



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

Tuesday, June 23<sup>rd</sup>, 2:00 – 4:00PM

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:

- Incorporate community feedback and finalize strategies

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2:00 – 2:15	<b>Welcome &amp; agenda overview</b>
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2:15 – 2:30	<b>Healthier Together Oregon &amp; Implementation Framework</b>
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2:30 – 3:00	<b>Review community feedback</b>
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3:00 – 3:45	<b>Incorporate feedback and finalize strategies</b>
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3:45 – 3:50	<b>Public comment</b>
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3:50 – 4:00	<b>Wrap-up &amp; Next Steps</b> <ul style="list-style-type: none"><li>• Finalizing activities &amp; short term measures</li><li>• Next meeting: July 7</li></ul>
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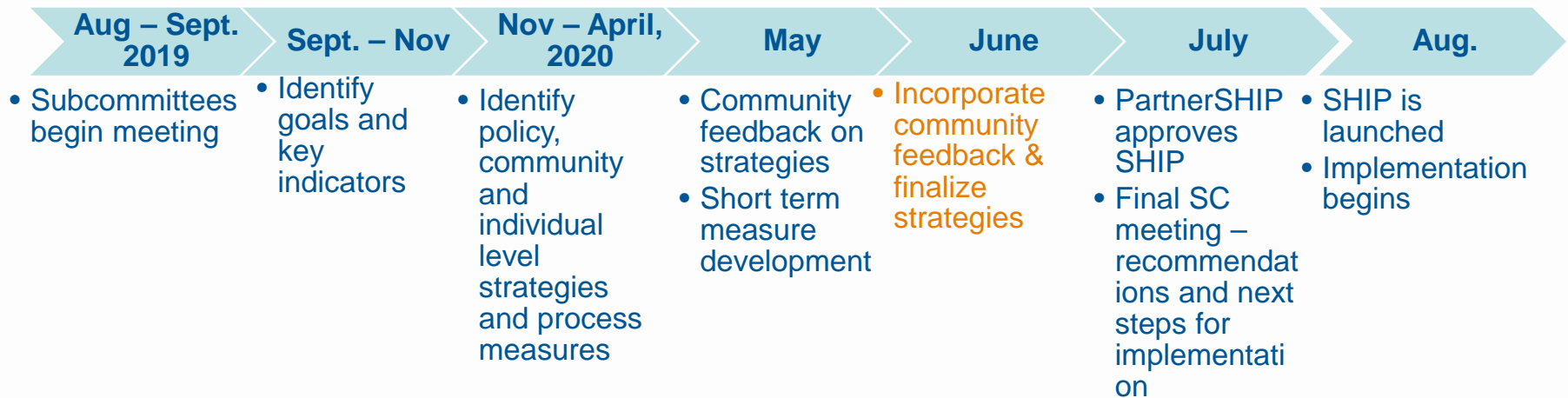
# Welcome & Introductions

- Share name, pronouns and agency

## Technology Reminders

- Enable video if you feel comfortable
- Mute your line when not talking
- You can also use emoticons and chat to engage.

# Timeline for developing 2020-2024 SHIP





# Individuals & Families

Many communities in our state experience more health issues than others. We know that things like quality education, affordable places to live, safe neighborhoods, living wage jobs and access to health care impact your health.



## EXPLORE THE PLAN



[Healthy Communities](#)



**[Healthy Families](#)**



[Healthy Students](#)



[Housing and Food](#)



[Behavioral Health](#)



[Equity and Justice](#)



[Workforce Development](#)



[Technology and Innovation](#)



Healthier Together Oregon

# Implementation Framework: Transitioning from 5 to 8 priority areas

- Acknowledge intersectionality of priority areas
- Remove redundancy in some strategies
- Consolidate strategies to make plan more actionable and achievable
- Communicates work across broader audience

# Community Feedback Process



# Who we heard from...mini-grantees

*Mini-grantees – surveys and virtual listening sessions*

- Self-Enhancement Inc. - AA/Black community; Portland
- Next Door – Latinx, AI/AN community; Hood River
- Eastern Oregon Center for Independent Living - Disability community; Eastern Oregon
- So-Health-E - POC, immigrant, low-income; Southern Oregon
- Q Center - LGBTQ+ community; Portland
- Micronesian Islander Community – Pacific Islander community; Willamette Valley
- Northwest Portland Area Indian Health Board – Tribal communities; statewide

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# Who we heard from...mini-grantees

Organization	Number of people engaged	Methods
SEI	73	Survey
Next Door	100	Survey
EOCIL	93	Survey
So Health-E	120	Survey
Q Center	24	Survey & focus groups
MIC	10	Focus groups
NPAIHB	65	Survey & focus groups

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# Who we heard from...OHA led efforts

