



SHIP SUBCOMITTEE MEETING #3: Adversity, trauma and toxic stress

Tuesday, November 5th, 2:00 – 4:00pm
800 NE Oregon Street, Room 1D
Portland, OR 97232

OR

Go to Meeting: <https://global.gotomeeting.com/join/384717421>
Conference call: +1 (408) 650-3123
Access Code: 384-717-421

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 key indicators
- Identify policy level strategies

2:00 – 2:15 **Welcome, agenda overview, and subcommittee business**

2:15– 2:45 **Follow-up from last meeting – finalize key indicators**

2:45 – 3:45 **Identify policy strategies**

3:45 – 3:50 **Public Comment**

3:50 – 4:00 **Wrap-up & Next Steps**

- Next meeting: December 3rd

Welcome & introductions

Share name and pronouns

Who's your equity hero?

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The logo for the Oregon Health Authority. It features the word "Oregon" in a smaller, orange, sans-serif font above the word "Health" in a large, blue, serif font. Below "Health" is the word "Authority" in a smaller, orange, sans-serif font. A thin orange horizontal line is positioned above the "Oregon" and "Health" text.

Subcommittee Business

- Subcommittee charter finalized
 - Clarified role of delegate
 - Consensus process includes discussion for those who are thumbs sideways/thumbs down
- Supporting sector specific meetings
- Identify a co-chair
- Debrief from Trauma Informed Oregon Conference

Finalizing the indicators

- Positive youth development (Student Health Survey)
- Flourishing in early childhood (National Survey of Children's Health)
- ACES among children (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 (PRAMS)

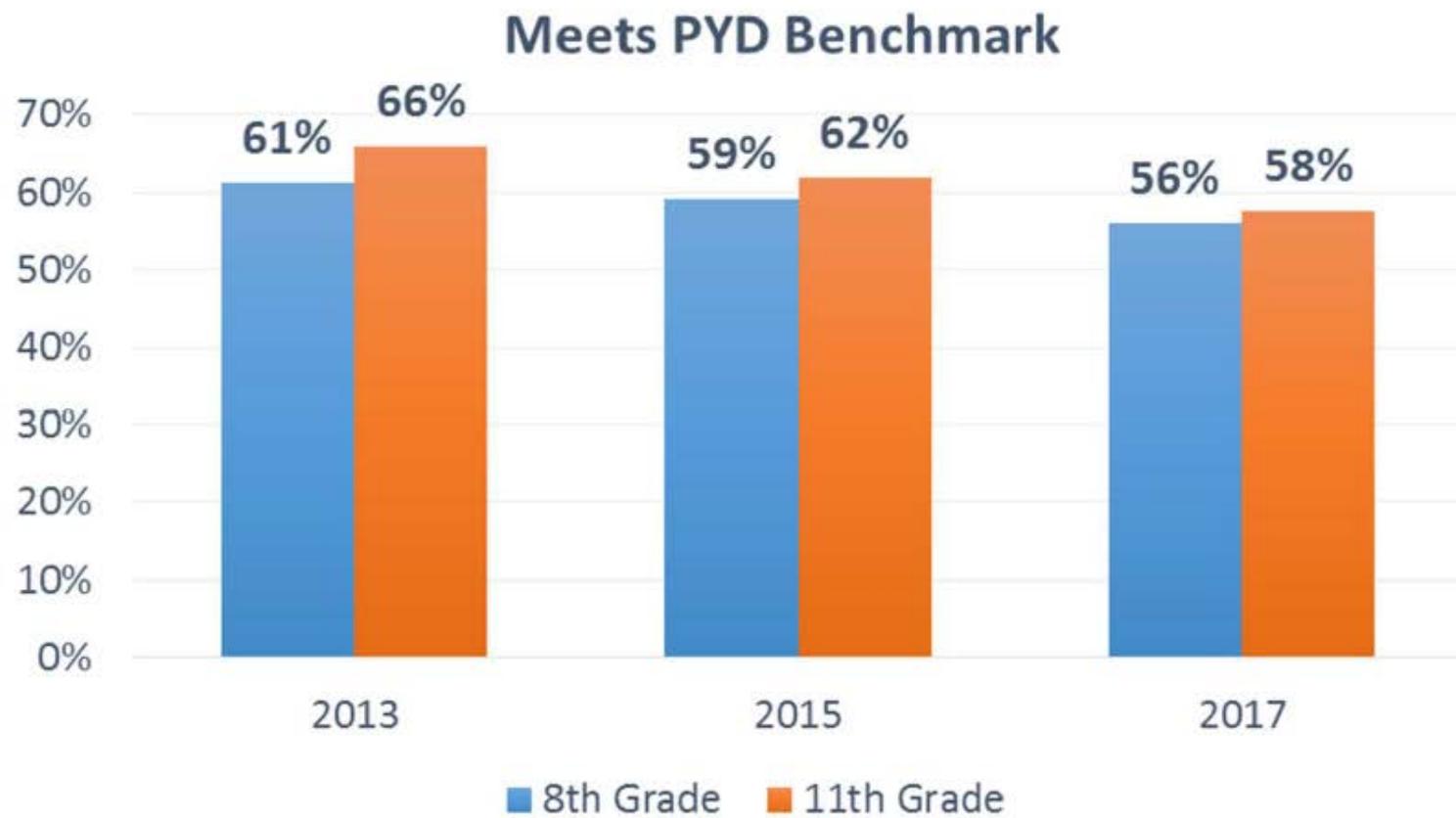
Positive Youth Development Benchmark: Questions Incorporated in Benchmark

