



Oregon Pediatric Improvement Partnership: *Partner Meeting*

Improvement Partnership

March 17, 2020

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Agenda

- **Welcome and Introductions**
 - Welcome & Review the Purpose of Partners Committee: *Colleen Reuland*
 - Introductions
- **Spotlight from Partner Members**
 - Reach out Oregon Webinar Information: *Sandy Bumpus*
 - Update on Title V Needs Assessment, Universally Offered Home Visiting: *Cate Wilcox*
- **Sharing from Partners on Activities Focused on Improving Care for Children**
- **Call for June Partner Meeting Items**

OPIP Partners Committee - Functions

- A. **Sharing of successful initiatives and disseminating best practices:** The partners will share with each other the work they are doing to improve the health of children and youth, and the key learnings that are applicable to the other members
- B. **Identify areas of synergy:** Partners will identify areas of synergy across their efforts and/or where there should be synergy in efforts, to ensure a meaningful impact on the health of children and youth in Oregon
- C. **Build collaboration and consensus:** Through shared discussions, the partners will help to identify areas of collaboration and consensus about opportunities to improve the health of children and youth in Oregon
- D. **Serve as a resource for policymakers in providing guidance and input:** The partners meetings will represent an opportunity for policymakers to share and discuss key policy efforts and gain input and insight from the collective group of stakeholders.

Spotlight from Partner Members: Sandy Bumpus

Reach Out Oregon website:

reachoutoregon.org



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Spotlight from Partner Members: Cate Wilcox

Title V Maternal, Child, and Adolescent Health Needs Assessment Update



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Title V Maternal, Child, and Adolescent Health Needs Assessment Update

Cate Wilcox
March 17, 2020



Oregon
Health
Authority

MCH Title V Block Grant

MCH Title V Block Grant provides federal funds to improve the health of Oregon's women, infants, children, adolescents, and children and youth with special health care needs.

States are required to:

- Conduct a 5-year needs assessment
- Choose among 15 national priority areas/performance measures; plus state-specific priorities
- Develop strategies and measures to “move the needle” on the selected national priorities
- Align use of funds with these priorities and strategies

MCH Title V Funding In Oregon

- One third to Oregon Center for Children and Youth with Special Health Needs (OHSU) for children with special health care needs
- One third stays at OHA PHD for state level Title V work
- One third to Local Health Authorities and Tribes

MCAH Title V Block Grant Needs Assessment

Purpose:

- Better understand the health status and needs of the MCAH population
- Engage stakeholders, partners and communities in discussion about Title V's work and how it aligns partner priorities and opportunities
- Guide the selection of priorities for the state's Title V MCAH program for 2021-2025

National Priority Areas

Among the national priority areas, states are required to select at least one priority area per population domain.

Population Domain	National Priority Areas						
Women's and Maternal Health	Well-Woman Care	Low-Risk Cesarean Delivery				Oral Health During Pregnancy	Smoking During Pregnancy
Perinatal and Infant Health	Breastfeeding	Safe Sleep					
Child Health	Developmental Screening			Child Injury	Child Physical Activity	Oral Health 0-11	Child Exposure to Secondhand Tobacco Smoke
Adolescent Health	Adolescent Well-Visit	Bullying		Adolescent Injury	Adolescent Physical Activity	Oral Health 12-17	Adolescent Exposure to Secondhand Smoke
CYSHCN	Medical Home	Transition to Adult Health Care					

State Priority Areas

New state priority areas will also be selected from among the current state priority areas, and from emerging issues identified in the needs assessment.

State Priority Areas							
Current State Priority Areas	Toxic Stress, Trauma, Adverse Childhood Experiences and Resilience	Food Insecurity	Culturally and Linguistically Appropriate Services				
Emerging Issues	Drug Use and Misuse: Impact on Pregnant Women and Children	Adolescent Mental Health	Maternal Mental Health	Social Determinants of Health and Equity	Adult Alcohol Use	Child Care	Social Connectedness

Community and Stakeholder Engagement Oregon's 2020 Title-V Needs Assessment Process



Prioritization and Planning

Synthesize community and partner identified health and system strengths and needs; examine in context of MCH block grant work and root causes

MCH Block Grant priority selection

Engage Title V MCAH partners in determining Oregon's Title V program priorities for 2021-2025

Develop/revise strategies and measures for all selected priorities

Integrate selected priorities, measures and strategies into 2021 Title V Block Grant

Maternal, Child and Adolescent Health needs



Community Assessment Scan

- An environmental scan of previously conducted health and needs assessments
- Reports reviewed included:
 - Regional and local health department assessments
 - Tribal health assessments
 - Special population assessments
- Reports were scanned for an comprehensive list of maternal, child, and adolescent health topics, including the Title V national and state priority areas
- Mentions of need in any MCAH topic were recorded and tallied

Health Status Data

- Health status data was compiled to examine the current status of health in regard to each of the national, state and emerging priority areas.
- Sources of data included those such as:
 - Vital statistics
 - Census
 - Surveys including;
 - Pregnancy Risk Assessment Monitoring System
 - National Survey of Children's Health
 - Oregon Healthy Teens
 - Behavioral Risk Factor Surveillance System
- Subject matter experts within the Oregon Health Authority were consulted in order to select the most important and relevant data to include in the data tools.

