
Overview of national MCH priorities and strategies for Oregon

Oregon Maternal and Child Health Title V Grantee meeting
February 9, 2016



Priority: Well-woman Care

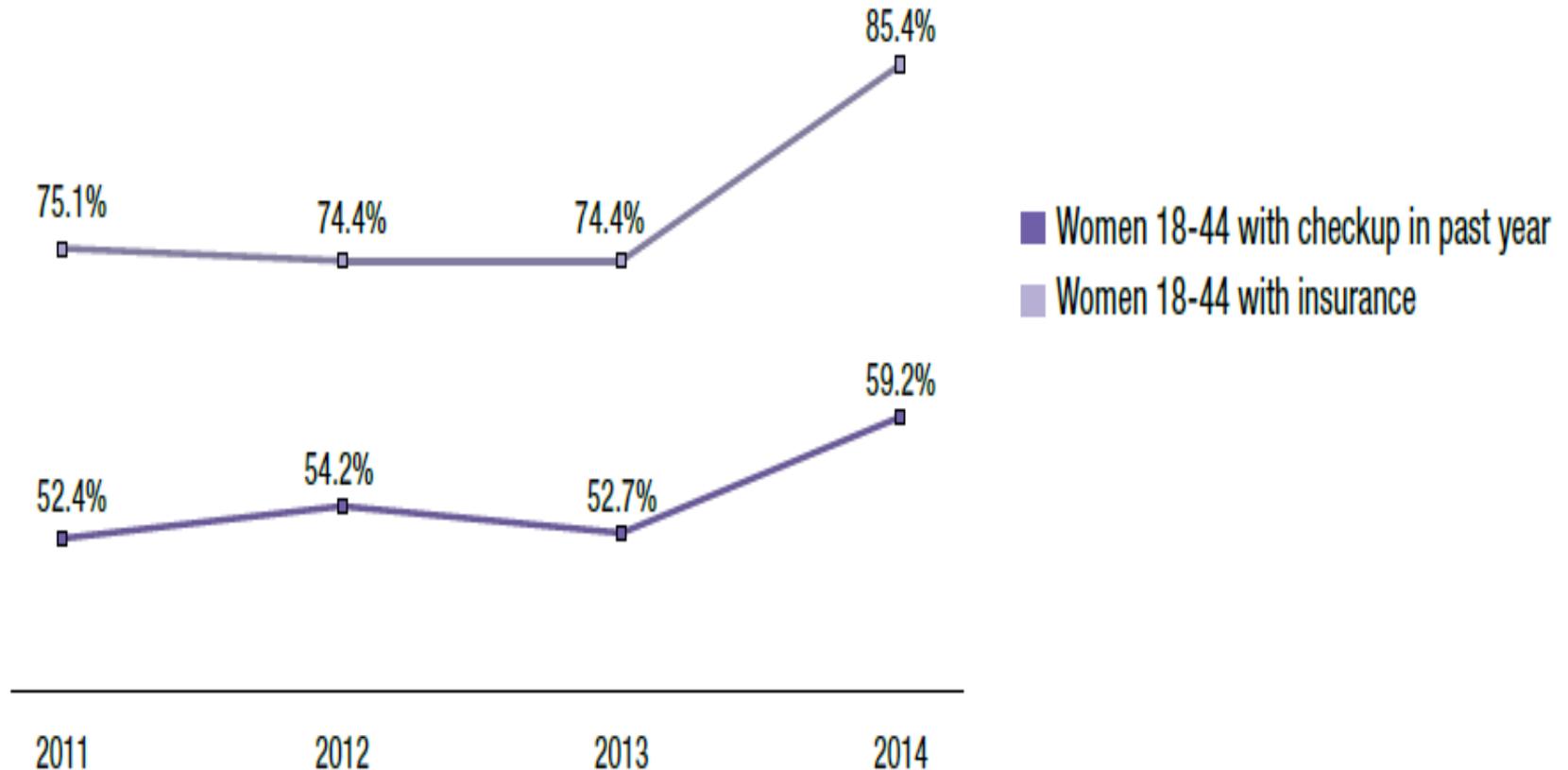


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Access to high-quality well-woman care:

- Is a key driver for optimizing the health of women before, between and beyond potential pregnancies.
- Provides a critical opportunity to receive recommended clinical preventive services, screening and management of chronic conditions, counseling to achieve a healthy weight and smoking cessation, and immunizations.
- Increases the likelihood that any future pregnancies are by choice rather than chance.
- Decreases the likelihood of complications for future pregnancies.

