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TO: The Honorable John Lively, Chair
House Committee on Early Childhood and Family Supports

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SUBJECT: Oregon Health Authority's Early Childhood Work

Chair Lively and members of the committee, I am Cate Wilcox, the Maternal and Child Health Section Manager for the Oregon Health Authority.

I am here today to provide information on the work the Oregon Health Authority (OHA) is doing for the early childhood population. As you know, the first 1,000 days of life are critical to building the foundations for lifelong health. This is the most intense period of brain development, and predispositions to obesity and certain chronic diseases are largely set during this period. The first 1,000 days actually begin before a woman is pregnant, in the preconception period. Therefore, OHA looks at child health holistically, including social determinants of health that impact families and the trajectory of a child's lifelong health and learning.

Good nutrition and physical activity are critically important for pregnant women, infants, toddlers and young children whose bodies and brains are rapidly growing and developing. The absence of key nutrients can disrupt proper cognitive functioning and the building of neural connections. Nutrition, cognitive stimulation and physical activity promote self-regulation and learning, and set the stage for lifelong health. In 2013-2015, 16.1 % of Oregon households with children

experienced food insecurity and 6.6% experienced very low food insecurity.¹ Food insecurity means not having access to enough food to be active and healthy. Oregon is the only state in the country that experienced a statistically significant percentage **increase** in food insecurity in 2015 and has the 6th highest rate in the country.²

OHA's Supplemental Nutrition Program for Women, Infants and Children (WIC) serves nearly 212,000 low-income pregnant women and children each biennium with healthy foods, nutrition education, breastfeeding promotion and support, and referral services. Oregon's Title V program focuses on well woman care, breastfeeding, food insecurity, physical activity in childcare, and supports to local public health departments and tribes to implement evidence-based strategies to address these issues in their communities.

When physical, oral, or developmental health needs are identified and treated early (including hearing, speech and other skills), providers can support families with services and supports to help children develop language, communication, social and emotional skills on track with their peers. Additionally, a healthy child has opportunities to play with other children, read with family members, and have regular dental and doctor visits that include developmental screenings and follow-up if needed. During 2014-15, only 33.7% of Medicaid children 0-5 years old received any dental or oral health care and only 26.7% received preventive dental services.³ Oregon's Health System Transformation and integration of behavioral health and oral health into the coordinated care model is helping to increase these rates, as are several oral health programs administered through the Public Health Division. In addition, OHA supports child health through immunizations, newborn hearing and metabolic screenings, and child health monitoring, assessments and policy development.

Safe and stable housing, supportive and protective caregivers, access to clean air and active playtime are just a few foundational elements for children's health. Discrimination, violence and toxic stress have negative effects on health for everyone. Assuring children are free from adversities such as these contributes to lifelong positive health outcomes, both for the individuals and for our communities. Toxic stress, trauma and adversity (including historical trauma, adverse childhood

¹ Coleman-Jensen A, Rabbitt M, Gregory C and Singh A. [Household Food Security in the United States in 2015](#). USDA Economic Research Service.

² Coleman-Jensen A, Rabbitt M, Gregory C and Singh A. [Household Food Security in the United States in 2015](#). USDA Economic Research Service.

³ Medicaid Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) Data, 2015.

experiences (ACEs), and/or adverse peer, school or adult experiences) influence the biology of health and development, resulting in multiple mental, physical, relational and productivity problems throughout the lifespan. In 2015, 44% of Oregonians reported experiencing two or more ACEs, and 22% of Oregonians reported four or more ACEs.⁴ Having four or more ACEs is strongly correlated with a wide range of negative outcomes later in life, including increased risk for heart disease, cancer, kidney disease, asthma, depression, and obesity. Stable responsive relationships and secure attachment in early childhood; meaningful peer and adult relationships for children and adolescents; and social support and connection to community, culture and spirituality for adults can help build resiliency and buffer the effects of adversity and trauma.

