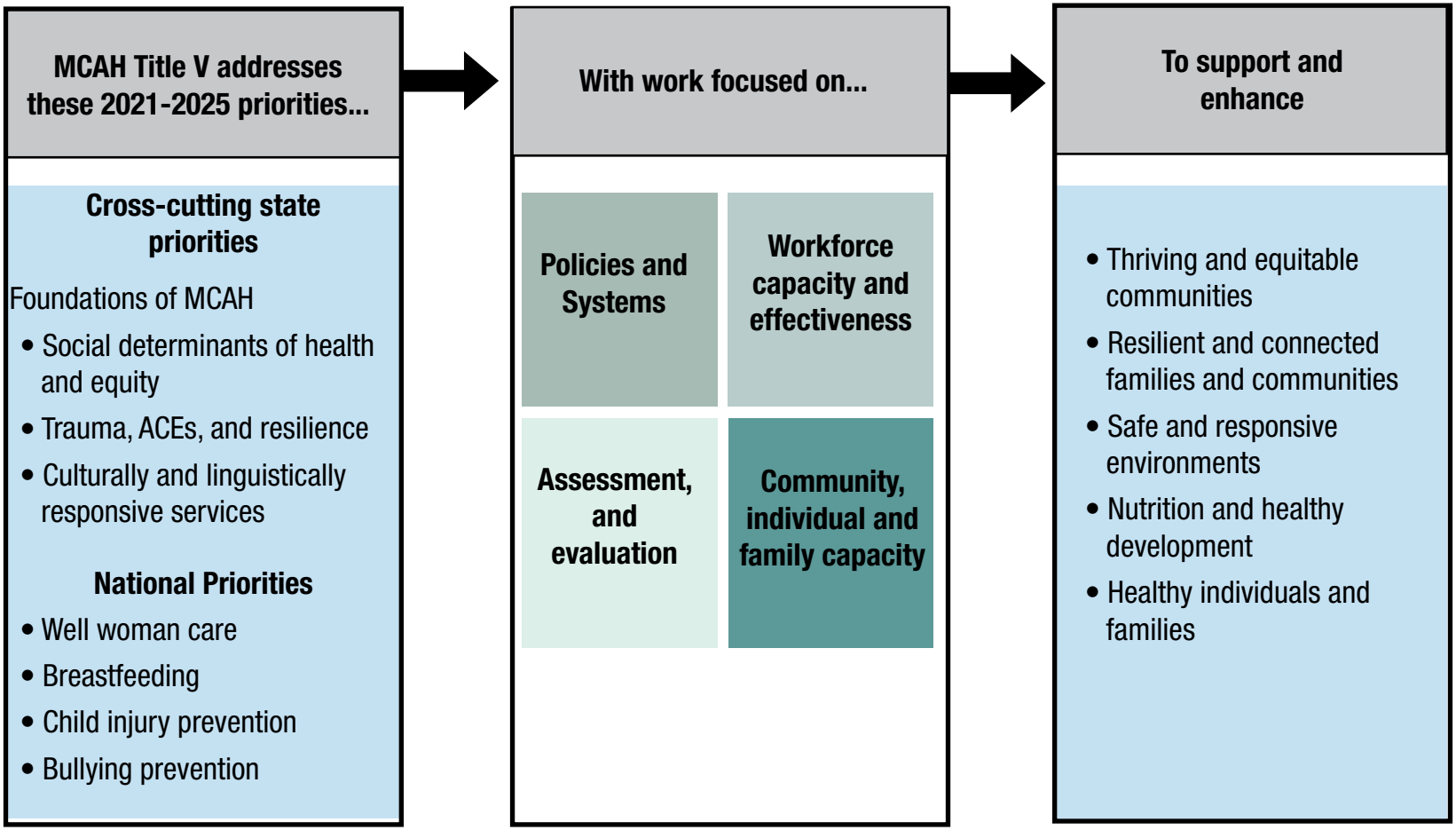
SD-4 Table of Contents: MCAH Guiding Documents

Oregon Title V Framework for Maternal, Child and Adolescent Health



Revised 2/4/2021

MCAH Title V Operating Structure (rev 7/6/22)

Title V leadership Team
(Cate, Ben Hoffman, Alison Martin, Nurit, Rosalyn Liu, John Putz)

Responsibilities:

- Guide policy decisions for the overall the Oregon Title V program coordination
- Coordinate overall direction and program implementation between MCH, ASH, and OCCYSHN
- Oversee shared PHD/OCCYHN work such as the Title V MOU work, the annual Block Grant, the 5-year Needs Assessment, etc.

Title V Operations Team (Nurit, Casey, Maria, Allison)

Responsibilities:

- Mechanics of Title V grant implementation – manage plans, communications, and assignments to Leads and other staff for report writing, review of local plans/reports, annual Block Grant report/plan, etc.
- Responsible for Block Grant completion and submission
- Manage communications with grantees except for priority-specific;
- Track grantee plan/report completion/submission
- Manage Title V database updates

State Title V Coordination Team

Responsibilities:

- Provide updates on work of cross-program interest
- Coordinate cross-Title V work such as TA to grantees, local plan report review, etc.
- Guide planning and implementation of cross-Title V program changes

Note: Priority Leads individual responsibilities include:

- Review local plans and reports for grantees working on the priority
- Write annual Block Grant report and plan for the priority

Team members: Priority leads, OCCYSHN staff, Ops team

MCAH Title V Cross-cutting Topics and Population Teams

Foundations of Maternal, Child and Adolescent Health Team

Function: Work on upstream prevention strategies in Title V's 3 state cross-cutting priority areas, to improve foundations of MCAH (safe and responsive envts, resilient and connected individuals, families, and communities; nutrition and healthy development). Provide TA for foundational MCAH skills and training such as anti-racism, health literacy, data, etc.

Title V priorities:

- Social Determinants of Health and Equity
- ACEs, Trauma, toxic stress and resilience
- CLAS

*All other Title V priorities have ties to this work

Team Lead: Wendy Morgan

Team members: Above priority leads, MCH tribal liaison, MCH research analyst, Peri/Women's/Infants and Injury team liaisons (Robin Stanton).

Injury Prevention Team

Function: Work on cross-cutting and upstream prevention strategies for injury work

- Child injury prevention (incl safe sleep)
- Bullying prevention
- Cross- PH work on shared risk and protective factors

Team Lead: Nurit Fischler

Team members: Above priority leads plus RPE staff? IVPP staff? Home visiting? OR Child Development Coalition? Nurse team rep?

Perinatal, Women's and Infant's Health Team

Function: Work on cross-cutting and upstream prevention strategies for the peri, women and infants populations

- Well Woman Visit
- Breastfeeding
- Oregon MothersCare

Team lead: Anna Stiefvater

Team members: Above priority leads plus OMC coordinator; RPE coord? Home visting staff? Other MCH program staff and partners? WIC?

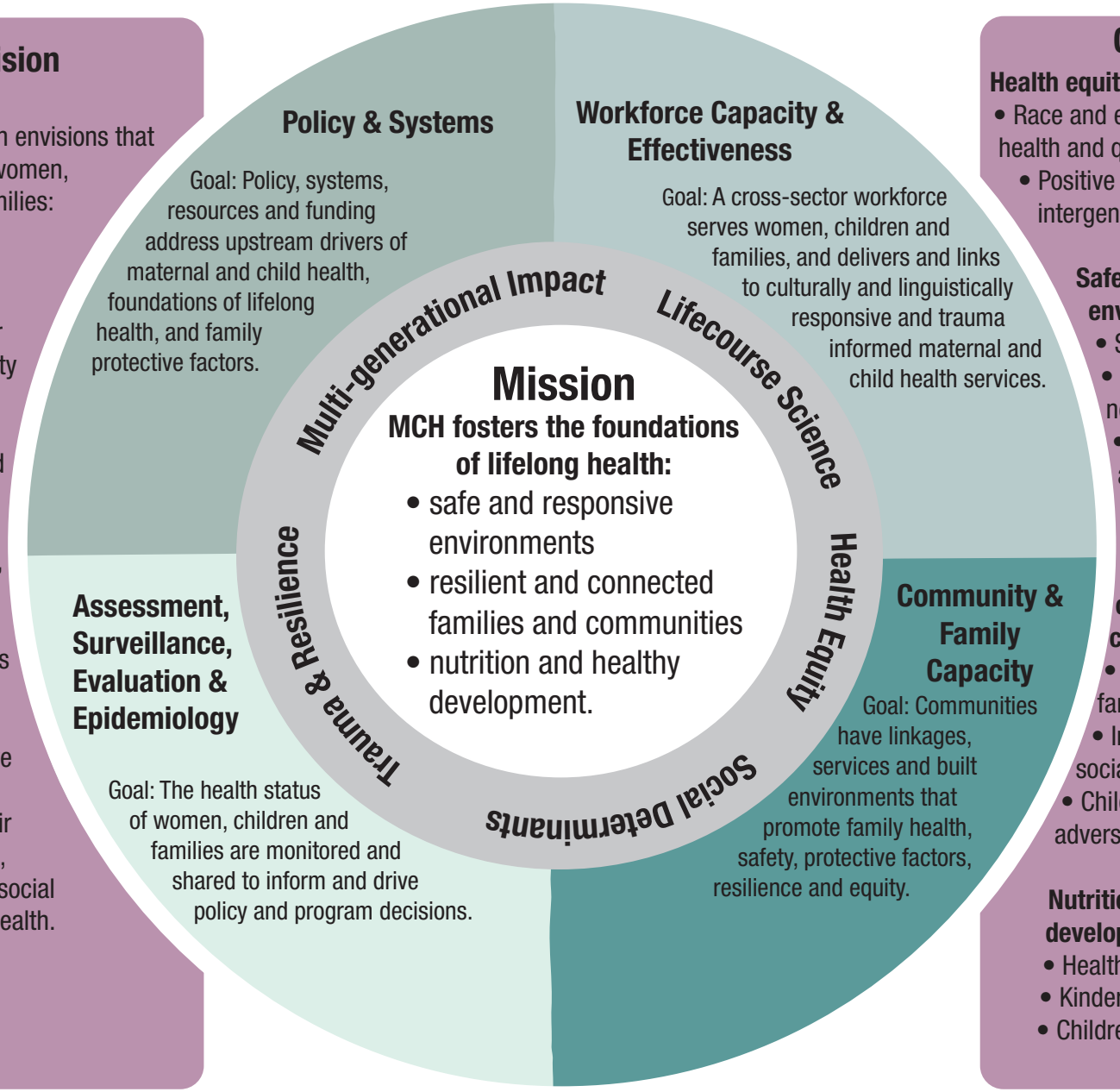
PHD Maternal and Child Health Section 2018 Strategic Plan:

Setting the trajectory for our population's future health

Vision

The MCH section envisions that all of Oregon's women, children and families:

- Experience equitable opportunities for health and quality of life.
- Are supported by accessible, coordinated, family-centered, and culturally responsive policies, systems and services.
- Live and thrive in communities that support their lifelong physical, developmental, social and emotional health.



