Oregon
Maternal and Child Health Block Grant 2019

The Maternal and Child Health Services Block Grant, Title V of the Social Security Act, is the only federal program devoted to improving the health of all women, children, and families. In FY2017, 86% of all pregnant women, 99% of infants, and 55% of children nationwide benefitted from a Title V-supported service. To learn more about Title V, visit www.amchp.org.

MCH Block Grant Funds to Oregon

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<tr>
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<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
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<tbody>
<tr>
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<td>$6,237,141</td>
<td>$6,217,387</td>
<td>$6,268,884</td>
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Title V Administrative Agency:
Center for Prevention and Health Promotion, Public Health Division, Oregon Health Authority; Oregon Center for Children and Youth with Special Health Needs, Institute on Developmental & Disability at the Oregon Health & Science University

*States must provide a three dollar match for every four Federal dollars allocated.

Protecting and Improving the Health of Oregon’s Families

Healthy Pregnancies and Newborns — Oregon’s Title V Program is leading efforts to improve birth outcomes. Perinatal Health services are implemented in partnership with Oregon’s Health Systems Division (Medicaid), and Oregon’s Coordinated Care Organizations. The Babies First! and Nurse-Family Partnership home visiting programs provide screening for risk factors, referrals to health care and other supportive services, smoking cessation support, and parenting education. State and local public health leaders are engaged in collaborative strategies to improve the quality of prenatal care and birth outcomes through the CoIIIN initiative and the March of Dimes-led Perinatal Collaborative. Two areas of Title V focus include well woman care and breastfeeding. Well woman care efforts are focused on screening for pregnancy intention and raising awareness of the importance of preventive health care. Oregon Mothers Care provides outreach and referral services to prenatal care and related services to pregnant women. In an effort to reduce maternal mortality and morbidity, Oregon is starting a Maternal and Morbidity Review Committee as mandated by current legislation. Title V is also partnering with Oregon’s health and education systems transformation to integrate and coordinate public health, health care and early learning services for pregnant women and infants and families. Assessment and screening services include monitoring growth, physical and emotional health, dental status, immunization status, vision and hearing, and maternal-infant interaction. Local public health nurses provided Babies First!, Nurse-Family Partnership, and CaCoon home visiting services to an average of 7,000 clients per year, of which 57% are infants and children with multiple risk factors, such as families living in poverty.

The Title V Program is raising awareness of child care as a social determinant of health through the IM CoIIIN initiative; and working in collaboration with the Early Learning Division to promote safe sleep recommendations.

Children and Youth with Special Health Needs — Approximately one in five, or 158,652 Oregon children, birth to age 18, has a special health care need. These children have chronic health conditions. They require more health care and related services than other children (for example, more doctor visits, educational services, mental health services, prescription drugs, or specialized treatments). The mission of the Oregon Center for Children and Youth with Special Health Needs is to improve the health, development, and well-being of all of Oregon’s children and youth with special health care needs (CYSHCN). This mission is pursued with policy and program development, community-based services, population-based assessment and surveillance, and leadership for health systems and services in Oregon. OCCYSHN administers Title V CYSHCN funds to support (a) Development of family-centered, comprehensive, cross-systems shared care plans for approximately 150 CYSHCN through collaboration of broad community-based teams, (b) Coordinated Learning Communities addressing system-level barriers, and implementation of cross-systems quality improvement efforts to address those barriers, (c) Medical practices in transitioning CYSHCN from pediatric to an adult model of healthcare, (d) The CaCoon Program, a public health home visiting program which helps families coordinate their children’s care, develop care management skills, and link to appropriate services. (CaCoon provided 9,318 home visits to 1,776 children and their families in 2017), and (e) An active Family Involvement Program to ensure family engagement at all levels of decision-making. OCCYSHN also is leading a quality improvement effort to address state level systems of services for CYSHCN, and to meet communities where they are with culturally and linguistically informed approaches.

Children’s Oral Health — Based on the 2017 Oregon Smiles Survey, 49% of 6- to 9-year-olds in Oregon had already had a cavity, while about one in five (19%) had untreated decay (cavities that have not been treated). Oregon’s Oral Health Unit takes a comprehensive approach to address oral health issues across the lifespan through partnership of programs to support the integration of oral health in medical and chronic disease systems of care, delivering school-based oral health programs (dental sealants and fluoride tablets/rinse), promoting oral health prevention during pregnancy and early childhood, and continued surveillance of the oral health status of all Oregonians. Title V supports ten county health departments and one tribal government to increase preventive dental visits for pregnant women, children and adolescents.