OHA has multiple initiatives focused on early childhood mental health and access to services, including expansion of Parent Child Interaction Therapy. These interventions focus on improving parent-child relationships, prevention of ACEs, toxic stress and trauma and building resiliency in families and communities.

As discussed in a prior hearing, home visiting plays a key role in helping families rise above adversity and sets themselves and their children on a trajectory for health and wellbeing. OHA's public health nurse home visiting programs serve 15,628 vulnerable children, families and children and youth with special health needs each biennium. The state's \$1.5 million investment is used to provide programmatic support at the state level, and as Targeted Case Management/Medicaid match by local public health authorities. Combining state funds with local matching funds allows Oregon to draw down \$12 million of Medicaid funding to serve 10,255 of these families. The Babies First!, Nurse Family Partnership, CaCoon and Maternity Case Management programs are not only critical to the fabric of the home visiting system, they also leverage federal investments, promote best practices, and provide family supports when other services are not available, such as early intervention.

Home visiting activities support public health priorities of well woman care, oral health, smoking and breastfeeding. They also address a number of the Coordinated Care Organization (CCO) incentive measures: alcohol or other substance misuse screening; ambulatory care – emergency department utilization; access to care for multiple age groups; childhood immunization status; cigarette smoking prevalence; depression screening and follow up plan; developmental screening in the first 36 months of life; effective contraceptive use among women at risk of unintended pregnancy; patient-centered primary care home enrollment; and prenatal and

⁴ Oregon Behavioral Risk Factor Surveillance System 2015.

postpartum care – timeliness of prenatal care. They provide opportunities to assess family and child needs, address health inequities and improve linkages to supportive services through community partnerships. They also play a critical role in strengthening protective factors, ensuring safe and nurturing relationships, and building parent competencies to reduce children’s exposure to ACEs and build resilience.

OHA supports the critical linkages between the Early Learning and Healthcare systems with the goal of improving outcomes for young children and their families through enhanced coordination across sectors. Early Learning Hubs (Hubs) and CCOs are working collaboratively in nearly every region of the state. These partnerships look very different from region to region, with different types of structures, shared initiatives and relationships.

Hubs and CCOs currently share two metrics, which assist in driving their shared work:

- Percentage of children receiving developmental screening by the age of 36 months, which is also a CCO Incentive Measure.
- Percentage of children receiving 6 or more well-child visits by the age of 15 months (a CCO state performance metric).

Many of the OHA Innovator Agents and Early Learning Division Hub Facilitators in overlapping service regions are connected and work together to support local collaboration efforts. Cross-sector staffing within the Maternal and Child Health Section of the Public Health Division supports coordination across both systems at a statewide and local level, with a focus on the prenatal to 5-year-old populations. This includes provision of resources, information, and technical assistance to local collaboration efforts. The latest example of this includes a Hub and CCO collaboration handbook, which is due to be released publicly this spring. Other examples include the following:

- OHA works closely with the Early Learning Division (ELD) to ensure coordination and alignment between health and early learning system transformation. This agency-to-agency connection was fostered by the Joint Subcommittee of the Early Learning Council and Oregon Health Policy Board. Additionally, OHA’s Director sits on the Early Learning Council and the Maternal and Child Health Section Manager now serves on the ELC in an advisory capacity.

- OHA worked with the ELD in implementing Oregon's Race to the Top – Early Learning Challenge grant, focusing on improving rates of developmental screening through systems building and early childhood workforce development.
- Within OHA, MCH and policy staff coordinate early childhood efforts throughout OHA, including the Public Health Division, Transformation Center, Health Policy & Analytics Division, and Health Systems Division.

Several challenges to Hub and CCO collaboration exist, including lack of shared geography in many regions and differing incentive and contract structures. That said, numerous communities across the state have developed robust shared work plans, shared initiatives and effective cross-representation on governance bodies.

In summary, OHA's efforts for women, children and families have more breadth and depth than can be shared today. However, this work is critical for the health of today's and tomorrow's Oregonians and Oregon communities.

Thank you for the opportunity to testify today. I am happy to answer any questions you may have.