Performance Measure: Oregon women age 18-44 with checkup in the past year



Source: Behavioral Risk Factor Surveillance System

Strategies: Well-woman Care

Level of Influence: Individual/relationship



#1 Case-management to improve utilization of well-woman care

#2 Provide outreach for insurance enrollment and referral to services

#5 Provide access to well-woman care through Family Planning Clinics

Strategies: Well-woman Care

Level of Influence: Community & Institutional

#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

#6 Use of the postpartum health care visit to increase utilization of well-woman visits



Breastfeeding

Robin Stanton, MA, RDN, LD
Nutrition Consultant
MCH & WIC Programs



- *20+ years at PHD, actively involved in state breastfeeding work*
- *10+ years providing leadership at national level*
- *4+ years as breastfeeding mom*

Breastfeeding:

A) percent of infants ever breastfed

B) percent of infants breastfed exclusively through 6 months

- >60% women are unable to meet their own breastfeeding goals: Oregon challenges—*Exclusivity & Duration*
- Barriers to support: in communities, health care, workplace & child care
- First Food deserts more prevalent in low-resource areas



Strategies: Breastfeeding – Community

1. Increase the number of fathers, non-nursing partners and family members, especially grandmothers, who learn about the importance of breastfeeding
2. Fill unmet needs for peer support of breastfeeding



Strategies: Breastfeeding – Health Care



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

Strategies: Breastfeeding – Workplace & Child Care

6. Increase access to workplace breastfeeding support



7. Increase the support of breastfeeding at child care settings through policy, training & workforce development



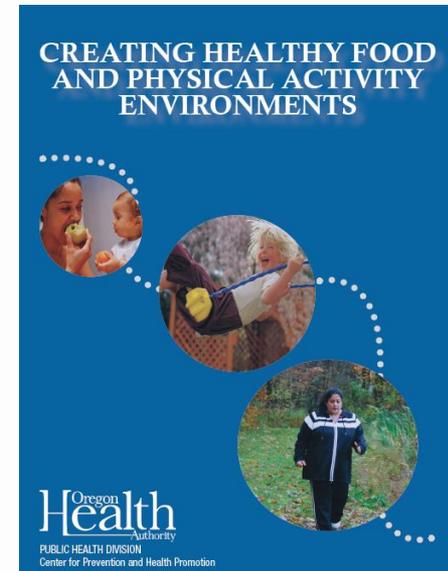
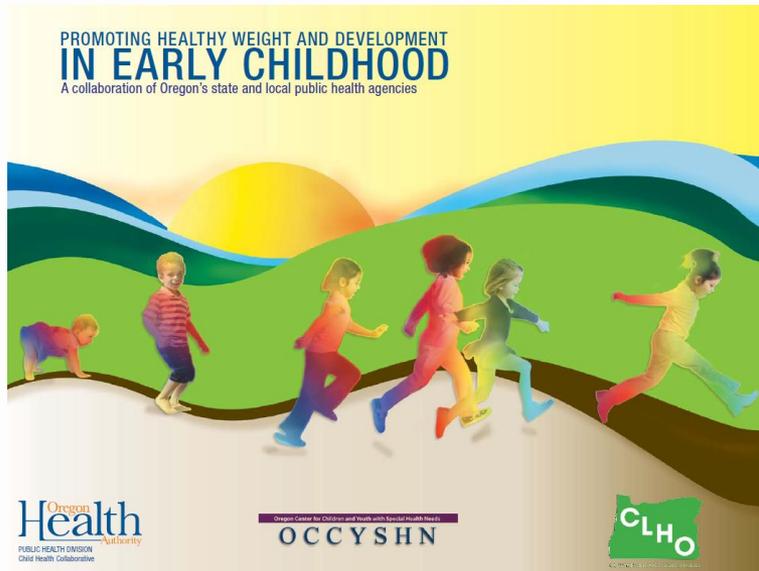
Physical Activity for Children

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Child Physical Activity: Percent of children ages 6-11 years who are physically active at least 60 minutes/day

- *Brain development and ability to learn*
- *Emotional health, promotes self-esteem and feelings of happiness*
- *Social skills – problem solving, sharing, communicating, decision making*
- *Promotes lifelong healthy habits*



Strategies: Child Physical Activity

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 the Oregon physical education in schools law (HB 3141).*



Strategies: Child Physical Activity

3. *Promote community-wide campaigns for physical activity.*
4. *Improve the physical environment for physical activity.*
5. *Increase safe and active transportation options.*



Strategies: Child Physical Activity



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 Guidelines.