Outcomes

Health equity:
- Race and ethnicity not predictive of health and quality of life
- Positive epigenetic outcomes and intergenerational health

Safe, supportive environments:
- Stable, safe housing
- Healthy and accessible neighborhoods
- Equitable educational and economic opportunities

Resilient and connected families and communities:
- Stable and attached families
- Individual, community and social connectedness
- Children protected from adversity and trauma

Nutrition and healthy development:
- Healthy birth outcomes
- Kindergarten readiness
- Children flourishing in school

January 2018

Strategic Priorities

Policy & Systems

Goal: Policy, systems, resources and funding address upstream drivers of maternal and child health, foundations of lifelong health, and family protective factors.

- Advance family friendly policies that strive for equitable outcomes, decrease stress for all families, and address the **social determinants of health and equity.**

  Policies such as paid family leave, universal health and dental care coverage, and access to nutritious and affordable food.

- Engage in cross-sector coordination, collaboration and communication to ensure an integrated, **comprehensive early childhood system.**

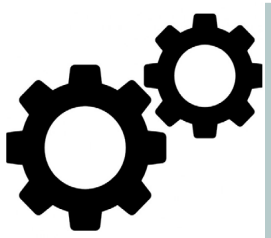
  Components such as universal home visiting system, systems of affordable and quality childcare, and health and early learning governance.

- Engage in cross-system coordination and integration at the state and local level to ensure quality **screening, referral, and access to and utilization of preventive** services for women, children and families.

  Service integration such as preconception and perinatal health, oral health, physical and mental health, and developmental screening and follow-up.

- Integrate maternal and child health **quality and evidence-based standards** across healthcare systems in hospitals, CCOs and healthcare settings, and with providers.

  Standards such as breastfeeding best practices, birth anomalies and early hearing detection and intervention protocols, and opioid prescribing for pregnant women.



Workforce Capacity and Effectiveness

Goal: A cross-sector workforce serves women, children and families, and delivers and links to culturally and linguistically responsive and trauma informed maternal and child health services.

- Advance the skills and abilities of the workforce **to deliver equitable, trauma informed,** and culturally and linguistically responsive services.

  Skills such as home visiting core competencies, Infant Mental Health-Endorsement, and trauma-informed practices.

- Recruit and retain a **diverse, stable and representative workforce** with equitable access to professional development, compensation, and career pathways.

  The workforce includes health, mental health and public health providers, traditional health workers, childcare providers and the MCH Section.

- Support **innovative workforce models and practices** in Oregon.

  Innovations such as dental pilots and reflective supervision.

- Advance the **foundational capabilities** within the public health system as they relate to women, children, and families.

  Capabilities such as data analysis, policy development and communications.

Assessment, Surveillance, Evaluation & Epidemiology

Goal: The health status of women, children and families are monitored and shared to inform and drive policy and program decisions.

- Engage **families and communities** to participate in assessment, surveillance, epidemiology, interpretation and dissemination of findings.
- Prioritize a **racial/ethnic and health equity focus and metrics** across all MCH data work to identify and address disparities.
- Expand the use of **rigorous evaluation and continuous quality improvement** across state and local systems and initiatives impacting women, children and families.
- Engage in **continuous needs assessment and exploratory analysis** to add to the maternal and child health knowledge base and improve effectiveness of MCH interventions and innovations.
- Expand the use of **data linkages,** information technology and cross-sector measures to improve quality, efficiency, avoid duplication, maximize capacity and direct our efforts.

Community and Family Capacity

Goal: Communities have linkages, services and built environments that promote family health, safety, protective factors, resilience and equity.

- Promote **public/private initiatives** to build community capacity for improved health, resilience, social/cultural connection and equity.

  Initiatives such as Best Baby Zone, Oregon Parenting Education Collaborative, Cradle to Community, and Futures without Violence.
- Create sustainable **local linkages between healthcare settings and community-based health** and wellness initiatives.

  Linkages such as Community Health Improvement Plans and connections among CCO/Early Learning Hub/Public Health.
- Promote programs that **engage families and build parent capabilities, resilience**, supportive/nurturing relationships, and children's social-emotional competence.

  Programs such as home visiting, parenting education, and culturally-specific evidence-based social support and mental health practices.
- Support local communities to create **built environments** that enable equitable access to neighborhood safety, transportation, clean air and water, recreation and healthy living.

  Built environments, such as safe routes to schools, child care sites, and community water fluoridation.

MCH Section Strategic Plan Outcomes

Short-Term Outcomes	Intermediate Outcomes	Long-term Outcomes
Women - Increased well woman visits - Increased adequate prenatal care - Decreased prenatal substance use - Decreased prenatal smoking - Improved prenatal oral health - Increased access to mental health services **Children** - Increased safe sleep for infants - Increased well child/adolescent visits, including immunizations - Increased child oral health visits - Increased child physical activity - Decreased children's exposure to smoking **Families** - Decreased intimate partner violence - Increased breastfeeding - Improved knowledge/skills in parenting & child development - Decreased food insecurity - Accessible healthy food **Accessible and connected services and systems of care** - Increased access to paid family leave - Increased access to healthy and affordable child care - Increased receipt of needed child development supports	- Increased pregnancy intention - Improved maternal social support - Decreased stressful life events - Decreased perinatal depression - Improved preconception and prenatal health - Healthy weight across the lifespan - Improved family nutrition - On-track early childhood development - Reduced family violence and child abuse - Increased neighborhood safety - Safe home environment - Increased parent-child attachment - Increased parent capabilities - Increased economic stability - Effective safety net of services for families - Improved oral health across the lifespan	**Health equity:** - Race and ethnicity not predictive of health and quality of life - Positive epigenetic outcomes and intergenerational health **Safe, supportive environments:** - Stable, safe housing - Healthy and accessible neighborhoods - Equitable educational and economic opportunities **Resilient and connected families and communities:** - Stable and attached families - Individual, community and social connectedness - Children protected from adversity and trauma **Nutrition and healthy development:** - Healthy birth outcomes - Kindergarten readiness - Children flourishing in school

Adolescent & School Health

Biennium 2017-2019 Strategic Plan

Adolescent & School Health

The Adolescent and School Health Unit is part of the Oregon Health Authority, Public Health Division and is comprised of four program areas:

Policy and Assessment	School-Based Health Centers	School Nursing	Youth Sexual Health

Vision: Oregon is the very best place for all youth to learn, grow, and thrive.

Mission: To support the health of all youth in Oregon through evidence-based and data driven policies, practices, and programs.

Who We Serve

Oregon's one million young people reflect a growing racial and ethnic diversity in the state, while they also face greater rates of poverty and housing instability. The transition period from childhood to adulthood occupies a significant portion of the life course, and within this, adolescence is a critical time period of development and social role transitions. Therefore, we focus our work on the health and well-being of adolescents and school-aged youth. We recognize the school setting as a critical touchpoint where our programs can meet the health needs of a large pool of youth. We also know that not all youth have equitable access to health and school systems, so we also strive to meet the needs of youth who are marginalized.

What We Believe

1. **Access**: Adolescents and school-aged youth need easy access to youth friendly/culturally responsive services, affordable health care, high quality health education, and active youth engagement activities.
2. **Education:** Every school district in Oregon should provide instruction aligned with Oregon Health Education Standards and be taught by qualified health teachers.
3. **Equity:** All youth have a right to health regardless of race, ethnicity, gender, ability, socioeconomic status, and other characteristics.
4. **Integration**: School health programs should be integrated and coordinated with community providers and within the school to create a comprehensive system of health support and promotion.
5. **Investment**: Investments in youth-focused programs will have long-term positive impacts on society. Elimination of health-related barriers will improve educational success and better education will improve health.
6. **Positive Youth Development:** Programming and education should have a holistic, strengths-based frame that highlights attributes and recognizes youth as positive change agents, willing and able to contribute to society.
7. **Population-Based Public Health:** In order to protect and improve the health of youth, population-based interventions must focus on improving systems that impact young people where they live, learn, work and play. This includes working with schools, health care, housing, juvenile justice, child welfare, etc.
8. **Youth Voice and Friendliness:** Youth programming should incorporate youth voice and foster a judgement-free and confidential space where young people are respected as partners in decision making and program design.

How We Act

1. We frame our work in positive youth development and focus on the strengths and assets of youth and their positive impact on their community.
2. Our work strives to incorporate and encourage authentic youth voice.
3. We promote health equity and focus on youth facing the greatest barriers.
4. We support and advance equity work in our organization through creating policies, trainings, and opportunities that empower staff of color.
5. We conduct business in a way that is transparent, responsive, and easily accessible to the public. This includes ensuring that the public has timely, accurate, and easy to interpret data.
6. We collaborate and partner with key stakeholders, providing them with technical assistance, training, and other resources. We connect Coordinated Care Organizations, health care providers, education, and public health for the youth population.
7. We provide stakeholders and policy makers with needed information to shape policy that can affect adolescent and school health, while also framing and implementing new laws and regulations so that they provide for the best outcomes for the youth population.

Strategic Direction & Goals

The Adolescent and School Health (A&SH) Unit has three **strategic goals** that guide our work. These goals were revised in the summer of 2017 and will be revisited at the beginning of the 2019-2021 biennium.

Our Goals

1. **Improve access to quality health services and health education for all youth in Oregon.** The purpose of this goal is to ensure that all youth in Oregon receive recommended clinical preventive services and gain knowledge and skills to have better health outcomes. This goal aligns with several of our core values and is reflected in the impact of all four programs – including training of providers and nurses, provision of sexual health and education programming, and supporting School-Based Health Centers.

