



**SHIP SUBCOMMITTEE MEETING**

**June 23, 2020; 2:00 – 4:00pm**

Institutional Bias    Trauma and toxic stress    Economic Drivers    Access to Care    Behavioral Health

**Members Present:** Kim Handloser, Mandy Davis, Susanne Hansche, Kim Hatfield, Tammi Martin, Margaret Braun, Tatianna Dierwechter, Margaret Braun, Annie Valtierra Sanchez, Frank Franklin, Laura Williams

**Members absent:** Claire Ranit, Dana Peterson, Danica Brown, David Bangsberg, Jenny Jackson, Jessica Nye, Kirt Toombs, LeeAndria Witcraft, Nurit Fischler, Sheldon Levy, Susan Boldt, Terra Hernandez, Vanessa Timmons

**OHA staff:** Christy Hudson, Janis Payne

**Members of the public:** Sky Lockhart, Heidi Beaubriand, Kari Goldstein, Skye Hibbard, Kristen Johnson

**Healthier Together Oregon & Implementation Framework**

Christy reviewed the timeline for development. We are nearing completion of the SHIP. The purpose of today's meeting is to finalize strategies based on community feedback. Christy presented the Healthier Together Oregon website which will be launched in early August. Christy also presented an implementation framework that categorizes the strategies across 8 areas: Healthy Communities, Healthy Families, Healthy Students, Equity & Justice, Workforce Development, Technology & Innovation, Housing & Food and Behavioral Health. These categories address intersectionality of priority areas, and redundancies in strategies. For the adversity, trauma and toxic stress subcommittee, 4 strategies have been impacted by the framework. 1. Child care related strategy combined with economic drivers strategy. Paid family leave moved to activity under economic drivers financial support strategy. 2. Home visiting strategy, prenatal piece of this removed – redundant with access to equitable preventive health care strategy. 3. Culturally responsive outreach strategy moved to activity under numerous strategies. 4. HCR33 strategy removed – redundant with training and policy related strategies.

Christy asked for comments and questions about the new framework. Kim said the language felt more accessible. Annie emphasized the need to be culturally responsive not just linguistically in all our strategies. This should be included in all SHIP activities.

**Review community feedback**

Christy reviewed the feedback that was received about the strategies – both from the mini grantees and the surveys that OHA hosted. The mini-grantee efforts were especially limited by impacts of COVID as they had all originally planned to hold in person listening sessions. Full reports have been uploaded to basecamp. Over 1,000 people responded to the OHA hosted surveys – majority of respondents were white, educated women.

Overall themes from feedback process include:

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, immigrant/refugee, and older** populations  
Strategies are “**Portland metro centric**” – rural needs aren’t reflected  
Strengthen attention to **language related needs** – “linguistically appropriate”  
**White savior** complex

Additional feedback specific to priority area and strategies were shared. Suzanne and Kim helped harvest additional themes from the online surveys – their summaries are also uploaded in Basecamp.

### **Incorporate feedback and finalize strategies**

Subcommittees are now asked to finalize strategies in light of this feedback. Based on feedback, the following strategies were discussed.

1. Subcommittee was asked to reconsider this strategy regarding K-12 health education. Theme from feedback wanted strategy to be more holistic to school environments (e.g., trauma informed schools). Comprehensive health education is not just sex education and it is the law in Oregon. This should be made clear in the strategy. Also, it should be noted how this can prevent trauma. Frank thought there was value in keeping wording broad. Mandy thought it could undermine accountability. Kim asked if Adolescent Sexual Health could be consulted on this. Christy will follow up with Adolescent Health Program for feedback.
2. Subcommittee asked to reconsider strategy: Implement anti-racism and anti-oppression policies and cross-system initiatives based on that feedback that as written is too broad. Subcommittee discussed pros and cons of expansion but did not land on agreement.
3. Subcommittee asked to consider strategies related to child abuse prevention and decided against this proposal as identified strategies are preventive.
4. Subcommittee also asked to consider strategy related to vicarious trauma. Subcommittee decided against this, that vicarious trauma would be addressed in strategies relate to training, policy and procedure.

### **Wrap-up & Next Steps**

Hard deadline for final strategy language is July 2<sup>nd</sup>. Small group will meet next week to make final decision on K-12 education and cross-sector policies. Subcommittee members will be asked to weigh in on strategies in Basecamp.