Adolescent Well Care (AWC)



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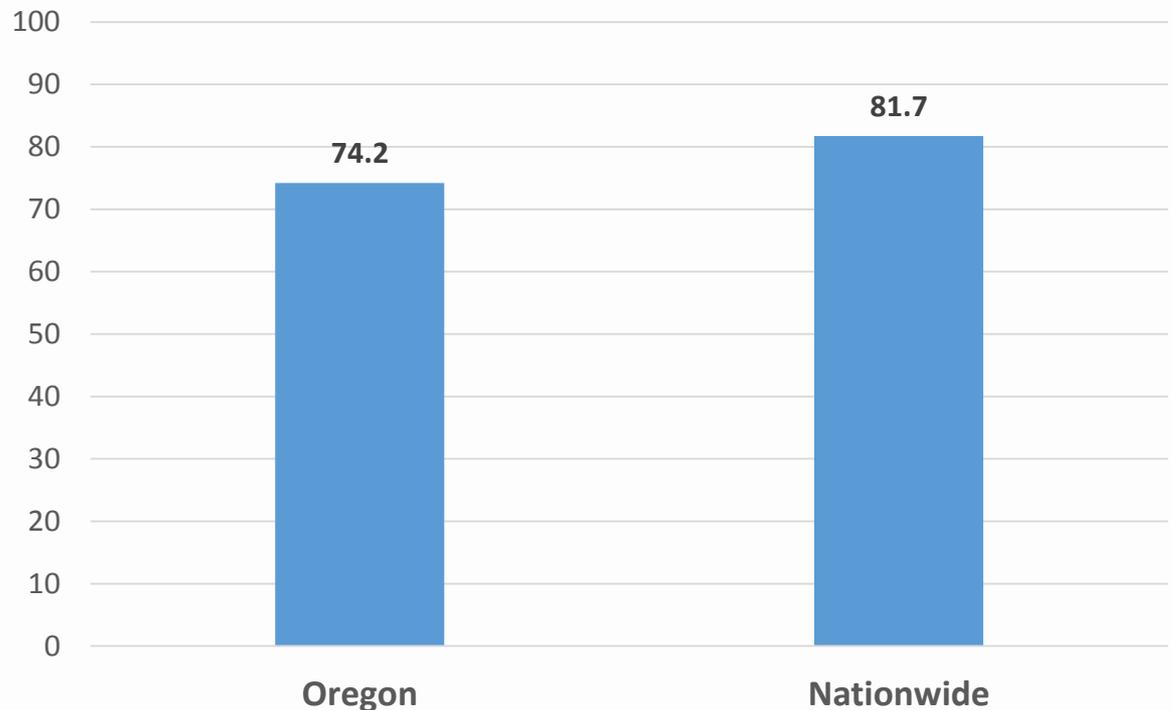
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Adolescent Well Care: National Performance Measure

% of children 12-17 with one or more preventive medical visit in past 12 months

National Survey of Children's Health

One or more preventive medical care visits in the past 12 months (12 - 17 year olds) 2011/2012



Significance of AWC for Oregon



Adolescent well care: Strategies

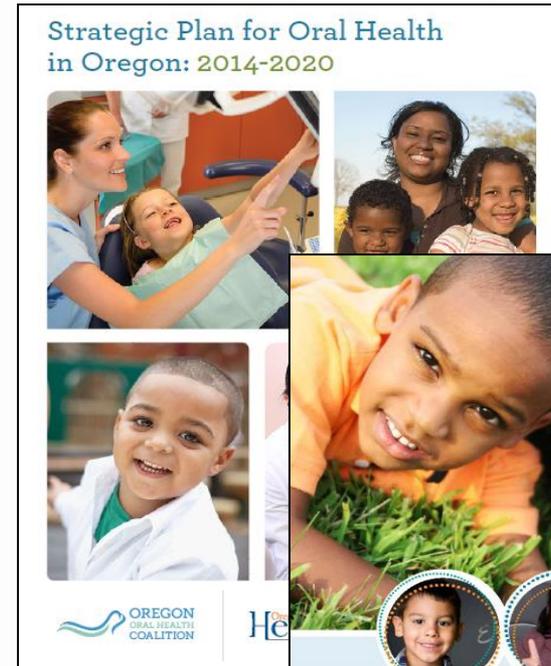
Strategy	Level of Influence	State/Local
Increase outreach to key populations	Individual, Community	Local
Promote practice of going beyond sports physicals	Community, Institutions, Societal	Local/State
Develop and strengthen partnerships with entities invested in adolescent health.	Community	Local/State
Raise awareness of the importance of adolescent well care.	Community, Institutions	Local/State
Leverage SBHC to conduct broader outreach with school/community.	Community	Local