2. **Provide partners with opportunities to build capacity, learn new information, and improve practice in order to better meet the needs of all youth in Oregon.** Adolescent & School Health provides guidance and best practices for the provision of clinical preventive services to local organizations, including those that serve youth with limited access to care. Our Unit identifies opportunities to work with communities to improve population health. Our Unit seeks to sustain collaborative cross-sector relationships with private, public and governmental organizations. This goal reflects our values and the unit's impact including work to build the capacity of key partners in all four program areas through trainings, resource development, and data collection and analysis.

3. **Illuminate the strengths and needs of all youth in Oregon through collection, analysis and dissemination of accurate and timely data.** Adolescent & School Health provides data, analysis, and information to health care providers, coalitions, policy makers, legislators and other stakeholders for better decision making to support the health and well-being of all Oregon youth. We assess, prepare, analyze and use data from youth surveillance surveys, program encounters, and other sources to inform the parties above.

Strategic Objectives

These goals are essential in how the unit frames and improves programming, communicates need and impact to the public, and how it supports conversations among stakeholders. Public Health Modernization is Oregon's plan to modernize the public health system and adopt a set of foundational capabilities and programs to ensure a core set of public health services are available in every area of the state. Our goals support the Public Health Modernization Foundational Programs of Access to Clinical Preventive Services, Prevention and Health Promotion and Communicable Disease Control. The goals help Oregon enhance the Public Health Modernization Foundational Capabilities of Policy and Planning, Assessment and Epidemiology, Community Partnership Development and Health Equity and Cultural Responsiveness.

Our programs support each other in all aspects of work to support youth health.

Staying Flexible

The Adolescent and School Health Unit will implement strategic objectives knowing that unforeseen opportunities, challenges, and emerging issues could impact the unit's work and direction. Therefore, our work will remain flexible to changing landscapes and will be amended as necessary. What may shift the strategic direction and objectives of the unit include:

- Changes in Public Health Leadership, leadership's priorities, legislation, or administrative policy at the State and Federal Level
- Changes in funding
- New partnerships
- Changes in Oregon's health system, especially as it relates to the Oregon Health Plan

Adolescent and School Health Unit

The Adolescent and School Health Unit (A&SH) is part of the Oregon Health Authority, Public Health Division and is comprised of four program areas: School-Based Health Centers, School Nursing, Youth Sexual Health, and Policy and Assessment. We focus on population-based programming that emphasizes positive youth development, health promotion and access to clinical preventive services. Our goals support the Public Health Modernization Foundational Programs of Access to Clinical Preventive Services, Prevention and Health Promotion and Communicable Disease Control. The goals help Oregon enhance the Public Health Modernization Foundational Capabilities of Policy and Planning, Assessment and Epidemiology, Community Partnership Development and Health Equity and Cultural Responsiveness.

Impact at a Glance in 2015-17 Biennium:

Actively engaged internal and external partners in education and health systems to develop and implement policy and programs.

Adapted and promoted Youth Participatory Action Research as a way to create active youth engagement in Oregon.

Partnered with Oregon School Activities Association to create a comparison guide for sports physicals and adolescent well visits.

Staff Activities

In the 2017-2019 Biennium, the Adolescent and School Health Unit commits to the following strategic activities. These activities are tied to improving youth's positive youth development (PYD) score, an outcome indicator that measures self-perceived health, resilience, and social connectedness. Youth with higher PYD scores are less likely to have used alcohol, tobacco, marijuana or another illicit drug in the past 30 days and are less likely to contemplate suicide.

1. **Support the linkage of school nurses, lead health educators, and school-based health centers in providing health education and referrals (A&SH Goal 1).**
    a. **Activity:** Use existing data and collect other information to assess linkages and successful strategies in coordinating education and referrals.
2. **Bring awareness to the youth population through a stakeholder (including youth representatives) gathering (A&SH Goal 2).**
    a. **Activity:** Host an Adolescent Health Day with programs sharing data (including snapshot), new work, and story-telling on topics relevant to the population's health and well-being.

Adolescent & School Health: Policy and Assessment

The Policy and Assessment Specialist tracks and assesses policy that affects the health and well-being of all Oregon youth. We track legislation, coordinate surveys on school health policy and curriculum, analyze youth surveillance data, develop policy and strategic plans, and promote evidence-based youth interventions. We work with internal and external partners to promote adolescent and school health, including provision of technical assistance to counties and health system partners working to increase the number of adolescent well visits in their communities. We help enhance Public Health Modernization Foundational Capabilities of Policy and Planning, Assessment and Epidemiology, Community Partnership Development and Health Equity and Cultural Responsiveness.

Impact at a Glance in 2015-17 Biennium:

161 health professionals trained on adolescent well visit and youth friendly services

2 guidance documents developed on the Adolescent Well Visit

Creation of a comprehensive data and policy report, the *Snapshot on Adolescent Health*

9 counties assisted in adolescent well visit promotion

Staff Activities

In the 2017-2019 Biennium, the Assessment and Policy Specialist commits to the following strategic activities. These activities are tied to improving youth's positive youth development score, an outcome indicator that measures self-perceived health, resilience, and social connectedness.

1. **Provide guidance documents and technical assistance to providers, school staff, and health systems on the delivery and promotion of the adolescent well visit (A&SH Goal 1).**
    a. **Activity:** Revise the Adolescent Well Visit Guidance document for Coordinated Care Organizations and their provider networks.
2. **Support implementation and evaluation of youth engagement and positive youth development activities in schools and School-Based Health Centers (A&SH Goal 2).**
    a. **Activity:** Develop evaluation tool for Youth Advisory Councils to measure impact of youth engagement efforts.
3. **Refine, update, and disseminate the Adolescent Snapshot on Health (A&SH Goal 3).**
    a. **Activity:** Incorporate new data, youth input, and stakeholder feedback to make the Snapshot current and applicable to youth needs.

Adolescent & School Health: School-Based Health Centers

The School-Based Health Center (SBHC) State Program Office (SPO) has eight staff that support Oregon's 78 certified SBHCs. Our main functions include state certification of sites, policy and program development, data analysis, technical assistance, and funding. Within these functions, we focus on the integration of health services (physical, mental, and oral health), ensuring SBHCs provide access to high quality, youth-friendly services, and supporting SBHC financial sustainability and partnership development. SBHCs advance the Public Health Modernization Foundational Programs of Access to Clinical Preventive Services, Prevention and Health Promotion and Communicable Disease Control.

Impact at a Glance in 2015-17 Biennium:

35,352 clients were served in at 78 SBHCs. SBHCs supported 18,369 OHP clients.

42% of school aged clients had an annual well visit. 30% of clients received immunizations. 31% of SBHC visits were to see mental health provider.

47% of state certified SBHCs receive recognition as Patient Center Primary Care.

22 SBHCs served mostly students of color.

Staff Activities

In the 2017-2019 Biennium, the SBHC State Program Office commits to the following strategic activities. These activities are tied to improving the health outcomes of reduced depression and reduced suicidality, increased effective contraceptive use, and increased positive youth development scores.

1. **Ensure access points through improvement of the SBHC grant formula for base funding, planning, and mental health capacity (A&SH Goal 1).**
   a. **Activity:** Develop a funding formula that balances expansion of SBHCs, community need of new sites, and capacity building at existing sites.

2. **Give SBHCs opportunity to learn from peers and clients to improve policy and practice (A&SH Goal 2).**
   a. **Activity:** Provide SBHC staff with opportunities to learn from the youth they serve.
   b. **Activity:** Create a learning collaborative on SBHC finance and revenue so that coordinators and medical sponsors can learn from peer practice and increase sustainability.
   c. **Activity**: Develop a plan to focus training and technical assistance for providers on two key quality improvement areas: reproductive health and clinical integration of mental, physical, and oral health services.
3. **Use existing data sources to enhance assessment of SBHC services and health needs of youth served by SBHCs (A&SH Goal 3).**
   a. **Activity:** Analyze satisfaction survey data to assess the utility of results to SPO and SBHC coordinators/staff.
   b. **Activity:** Provide SBHCs with mini - Adolescent Snapshots that links SBHC encounter data with district or county level Oregon Healthy Teens data.
   c. **Activity:** Analyze OCHIN health assessment data and link to SBHC encounter data to evaluate outcomes of assessment.
   d. **Activity:** Utilize revenue and Medicaid billing and claims data to support more sustainable financial practices among SBHCs.

Adolescent & School Health: School Nursing

The State School Nurse Consultant (SSNC) supports school nursing in Oregon by providing technical support and clinical consultation and policy and program guidance, serving as the state expert in school nursing, and promoting quality assurance in school nursing programs. We work closely with the Department of Education and other essential partners to help school nurses be the health expert in the education setting with the goal of eliminating health related barriers that impact a student's academic success. Supporting school nurses advances the Public Health Modernization Foundational Programs of Access to Clinical Preventive Services, Prevention and Health Promotion and Communicable Disease Control.

Impact at a Glance in 2015-17 Biennium:

Assisted nurses in 83 Oregon school districts to triage students' health issues.

Promoted quality assurance through data collection, training, and resource and guideline development.

Provided best practice & educational opportunities for a network of 300 school nurses throughout the state.

Staffed the Oregon Task Force on School Nursing to explore new funding sources for healthcare provided in the education setting.

Staff Activities

In the 2017-2019 Biennium, the State School Nurse Consultant commits to the following strategic activities. These activities are tied to improving health and education outcomes including increasing immunization rates, improving management of chronic conditions and reducing chronic absenteeism.

1. **Provide technical assistance and clinical consultation for nurses practicing in the school setting and school nursing programs (A&SH Goal 1).**
   a. **Activity**: Nurses practicing in the school setting are satisfied with the TA they receive, indicated through a year-end SSNC satisfaction survey.
   b. **Activity:** Professional development needs will be assessed, prioritized, and provided within the capacity of the State School Nurse Consultant.

2. **Improve school nursing practice throughout state. (A&SH Goal 2).**
   a. **Activity:** Bring together partners to develop school nursing standards of practice (guidelines) by July 2019.

3. **Collect, analyze, and disseminate data on school nurse presence, practice, and need (A&SH Goal 3).**
   a. **Activity:** Create data addendum for the annual Nursing Services in Oregon Public Schools report.
   b. **Activity:** Partner with Oregon Department of Education to enhance data collection and reporting efforts for school nursing.

