



**SHIP SUBCOMMITTEE MEETING**

- Bias     Trauma     Economic Drivers     Access to Care     Behavioral Health

December 3, 2019 1:00 p.m. – 3:00 p.m. |

**Members Present:**

Terra Herndandez, Kimberlee Handloser, Mandy Davis, Nurit Fischler, Vanessa Timmons, Terra Herndandez, Margaret Braun, Laura Williams, Suzanne Hansche, Susan Boldt, Kim Hatfield, Jenny Jackson.

**Delegates:** Michelle Mayers for Tammi Martin

**Members Absent:** Jessica Nye, Sheldon Levy, Frank Franklin, Danica Brown, Claire Ranit, Ginny Rake, Kirt Toombs, David Bangsberg, LeeAndria Witcraft, Annie Valtierra Sanchez.

**OHA Staff:** Elizabeth Gharst

**Members of the Public:** Debby Jones

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

Kimberlee opened the meeting. Asked participants to introduce themselves. Brandy Hemsley Office of Consumer Activities Director from the Behavioral Health Policy team is our new co-facilitator from OHA since Nat Jacobs is not able to continue in that role, welcome Brandy! Objectives of the meeting are to choose a final indicator and begin to identify potential strategies.

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

In our last meeting, subcommittee members were interested in a third indicator that would measure trauma, adversity, and toxic stress at neighborhood/community level using census data. Dr. Franklin as a follow up would look at possibilities and Nurit was going to send potential data sources.

Dr. Franklin put together a list of three possibilities that were presented to the group: Concentrated Disadvantage, a composite indicator of five census variables; Neighborhood Social Disorganization, a group of census variables that would serve as Proxy for the ACE of Neglect Abuse; and Vulnerability Indicators across childhood poverty and race/ethnicity strata a group of census variables that have data points related to economic viability, education, and housing.

Liz gave some more information on concentrated disadvantage and explained how the data point is calculated as a score. The group liked looking at many variables in one, however there was some discomfort over the use of percent female-headed households over single-parent households. The group was unclear about the second and third options, whether a single variable would be chosen, or a score would be calculated.

The group had a discussion and the following other potential indicators were also discussed:

- Opportunity 360 Index was mentioned from Margaret Braun
- Neighborhood Safety and Support from the National Survey of Children's Health from Nurit Fischler

The next step is for Liz to touch base with Dr. Franklin to get clarity on the second and third proposed indicators. Liz will also contact the Research Analyst to explore the viability of the three proposed in the meeting and calculating Concentrated Disadvantage. After it is determined which ones fit the criteria, Mandy will put the indicator out for a vote on Basecamp prior to the next meeting.

### **AGENDA ITEM #3: Strategy identification Goal 1**

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.

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

Under Goal 1 three strategies were discussed:

- Promote access to safe, affordable, and culturally appropriate childcare
- Promote family friendly policies that decrease stress and adversity and increase economic stability for families
- Develop community partnerships, coalitions, and cross-system initiatives to address trauma and increase resilience and/or Faith community engagement for public awareness

It was also discussed to write a strategy to emphasize connection and engagement.

The following questions arose throughout the discussion:

- What level of detail of strategy is needed was discussed. Broader so that many activities could be included? Or more specific? Mandy pointed out that if the strategy is written overly broad, then how do you choose one process measure?
- What defines a policy, community, or individual level? For example – is home visiting a policy-level strategy or individual level?
- Levels of policy strategies - are we looking at organizational level policy as well?
- Who is the audience for the plan? Liz mentioned that under the collective impact model it is a broad audience – it may be legislators, state agencies that OHA will be partnering with in implementation, health systems (Medicaid and CCOs), community-based organizations who will be working with state agencies and also doing their own work to make progress toward these goals, and individuals who are looking to get involved and help make progress on goals that are important to them.
- Is there specific funding that will be allocated to certain strategies? Liz stated that there is not, however there are existing investments and buckets of funding that could fund these. For example, modernization and CHIP funding, federal Public Health Division program funding, hospital community benefit dollars, CCO health-related services dollars, student success act, etc.

### **PUBLIC COMMENT**

Debby Jones, the co-chair of the Behavioral Health Prevention and Health Promotion Subcommittee and member of Early Learning Divisions Measuring Success Committee mentioned that we should collaborate with both as there is overlap in the work. In particular, she mentioned Certified Prevention Specialists now under Health Promotion and Chronic Disease Prevention Program at OHA are doing work that has been discussed in this meeting and would be potential implementers.

### **NEXT STEPS**

- Liz will touch base with Dr. Franklin to get clarity on the second and third proposed indicators and explore the viability of the other three proposed in the meeting.
- Vanessa and Suzanne will make an attempt at consolidating the spreadsheet to eliminate duplication.