Community Voices

- Community agencies collected data on the needs of special population of focus
- Selection criteria for the special populations of focus:
 - Under or unrepresented in previous (2015) Title V Needs Assessment and/or in health status data, and/or;
 - Evident disparities in maternal, child, and adolescent health among existing health status data
- Community agencies were provided with mini grants to collect data
- Special populations included:
 - African American/Black families
 - Hispanic/Latinx families
 - Immigrant and refugee families
 - Rural families
 - Homeless families
 - LGBTQ+ youth, with a special focus on transgender youth

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Partner Survey

- An online survey was conducted of MCAH partners, including:
 - State and local health department staff
 - Tribal health
 - Education professionals
 - Health care professionals
 - Community agencies
- Respondents were asked:
 - To rate the national, state, and emerging priority areas in terms of impact, equity, and resource allocation
 - To select their highest priorities
 - To report what emerging MCAH needs there were in their communities

Data Tools: Population Domains

- National priority areas are divided into population domains
- Purpose of the population domain tools:
 - To provide a description of the population
 - To provide an overview of the key maternal and child health issues faced by the population
 - To compare the potential national priority areas
- Components of the population domain tools:
 - Population profile
 - Key background & issues of concern for this population
 - National priority area options
 - Needs assessment results

<https://www.oregon.gov/oha/PH/HealthyPeopleFamilies/DataReports/MCHTitleV/Pages/index.aspx>

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2021-2025 Priorities

National Priority areas:

- Well woman care
- Breastfeeding
- Child injury
- Bullying
- Medical home for children and youth with special health care needs
- Transition to adult health care for children and youth with special health care needs

State-specific priority areas:

- Trauma, toxic stress, ACEs and resilience
- Culturally and linguistically appropriate services
- Social determinants of health and equity

Additional questions and comments?

Needs Assessment:

- Maternal, Child and Adolescent Health:
Maria Ness maria.n.ness@state.or.us
- Children and Youth with Special Health
Care Needs: Alison Martin
martial@ohsu.edu

General MCAH Title V information:

- Nurit Fischler nurit.r.fischler@state.or.us



Family Connects Oregon (Universally offered Home Visiting) Update

Cate Wilcox
March 17, 2020



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Background

- Universally offered home visiting provides a means of connection, coordination and triage for all families of newborns.
- It provides a route to community-level change and systems-level impact while proven to be a cost-effective investment in long-term population health outcomes.
- Vision: All families of newborns will be offered 1-3 nurse home visits 3-4 weeks post-discharge to help them get off to a good start with their new family constellation.

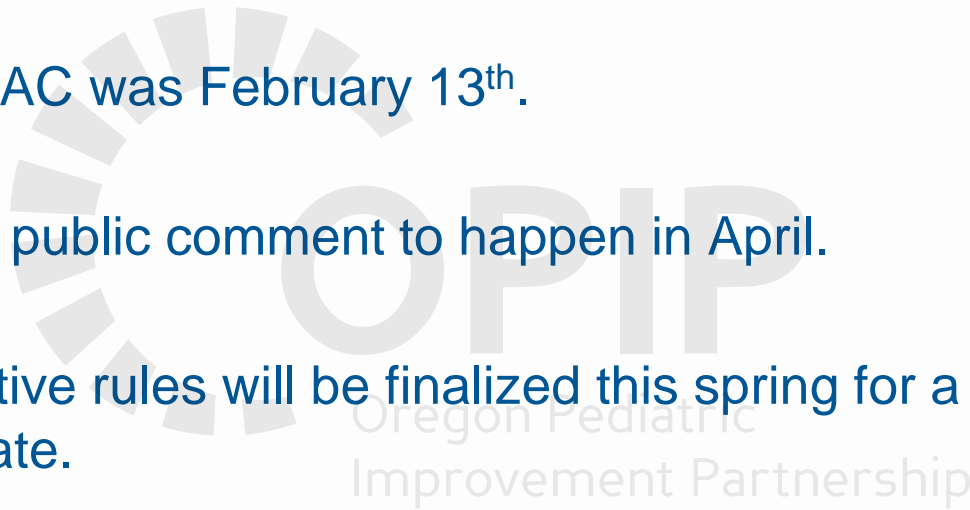
SB 526

- Gives OHA the authority to develop, implement and sustain the program, and
- Requires commercial health benefit plans to provide this benefit to their members
- Family Connects is the evidence-based model that meets the criteria in statute
- Oregon will implement the initiative over three biennia