Adolescent and School Health: Youth Sexual Health

The Youth Sexual Health (YSH) Program has three staff supporting youth sexual health efforts from policy to best practice, training to technical assistance, program planning to program support, as well as data collection and reporting. With the Oregon Youth Sexual Health Plan as a foundation, we work closely with numerous partners to ensure youth in Oregon have access to and use accurate information and well-developed skills to make thoughtful choices about relationships and sexual health. We support Public Health Modernization Foundational Programs of Prevention and Health Promotion and Communicable Disease Control and supports Foundational Capabilities of Community Partnership Development and Health Equity and Cultural Responsiveness**.**

Impact at a Glance in 2015-17 Biennium:

2,912 youth served in 9 counties in Oregon. 58% of participants reported being of Latino/Hispanic Origin. 9% of participants reported being lesbian, gay, bisexual, transgender or not sure.

Provided 62 trainings and presentations to stakeholders.

From 2011 to 2016: PREP counties had a 41 percent drop in teen pregnancy rates for the same time period, compared with a 35 percent drop statewide.

Staff Activities

In the 2017-2019 Biennium, the Youth Sexual Health Program commits to the following strategic activities. These activities are tied to achieving the health outcomes of the Oregon Youth Sexual Health Plan – reduced unintended teen pregnancy, reduced sexually transmitted infections and reduced non-consensual sexual behavior.

1) **Support youth sexual health programming throughout the state (A&SH Goal 1).**
   a. **Activity:** Serve 500 youth through spring of 2018 (as current grant expires) through the Personal Responsibility Education Program (PREP) grant. Continue using PREP funding for sexual health education in next iteration of the grant.
   b. **Activity:** Continue collaborations with internal and external partners to further align efforts throughout the State.

2.) **Better equip partners with resources to improve sexual health programming, outreach, and education throughout the biennium (A&SH Goal 2).**
   a. **Activity:** Provide partners with data on LGBTQ youth to inform reports and educator materials.
   b. **Activity:** Publish the Rational Enquirer with articles written by and for youth.
   c. **Activity:** Lead a 6-part webinar series on youth sexual health in Oregon.

3.) **Frame youth sexual health strengths and needs to enhance programming and strengthen policy (A&SH Goal 3).**
   a. **Activity:** Create youth sexual health data resources for every Oregon County.
   b. **Activity:** Work with Public Health Division to update sexual health questions on youth surveillance surveys to better reflect youth attitudes, perceptions and behavior.
   c. **Activity:** Partner with Public Health Division Injury and Violence Prevention to provide mapping of Oregon youth sexual health data.

Maternal and Child Health Section Racial Equity Policy

Commitment and Vision for Racial Equity

The Maternal and Child Health (MCH) Section commits to working against racism.

We acknowledge that communities of color and tribal and indigenous communities in Oregon experience inequities and disparities in health due to racism, oppression and historical trauma.

We envision an Oregon where racial inequities and disparities are eliminated and communities of color experience lifelong health and wellbeing.

We will create policies, programs and procedures to address structural and institutional racism, and hold ourselves accountable to them.

We will work with partner organizations and community members, rooted in our commitment to racial equity. We will make adequate resource allocation and invest in developing meaningful partnerships with diverse community stakeholders.

We will adopt goals and anti-racist strategies to guide us in making this vision a reality.

Racial Equity Policy

The Maternal and Child Health (MCH) Section will maintain a welcoming and trauma-informed work environment that reflects and supports the racial and ethnic diversity of our community members and partners. The section promotes and encourages culturally responsive and accessible communication methods. The section will recruit, employ, support and retain a racially diverse and culturally responsive staff and leadership.

MCH recognizes and values racial equity trainings, workshops and professional development activities that align with our racial equity commitment. Through this recognition MCH will host development opportunities related to racial equity and encourage and support employees to seek out additional opportunities. Focusing on racial equity provides the opportunity to introduce a framework, tools and resources that can also be applied to other areas of marginalization. As we deepen our ability to eliminate racial inequity, we will be better equipped to address the systemic and institutional barriers impacting all oppressed groups and those who experience multiple layers of discrimination based on intersecting identities.

To build a culture of shared learning and growth, the naming and interrupting of racist and oppressive language, actions and systems using trauma-informed principles is supported and encouraged in all section activities. All MCH staff will explore their own racial, ethnic and cultural identities in order to examine their biases and participation in structural

racism and systems of oppression. Staff will continually build skills to address structural racism, implicit and explicit biases and systems of oppression.

Staff and programs are evaluated for their ability to practice and implement MCH policies and procedures for racial equity and cultural responsiveness. Through ongoing development and reflective activities, MCH staff will regularly identify racial inequities in all aspects of their work and generate improvement plans and performance metrics to address them.

MCH welcomes and empowers people of color and those whose first language may not be English as essential partners in planning, decision-making, delivering and monitoring of policies and services to enhance maternal and child health. MCH will build reciprocal relationships with communities of color which have historically been left out of state government decisions and policymaking that affect their communities. MCH will create mechanisms for ongoing feedback from communities of color to ensure continuous inclusion and improvement.

The MCH Equity Workgroup will track implementation of racial equity policies, procedures and activities throughout all programs and adjust where needed to align with the section's commitment to racial equity.

For more information, please contact the Maternal and Child Health Equity Workgroup:

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Workgroup members: Liz Stuart, Kerry Cassidy Norton, Benjamin Hazelton, Nurit Fischler, Stefanie Krupp, Mauri Mohler, Lari Peterson, Maria Ness, Wendy Morgan, Carina Guzman, Caroline Tydings, Stephanie Glickman, and Rhiannon Simon

HIRING FOR EQUITY

Guidelines for Recruitment and Hiring
Oregon Maternal and Child Health

July 2019

Introduction

The Racial Equity Policy of Maternal and Child Health states that:

"[MCH] will maintain a welcoming and trauma-informed work environment that reflects and supports the racial and ethnic diversity of our community members and partners. The section promotes and encourages culturally responsive and accessible communication methods. The section will recruit, employ, support and retain a racially diverse and culturally responsive staff and leadership."

The goal of **The Workforce Equity Manual** is to improve our internal processes for writing position descriptions, recruiting and hiring a diverse workforce. We will employ best practices of transparency, racial equity, and trauma-informed principles throughout this manual.

This manual serves as a foundation for equitable hiring within the MCH section. When a position is vacant, the hiring managers/team leads will use this manual as a guide through the process. Employing the practices and principles will lead us to a more equitable, trauma-informed process. Additionally, it will also help MCH identify barriers and gaps in that we need to address.

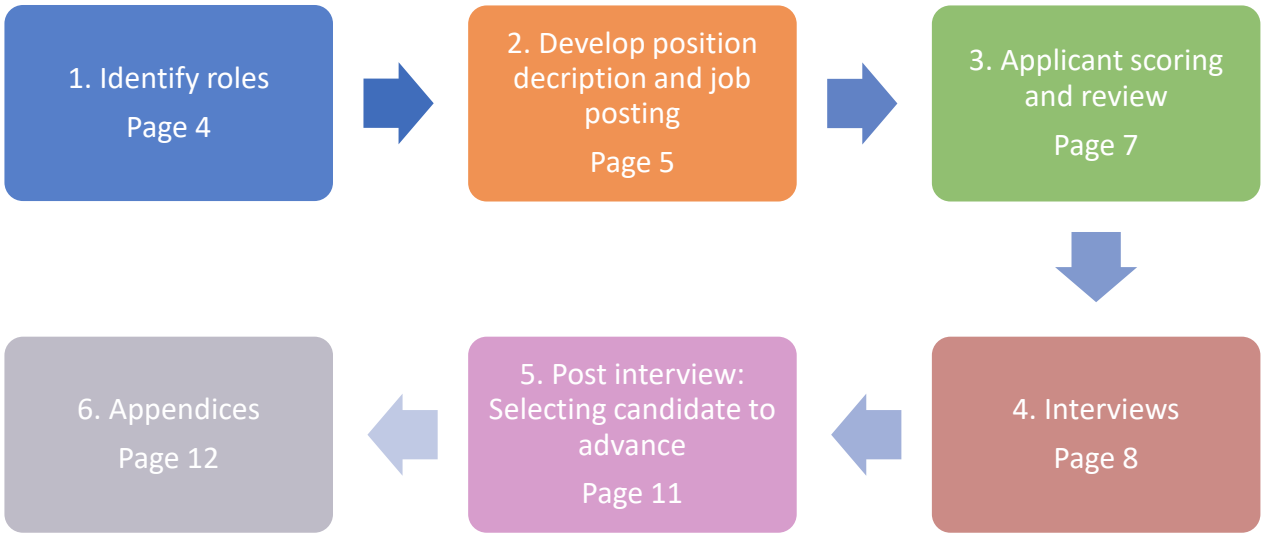
Oregon's modernized public health system is built upon seven foundational capabilities and four foundational programs. Foundational capabilities are the knowledge, skills and abilities needed to successfully implement foundational programs. One of these foundational capabilities is Health Equity and Cultural Responsiveness. There are six essential components to this foundational area, two of them directly relate to workforce equity and development.

1. Work collaboratively across the foundational capabilities and programs to create accountability structures and internal metrics for health equity through position descriptions, strategic planning and program management.
2. Co-create strategies and resources with priority populations to build a more diverse leadership and workforce in Oregon's public health system.

Through these procedures, we will refer to both the MCH Racial Equity Policy (See Appendix A) and Oregon's Public Health Modernization Manual.

Process Overview of Workforce Hiring At-a Glance

This is the roadmap for hiring, as well as a table of contents.



1. Identify Roles

Many people are involved throughout the hiring process.

1. **OHA Human Resources:** person who reviews and edits job posting language and incorporates any required OHA info. Also, responsible for initial scoring of minimum qualifications and works with section manager on any issues that come up.
2. **Hiring Manager:** section manager who is responsible for hiring the position. The hiring manager should take part in at least one interview.
3. **Hiring Support Lead:** person who helps with administrative tasks such as printing and copying applications, scheduling interviews, sends out interview materials, works with the process lead on building a calendar, and creating matrices for review/interviews.
4. **Process Lead:** person who is involved in every step of the process. This person reviews applicants, and participates in each round of interviews, and works closely with the **Hiring Support Lead** throughout the process. Additionally, this person is responsible for working to maintain the integrity of an equitable, trauma informed process for the applicants.
5. **Application Reviewer:** person(s) who review the application materials and helps narrow down the candidate pool.
6. **Interview Panelist:** person(s) involved in any of the interviews (in person, phone, vid-cruiter)

2. Develop the position description and job posting

Task*	Person(s) Responsible
☐ Send email to section for volunteers to participate	Hiring Manager
☐ Identify who will be in each role listed on page 2	Hiring Manager
☐ Update position description	Hiring Manager, HR
☐ Draft job description/posting	Process Lead, Hiring Manager (with input from other staff members)
☐ Draft supplemental questions and/or questions for cover letter	Process Lead, Hiring Manager (with input from other staff members)
☐ Applicant Recruitment: where to post, when to post, and how long to post	Hiring Manager, Process Lead
☐ Post position on web	Human Resources
☐ Check live posting for any inaccuracies	Hiring Support Lead

*Details and information on tasks can be found on the next page.