Adolescent well care: Strategies

Strategy	Level of Influence	State/Local
Engage adolescents as community health workers.	Community	Local/State
Promote policies and practices to make health care more youth-friendly	Community, Institutional, Societal	Local/State
Investigate barriers to adolescent well visits.	Community	Local/State
Strengthen health care privacy and confidentiality policies and practices.	Community, Institutional, Societal	Local/State

Oral Health

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2015-2019



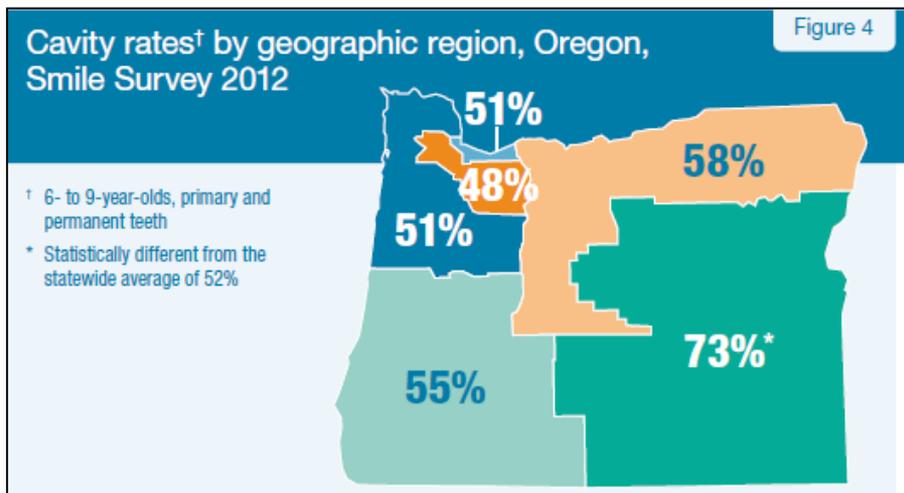
OREGON SMILE SURVEY
2012 REPORT



Oregon Oral Health Surveillance System
2002-2014



Importance of Oral Health



- 48% of first graders have had a cavity, jumping to 58% by third grade (Oregon Smile Survey, 2012 Report).
- 15,000 emergency department visits for non-traumatic dental problems (Oregon hospital database, 2013).
- Oregon ranks 48th nationally for optimally-fluoridated public water systems (22.6%) (CDC Water Fluoridation Statistics, 2010).

Oral Health: Performance Measures

Percent of women who had a dental visit during pregnancy.

- Data source: Centers for Disease Control and Prevention (CDC), Pregnancy Risk Assessment Monitoring System (PRAMS)
- Baseline: 56.1% (2012)

Percent of children, ages 1 to 17 years, who had a preventive dental visit in the last year.

- Data source: National Survey of Children's Health (NSCH)
- Baselines: 75.7% (2007)
77.0% (2011-2012)

Strategies: Oral Health

1. Provide oral health services, education and referral/case management services for dental care 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

Strategies: Oral Health

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

SMOKING

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Women's Health Systems Coordinator

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Lesla began working in the Maternal and Child Health Section in 2002. She had previous experience in alcohol and drug addiction, and was hired to coordinate the Smoke-Free Mothers and Babies Program, a training and quality improvement project that focused on MCM nurses using cessation best practices. Currently, she coordinates Oregon MothersCare and works with TPEP on the Public Health Division State Health Improvement Plan for tobacco cessation.



Smoking:

A. Percentage of women who smoke during pregnancy

B. Percentage of children who live in households where someone smokes

- Tobacco use during pregnancy affects both the mother and her unborn baby; prenatal smoke exposure provides a 5.5 times increased risk of becoming a smoker in adolescence.*
- Pregnant women who smoke are more likely to experience a fetal death or deliver a low birth weight baby.*
- Women have more difficulty quitting than men, but pregnancy is a strong motivator. Unfortunately, smoking rates tend to increase post-partum.*
- Children with special health care needs are more likely to live in a household where someone smokes, and to be exposed to secondhand smoke.*

Strategies: Smoking

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.*



Strategies: Smoking

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.



Strategies: Smoking

6. Collaborate with the Oregon Quit Line Program to improve outreach and quit rates for pregnant and postpartum women.



1.800.QUIT.NOW
(1.800.784.8669)

SMOKEFREE
oregon

7. Promote health insurance coverage benefits for pregnant and postpartum women and promote their utilization.



Oregon
Health
Authority