



## SHIP SUBCOMMITTEE MEETING

Bias     Trauma     Economic Drivers     Access to Care     Behavioral Health

October 1, 2019 | 2:00pm – 4:00 p.m. |

**Members Present:** Annie Valtierra Sanchez, Susan Boldt, LeeAndria Witcraft, Jenny Jackson, Kirt Toombs, Laura Williams, Terra Herndandez, Jessica Nye, Suzanne Hansche, Sheldon Levy, Vanessa Timmons, Nurit Fischler, Kimberlee Handloser, Ginny Rake

**Members Absent:** Mandy Davis, Tammi Martin, Kim Hatfield, Frank Franklin, David Bangsberg, Claire Ranit, Danica Brown

**OHA Staff:** Christy Hudson, Nat Jacobs, Margaret Braun

### AGENDA ITEM #1: Welcome, Introductions and Agenda Overview

Annie opened the meeting. Asked participants to introduce themselves. Objectives of meeting are to finalize the goals and identify key indicators for the subcommittee.

### AGENDA ITEM #2: Finalize Goal

Nat, Annie and Christy met to flush out possible goals based on themes shared at last meeting and in basecamp. Three proposed goals are:

- Prevent intergenerational trauma, toxic stress and adversity through data driven policy, system and environmental change.
- Increase resilience by promoting safe, connected and strengths-based individuals, families and communities.
- Increase capacity and collaboration with state and local partners to mitigate trauma by promoting trauma informed systems and services that assure safety and equitable access to services, and avoid re-traumatization.

Subcommittee members shared thoughts/reactions to the proposed goals:

- Overall, group felt proposed goals captured the themes shared.
- Question about why intergenerational trauma was specified from other traumas? This was called out to address themes related to epigenetics and historical trauma. Suggestion to highlight intergenerational/historic as an example of one type of trauma or stress.
- Suggestion to add caregivers to second goal related to resilience.
- Group felt third goal was too long and wordy – and started to capture strategies.
- Discussion about the challenge of preventing traumas vs mitigating its impact.

Through consensus voting, subcommittee members agreed to final draft goals are:

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

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

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

### **AGENDA ITEM #3: Identify Key Indicators**

Subcommittee is tasked with identifying indicators that will help to measure progress towards the goal. Indicators should meet 3 criteria: address disparity, accepted by community, and are feasible meaning data is already being collected. Subcommittee reviewed current population health data on trauma and resilience being that's being collected in BRFSS and SHS.

- BRFSS data is a random digit-dial survey that asks people 18 and over about their health risks and behaviors. ACEs questions are the traditional ACEs scale used by Kaiser. ACEs data is collected annually.
- [National Survey of Children's Health](#) is also a random, phone-based survey. Data is self-reported by parents on their children's health behaviors and risks, so data is more real time. ACEs data in this survey addresses stresses like poverty and experiences of racism. Data is collected nationally but available on a state by state level.
- Concern about using ACEs data as an indicator given asking about these experiences for purpose of a survey is controversial.
- Flourishing in early childhood is a composite measure that looks at a number of different socio-emotional health such as ability to calm self, etc. Also telephone based survey.
- Members also identified other data that is more focused on the impact on trauma, such as chronic absenteeism.
- IVP related deaths is limited and not comprehensive of all DV related homicides.
- Suggestion to look at State of Black Oregon report to fill in gaps

Subcommittee ran out of time to identify indicators – and identified a small group to carry this conversation before the next meeting. Small group will include Vanessa, Kim, Nurit and Margaret. Other subcommittee members invited to join and/or suggest other population health data sources.

### **PUBLIC COMMENT**

No public comment was provided.

### **NEXT STEPS**

Christy will schedule small-group to discuss indicators.

Subcommittee encouraged to continue exploring basecamp and reviewing example policies.

Subcommittee members encouraged to contribute additional data sources that may be relevant for measurement.