Review this resource when developing job description and announcement:

[Appendix B] Guiding Principles for Writing Job Announcements

Developing the position description and job posting (details)

Drafting the job description

Minimum and preferred qualifications, when possible and appropriate, should not be so specific or high that they automatically exclude people with non-traditional backgrounds, including education and professional experiences.

- Include professional characteristics in the posting that the team members are looking for.
- Set clear expectations in the description; Include equity related work explicitly in the desired attributes part of the job description. (i.e. "experience working with non-dominant communities" or "understanding of health disparities through personal or professional experience.").
- If a degree is required, what type of degree is relevant? Clearly state what amount of experience can substitute for a degree (if applicable).
- Simplify the language of the job posting to describe exactly what we are looking for. (for example: instead of "data systems," ask "can you enter data?")
- Remind applicants of this resource: http://www.oregon.gov/jobs/Pages/support.aspx
- Include MCH language on racial equity in the "what's in it for you" section:

  The Maternal and Child Health Section is a team of passionate individuals working to address health promotion issues across the lifespan of individuals and families. We believe preconception, pregnancy and early childhood experiences create and influence a path for lifelong wellness. Our team is made up of nurses, researchers, social workers, analysts, policy experts, and more. We value and support unique perspectives using a trauma-informed approach to our workplace. We are committed to racial equity as a driving factor for our internally and externally facing work. To do that we work to address structural and institutional racism and hold ourselves accountable.
- Include information on the hiring process pieces/timeline (how long the position is open, how many interviews, skills testing, when we would like have position filled, etc.)

Cover Letters

- To get a better feel of the candidate's journey, we will request cover letters in lieu of adding supplemental questions. We will include specific directions for the cover letter to address the "requested skills" section of the posting, as well as specific knowledge areas based on topic.

Applicant Recruitment

- HR has a list of places that the positions are typically posted. [See Appendix C]
- Identify other avenues for getting the word out and use them (MCH social media, print ads, online bulletins) [See Appendix C]
- MCH outreach to community-based organizations to help with recruiting/spreading the word, ensuring inclusion of culturally based community organizations/professional organizations and student groups.
- Unless the posting is internal only, 3-4 weeks is the MCH standard for how long a position is open for applicants.
- If the applicant pool does not meet standards for diversity*, the position will re-open, and recruitment strategies will be re-evaluated.
- **The hiring team will decide what is acceptable for a diverse applicant pool and will work with HR to retrieve demographic information of applicants. We will do this for each position until we identify a universal standard.*

3. Application scoring and review

Task*	Person(s) Responsible
☐ Develop matrix for application review based on job description, requested skills, and supplemental questions.	Process Lead, Hiring Support Lead
☐ Complete implicit bias refresher activity*	Process leads sends it out before applications are reviewed. All reviewers and interviewers are responsible for completing this before review/interview.
☐ Prep applications for review**	Hiring Support Lead
☐ Schedule meeting for reviewers to discuss applicants	Hiring Support Lead
☐ Select candidate to move to the next round	Application review team

Details and information on application and scoring

- *Implicit bias refresher activities:
  - https://implicit.harvard.edu/implicit/takeatest.html
  - https://harver.com/blog/hiring-biases/
  - https://www.mindtools.com/pages/article/avoiding-unconscious-bias.htm

- Identify the number of applicants who will be interviewed
- **Redact personal info from applications:
  - Create a log with applicant names matched with numbers
  - Redact personal information from all applications, add corresponding number to application. Personal information includes **name, address, telephone number, schools attended, and other potentially identifying information.** Any potentially identifying qualifications or experience that are relevant to the position will not be redacted.
- Each application must be reviewed by two reviewers
  - Be mindful that notes taken are part of the record.
  - Ensure that each reviewer receives ALL application materials.

Link to Appendix D: Sample application review matrix

4. Interviews: Live or Vid-cruiter

Task*	Person(s) Responsible
☐ Panel members were identified in part 1	Hiring manager, Process Lead, Hiring Support Lead
☐ Complete implicit bias refresher activity*	All panelists; Process lead will send activity out to everyone prior to the interviews
☐ Send all application materials for candidates to panel 2 days in advance	Hiring Support Lead
☐ Block panelists calendars; schedule interviews (include time for panelists to discuss the matrix, scoring and time post interviews for group decision making)	Hiring Support Lead
☐ Draft interview questions (always include one racial diversity question, see Appendix E for examples) ☐ Determine scoring for skills testing (if applicable)	Process Lead; Hiring Manager (finalized by interview teams and relevant program staff)
☐ Draft rejection language for email/call	Process Lead, Hiring Manager

*Details and information on interview tasks can be found on the next page.

Interviews (details)

All candidates will receive interview questions 15 minutes before the interview begins.

For all interviewers:

- Review and interview teams will be racially diverse to the extent possible. Recruiting reviewers and interviewers from other sections is encouraged for an external perspective.
- Implicit bias refresher information:
    - https://implicit.harvard.edu/implicit/takeatest.html
    - https://harver.com/blog/hiring-biases/
    - https://www.mindtools.com/pages/article/avoiding-unconscious-bias.htm

Video recorded interviews

- Pros: Offers flexibility, no scheduling, applicants do not have to take time off from current positions. Cons: potential barrier of technology access; missing feedback loop of talking to humans when answering questions.
- After reviewing recorded interviews, review panel will meet and discuss the matrix, job description and what skills/attributes MCH is looking for.
- Identify the applicants who will move to the second round
- Be mindful that notes taken during interviews are part of the record. (https://harver.com/blog/hiring-biases/)
    - Avoid language such as “not a good fit.”
    - Use strengths-based language and criteria.
    - Focus on the evaluation of skills based on job description and acknowledging potential bias.
    - Include question prompts or discussion items to help the conversation (e.g. “what does each candidate bring that would help MCH work in new ways?”)
    - Use strengths-based language and criteria.

In-person interviews

- Prior to first interview, interview panel will meet and discuss the matrix, job description and what skills/attributes MCH is looking for.
- Be mindful that notes taken during interviews are part of the record. (https://harver.com/blog/hiring-biases/)
    - Avoid language such as “not a good fit.”
    - Use strengths-based language and criteria.
    - Focus on the evaluation of skills based on job description and acknowledging potential bias.
    - Include question prompts or discussion items to help the conversation (e.g. “what does each candidate bring that would help MCH work in new ways?”)
    - Use strengths-based language and criteria.

Interview Best Practices*

When interviewing applicants who use wheelchairs:

- Always offer to shake hands.
- Get on the same eye level as soon as possible.
- Don't lean on the wheelchair.
- Always ask first before helping.

When interviewing applicants who have a visual disability:

- Identify yourself and others present. When conversing in a group, identify the person to whom you are speaking.
- Use verbal cues (handshake, chair location).
- Do not touch a walking stick or guide dog.
- Don't shout.

When interviewing applicants who have a hearing impairment:

- Look directly at the person and speak clearly, slowly and expressively to establish if the person reads lips. Keep your face free of obstructions such as pens or fingers.
- If you have difficulty understanding an applicant, don't pretend that you understood. Instead ask the applicant to repeat or rephrase the sentence.
- Use a physical signal to get the applicant's attention if necessary.
- Don't shout. If they use a sign language interpreter or CART (transcriber) look directly at the individual person and not the interpreter.

Other Interview Practices*

1. Diverse interview committees (at least one non-white male and/or representatives not traditionally in that job)
2. Have coffee/tea/water available
3. Create a relaxed atmosphere
4. Provide an office tour
5. Ensure the interview is not rushed
6. Get to know the interviewee well
7. Ask open ended and broad questions
8. Ask for experiences that are a reflection of values
9. Have a way to rephrase questions if asked
10. Provide context for questions
11. Make candidate feel comfortable

*Adapted from Clark College Equity in Hiring Resources

5. Post interviews/selecting a candidate to advance

Task	Person(s) Responsible
☐ If position needs to be re-opened, contact all candidates and let them know that they were not chosen to move forward (either by phone or email)	Hiring Manager, Process Lead
☐ Draft email/phone language for notifying candidates who were not selected	Hiring Manager, Process Lead
☐ Contact final candidates who are not selected	Hiring Manager (preferably by phone)
☐ Email all candidates who were not selected after position is filled	Hiring manager, HR
☐	
☐	
☐	

Appendix A: MCH Racial Equity Commitment Statement and Policy

Commitment and Vision for Racial Equity

The Maternal and Child Health (MCH) Section commits to working against racism.

We acknowledge that communities of color and tribal and indigenous communities in Oregon experience inequities and disparities in health due to racism, oppression and historical trauma.

We envision an Oregon where racial inequities and disparities are eliminated and communities of color experience lifelong health and wellbeing.

We will create policies, programs and procedures to address structural and institutional racism, and hold ourselves accountable to them.

We will work with partner organizations and community members, rooted in our commitment to racial equity. We will make adequate resource allocation and invest in developing meaningful partnerships with diverse community stakeholders.

We will adopt goals and anti-racist strategies to guide us in making this vision a reality.

Racial Equity Policy

The Maternal and Child Health (MCH) Section will maintain a welcoming and trauma-informed work environment that reflects and supports the racial and ethnic diversity of our community members and partners. The section promotes and encourages culturally responsive and accessible communication methods. The section will recruit, employ, support and retain a racially diverse and culturally responsive staff and leadership.

MCH recognizes and values racial equity trainings, workshops and professional development activities that align with our racial equity commitment. Through this recognition MCH will host development opportunities related to racial equity and encourage and support employees to seek out additional opportunities. Focusing on racial equity provides the opportunity to introduce a framework, tools and resources that can also be applied to other areas of marginalization. As we deepen our ability to eliminate racial inequity, we will be better equipped to address the systemic and institutional barriers impacting all oppressed groups and those who experience multiple layers of discrimination based on intersecting identities.