Rate Poor, Fair, Good, Very Good, Excellent

1. Would you say that in general your *physical health* is?
2. Would you say that in general your *emotional and mental health* is?

Mark how true you feel each statement is to you

1. I can do most things if I try
2. I can work out my problems
3. There is at least one teacher or other adult in my school that really cares about me
4. I volunteer to help others in my community.



Source: 2013, 2015, 2017 Oregon Healthy Teens Survey

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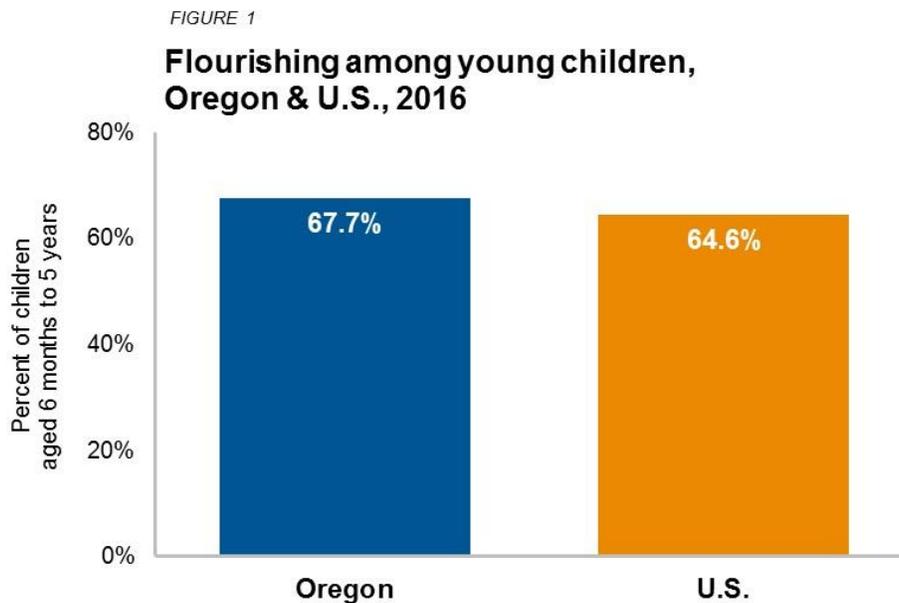
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Social Determinants of Health

Flourishing in early childhood

Evidence shows that experiences in early childhood provide a foundation for brain development and a broad range of skills and learning capacities. How a child develops during early childhood affects future cognitive, social, emotional, language, and physical development, which in turn influences school readiness and later success in life¹. Flourishing as a concept contains multiple dimensions of physical health, mental and emotional health, caring, empathy and resilience. The National Survey of Children’s Health (NSCH) asks parents of children aged 6 months to 5 years four questions to assess curiosity and discovery about learning, resilience, attachment with the parent, and contentedness with life.

In 2016, 67.7% of Oregon children aged 6 months to 5 years had met all 4 flourishing items, compared to 64.6% in the U.S. (Figure 1).