Nutrition and Obesity Prevention — According to data from the National Survey of Children’s Health data, about a quarter of 10-17 year olds in Oregon are overweight or obese (22% for 2016/2017 data). The Oregon Healthy Growth Survey found that one-third of 6-9 year olds were overweight or obese. Of low-income children, thirty-two percent of two to five-year old children have a body mass index (BMI) higher than the desired 85th percentile. Oregon youth appear to fall far short of the physical activity recommendations of the CDC with less than a third of the 8th graders and less than a fourth of the 11th graders reporting that they were physically active at least 60 minutes each day of the week. Three in four 8th grade students, and four in five 11th grade students said that they ate less than five servings of fruits and vegetables a day. Alarmingly, more than one in five Oregon
11th graders reported that they did not have enough money to buy the amount of food they needed and 14% of 8th graders report being food insecure in the last year. Oregon’s Title V Program engages in public and private partnerships to plan and advocate for policies that support increased access to healthy foods, including breastfeeding support, and education and improved opportunities in schools and neighborhoods for children to increase their physical activity.

Safe and Nurturing Families - Oregon’s Title V program promotes safe and nurturing families through work on trauma, ACEs and resilience; health equity and culturally and linguistically responsive services; food insecurity; and rape and violence prevention — in addition to promoting family protective factors through home visiting. Each of these initiatives is grounded in partnerships that strengthen families and build resilience at the individual, community, systems and policy levels. Strategies include trauma-informed and culturally responsive workforce training; support for family-friendly policies such as paid family leave and earned income tax credit; development of culturally responsive and trauma-informed systems and services; and community outreach and prevention programs. OCCYSHN’s Family Involvement Program houses the Oregon Family to Family Health Information Center (OR F2F HIC), which is staffed by parents of children with a variety of special health needs, disabilities, and developmental and behavioral health conditions. OR F2F HIC staff served 350 families of CYSHCN providing peer mentorship, guidance and support to help them access services and supports for their children. OR F2F HIC also is providing support to the Birth Anomalies Surveillance System.

Adolescent and School Health — The Adolescent and School Health Unit works to support the health of all Oregon youth through evidence-based practices and data-driven policies. In the 2017/18 service year, Oregon had 76 certified School-Based Health Centers (SBHCs) that served 35,815 clients. 61,384 youth, ages 5-21, had access to an SBHC. SBHCs provide primary physical health and mental health care. 16 SBHCs have dental providers on site. The Adolescent and School Health Unit supports seven county health departments working to increase adolescent well-visits. Approximately 1,200 youth received evidence-based teen-pregnancy prevention programming in five counties. Unit staff work to promote youth sexual health, support school nurses and facilitate use of a Youth Participatory Action Research curriculum so that youth can positively impact and influence their communities. The Unit also worked to redesign Oregon’s youth health survey to incorporate youth and educator voice in the survey content and the process of survey administration.

Health Needs in Oregon
- High quality, culturally responsive preconception, prenatal and inter-conception services
- Improved maternal, infant, child, adolescent and family nutrition
- Physical activity throughout the lifespan
- High quality, confidential preventive health services for adolescents
- High quality, family-centered coordinated systems of care for children and youth with special health care needs
- Improved oral health for pregnant women and children
- Reduced tobacco use and exposure among pregnant women and children
- Safe and nurturing relations; stable attached families
- Improved health equity and reduced MCH disparities

State Selected National Performance Measures
- Well Woman Visit
- Breastfeeding
- Physical Activity
- Adolescent Well-Visit
- Medical Home
- Transition
- Preventive Dental Visit
- Smoking

Percentage Served by the Oregon MCH Program*

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<tr>
<th>Percentage</th>
<th>Description</th>
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<tbody>
<tr>
<td>100.0%</td>
<td>Pregnant women</td>
</tr>
<tr>
<td>100.0%</td>
<td>Infants under one</td>
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<tr>
<td>27.0%</td>
<td>Children and adolescents</td>
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<tr>
<td>100.0%</td>
<td>Children with special health care needs</td>
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<tr>
<td>1.0%</td>
<td>Others</td>
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*2017 State/Jurisdiction Annual Reports Submitted to the Maternal and Child Health Bureau

Current Special Projects of Regional and National Significance (SPRANS)

Hemophilia Treatment Centers
OREGON HEALTH & SCIENCE UNIVERSITY
Portland, OR

State Systems Development Initiative (SSDI)
OREGON DEPARTMENT OF HUMAN SERVICES
Portland, OR

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