To build a culture of shared learning and growth, the naming and interrupting of racist and oppressive language, actions and systems using trauma-informed principles is supported and encouraged in all section activities. All MCH staff will explore their own racial, ethnic and cultural identities in order to examine their biases and participation in structural racism and systems of oppression. Staff will continually build skills to address structural racism, implicit and explicit biases and systems of oppression.

Staff and programs are evaluated for their ability to practice and implement MCH policies and procedures for racial equity and cultural responsiveness. Through ongoing development and reflective activities, MCH staff will regularly identify racial inequities in all aspects of their work and generate improvement plans and performance metrics to address them.

MCH welcomes and empowers people of color and those whose first language may not be English as essential partners in planning, decision-making, delivering and monitoring of policies and services to enhance maternal and child health. MCH will build reciprocal relationships with communities of color which have historically been left out of state government decisions and policymaking that affect their communities. MCH will create mechanisms for ongoing feedback from communities of color to ensure continuous inclusion and improvement. The MCH Equity Workgroup will track implementation of racial equity policies, procedures and activities throughout all programs and adjust where needed to align with the section's commitment to racial equity.

Appendix B: Guiding Principles for Writing Job Descriptions

Adapted from Clark College Equity in Hiring resources

Position descriptions are helpful to job applicants, employees, supervisors and to Human Resources staff at every stage in the employment relationship. They provide information about the knowledge, training, education and skills needed for each job. They prevent misunderstanding by informing employees what they need to know to successfully perform their jobs and the purpose of the job in fulfilling the mission of the agency.

THE TOP TWO MISTAKES MADE IN WRITING POSITION DESCRIPTIONS HAVE LONG-TERM ADVERSE EFFECTS:

1. **The description is based on the knowledge, skills and abilities of an individual**, not the actual work of the position. This practice results in misallocations, allocation appeals and grievances, staff morale issues and often adversely affects employees in a layoff situation or when there is an organizational change.

   We hire incredibly talented and competent employees. They all bring their own unique sets of knowledge and skills to their work and value to the organization. However, our compensation philosophy is to compensate based on the work of the position, not the individual's worth.

2. **The description is 'overbuilt'.** This is generally done in an attempt to allocate a position to a higher level. Often the description is so overbuilt that it calls into question the work of peers, leads and/or supervisors. This practice results in misallocations, allocation appeals and grievances, staff morale issues and often adversely affects employees in a layoff situation or when there is an organizational change.

   Supervisors and managers are accountable for managing state resources effectively and are expected to follow the standards that have been established.

   For concerns about how to describe work so that the relevance and impact are communicated, work with your Human Resources staff. They can consult on what work should be identified and how to effectively describe the work for hiring, allocation and performance management purposes.

HOW TO DESCRIBE THE WORK OF A POSITION

- Describe the actual work performed, *not the capabilities of an individual.*
- Position descriptions should be written in a concise, uniform and complete fashion to enable reviewing personnel to understand clearly the duties and responsibilities.
- Position descriptions should be plain talked using straight-forward, everyday English. Common terms should be used. Acronyms should be defined at any time when used.

POSITION DESCRIPTIONS SHOULD ANSWER CERTAIN QUESTIONS

- Why does the position exist?
- Where does it fit within the division/unit assigned?
- What work is assigned to the position?
- How is the work accomplished? (methods, procedures, etc.)
- What are the primary duties?
- What specific materials, equipment or machines are used in carrying out the job?

- What types of problems are encountered on the job and what is needed to resolve them?
- Does the position work with other positions or alone? What type of involvement occurs with other positions?
- What type of supervision is received? Who reviews a completed project for accuracy? How frequent is work reviewed?
- Does the position supervise other positions?
- What type of supervision is given to other positions?
- Is the job responsible for financial dimensions and how much?
- What is the impact of the person not performing their job?
- What are the minimum qualifications a person must have to be able to do the job (education, training, and/or experience)?

IDENTIFY THE ESSENTIAL FUNCTIONS OF THE POSITION

- Essential functions are the fundamental, crucial job duties performed in a position. They do not include marginal functions, which are extra or incidental duties.
- Essential functions must be identified for each position, not job class, and they must be based on the work performed. rather than the capabilities of an individual
- It is also critical to separate the function, which creates a desired outcome, from the method, which is a way of performing a function. An essential function is a completed task, not how that task is completed.
- Use the following criteria to determine if a function is essential:
  - The position exists to perform the function.
  - There are a limited number of employees among whom performance of the function may be distributed.
  - The function is highly specialized so that the incumbent is hired for his or her expertise or ability to perform the function.
  - If the incumbent has a temporary or permanent disability, would these duties be such that the incumbent must be able to perform them with or without reasonable accommodation? The essential functions are used in the accommodation process.

W**ORDING OF THE POSITION DESCRIPTION**

The position's immediate supervisor should develop the position description and share with the employee, so the expectations of the job functions are clear. The supervisor and management have the right and responsibility to authorize the content of a position description (assign duties and responsibilities).

Do:

- Use short, direct verbs in the present tense.
- Describe specifically and in sufficient detail:
  - What **work** is completed?

- What methods are used?
- What systems/applications are used?
- Responsibility for the results.
- Consequence of actions or errors.
- Instructions or guidelines provided.
- Supervision exercised and received.
- Relationship of position with others within the organization.
- Any other pertinent facts.

- Assign approximate percent of time spent in each outlined responsibility.
- Provide sufficient information on the position description to clearly distinguish the level of work.

Don't:

- Copy verbiage from class specifications.
- Use ambiguous terms, such as "handle," "research," etc., without an explanation as to what this involves.
- Lump several responsibilities together and assign large percentages of time.
- Use abbreviations or technical terms without an explanation
- Describe personal characteristics. (Example: "Deals with the public and must have a pleasing personality at all times.")

Ambiguous terms

Avoid using ambiguous terms such as "assist," "advise," "handle," "inspect," and "research." If it is essential that such terms be used, the degree of assistance, advice, handling, inspecting, or researching should be stated.

COMMONLY USED ACTION VERBS

- **Administer** - Manage or direct the execution of affairs.
- **Adopt** - Take up and practice as one's own.
- **Advise** - Recommends a course of action; offer an informed opinion based on specialized knowledge.
- **Analyze** - Separate into elements and critically examine.
- **Anticipate** - Foresee and deal within advance.
- Appraise - Give an expert judgment of worth or merit.
- **Approve** - Accept as satisfactory; exercise final authority with regard to commitment of resources.
- **Arrange** - Prepare for an event; put into proper order.
- **Assemble** - Collect or gather in a predetermined order from various sources.
- **Assign** - Specify or designate tasks or duties to be performed by others.
- **Assure** - Give confidence; make certain of.
- **Authorize** - Approve; empower through vested authority.
- **Calculate** - Make a mathematical computation.
- **Collaborate** - Work jointly with; cooperate with others.
- **Collect** - Gather.
- **Compile** - Put together information, collect from other documents.
- **Conduct** - Carry on; direct the execution of.
- **Confer** - Consult with others to compare views.
- **Consolidate** - Bring together.
- **Consult** - Seek the advice of others.
- **Control** - Measure, interpret and evaluate actions for conformance with plans or desired results.
- **Correspond** - Communicate with.
- **Delegate** - Commission another to perform tasks or duties that may carry specific degrees of accountability.
- **Design** - Conceive, create and execute according to plan.
- **Determine** - Resolve; fix conclusively or authoritatively.
- **Develop** - Disclose, discover, perfect or unfold a plan or idea.
- **Direct** - Guide work operations through the establishment of objectives, policies, regulations, practices, methods and standards.
- **Draft** - Prepare papers or documents in preliminary form.
- **Endorse** - Support or recommend.
- **Establish** - Bring into existence.
- **Estimate** - Forecast future requirements.
- **Evaluate** - Determine or fix the value of.

- **Execute** - Put into effect or carry out.
- **Expedite** -Accelerate the process or progress of.
- **Formulate** - Develop or devise.
- **Furnish** - Provide with what is needed; supply.
- **Implement** - Carry out; execute a plan or program.
- **Improve** - Make something better.
- **Initiate** - Start or introduce.
- **Inspect** - Critically examine for suitability.
- **Interpret** - Explain something to others.
- **Investigate** - Study through close examination and systematic inquiry.
- **Issue** - Put forth or to distribute officially.
- **Lead** - An employee who performs the same or similar duties as other employees in his/her work group and has the designated responsibility to regularly assign, instruct, and check the work of those employees on an ongoing basis.
- **Maintain** - Keep in an existing state.
- **Monitor** - Watch, observe, or check for a specific purpose.
- **Negotiate** - Confer with others in order to reach an agreement.
- **Operate** - Perform an activity or series of activities.
- **Participate** - To take part in.
- **Perform** - Fulfill or carry out.
- **Process** - Handle in accordance with prescribed procedures.
- **Provide** - Supply what is need; furnish.
- **Recommend** - Advise or counsel a course of action; offer or suggest for adoption.
- **Represent** - Act in the place of or for.
- **Report-** Give an account of; furnish information or data.
- **Research** - Inquire into a specific matter from several sources.
- **Review** - Examine or reexamine.
- **Revise** - Rework in order to correct or improve.
- **Schedule** - Plan a timetable.
- **Sign** - Formally approve a document.
- **Specify-** State precisely in detail or name explicitly.
- **Submit** - Yield or present for the discretion or judgment of others.
- **Supervise** - Communicates with, trains and evaluates employees, plans and directs their work; and has the authority to hire, transfer, suspend, layoff, recall, promote, discharge, assign, reward or discipline subordinate employees or effectively recommends such actions.
- **Transcribe** - Transfers data from one form of record to another or from one method of preparation to another without changing the nature of the data.
- **Verify**- Confirm or establish authenticity; substantiate