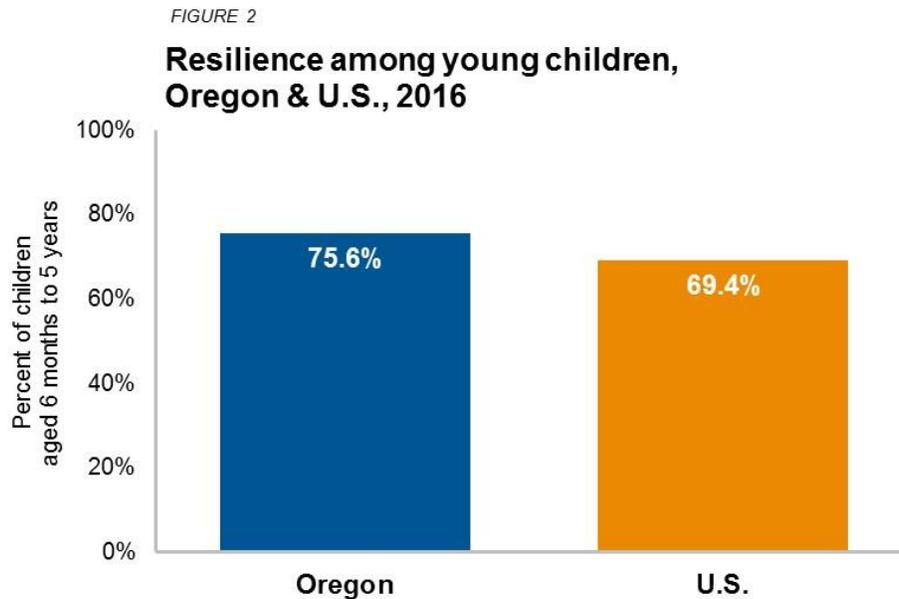
Source: National Survey of Children's Health (NSCH)

Resiliency is one of the four items included in the NSCH flourishing construct. It assesses the degree to which the child bounces back quickly when things do not go

¹ US Office of Disease Prevention and Health Promotion. (2018). *Healthy People 2020: Early and Middle Childhood*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood>

his or her way. Resiliency has been identified as an important mediator of the association between stress and health outcomes. Greater resiliency is associated with reduced negative effects of stress on long-term health².

In 2016, 75.6% of Oregon children aged 6 months to 5 years had parents respond “definitely true” regarding the child’s ability to bounce back quickly when things do not go his or her way compared to 69.4% in the U.S. (Figure 2).



Source: National Survey of Children's Health (NSCH)

Additional Resources: [Data Resource Center for Child & Adolescent Health](#)

About the Data: Data source is the National Survey of Children’s Health. The survey was changed significantly in 2016 and cannot be compared to previous years, so only one year of data is available. Flourishing data includes children aged 6 months to 5 years who met all of four flourishing items, including (1) child is affectionate and tender, (2) child bounces back quickly when things don’t go his/her way, (3) child shows interest and curiosity in learning new things, and (4) child smiles and laughs a lot. Resilience data includes children whose parents definitely agree that their child bounces back quickly when things don't go his/her way, as opposed to somewhat agree or do not agree.

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Date Updated: April 27, 2018

[Oregon State Health Profile](#)

² Taylor, S.E. (2010). Mechanisms linking early life stress to adult health outcomes. *PNAS*, 107(19), 8507-8512.

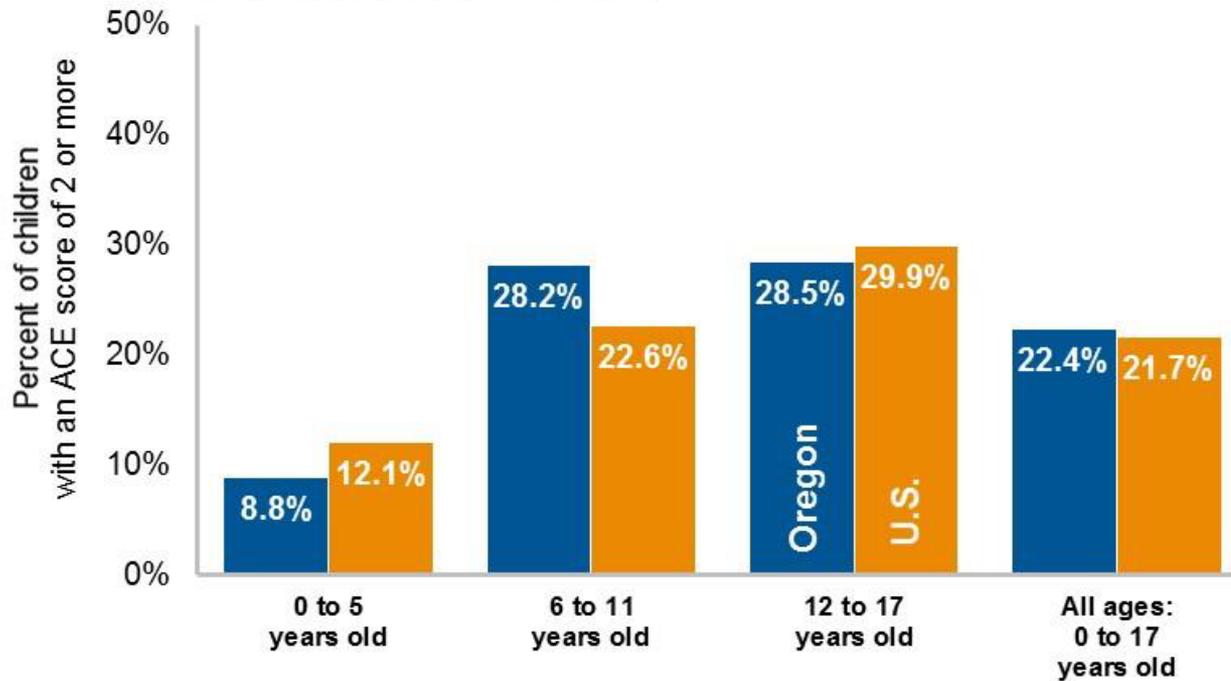
ACEs among children (NSCH)

