SHIP SUBCOMMITTEE MEETING

☐ **Bias** ☒ **Trauma** ☐ **Economic Drivers** ☐ **Access to Care** ☐ **Behavioral Health**

November 5,2019 2:00 p.m. – 4:00 p.m. |

Members Present: Annie Valtierra Sanchez, Susan Boldt, LeeAndria Witcraft, Jenny Jackson, Kirt Toombs, Laura Williams, Jessica Nye, Suzanne Hansche, Sheldon Levy, Nurit Fischler, Kimberlee Handloser, Mandy Davis, Tammi Martin, Kim Hatfield, Frank Franklin, David Bangsberg, Terra Herndandez, Margaret Braun

Members Absent: Vanessa Timmons, Ginny Rake, Danica Brown, Claire Ranit

OHA Staff: Christy Hudson, Elizabeth Gharst

Members of the Public: Shelagh Johnson, Elena Rivera

AGENDA ITEM #1: Welcome, agenda overview, and subcommittee business

Christy opened the meeting. Asked participants to introduce themselves. Objectives of meeting are to finalize the indicators and begin to identify potential strategies. Annie Valtierra Sanchez will be stepping back from her role as co-facilitator, Kimberlee Handloser has agreed to take on the role in her place.

Nurit presented a debrief from the Trauma Informed Oregon conference. A 90 minute workshop was held with approximately 30 attendees to brainstorm strategies at the policy, community, and individual level. The full list can be found in the Trauma Informed Oregon conference folder.

AGENDA ITEM #2: Follow-up from last meeting – finalize key indicators

Christy, Kimberlee, Nat, Nurit, Margaret, and Annie met to discuss narrowing down the potential indicators list. The following list was developed:

• Positive youth development (Student Health Survey)
• Flourishing in early childhood (National Survey of Children's Health)
• Adverse Childhood Experiences/ACEs (National Survey of Children's Health)
• Experiences of racism (National Survey of Children's Health)
• New mothers who experienced stressful life events before or during pregnancy (Pregnancy Risk Assessment Monitoring System/PRAMS)

Subcommittee members shared thoughts/reactions to the proposed indicators:
• Limitations of Behavioral Risk Factor Surveillance System (BRFSS) and ACES data were highlighted. Use of ACEs scale and method of data collection are not culturally responsive.
• Pros/cons of indicators that focus on resiliency versus those that focus on adversity.
• Subcommittee members were interested in looking at the impact of violence on individuals experiencing trauma and toxic stress but were unsure what data sources specific to Oregon could work as an indicator. Data sources mentioned included: Police reports or Child Protective Services reports, Census data, ACEs data collected in National Survey of

Children's Health has a question on witnessing violence in the neighborhood, Student Health Survey has questions addressing intimate partner violence and bullying, National Victims Crime Survey is a good source but does not include state-level data.
- Most of the indicators were still focusing on individuals, one indicator should also look at trauma at the neighborhood or community level.
- Data sources that are derived from surveys taken at school such as Student Health Survey, Oregon Healthy Teens, and Youth BRFSS do not capture those who are missing school, often because of experience of trauma.

Through consensus voting, subcommittee members agreed to the following three indicators:
- ACES among children (National Survey of Children's Health)
- Chronic absenteeism (ODE)
- TBD neighborhood/community indicator (Census)

Frank Franklin will do some additional follow-up on potential data for the community indicator. Nurit will send him some potential data sources. Mandy Davis will look at Trauma Informed Oregon's list of metrics to see if there is a potential community/neighborhood level indicator.

AGENDA ITEM #3: Identify policy strategies

The subcommittee discussed the process of developing strategies in the next three meetings. Criteria for strategies include the following: proven impact on disparities, will achieve intended outcome, politically feasible, resourced or likely to be resourced, relevant to community, alignment with other strategic initiatives (locally or federally, change likely in next 5 years, and addresses lifespan (especially considering the needs of youth and older adults). The goal is to develop policy, individual, and community strategies, 10 – 15 in total, that will each have an accompanying process measure.

The subcommittee discussed wanting to brainstorm strategies for the first goal prior to the next meeting. Christy suggested looking to the following sources as reference: SHIP examples and CCO CHIP examples in the Docs and Files folder and the Qualitative Feedback from Community document in the Data and Measures folder. Christy did some initial coding for responses related to adversity and trauma in the document, although noted it has not been validated.

The group liked the idea of identifying potential strategies ahead of the next meeting using the SmartSheet form. Subcommittee members also agreed that they would leave their name in the comments when reviewing a particular document in Basecamp for strategy ideas.

PUBLIC COMMENT

A member of the public expressed she had some concerns with the use of ACEs, however felt that many of those concerns were addressed through the subcommittee's discussion. She encouraged subcommittee members to be mindful that when looking only at overt signs of trauma, that underlying experiences may be missed.

NEXT STEPS

Christy will revise the strategies template to include differentiation between policy, community, and individual related strategies and post the template and Smartsheet form.