Appendix C: Job Posting Sites

Mac's List
Lund Report
Indeed.com
Partners in Diversity
iMatchSkills
OPHA Jobs
PublicHealthJobs.com
LinkedIn Banner
OHSU/PS School of Public Health – email to sphcomms@ohsu.edu
Washington State Public Health Association email to kim@wspha.org
MPH Universities – see below
Emory School of Public Health
University of Washington School of Public Health
Western Washington University
Washington State University
Contract with LinkedIn
Rollins School of Public Health at Emory
Baylor University
Southern Illinois University Carbondale
Brigham Young University
Claremont Consortium
Claremont Graduate University
Claremont McKenna College
Nova Southeastern University
DePaul University
Drexel University
Florida International University
Boston University School of Public Health
Harvey Mudd College
Oregon State University
Oregon Tech
Pitzer College
Pomona College
George Washington University
Scripps College
Boston University
Georgia State University
Mercer University
Hofstra University
Southern Oregon University
Eastern Washington University
San Jose State University
Stony Brook University
California State University Northridge
Johns Hopkins University
Brown University
Texas A&M Corpus Christi
University of Michigan
Tufts University
University of Alaska Anchorage
University of North Carolina Chapel Hill
University of Buffalo
University of Nevada, Reno
Wright State University
University of North Carolina, Asheville
University of Arkansas, Fayetteville
University of Georgia
University of Wisconsin, La Crosse
Washington State University
University of California, Berkeley
University of Illinois at Urbana-Champaign
University of Pennsylvania
University of Portland
University of South Carolina
University of South Florida St Petersburg
University of Southern Mississippi
University of Alabama
Westminster College, Salt Lake
University of Arizona
Tulane University
Western Oregon University
University of New Mexico
University of Montana
Arcadia University
Concordia University, Portland
Eastern Oregon University
Florida State University
Portland State University

Appendix D: Sample Application Review Matrix

Score 1-5	Score 1-5	Score 1-5	Score 1-5	Score 1-5
Go to Meeting, Adobe Connect, and Adobe Captivate.	**Workshops, training**	**Effective written and verbal communication skills.**	**Program and communications planning.**	**Message development, writing content for ed/training materials**
1: no experience 3: limited experience 5: was a regular part of previous positions	1: no experience 3: limited experience 5: was a regular part of previous positions	This part may be more subjective, as you are looking at their cover letters. Reminder to be consistent for the same things for each applicant	1: no experience 3: limited experience 5: was a regular part of previous positions	1: no experience 3: limited experience 5: was a regular part of previous positions
Participatory research, group faciliation, group processing	**Community engagement and diversity outreach**	**Software Experience (Adobe CS, Office programs, Sharepoint)**	**Interpreting and communicating data**	**Outreach/Experience with racially and ethnically diverse communities**
PR: science with education; purpose is to understand and resolve community problems (examples: group discussions, surveys, interviews)	1: no experience 3: limited experience 5: was a regular part of previous positions	1. MS Office 3: w/Sharepoint or Visio 5: w/Adobe CS (illustrator/InDesign/PhShop)	Experience taking data/complex topics and communicating to a broad audience 1: no experience 3: limited experience 5: was a regular part of previous positions	1: no experience 3: limited experience 4: was a regular part of previous positions 5: long term work with specific racial/ethnic communities/ work history includes position at a community based organization focused on non-dominant communities
Knowledge of trauma informed practices	**Knowledge/ Experience on the impacts of institutional and structural racism**	**Bonus: public health, MCH, home visiting experience**	**Veteran**	
1: no experience 3: limited experience 5: was a regular part of previous positions	1: no experience 3: limited experience 5: was a regular part of previous positions/education Institutional racism is a form of racism expressed in the practice of social and political institutions, and by individuals or informal social groups, governed by behavioral norms that support racist thinking.	1 point for each thing noted		

Appendix E: Interview Questions for Equity

Questions 1-9 developed by the Oregon Immunization Program

1. You're working with a community partner on a public health campaign. Explain to them how racism impacts public health.
2. You are visiting a clinic and a clinic staff member tells you that they don't offer materials in Spanish because "people need to be able to speak English". How would you respond?
3. What are some of the challenges you have encountered in working with patients/coworkers from a different background?
4. Tell us about a time when you changed your style to work more effectively with a person from a different background.
5. Tell us about a time you took responsibility/accountability for an action that may have been offensive to the recipient and how you did that.
6. Tell me about a time you had to alter your work style to meet a diversity need or challenge?
7. What is your vision of a work place that fully embraces diversity?
8. How do you define social justice?
9. When interacting with a person from a different culture than your own, how do you ensure that communication is effective?

Other questions:

10. Tell us about a time you were able to connect with someone whose cultural or economic background was different from yours. How might you utilize that experience to overcome similar professional challenges serving a diverse population or team?
11. In MCH, our work impacts many populations and we work alongside staff and partners with many different backgrounds. We value equity and diversity. What do the terms diversity and equity mean to you and why do you think these things are important for a public health department?

The following questions are adapted from Clark College's Equity in Hiring materials

12. Clark College is committed to diversity, equity and inclusion. Please describe how you would work to create a campus environment that is welcoming and inclusive.
13. One of Clark College's four core themes is Social Equity. How has your experience and/or background prepared you to be effective in this position?
14. In what specific ways has diversity, equity and inclusion shaped your (pick one) *leadership/teaching/counseling/advising/management* style?
15. Describe how you communicate effectively and respectfully within the context of varying beliefs, behaviors, and backgrounds.
16. How would you, as a faculty member, infuse diversity, equity and inclusion into the curriculum?

17. What opportunities have you had working and collaborating in diverse, multicultural and inclusive settings?
18. How do you challenge stereotypes and promote sensitivity and inclusion?
19. Students from systemically non-dominant populations make up a third of our student body. Systemically non-dominant refers to membership outside of the dominant group within systems of oppression. How would you seek and/or create opportunities to improve their learning environment to better meet their needs?
20. In previous work experiences, what has been the greatest obstacle in developing a culturally competent staff?
21. What ideas do you have for educating students about diversity, equity and inclusion?
22. Tell us about a time when you changed your communication style to work more effectively with a person from a different background. How would you apply what you learned to inform your work here at Clark College?
23. Tell us about a time you took responsibility/accountability for an action that may have been offensive to the recipient. What did you learn from that experience?
24. What do you think are some of the greatest challenges around issues of diversity, equity and inclusion? How have you personally worked to overcome those challenges?
25. Clark College serves a diverse population of students. Tell us about a time when you were able to connect with students whose cultural/racial background, sexual orientation, gender identity or socio-economic background was different from yours? What did you learn from them?
26. Tell us about a time when you built relationships across differences.
27. We all have biases – tell us about a time or situation where your bias may have gotten in the way or influenced your work or approach. What did you do to address or counter the bias? What did you learn as a result of this experience?
28. What does it mean for you to have a commitment to diversity, equity and inclusion? How have you demonstrated that commitment, and how would you see yourself incorporating that philosophy at Clark College?
29. What do you think are the benefits of racial, ethnic, and gender diversity as well as ability in the student body and the faculty?
30. How would you address tension around race, gender, class or ability among students in your classroom?
31. In your experience, what are the challenges faced by members of systemically non-dominant groups in the workplace? (The term systemically non-dominant refers to membership outside of the dominant group within systems of oppression.) What strategies have you used to address these challenges and what are some lessons learned?
32. What efforts have you made, or been involved with, to foster an inclusive and equitable environment?

33. What steps would you take to create a climate that is supportive and respectful and that values differing perspectives and experiences? How would you measure the success of this objective?

34. When have you previously been involved in creating meaningful dialogue between and among groups that increases understanding of power, privilege and inequity? How would you incorporate this in your management practices?

35. Practices and outcomes related to diversity, equity and inclusion are vital measures of institutional excellence. How would you support creating a culture of organizational learning and continuous improvement at the faculty level?

36. What experience have you had in increasing research and grant funding opportunities which include diversity, equity and inclusion related outcomes?

Maternal and Child Health (MCH) Section Trauma Informed Meeting Guidelines

MCH works to create courageous spaces to collaborate and share ideas respectfully. We acknowledge that a variety of backgrounds, skillsets, communication styles, and beliefs are present. While we acknowledge that there is a power differential among us, all attendees bring equally valuable opinions. Each participant is encouraged to provide leadership.

Note: Not all the practices recommended trauma informed practices will apply to all meetings, as they may vary in size, duration, and number of participants. However, it is expected that all MCH section meetings will use trauma-informed principles and practices. Below are questions to help guide these considerations.

(Click on headings that have a rectangle around them to jump to each section)

Questions to consider when using trauma informed meeting guidelines:

1. What kind of meeting is this? E.g. a huddle, a small meeting of 2-4 people, a large meeting of 5 or more people?
2. How much time do you have?
3. Is it a one-time or recurring meeting?
4. Will the meeting include external partners?

Before meeting	During meeting	After meeting
• Diversity and inclusion • Agenda • Communications • Environment	• Environment • Opening • Process & decision making • Communications • Action planning & closing	• Communications • Follow-up

Questions to consider when using trauma informed meeting guidelines:

1. **What kind of meeting is this? E.g. a huddle, a small meeting of 2 – 4 people, a large meeting of 5 or more people?**
   - All meetings should include the basic components of diversity & inclusion, considerations of environment, accommodations, and accessibility
   - For large meetings, pay extra attention to communication ensuring all voices are heard
2. **How much time do you have?**
   - Depending on time, decide which of the following is appropriate: an opening statement, activity, or a check-in
   - Provide time on the agenda to discuss follow up & next steps
   - Consider if time allows for different engagement techniques (e.g. small groups, paired discussion)
3. **Is it a one-time or recurring meeting?**
   - If a meeting is recurring, it is likely appropriate to establish group agreements
   - If a meeting is occurring only once, rather than group agreements, check-ins or opening activities may equalize power in the room
4. **Will the meeting include external partners?**
   - If yes, pay extra attention to accommodations such as parking and accessibility needs
   - For meetings which include PHD or OHA partners, consider informing attendees of the trauma informed meeting guidelines
   - Ensure partners have opportunities to provide feedback after the meeting

Before Meeting

Diversity & inclusion: Ensure attendees represent different experiences and points of view. When appropriate, include:

- Diverse roles and responsibilities within MCH
- Racial and ethnic diversity
- Community partners and/or stakeholders
- Families or consumers that will be affected by the work/decisions

Agenda: Send out an agenda and other written materials in advance.

- Use consistent and clear agenda format
- Include goals, topics, and desired outcomes
- Invite attendees to provide agenda input
- Include statement of accomodations availability
- Inform participants if written materials will be available
- Include a date to RSVP by

Communications: Aim for clear and inclusive communications.