- Parent or guardian divorced or separated
- Parent or guardian died
- Parent or guardian served time in jail
- Saw or heard parents or adults slap, hit, kick or punch one another in home
- Was a victim of violence or witnessed violence in neighborhood
- Lived with anyone who was mentally ill, suicidal or severely depressed
- Lived with anyone who had a problem with alcohol or drugs
- Treated or judged unfairly because of his or her race or ethnic group

ACEs among children (NSCH)

FIGURE 4

High ACE score (2+) among children by age, Oregon and U.S., 2016



Source: National Survey of Children's Health (NSCH)

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

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	<ul style="list-style-type: none"> • Strategy addresses disparities in priority populations (POC, low income, disability, LGBTQ, rural/frontier)
Will achieve intended outcome	<ul style="list-style-type: none"> • Right strategy for the goal • Strategy aligns with evidence-based or promising practice
Politically feasible	<ul style="list-style-type: none"> • Ability to influence and implement a policy change
Resourced or likely to be resourced	<ul style="list-style-type: none"> • Funding is available or likely to be available • Local expertise exists
Relevant to community	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • Strategy nationally recognized or recommended
Change likely in next 5 years	<ul style="list-style-type: none"> • Impacts likely to be seen within 5 years of implementation
Addresses lifespan	<ul style="list-style-type: none"> • Relevant to a wide range of age • Relevant to young children or older adults

