</p>	<p>vaccinated annually against seasonal influenza</p> <hr/> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine</p> <hr/> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine</p> <hr/> <p>Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine</p>			

**State Action Plan Table (Oregon)**

**Children with Special Health Care Needs**

			National Outcome	National Performance		
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State Priority Needs	Objectives	Strategies	Measures	Measures	ESMs	SPMs
High quality, family-centered, coordinated systems of care for children and youth with special health care needs.	1.1 By 06/2020, increase percent of families of CYSHCN receiving care in a well-functioning system.	1.1.1 Engage with the MCH WDC.	Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system	Percent of children with and without special health care needs having a medical home		
	1.2 By 09/2020, increase the number of CYSHCN receiving care in a MH/PCPCH by 20%.	1.1.2 Build comprehensive understanding of care coordination within local system of care for CYSHCN.	Percent of children in excellent or very good health			
	1.3 By 06/2020, develop a measure of cross-systems, family-centered, actionable shared care plans for CYSHCN.	1.1.3 Collaborate with the SOS Project to develop and implement a state plan.	Percent of children ages 19 through 35 months, who have received the 4:3:1:3(4):3:1:4 series of routine vaccinations			
	1.4 By 06/2020, increase the percent of CYSHCN who have a cross-systems, family-centered, actionable shared care plan.	1.2.1 Partner with OPIP to increase number of PCPCHs in Oregon.	Percent of children 6 months through 17 years who are vaccinated annually against seasonal influenza			
	1.5 By 06/2020, increase the percent of CYSHCN reporting they have community-based access to pediatric specialty care and other ancillary care needed.	1.2.2 Partner with ORF2FHIC to train families about Family Centered Care and MH Concepts.	Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine			
		1.2.3 Align community-based program standards to Standards for Systems of Care for CYSHCN.	Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine			
		1.3.1 Participate in ongoing discussions with stakeholders such as the CCO metrics and scoring committee.				

State Action Plan Table (Oregon)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>1.4.1 Develop and implement annual regional workshops on actionable shared care plans for PCPCHs, community based partners, and families.</p> <p>1.4.2 Promote the implementation of Community Health Teams.</p> <p>1.5.1 Collaborate with OHSU to support increased use of telemedicine to enhance access to pediatric specialty services for CYSHCN throughout rural Oregon.</p> <p>1.5.2 Conduct Action Learning Collaborative among community-based pilot projects.</p>	Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine			
High quality, family-centered, coordinated	2.1 By 2020, increase percent of YSHCN	2.1.1 Assemble State Title V CYSHCN	Percent of children with special health care	Percent of adolescents with and without special		

State Action Plan Table (Oregon)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
systems of care for children and youth with special health care needs.	<p>receiving services necessary to transition from pediatric to adult medical care by 5%.</p> <p>2.2 By 2018, increase number YSHCN receiving assistance from PCPs in transition planning, making positive choices about health, and gaining skills to manage health.</p> <p>2.3 By 2020, create a comprehensive, regionally-based shared resource directory of transition services for YSHCN.</p>	<p>transition team.</p> <p>2.1.2 Link State transition team with SOS Project.</p> <p>2.1.3 Align community-based program contracts with Standards for Systems of Care.</p> <p>2.2.1 Promote pediatric and family practice providers applying “Got Transition” toolkit.</p> <p>2.2.2 Train families of YSHCN in transition concepts.</p> <p>2.3.1 Identify key tools and resources for families of YSHCN.</p> <p>2.3.2 Integrate identified tools and resources into state Shared Resource.</p>	<p>needs (CSHCN) receiving care in a well-functioning system</p> <p>Percent of children in excellent or very good health</p>	<p>health care needs who received services necessary to make transitions to adult health care</p>		
High quality, family-	3.1 By 06/2016,	3.1.1 Identify				

State Action Plan Table (Oregon)

Children with Special Health Care Needs

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
centered, coordinated systems of care for children and youth with special health care needs.	<p>conduct additional needs assessment activities specific to non-white and non-English speaking CYSHCN and their families.</p> <p>3.2 By 06/2020, 80% of providers participating in culturally and linguistically responsive services (CLRS) training report implementation of CLRS strategies.</p> <p>3.3 By 08/2020, Diversify family network by partnering with three culturally diverse groups.</p>	<p>demographic and other pertinent information.</p> <p>3.1.2 Identify gaps in service delivery to non-white CYSHCN and their families.</p> <p>3.2.1 Conduct trainings with medical practices addressing culturally and linguistically responsive care for CYSHCN and families.</p> <p>3.2.2 Modify community-based program standards and contracts to reflect CLRS strategies.</p> <p>3.3.1 Increase contractual partnerships with organizations serving culturally diverse populations.</p>				

