

NLN 2016 Abstract Submission from Oregon

Title: Oregon's Process for Selecting the Title V National Performance Measures

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Background: The federal Title V Block Grant program has undergone its most major transformation in over two decades and aims to align with a modern public health system. Oregon's Title V Coordinator led a large internal team and external partners including local public health, tribal partners and other community stakeholders through a comprehensive needs assessment and strategic planning for Oregon's Title V Block Grant over the past 2 years.

Project Goal: Identify Oregon's 8 National Performance Measures and 3 State Performance Measures along with the accompanying evidence-based strategies, and develop a new implementation framework for grantees.

Methods: Overall themes of engagement include: engaging Coalition of Local Health Officials (CLHO) at every step of the process, including the local staff and tribal perspective in all decision-making, engaging tribal partners intently and in a way that has not previously been done, including geographical diversity in all conversations and decision-making, and identifying local and tribal co-leads for all MCH priority areas to ensure a state-local / tribal partnership. In 2013 partners were convened to develop a plan and process. The needs assessment included a scan of 53 existing community assessments to ensure that the voices of communities across the state, especially underserved communities, were well represented, a survey of over 750 providers and partners, a review of health status data with focus on disparities, key informant interviews, and an online discussion forum and listening sessions with local health departments, tribes, equity partners and parent educators working in under-served communities. Key partners were brought together in 2015 to develop recommendations based on the needs assessment for Oregon MCH priorities that align with Oregon's changing health care and early learning systems. Participatory webinars on each priority topic were conducted to engage diverse stakeholders across the state and an online survey of local health agency and tribal partners was conducted to gain feedback as decisions on MCH priority areas and strategies became more focused. Each priority area had a state-local lead to work together to identify the evidence-based strategies that grantees would choose for any of the performance measures that would be selected. In concert with this process the implementation parameters were finalized.

Results: Selected national performance measures are well-women care, breastfeeding, physical activity for children, adolescent well care visit, medical home for CSHCN, transition care for CSHCN, oral health and smoking. State performance measures include toxic stress, trauma and adverse childhood experiences, food insecurity and nutrition, and culturally and linguistically responsive services.

Summary: Through a comprehensive and engaging process, local Title V grantees have played an active role in identifying Oregon's 5-year Title V plan and implementation requirements.