SHIP SUBCOMITTEE MEETING #4: Adversity, trauma and toxic stress

Tuesday, December 3rd, 2:00 – 4:00
800 NE Oregon Street, Suite 900
Portland, OR 97232

OR

Zoom Meeting: https://zoom.us/j/393128009
Phone: +1 669 900 6833
Meeting ID: 393 128 009

Vision: Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientation, socioeconomic status, nationalities and geographic locations.

Meeting Objectives:
- Finalize community indicator
- Strategy identification

1:00 – 1:15	**Welcome, agenda overview, and subcommittee business**
1:15 – 1:30	**Finalize community indicator**
1:30 – 2:45	**Strategy identification Goal 1**
2:45 – 2:50	**Public Comment**
2:50 – 3:00	**Wrap-up & Next Steps** • Next meeting: January 7th

Welcome & introductions

Share name, agency and pronouns

Gratitude sharing – What is one thing you are grateful for?

Subcommittee Business

- Zoom functions
  - Please enable your video
  - Use those emoticons!
  - Keep lines muted when you're not talking

- Subcommittee digest

- Subcommittee process evaluation

Finalize indicators

- Chronic abseentism (ODE)

- ACEs among children (National Survey on Children's Health)

- TBD Neighborhood/Community Indicator

Adversity, Trauma, and Toxic Stress
Overview of Potential Community Level Indicators Using Census Data

Background:

Inequitable health status among racial/ethnic and lower income populations continues to be pervasive and persistent in the United States. In 2007, six indicators of sexually transmitted diseases, inclusive of human immunodeficiency virus infection attributed to the largest health disparities among the Black non-Hispanic population. Four additional indicators contributing to health disparities among the Black non-Hispanic populations were nonfatal firearm-related injuries, tuberculosis, homicides, and drug induced deaths. In 2015, compared to whites, the Black non-Hispanic population, among ages 18-34, had higher deaths rates for eight of the ten leading causes of death. Surveillance data has begun to elucidate the antecedent role of concentrated disadvantage in influencing differential health status; yet, the monitoring of concentrated disadvantage is not systematic and ongoing.

I.   **Life Course Indicator: Concentrated Disadvantage**

Concentrated disadvantage, poverty, and socioeconomic position are all very similar markers, but concentrated disadvantage may be the most relevant indicator for the life course. Poverty or socioeconomic position, which includes income, education, and employment, by themselves do not capture the synergistic effects of economic and social factors that cluster geographically and create truly disadvantage neighborhoods.

II.   **Neighborhood Social Disorganization [Proxy for the ACE of Neglect Abuse]**

   A. Impoverishment
   - i.   Unemployment
   - ii.   Family headship
   - iii. Poverty
   - iv.   Vacant Housing
   - v.   Child/Adult Ratio

   B. Instability
   - i.   Movement – time period 1 (e.g., 3 to 5-year period)
   - ii.   Tenure
   - iii. Movement – time period 2 (e.g., 3 to 5-year period)

   C. Child Care Burden
   - i.   Elderly
   - ii.   Male/female ratio
   - iii. Race/ethnicity

III. **ACE, Place, Race, and Poverty**

A. Vulnerability Indicators across childhood poverty and race/ethnicity strata

    i.   Family with children that are single parent
    ii.   Youth age 16-19 years not working or in school
    iii.   Households with interest, dividend, or rental income
    iv.   Households with wage income
    v.   Households receiving public assistance
    vi.   Adults older than 25 years with no high school degree
    vii.   Adults older than 25 years with a college degree
    viii.   Adults older than 18 years with limited English
    ix.   Owner-occupied housing
    x.   Children age 3-5 years in preschool
    xi.   Children in poverty

Getting clear on language

Vision: *Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.*

Goal: Broad statement(s) of what we're trying to accomplish within a given priority area to achieve the vision.

Outcome indicator: Long term measure that would indicate goal is achieved.

Strategy: Policy, community and individual level interventions needed to achieve the goal

Process measure: Short term measure that would indicate strategy has been achieved.

Actions: Specific tasks needed to implement strategy

Getting clear on language - Example

Vision: *Oregon will be a place where health and wellbeing are achieved across the lifespan for people of all races, ethnicities, disabilities, genders, sexual orientations, socioeconomic status, nationalities and geographic locations.*