- Tell participants what to bring to the meeting and whether food, parking, etc. are available.
- Inform participants about the meeting space including floor number, elevator information, stairs, room size, wheelchair accessibility
- Include a method to request accommodations, provide a deadline and two ways to let you know
- If requesting feedback on documents, allow sufficient time and methods for input
- Ensure that all meeting participants – including support staff – receive all communications

Environment: Provide a welcoming and accessible meeting space.

- Set up room to promote the engagement required of the meeting
- Make sure participants are equitably able to engage with audio/visual presentations
- Provide fidgets or learning aids
- Adjust lighting and temperature as needed when able

During Meeting

Opening: Set the tone for the meeting and address needs.

- Open with statement about racial equity and trauma informed guidelines. (link to opening statement)
- Announce locations of restrooms and other relevant information to meet personal needs
- Check in with participants about needed adjustments to space for comfort
- Encourage self-care. Let people know they may get up, stretch, eat, and take breaks
- Provide an opening activity to build community and equalize power in the room. Be attentive to inclusive language and activities
- If applicable, check in about the agenda and modify to align with group priorities

Process & decision making: Promote inclusivity in decision making; everyone in the room has a chance to be heard.

- Group norms: Encourage groups to establish their own written meeting agreements and use them at each meeting
- Be creative when engaging with agenda topics (e.g. divide into small groups for discussions, provide written feedback, discuss in pairs before presenting to group, etc.)
- Allow time for processing different views and perspectives

Communications: Recognize the personal experiences participants bring to the work.

- Incorporate various communication styles within your meeting.
- Acknowledge power differentials; discuss strategies to provide an inclusive and approachable process for attendees
- Incorporate various communication styles within your meeting
- Discuss how decisions will be made and how conflict will be addressed

Action planing & closing:

- Leave time to recap, discuss follow-up tasks, and discuss next steps
- As appropriate, share decisions with the larger community and management
- Request feedback on the meeting; allow sufficient time and methods to respond

After Meeting

Communications:

- Send meeting documentation to the group, including those unable to attend, in a clear and consistent format
- If appropriate, let participants know how input will be used
- Utilize feedback provided to make changes to topics discussed, future meeting structure, etc

The electronic version of these guidelines can be found on the I drive at **I:\MCH\MCH Guiding Documents**

Oregon Health Authority
PUBLIC HEALTH DIVISION

COVID-19 Public Health Recommendations for Maternal/Child Home Visitation: Updated May 2022

These recommendations are intended for agencies providing maternal/child home visiting services[i] and are provided to promote the health and safety of our communities.

Key points

- In-person home visiting is recommended if safety measures can be met (see Section III below).
- Staying up to date with COVID-19 vaccination and booster doses is a safe, effective, and reliable way to reduce risk for developing severe COVID-19 and spreading COVID-19 to others.
- It is strongly recommended that a home visitor be up to date with vaccination and booster doses prior to reinstating in-person visits.
- It is strongly recommended that all home visitors wear well-fitting disposable procedure or surgical masks during home visits, regardless of vaccination status. Fit tested N95 masks provide the best protection, and may be especially important when working with individuals who are unvaccinated or at high risk for severe COVID-19.
- Local home visiting agencies are strongly encouraged to establish policies and procedures for in-person home visiting services prior to providing in-person services.
- Remote or telehealth methods of home visiting may continue if home visiting model guidance and administrative rules continue to support these methods of service delivery.
- Key considerations for providing in-person home visiting include equity, consensus agreement from all participants in the visit and the ability to follow established safety precautions.

I. Background:

Home visiting is a critical service and a source of significant support to families. The objectives of home visiting have been accomplished through remote or telehealth service delivery during the COVID-19 pandemic; however, it is not the intention at the state or federal level to replace in-person home visiting services with remote care methods. Instead, state and federal level home visiting leaders are evaluating how remote or telehealth home visiting service delivery might be integrated in the future.

At this stage in the pandemic, layering the core public health strategies of vaccination and boosters for those eligible, face coverings or masks, eye protection, physical distancing, ventilation and air flow, hand hygiene, cleaning and disinfecting, screening for symptoms, and isolation and quarantine make in-person services safer.

II. It is recommended that a home visiting agency:

- Prioritize health and safety for home visitors and families when planning for in-person home visits, especially understanding the toll COVID-19 has had on communities of color and Tribal communities across Oregon.
- Establish policies and procedures for in-person services that address the areas outlined in section III prior to conducting in-person home visits.
- Continue to offer remote or telehealth home visiting services as an option when endorsed by model or program guidance and state rule.

III. Considerations for in-person home visiting services:

- Equity Impact: Communities of color and Tribal communities, specifically Latino/a/x, Black/African American, Pacific Islander and American Indian/Alaska Native populations have been disproportionately impacted by COVID-19. Consider and assess how returning to in-home services will address inequities that staff and families experience. For example, agencies may want to identify and prioritize families and populations who experienced inequitable access to technology required for remote or telehealth home visiting services.
- Family Voice: Honor family decisions on type of visit (telehealth or in-person) that feels most comfortable to them. Individual circumstances and risk from the pandemic vary and affect comfort with in-person contact. Whether family members choose to get vaccinated is a personal choice and should not be used to limit access to home visiting services. Inform families of the risks of COVID-19 infection and transmission and obtain verbal agreement from family prior to an in-person home visit taking place.

- Home Visitor Voice: home visitors have individual circumstances that affect their risk and comfort with in-person care. An individual home visitor's circumstances should be taken into consideration when deciding whether to provide an in-person or telehealth visit in collaboration with the organization's human resources department and applicable job modification rules.
- Vaccination: It is strongly recommended that a home visitor be up to date with vaccination and booster doses prior to reinstating in-person visits.
    - Vaccination with booster doses is a safe, effective and reliable way to reduce the risk of getting severely sick from COVID-19. It's the best tool we have to help us manage the COVID-19 pandemic in Oregon.
    - Home visitors can promote vaccines and support access to vaccination and booster doses for eligible family members[ii].
    - People are considered up to date with vaccination for COVID-19 if they have received a booster dose, if they are within 5mo of completing a mRNA vaccine series (PfizerBioNTech or Moderna), or within 2 months after receiving the single-dose vaccine (Johnson and Johnson [J&J]/Janssen).
- Local Community COVID Levels: If local COVID-19 level is medium, increase layers of infection prevention strategies. When the COVID-19 level is high, prioritize in person visits for those with greatest need.
- Screening for symptoms: home visitors and families should be screened for current symptoms of COVID-19, a positive COVID-19 test or awaiting results, or recent exposure to COVID-19.

  If the family or the home visitor has any symptoms consistent with COVID-19 or a positive COVID-19 test in the past 5 days, they should isolate and do not conduct the in-person visit.
- Exposure: If the family or the home visitor has been in close contact with a person who has COVID-19, for the 10 days following exposure they should wear a well-fitting mask when around others and watch for COVID-19 symptoms. They should get tested if they develop symptoms and consider getting a test 5 days after exposure, regardless of symptoms. Postponing an in-person home visit or scheduling a telehealth visit should be considered.
- Personal Protective Equipment (PPE):
    - Home visitors should wear a new procedure or surgical masks whether or not the home visitor or family members are fully vaccinated during every

in-person home visit. Fit tested N95s provide the most protection particularly during times of substantial and high COVID-19 transmission. Programs may choose to require home visitors to wear then during in-person visiting services.

- Eye protection (face shield or goggles) should be worn during times of substantial or high COVID-19 community transmission.
- It is expected that home visiting agencies will provide and require, at no cost to workers, masks and eye protection (face shield or goggles). It is also expected that agencies will provide face coverings to any adult caregivers or children who are present during the home visit, at no cost, and that all present wear a face covering if safe to do so and developmentally appropriate. Children under 2 years of age are not advised to wear face coverings.

- Hygiene: Consider what materials and resources are utilized for home visits. Limit the use of materials that will be utilized across multiple families unless they can be sanitized between use. Wash hands before and after each visit with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer (60–95% alcohol content), covering all surfaces of the hands and rubbing them together until dry. Use soap and water if hands are visibly dirty. Practice & encourage respiratory etiquette. Avoid touching eyes when holding, washing, or feeding a child.
- Space: Consider whether the number of families receiving an in-person contact can be limited to reduce the risk of the home visitor passing the virus from one family to another. Prioritize working with families at highest risk of severe illness first in the day, consider if in-person visits can take place outdoors or within the agency in a large meeting space to increase air flow and maintain physical distancing while using face coverings.
- Air flow: Promote air flow in indoor spaces. If it's safe to do so, open multiple doors and windows as much as you can to bring in fresh, outdoor air. Turn on the exhaust fan in the kitchen or bathroom to increase air flow. Consider child-safe fans or portable HEPA air cleaners.

Additional tools

- CDC COVID-19 Information and Resources Direct Service Providers for Children and Families: Information for Home Visitors
- Health Resources and Services Administration (HRSA) on identifying risk and precautions
- Safe and Strong Oregon
- OHA COVID19 Updates
- COVID19 Vaccine Info
- Find a COVID19 Vaccine
- CDC Vaccination and Booster Recommendations
- Face coverings and masks
- Ventilation and airflow
- Hand hygiene
- Cleaning and disinfecting
- Physical distancing
- Screening for symptoms
- Testing for COVID19
- CDC Guidance for Early Care and Education/Child Care Programs
- OHA COVID-19 related rules: ORS 333-019: Investigation and Control of Diseases
- OR-OSHA Rules Addressing COVID-19 Workplace Risks

These recommendations will remain in place unless there is new evidence that causes a change, or they are replaced with federal guidance from the CDC.

Document accessibility: For individuals with disabilities or individuals who speak a language other than English, OHA can provide information in alternate formats such as translations, large print, or braille. Contact the COVID-19 Communications Unit at 1-971-673-2411, 711 TTY or COVID19.LanguageAccess@dhsoha.state.or.us.

[i] Such as Babies 1st!, CaCoon, Early Head Start, Early Intervention, Healthy Families America, Nurse-Family Partnership, Parents as Teachers and Relief Nurseries

[ii] For more information on vaccine effectiveness and breakthrough cases, see the following resources:

- Oregon Health Authority Breakthrough Cases Report: https://govstatus.egov.com/OR-OHA-COVID-19
- Explanation of breakthrough cases: https://www.youtube.com/watch?v=OTUy3kob9gs
- CDC data on COVID-19 vaccine effectiveness: https://www.cdc.gov/mmwr/covid19_vaccine_safety.html