Oregon State Action Plan Table 2024 Application/2022 Annual Report

Priority Needs	Strategies	Objectives	National and State Performance Measures	Evidence-Based or –Informed Strategy Measures	National and State Outcome Measures
Women/Maternal Health					
High quality, culturally responsive preconception, prenatal and inter-conception services	1. Strengthen early identification of and supports for women's behavioral health needs 2. Support advanced training, coaching and quality improvement activities for home visitors related to well woman care. 3. Ensure access to culturally responsive preventive clinical care for low income and undocumented women. 4. Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. Engage affected communities including people of color in leadership. 5. Partner with Maternal Mortality Review Committee to understand contributing factors to maternal morbidity and mortality (state only).	By October 1, 2025 increase the percent of women with a past year preventive medical visit from 70.8% to 77.0%, through improved accessibility, quality, and utilization.	NPM 1: Percent of women, ages 18 through 44, with a preventive medical visit in the past year	ESM 1.1: Percent of new mothers who have had a postpartum checkup. ESM 1.2: Among local grantees who select well woman care, percent who report improved knowledge, skills, or policies based on provided technical assistance. ESM 1.3: Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in increasing diversity in the perinatal workforce. ESM 1.4: Number of OHA Office of Equity and Inclusion certified community health workers and doulas. ***Inactive -*** *ESM 1.5:*	NOM 2: Rate of severe maternal morbidity per 10,000 delivery hospitalizations NOM 3: Maternal mortality rate per 100,000 live births NOM 4: Percent of low birth weight deliveries (<2,500 grams) NOM 5: Percent of preterm births (<37 weeks) NOM 6: Percent of early term births (37, 38 weeks) NOM 8: Perinatal mortality rate per 1,000 live births plus fetal deaths NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.2: Neonatal mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.4: Preterm-related mortality rate per 100,000 live births

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				Completion of environmental scan to determine role of Title V in perinatal behavioral health.	NOM 10: Percent of women who drink alcohol in the last 3 months of pregnancy NOM 11: Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations NOM 23: Teen birth rate, ages 15 through 19, per 1,000 females NOM 24: Percent of women who experience postpartum depressive symptoms following a recent live birth
Perinatal/Infant Health					
Improved lifelong nutrition	1. Promote & support laws and policies for pregnant & lactating people in the workplace. Focus on populations with additional barriers. 2. Support advanced training, coaching and quality improvement activities for home visitors related to chest/breastfeeding. 3. Ensure that providers who serve tribal members have training in culturally specific approaches to promotion and support of lactation. 4. Ensure access to culturally responsive preventive clinical care for low income and undocumented individuals. 5. Establish community based perinatal, women's and infant health advisory groups to share best practices, strategize and impact policy change. Engage affected communities including people of color in leadership.	By October 1, 2025 increase the percent of infants who are ever breastfed from 93.5% to 94.4%; and increase the percent of infants breastfed exclusively through 6 months from 31.6% to 37.0%.	NPM 4: A) Percent of infants who are ever breastfed B) Percent of infants breastfed exclusively through 6 months	ESM 4.1: Breastfeeding initiation among Non-Hispanic Black mothers. ESM 4.2: Breastfeeding initiation among Non-Hispanic American Indian/Alaska Native mothers. ESM 4.3: Exclusive breastfeeding at 6 months among Non-Hispanic Black mothers. ESM 4.4: Exclusive breastfeeding at 6	NOM 9.1: Infant mortality rate per 1,000 live births NOM 9.3: Post neonatal mortality rate per 1,000 live births NOM 9.5: Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

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				months among Non-Hispanic American Indian/Alaska Native mothers. ESM 4.5: Among local grantees who select breastfeeding, percent who report improved knowledge, skills, or policies based on provided technical assistance. ESM 4.6: Completion of environmental scan of organizations and partners to facilitate determination of Title V's role in increasing diversity in the perinatal workforce. ESM 4.7: Number of OHA Office of Equity and Inclusion certified community health workers and doulas. ESM 4.8: Number of providers engaged in anti-racism or cultural humility training.	
Child Health					
Safe and supportive environments	1. Identify child injury prevention needs and priorities; use them to develop, promote and/or implement data-informed child injury policy.	By October 1, 2025, decrease the rate of hospitalization of 0 to 9 year old children for non-fatal injuries	NPM 7.1: Rate of hospitalization for non-fatal injury per 100,000 children,	ESM 7.1.1: Injury death rate among children 0 - 9 years of	NOM 15: Child Mortality rate, ages 1 through 9, per 100,000