Goal(s): Support efforts to mitigate trauma and increase resilience

Outcome indicator: Flourishing among young children

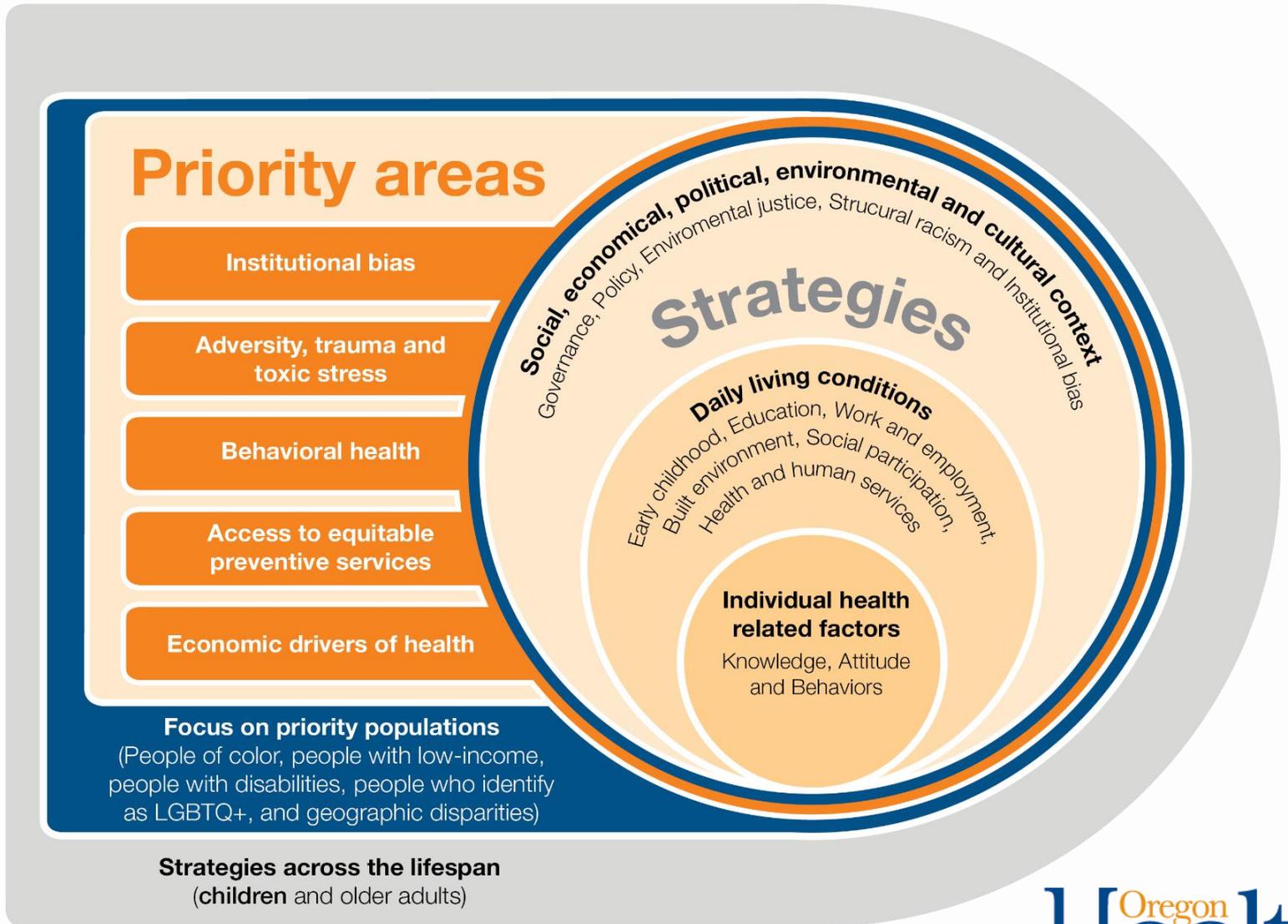**Strategy: Ensure schools are using trauma informed approaches**

Process measure: Percentage of K-12 public schools that have developed a trauma informed implementation plan

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Strategy development

- Goal: Identify a total of 10-15 strategies at policy, community and individual level
  - Existing strategies
  - New strategies
  - Interventions needed to make progress towards the goals

- Process
  - Identify possible strategies
  - Apply criteria to narrow strategies
  - Identify approximately 3 – 5 strategies for each layer of framework

Strategy Criteria

Selection criteria	Definition
Proven impact on disparities	• Strategy addresses disparities in priority populations (POC, low income, disability, LGBTQ, rural/frontier)
Will achieve intended outcome	• Right strategy for the goal • Strategy aligns with evidence-based or promising practice
Politically feasible	• Ability to influence and implement a policy change
Resourced or likely to be resourced	• Funding is available or likely to be available • Local expertise exists
Relevant to community	• Strategy is in use in local community • Strategy is realistic and of interest from a local perspective
Alignment with other strategic initiatives (locally or federally)	• Strategy nationally recognized or recommended
Change likely in next 5 years	• Impacts likely to be seen within 5 years of implementation
Addresses lifespan	• Relevant to a wide range of age • Relevant to young children or older adults

2020 SHIP Framework

Priority areas

- Institutional bias
- Adversity, trauma and toxic stress
- Behavioral health
- Access to equitable preventive services
- Economic drivers of health

Focus on priority populations
(People of color, people with low-income, people with disabilities, people who identify as LGBTQ+, and geographic disparities)

Strategies across the lifespan
(**children** and older adults)

Social, economical, political, environmental and cultural context
Governance, Policy, Enviromental justice, Strucural racism and Institutional bias

Strategies

Daily living conditions
Early childhood, Education, Work and employment, Built environment, Social participation, Health and human services

Individual health related factors
Knowledge, Attitude and Behaviors

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Strategy brainstorm – What strategies are need to advance our goals?

- Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities

- Prevent trauma (e.g. intergenerational and historical trauma), toxic stress, and adversity through data driven policy, system and environmental change.

- Mitigate trauma by promoting trauma informed systems and services that assure safety and equitable access to services, and avoid re-traumatization.

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Public Comment

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Next Steps & Final Thoughts

-+/Delta feedback review

- Next subcommittee meeting is January 7

-Homework:

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