*State agencies & other partners – surveys and meetings*

- ODOT
- ODE
- OHA
- DHS
- DOC
- OYA
- Dept. of Agriculture
- DEQ
- Dept of Forestry
- DCBS
- OHCS
- DLCD
- Local public health authorities
- CCOs and CACs
- LGBTQ+ Aging Coalition
- Oregon Sherriff's Association
- Regional Health Equity Coalitions
- Hospitals and FQHCs
- Care Oregon
- Oregon Center for Children and Youth with Special Health Needs

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# Who we heard from...OHA led efforts

*OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter*

**English - 1038 responders (42% response rate)**

<https://www.surveymonkey.com/stories/SM-F6KVG9VD/>

Representation – Member of the public (33%), CBOs (14%), Other (13%)  
Hospitals and health care providers (12%), OHA (8%)

Geographic representation – Multnomah (23%), Lane (13%), Washington (8%),  
Deschutes (6%), Clackamas (5%); all counties (except for Malheur, Sherman  
and Wheeler) had at least 1 response

Primarily white (88%), straight (76%), college-educated (98%), cis-gendered  
(88%), aged 30-64 (80%), and female (80%)

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# Who we heard from...OHA led efforts

*OHA Survey – fielded by subcommittee members, partners, OHA Facebook/Twitter*

**Spanish - 21 responders (76% response rate)**

Representation – Member of the public (66%), CBOs (33%)

Geographic representation – Multnomah (33%), Wasco (33%), Washington (33%)

Primarily Latinx (83%), straight (100%), cis-gendered (88%), 30-64 (66%), and female (83%)

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# What we heard... *Overall themes*

- Overall, community is **very supportive** of drafted strategies
- Need for **increased messaging about Collective Impact**
- Interest in **supporting activities** to better understand implementation
- Interest in **measurement and transparency in accountability**
- **Concern for feasibility**, especially given resource constraints and ongoing COVID response
- Tension/misunderstanding between **equity vs. equality**
- Call to **center priority populations** in planning and implementation
- Strengthen strategies for **incarcerated, LGBTQ+, disabled, homeless, or immigrant/refugee, and older** individuals
- Strategies are “**Portland metro centric**” – rural needs don’t feel reflected
- Strengthen attention to **language related needs** – “linguistically appropriate”
- **White savior** complex

# What we heard...mini-grantees

Overall, communities are **very** supportive of identified strategies, and want priority populations centered in implementation.

Organization	Feedback
SEI	“Where can Black folks truly be safe?”
Next Door	Very supportive of strategies, question about how to fully engage communities in implementation.
EOCIL	Very supportive. No additional comments provided
So Health-E	Application of strategies in rural areas? Training about secondary trauma is needed.
Q Center	Use broad definition of family, Ensure cultural responsiveness
MIC	Would like to see more services/places for healing, for example support groups, faith based services, etc.
NPAIHB	Strengthen attention to historical trauma, and include use of elders, storytelling, and traditional practices for healing

# What we heard...OHA led efforts

- Suzanne and Kim identifying themes

# Finalize strategies

- Recommend final strategy language
- Clarify priority populations with equity lens – who is MOST impacted?
- Incorporate community feedback
- Consider current environment (COVID-19 impacts & anti-racism protests)



Adversity, Trauma, and Toxic Stress

Commented [HCJ1]: OYA: Would like to see a strategy related to vicarious trauma in the workforce

Key Indicators

- 1. Chronic absenteeism (Oregon Department of Education)
- 2. ACEs among children (National Survey of Children’s Health)
- 3. Concentrated Disadvantage (Calculated from American Community Survey)

Goal 1: Prevent trauma (e.g. intergenerational and historical trauma), toxic stress, and adversity through data driven policy, system and environmental change.

HTO Plan	Strategies & priority populations	Example activities	Short term measures
HF	Ensure access to and resources for <del>family friendly policies, such as</del> affordable, high quality, culturally responsive childcare and <del>caregiving, paid family leave.</del>	<ul style="list-style-type: none"> <li>Promote access to safe, affordable and high-quality culturally appropriate childcare including increasing funding for childcare assistance for low income families and adequate training and compensation for childcare provider workforce.</li> <li>Promote ERDC, providing help/guidance navigating this system,</li> </ul>	% of children aged 0-5 with access to affordable, high quality child care (Early Learning Division)

Commented [HCJ2]: Move to EDoH strategy re financial services. Integrated caregiving strategy from EDoH