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	2. Strengthen workforce capacity to address child injury prevention at the state and local level. 3. Strengthen partnerships to support child injury prevention. 4. Develop, implement and/or promote education and communication strategies for child injury prevention. 5. Improve data collection, analysis, interpretation, and dissemination ot child injury data to focus prevention efforts.	from 127.1 to 121.0, by addressing upstream drivers of child injury.	ages 0 through 9	age ESM 7.1.2: Transportation injury death rate among children 0 - 9 years of age ESM 7.1.3: Drowning death rate among children 0 - 9 years of age ESM 7.1.4: Poisoning injury rate among children 0 - 9 years of age ESM 7.1.5: Among local grantees who select child injury prevention, percent who report improved knowledge, skills, or policies based on provided technical assistance ESM 7.1.6: Percent of engaged partner groups including other state agencies, local grantees, and marginalized community representatives, that report satisfaction with level of	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.2: Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000

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				engagement in the development of a collaborative child injury report. ESM 7.1.7: Completed assessment of injury prevention risk assessment, education, and remediation in Oregon's public health home visiting programs.	
Adolescent Health					
Stable and responsive relationships; resilient and connected children, youth, families and communities.	1. Support the workforce to understand the impact of bullying on adolescent health. 2. Support bullying prevention education in schools. 3. Determine gaps and opportunities for bullying prevention partnerships and initiatives with internal and external partners. 4. Support youth participatory action research on bullying prevention.	By October 1, 2025, decrease the percentage of adolescents age 12-17 who bully others from 16.3% to 12.4%, and decrease the percentage of those who are bullied from 47.9% to 30.0%.	NPM 9: Percent of adolescents, ages 12 through 17, who are bullied or who bully others	ESM 9.1: Percent of 8th and 11th graders who have experienced bullying. ESM 9.2: Percent of 8th and 11th graders who have experienced bullying due to their race or ethnicity. ESM 9.3: Percent of 8th and 11th graders who have experience bullying due to their sexual orientation or gender identity. ESM 9.4: Percent of 8th and 11th graders who have experienced	NOM 16.1: Adolescent mortality rate ages 10 through 19, per 100,000 NOM 16.3: Adolescent suicide rate, ages 15 through 19, per 100,000

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				bullying due to a disability. ESM 9.5: Among local grantees who select bullying prevention, percent who report improved knowledge, skills, or policies based on provided technical assistance. ESM 9.6: Completion of environmental scan of youth serving agencies. ESM 9.7: Number of activities completed that increase local access to bullying prevention resources.	
Children with Special Health Care Needs					
High quality, family-centered, coordinated systems of care for children and youth with special health care needs	Strategy 11.1: We will improve access to family-centered, team-based, cross-systems care coordination* for CYSHCN and their families through workforce development and financing activities.	By September 2025, 40% of shared care plans will have a representative of primary care help LPHAs prepare for or participate in shared care planning meetings	NPM 11: Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	ESM 11.1: Primary care involvement in shared care planning	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system NOM 18: Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling NOM 19: Percent of children, ages 0 through 17, in excellent or very