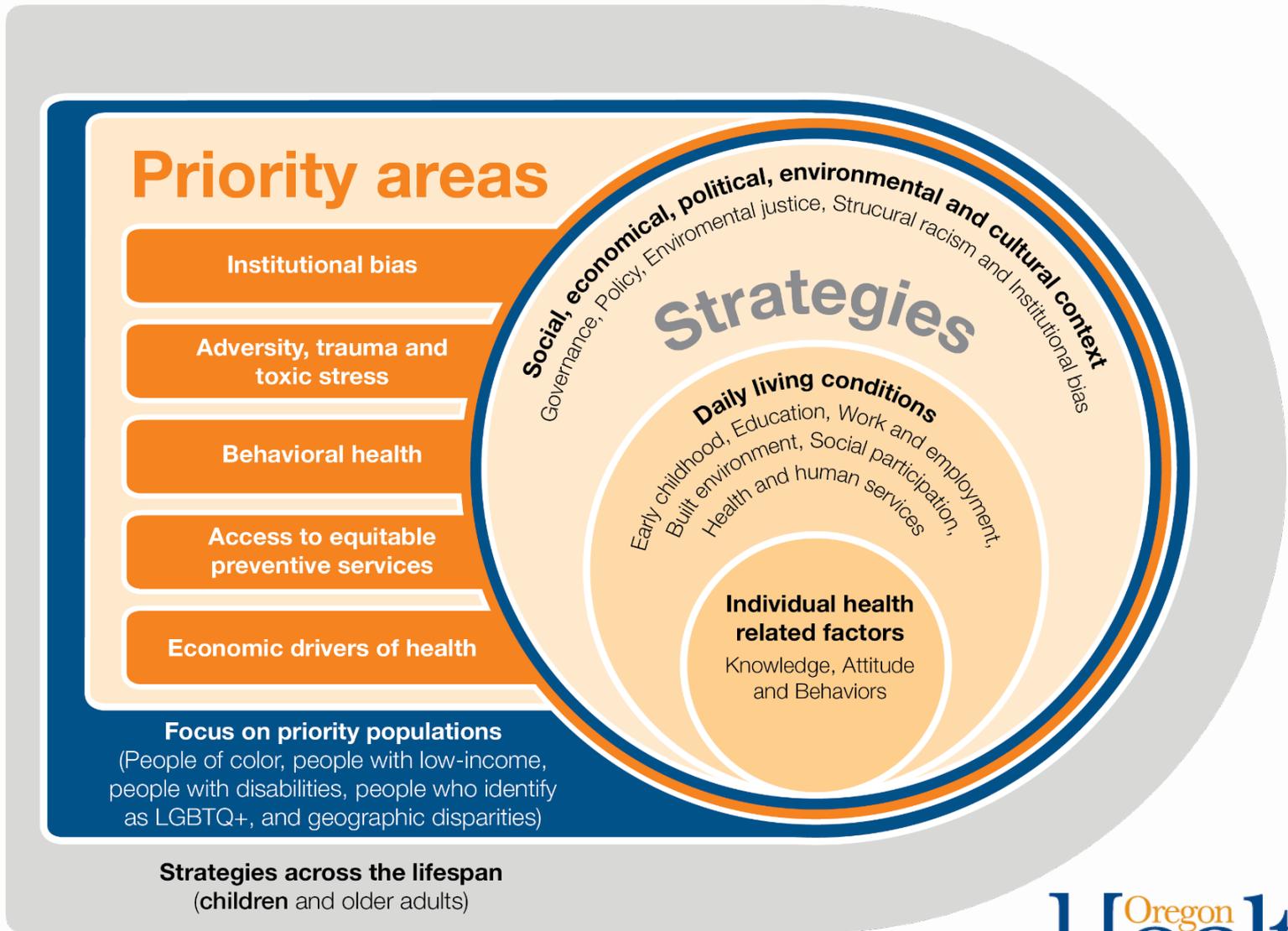
Process measure development

- Goal: Identify 1 process measure for each strategy
 - Communicate hoped for changes
 - Short term in nature (change in 1-2 years)
 - Measure progress towards strategy
- Process
 - Identify possible measures
 - Apply criteria to narrow measures
 - Identify baseline and target if available

Process Measure Criteria (short term, 1-2 year change)

Selection criteria	Definition
Promotes health equity	<ul style="list-style-type: none"> • Measure addresses an area where health disparities exist • Data are reportable by race/ethnicity • Data are reportable by gender • Data are reportable by sexual orientation • Data are reportable by disability • Data are reportable by income level
Respectful and relevant to local priorities	<ul style="list-style-type: none"> • Data are reportable at the county level • Indicator is already in use at local level
Lifespan	<ul style="list-style-type: none"> • Data are reportable by age
Acceptable and attainable	<ul style="list-style-type: none"> • Right measure for the strategy • Measure aligns with evidence-based or promising practice • Measure is sensitive enough to capture improved performance or sensitive enough to show difference between years • It is reasonable to expect improved performance on this measure.
Frequency	<ul style="list-style-type: none"> • Data is collected annually or every other year at minimum.
Transformative potential	<ul style="list-style-type: none"> • Demonstrates an innovative measurement approach • Brings forward community voice
Aligned with state measures	<ul style="list-style-type: none"> • Existing State Health Indicator, CCO Incentive Measure, Public Health Accountability Measure or other state-wide performance measures
Feasibility of measurement	<ul style="list-style-type: none"> • Data for measure are already collected, or a mechanism for data collection has been identified.

2020 SHIP Framework



Strategy ideas from TIO conference

- Universal health care
- Removing burden on health care providers by diverting care into community settings with culturally responsive providers, including care coordination
- Scale up workforce development focused on racial equity, hiring practices and retention of employees of color
- Community trainings/PSAs on ACEs, brain development and TIC for parents, providers, educators, youth and service providers
- Universal basic income
- Ensure age specific, supportive environments for youth (e.g. boys and girls club)
- Social and emotional education in schools
- Address housing issues
- Increase family leave

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.

Public Comment

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Next Steps & Final Thoughts

- Let us know how this is going for you – complete process evaluation survey!
- Next subcommittee meeting is December 5th