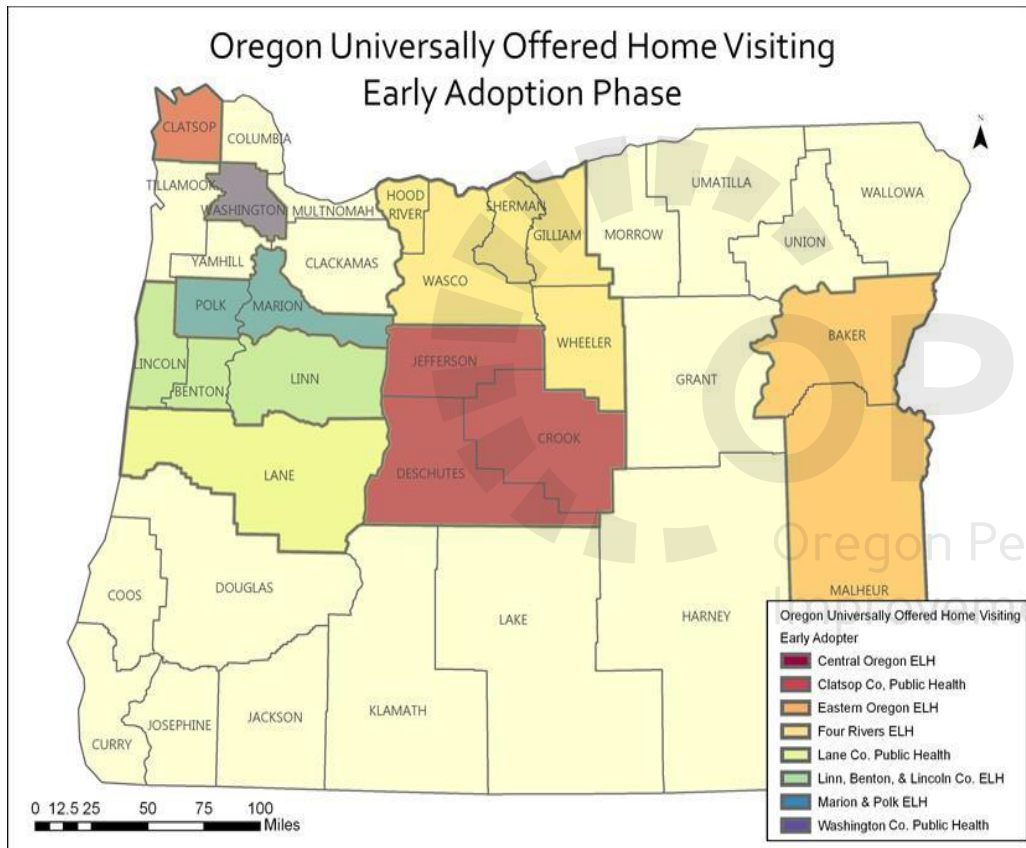


Administrative Rules

- The Rules Advisory Committee (RAC) met 5 times to develop rules,
- The final RAC was February 13th.
- Posting for public comment to happen in April.
- Administrative rules will be finalized this spring for a June 2020 effective date.



Early Adopter Communities



- Clatsop County Public Health
- Early Learning Hub Linn, Benton, & Lincoln Counties at Linn-Benton College
- Early Learning Hub of Central Oregon (High Desert ESD)
- Eastern Oregon Early Learning Hub
- Four Rivers Early Learning and Parenting Hub
- Lane County Public Health
- Marion and Polk Early Learning Hub, Inc.
- Washington County Public Health Division

Commercial Health Benefit Plans

- OHA and the Division for Consumer and Business Services (DCBS) meet regularly with Commercial Health Benefit Plans
- OHA and DCBS developed an actuarial model of services for Plans to use for rate setting and billing processes.
- Several types of insurance plans sit outside of SB 526 authority (self-insured, High Deductable Health Plans (HSA plans), plans originating outside of Oregon)

Communications and Stakeholder Engagement

- OHA has updated the Family Connects Oregon website, released a monthly newsletter, released a press release and created a subscription option to receive regular updates.
- <https://www.oregon.gov/oha/PH/HEALTHYPEOPLEFAMILIES/BABIES/HOMEVISITING/Pages/Family-Connects-Oregon.aspx>
- OHA is resetting stakeholder engagement through committee opportunities and regular update webinars.

Program Capacity

- OHA has hired four staff:
 - Public Health Nurse Consultant
 - Research Analyst
 - Health Systems Integration Specialist
 - Administrative Support
- Potential for hiring Program Coordinator
- Contract with Family Connects International for TA and capacity support

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Upcoming Activities

- Work at the state and local level on data collection, integration, interoperability, and program evaluation set up
- Work at the state and local level for billing pathways
- Continue the community alignment process for all 8 Early Adopter communities
- Provider training just prior to starting service delivery.
- Continued work on challenges around insurance coverage (e.g. high-deductible health plans (HSAs), self-insured plans, plans originating outside of Oregon)
- Workforce development pathways for home visiting services providers (nurses)

Additional questions and comments?

Cate Wilcox, MPH
Maternal and Child Health Manager
Title V Director

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Sharing from Individuals

- Introduce yourself
- Sharing One Thing You are Excited About That You are Working on that is Focused on Improving Care for Children



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Call for Topics for June 23 Partner Meeting

- What great work are you doing that is improving care and health of children in Oregon that you can share with group?
- Are you leading an effort that you could benefit from input and guidance from this group of stakeholders?
- Let OPIP (opip@ohsu.edu) know if you would to present in June.

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