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					good health NOM 25: Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year
High quality, family-centered, coordinated systems of care for children and youth with special health care needs	Strategy 12.1. We will increase the number of YSHCN and their families who receive information about transition to adult health care from their providers through family-informed workforce development, quality improvement, systems incentives, and family awareness activities.	By 2025, 60% of young adults with medical complexity (YAMC) or their families enrolled in transfer of care intervention will participate in their scheduled preparation appointments.	NPM 12: Percent of adolescents with and without special health care needs, ages 12 through 17, who received services to prepare for the transition to adult health care	ESM 12.1: Young adult with medical complexity/family participation in transition preparation appointments	NOM 17.2: Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system
Cross-Cutting/Systems Building					
Stable and responsive relationships; resilient and connected children, youth, families and communities.	OCCYSHN will promote trauma-informed care for CYSHCN and their families by incorporating a family-informed, trauma-informed lens to workforce development activities. MCAH Foundations - community, individual and family capacity: Support/fund programs - such as home visiting - that engage families and build parent capabilities, resilience, supportive/nurturing relationships, and children's social-emotional competence. MCAH Foundations - community, individual and family capacity: Build community capacity for improved health, resilience, social/cultural connection and equity. MCAH Foundations - assessment & evaluation: Engage families and communities in all phases of MCAH assessment, surveillance, and epidemiology, including interpretation and dissemination of findings.	By October 1, 2025 decrease the percentage of new mothers who experienced stressful life events before and during pregnancy from 44.8% to 38.0%.	SPM 1: Percentage of new mothers who experienced stressful life events before or during pregnancy		
Enhanced equity and reduced MCAH health	OCCYSHN will improve CYSHCN and their families' access to culturally sensitive and responsive care through workforce development. MCAH Foundations - policy & systems: Strengthen economic supports for	By October 1, 2025 increase the percentage of children age 0-17 who have a healthcare provider sensitive to their family's values	SPM 2: Percentage of children age 0 - 17 years who have a healthcare provider who is sensitive to		

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disparities.	families through policy development, implementation, and promotion. MCAH Foundations - policy & systems: Develop and/or strengthen systems and partnerships to promote food sovereignty, and to address food security and systemic barriers to accessing food resources. MCAH Foundations - policy & systems: Foster cross-system coordination and integration to ensure screening and referral for SDOH, and equitable access to needed services for the MCAH population. MCAH Foundations - policy & systems: Develop and implement systems that actively promote equitable, anti-racist, and trauma-informed workplaces, institutions, and services. MCAH Foundations - policy & systems: Strengthen policies and systems that provide equitable access to safe, stable and affordable housing for the MCAH population. MCAH Foundations - workforce capacity & effectiveness: Advance the skills and abilities of the workforce to deliver equitable, trauma informed, and culturally and linguistically responsive services. MCAH Foundations - workforce capacity & effectiveness: Implement standards for workforce development that address bias and improve delivery of equitable, trauma-informed, and culturally and linguistically responsive services. MCAH Foundations - workforce capacity & effectiveness: Support efforts to expand capacity and improve diversity in the workforce. MCAH Foundations - assessment & evaluation: Ensure all Title V performance measurement and evaluation includes a health equity focus which leads with race and ethnicity to identify and address disparities.	and customs from 94.0% to 95.2%.	their family's values and customs		
Enhanced social determinants of health	OCCYSHN will increase access to needed care and supports through investigation of barriers that inhibit CYSHCN and their families' timely access, and develop family-informed activities to reduce or eliminate the barriers.	By October 1, 2025, decrease the percentage of households with children that receive food or cash assistance from 42.3% to 41.3%.	SPM 3: Percent of children living in a household that received food or cash assistance		

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	Foundations - policy & systems: Strengthen economic supports for families through policy development, implementation, and promotion. Foundations - policy & systems: Develop and/or strengthen systems and partnerships to promote food sovereignty, and to address food security and systemic barriers to accessing food resources. Foundations - policy & systems: Foster cross-system coordination and integration to ensure screening and referral for SDOH, and equitable access to needed services for the MCAH population. Foundations - policy & systems: Develop and implement systems that actively promote equitable, anti-racist, and trauma-informed workplaces, institutions, and services. Foundations - policy & systems: Strengthen policies and systems that provide equitable access to safe, stable and affordable housing for the MCAH population. Foundations - assessment & evaluation: Conduct continuous needs assessment and/or analysis to add to the Foundations of MCAH (SDOH, Equity, CLAS, and Trauma/ACES) knowledge base and improve effectiveness of Title V interventions and innovations.				