State Action Plan Table (Oregon)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
Improved oral health for pregnant women and children.	Increase the percent of pregnant women and children who receive preventive oral health services.	<p>By August 2015, align state MCH staffing; develop Title V priority teams.</p> <p>By September 2015 recruit local partners to Title V priority teams.</p> <p>By October 2015, launch Title V priority teams.</p> <p>By November 2015 develop potential strategies and ESMs.</p> <p>By January 2016 determine State Title V strategies, ESMs, and data collection plans.</p> <p>By February 2016 local implementing partners select NPMs, strategies/ESMs to implement.</p> <p>By April 2016 begin implementing strategies and tracking of ESMs.</p> <p>April 2016 - September</p>	<p>Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months</p> <p>Percent of children in excellent or very good health</p>	<p>A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year</p>		

State Action Plan Table (Oregon)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		2020, implement strategies; track ESMs and NPMs; revise objectives, strategies and ESMs as needed.				
Reduced tobacco use and exposure among pregnant women and children.	Reduce Smoking during pregnancy and household tobacco exposure for children.	<p>By August 2015, align state MCH staffing; develop Title V priority teams.</p> <p>By September 2015 recruit local partners to Title V priority teams.</p> <p>By October 2015, launch Title V priority teams.</p> <p>By November 2015 develop potential strategies and ESMs.</p> <p>By January 2016 determine State Title V strategies, ESMs, and data collection plans.</p>	<p>Rate of severe maternal morbidity per 10,000 delivery hospitalizations</p> <p>Maternal mortality rate per 100,000 live births</p> <p>Percent of low birth weight deliveries (&lt;2,500 grams)</p> <p>Percent of very low birth weight deliveries (&lt;1,500 grams)</p> <p>Percent of moderately low birth weight deliveries (1,500-2,499 grams)</p> <p>Percent of preterm births (&lt;37 weeks)</p>	A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes		

State Action Plan Table (Oregon)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>By February 2016 local implementing partners select NPMs, strategies/ESMs to implement.</p> <p>By April 2016 begin implementing strategies and tracking of ESMs.</p> <p>April 2016 - September 2020, implement strategies; track ESMs and NPMs; revise objectives, strategies and ESMs as needed.</p>	<p>Percent of early preterm births (&lt;34 weeks)</p> <p>Percent of late preterm births (34-36 weeks)</p> <p>Percent of early term births (37, 38 weeks)</p> <p>Perinatal mortality rate per 1,000 live births plus fetal deaths</p> <p>Infant mortality rate per 1,000 live births</p> <p>Neonatal mortality rate per 1,000 live births</p> <p>Post neonatal mortality rate per 1,000 live births</p> <p>Preterm-related mortality rate per 100,000 live births</p> <p>Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births</p> <p>Percent of children in</p>			

State Action Plan Table (Oregon)

Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
			excellent or very good health			
Safe and nurturing relationships; and stable, attached families.	Develop a State Performance Measure (SPM) in the area of trauma and toxic stress.	<p>By October 2015, align state MCH staffing and develop a state performance measure work group.</p> <p>By December 2015, recruit local partners to state performance measure work group.</p> <p>By January 2016, launch state performance measure work group.</p> <p>By March 2016 develop a set of potential performance measures</p> <p>By April 2016 select a state a state performance measure for toxic stress and trauma.</p> <p>June – September</p>				

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Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>2016, develop a strategic plan for impacting the state performance measure</p> <p>By October 2016 begin implementation of strategies to move the dial on our state performance measure.</p>				
Improved health equity and reduced MCH disparities.	Develop a state performance measure in the area of culturally and linguistically responsive MCH services.	<p>By October 2015, align state MCH staffing and develop a state performance measure work group.</p> <p>By December 2015, recruit local partners to state performance measure work group.</p> <p>By January 2016, launch state performance measure work group.</p> <p>By March 2016 develop potential performance measures</p>				

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Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>By April 2016 select a state a state performance measure for culturally and linguistically responsive MCH services.</p> <hr/> <p>June – September 2016, develop a strategic plan for impacting the state performance measure</p> <hr/> <p>By October 2016 begin implementation of strategies to move the dial on our state performance measure.</p>				
Improved maternal, infant, child, adolescent and family nutrition.	Develop a state performance measure in the area of food insecurity.	<p>By October 2015, align state MCH staffing and develop a state performance measure work group.</p> <hr/> <p>By December 2015, recruit local partners to state performance measure work group.</p>				

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Cross-Cutting/Life Course

State Priority Needs	Objectives	Strategies	National Outcome Measures	National Performance Measures	ESMs	SPMs
		<p>By January 2016, launch state performance measure work group.</p> <hr/> <p>By March 2016 develop a set of potential performance measures.</p> <hr/> <p>By April 2016 select a state a state performance measure for food insecurity.</p> <hr/> <p>June – September 2016, develop a strategic plan for impacting the state performance measure</p> <hr/> <p>By October 2016 begin implementation of strategies to move the dial on our state performance measure.</p>				