		<p>increase the capacity of the system (e.g., all counties are childcare deserts for infants).</p> <ul style="list-style-type: none"> <li>• Invest in universal access to pre-K care.</li> <li>• Support strategies put forward by Governor's Task Force on Child Care (2020)</li> <li>• Support implementation of the new paid family leave law HB 2005.</li> </ul>	
HS	Ensure all school districts are implementing K-12 comprehensive health education according to law.	<ul style="list-style-type: none"> <li>• Support the already-convened ODE and OHA cross-agency team to ensure the implementation of the health education standards.</li> <li>• Public education campaigns on cycle of abuse, harsh physical punishment, fostering healthy relationships, and supporting help seeking behavior.</li> </ul>	% of 11th graders reporting they learned about healthy and respectful relationships in school (Student Health Survey)
E&J	Implement anti-racism and anti-oppression policies and cross-system initiatives.	<ul style="list-style-type: none"> <li>• Trainings and conflict resolution and bullying prevention.</li> <li>• Hold community-level anti-oppression and anti-racism trainings.</li> </ul>	•



	POC	<ul style="list-style-type: none"><li>Hold institutions accountable for racist policies.</li></ul>	
HF	Expand evidence based and culturally responsive prenatal and early childhood home visiting programs.	<ul style="list-style-type: none"><li>Support implementation of SB 526, Family Connects.</li><li>Ensure culturally appropriate services by focusing on workforce and community engagement</li></ul>	% of women receiving a home visit following birth of child (PRAMS)

**Commented [HCJ3]:** Prenatal care addressed in AEPCH strategy



# Healthier Together Oregon

## IMPLEMENTATION PLAN (Draft)

Goal 2: Increase resilience by promoting safe, connected and strengths-based individuals, families, caregivers and communities

	Strategies & priority populations	Example activities	Short term measures
HC	Provide safe, accessible and high-quality community gathering places, such as parks and community buildings.	<ul style="list-style-type: none"> <li>Joint-use opportunities serve to more efficiently utilize existing facilities and amenities, host programs in convenient neighborhood locations, better activate community areas so that they are in use during the day and in the evenings and enable partners to share the cost of maintenance, upgrades and improvements for the benefit of the entire community.</li> </ul>	% of population with 1/2 mile of a park or community center (Oregon Parks and Recreation)
HC	Expand culturally responsive community-based mentoring and peer delivered services.	<ul style="list-style-type: none"> <li>Expand intergenerational mentoring programs.</li> <li>Promote universal family focused interventions such as Strengthening Families and The Incredible Years</li> <li>Connect youth to caring adults and activities through school-based mentoring and after school programs.</li> <li>Fund community mentoring programs and drop in centers.</li> </ul>	
HC	Develop community awareness of toxic stress, its impact on health and the importance of protective factors.	<ul style="list-style-type: none"> <li>Specific faith-based outreach awareness programs for the African American community</li> <li>Incorporate community involvement in the distribution of knowledge, tools,</li> </ul>	

Commented [HCJ4]: What is definition of safe?



		<p>and resources, including faith-based organizations.</p> <ul style="list-style-type: none"> <li>• Focus on positive attributes such as strong social networks, community connections, cultural supports, and consciously built environments</li> <li>• Programs to increase awareness of ACEs</li> </ul>	
HC	Enhance community resilience through promotion of art and cultural events for priority populations.	<ul style="list-style-type: none"> <li>• Programs should remain accessible and relevant to residents, responding to unique cultural, historic and social needs as well as changing demographics. Increase safe spaces for LGBTQ+, older adults, and other historically isolated groups.</li> </ul>	•
	<b>POC, Older adults, Low income, LGBTQ+, Disabilities, Rural</b>		
HC	<del>Provide culturally responsive outreach to families and youth</del>	<ul style="list-style-type: none"> <li>• Incorporating community level involvement in the distribution of knowledge, tools, and resources.</li> </ul>	•
HF	Build family resiliency through trainings and other interventions.	<ul style="list-style-type: none"> <li>• Create/expand programs related to family attachments and building resiliency skills.</li> </ul>	•

**Commented [HCJ5]:** Use as activity with community awareness strategy



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## IMPLEMENTATION PLAN (Draft)

*Goal 3: Mitigate trauma by promoting trauma informed systems and services that assure safety and equitable access to services and avoid re-traumatization.*

	Strategies & priority populations	Example activities	Short term measures
WD	Require that all public facing agencies and contractors receive training about trauma and toxic stress.		
E&J	Require all public facing agencies and contractors implement trauma informed policy and procedure.	This strategy takes the contracting requirement further - not only should it be a requirement that contracted agencies be trauma informed, these agencies should also be demonstrating evidence that they are. It was discussed whether this should be about creating a certification, but the limits of certification were considered and it was agreed that a policy would be a more implementable requirement. The AMH policy was cited as a good example.	
	<del>Implement House Concurrent Resolution 33</del>		

**Commented [HCJ6]:** Redundant with training and policy. Clarified HCR agencies in activities.

WD – Workforce Development

E&J – Equity and Justice

HC – Healthy Communities

HF – Healthy Families



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**IMPLEMENTATION PLAN (Draft)**

HS – Healthy Students

# Public Comment

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# Next Steps & Final Thoughts

- Finalizing activities & short term measures
- Final meeting is July 7 – How would you like to celebrate?