



SHIP SUBCOMITTEE MEETING: Adversity, trauma and toxic stress

Tuesday, July 28th, 2:00 – 4:00pm

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/590153581>

You can also dial in using your phone.

United States: [+1 \(872\) 240-3412](tel:+18722403412)

Access Code: 590-153-581

New to GoToMeeting? Get the app now and be ready when your first meeting starts:

<https://global.gotomeeting.com/install/590153581>

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 activities and measures
- Recommendations for implementation

2:00 – 2:10	Welcome & agenda overview
2:10 – 3:15	Finalize activities and measures
3:15 – 3:30	Recommendations for implementation
3:30 – 3:45	Honoring your commitment
3:45 – 3:50	Public comment
3:50 – 4:00	Wrap-up & Next Steps

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



PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Finalize activities and measures

- Review, add, & modify draft activities based on subcommittee discussion and community feedback
- Where possible, make short term measure recommendation



Adversity, Trauma, and Toxic Stress

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/considerations	Short term measures
HF	Ensure access to and resources for affordable, high quality, culturally and linguistically responsive childcare and caregiving.	<ul style="list-style-type: none"> • Increase funding for childcare assistance for low income families • Provide adequate training and compensation for childcare provider workforce. • Promote Employment Related Day Care • Providing help for navigating childcare system • Increase the capacity of the system (e.g., all counties are childcare deserts for infants). 	% of children aged 0-5 with access to affordable, high quality childcare (ECHO) https://davidmc.shinyapps.io/oregon-ece-app/

Commented [HCJ1]: Need activities here related to caregiving across the lifespan.



		<ul style="list-style-type: none"> • Invest in universal access to pre-K care. • Support strategies put forward by Governor's Task Force on Child Care (2020) • Support use of Relief Nurseries 	
HS	Ensure and support all school districts to implement K-12 comprehensive health education according to state standards	<ul style="list-style-type: none"> • Support the already-convened ODE and OHA cross-agency team to ensure the implementation of the health education standards. 	% of 11th graders reporting they learned about healthy and respectful relationships in school (Student Health Survey)
E&J	Ensure accountability for implementation of anti-racism and anti-oppression policies and cross-system initiatives. (BIPOC)	<ul style="list-style-type: none"> • Hold community-level trainings on conflict resolution and bullying prevention. • Hold institutions accountable for racist policies – prioritizing schools, child welfare and criminal justice system (including police, court systems and incarceration) • Address the unique needs of transgender children and youth 	<ul style="list-style-type: none"> •



HF	Expand evidence based and culturally and linguistically responsive early childhood home visiting programs.	<ul style="list-style-type: none">• Support implementation of SB 526, Family Connects.• Ensure culturally appropriate services by focusing on workforce training, use of traditional health workers from the community, and community engagement• Build the support base for Oregon Infant Toddler Mental Health Association	% of women enrolled in home visiting program following birth of child (PRAMS OR ELMO)



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

	Strategies & priority populations	Example activities/considerations	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"> • Create joint-use agreements to efficiently utilize existing facilities and amenities • Host programs in convenient neighborhood locations • Activate community areas so that they are in use during the day and in the evenings • Enable partners to share the cost of maintenance, upgrades and improvements • Focus on covered, outdoor spaces for COVID recovery • Provide culturally/linguistically responsive outreach about these spaces • Include community gardens 	% of population with 1/2 mile of a park or community center (Oregon Parks and Recreation) OR % of population with a park within a 10 minute walk from their home (Trust for Public Land) https://www.tpl.org/city/portland-oregon
HC	Expand culturally and linguistically responsive community-based mentoring and peer delivered services.	<ul style="list-style-type: none"> • Expand intergenerational mentoring programs. • Promote family focused interventions such as Strengthening Families and The Incredible Years • Connect youth to caring adults and activities through school-based mentoring and after school programs. • Fund community mentoring programs and drop in centers. • Peer to peer services (e.g. new moms, immigrant/refugee communities) 	<ul style="list-style-type: none"> • % of students who report having at least one teacher or adult at school who really cares about them (SHS) OR <ul style="list-style-type: none"> • Positive Youth Development (SHS) OR <ul style="list-style-type: none"> • % of peers who identify with priority populations (OEI)



		<ul style="list-style-type: none"> • Provide culturally/linguistically responsive outreach about these services 	
HC	Develop community awareness of toxic stress, its impact on health and the importance of protective factors.	<ul style="list-style-type: none"> • Support faith-based programs for the African American and Micronesian community • Incorporate community involvement in the development and distribution of knowledge, tools, and resources • Focus on positive attributes such as strong social networks, community connections, cultural supports, and consciously built environments • Provide PSAs, workshops and clinics to support and educate community members on how to prevent, cope, and resources to heal • Provide culturally/linguistically responsive outreach about this information 	<ul style="list-style-type: none"> • Follow up with Mandy
HC	Enhance community resilience through promotion of art and cultural events for priority populations.	<ul style="list-style-type: none"> • Ensure programs are accessible and relevant • Respond to cultural, historic and social needs and changing demographics. • Increase safe spaces for LGBTQ+, older adults, and other historically isolated groups. • For AI/AN culture, this includes sweat lodges, pipe ceremonies, & storytelling • Include opportunities for storytelling, drama, music and art 	<ul style="list-style-type: none"> • Outreach to Oregon Cultural Trust, et al. <p>OR</p> <ul style="list-style-type: none"> • OSU/OHSU/Oregon State



		<ul style="list-style-type: none"> • Provide culturally/linguistically responsive outreach about these events 	
HF	Build family resiliency through trainings and other interventions.	<ul style="list-style-type: none"> • Create/expand programs related to family attachments and resiliency skills. • Use broad definition of family • Focus on families coping with challenging behavior in children • Provide culturally/linguistically responsive outreach about these services 	<ul style="list-style-type: none"> • Something from PRAMS/ECHO? • National Survey on Children's Health • % of parents who attended parent education training (ELMO)



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/considerations	Short term measures
WD	Require that all public facing agencies and contractors receive training about trauma and toxic stress.	<ul style="list-style-type: none"> • Focus on agencies named in HCR33: State Board of Education, Department of Human Services, Oregon Health Authority, Oregon Youth Authority, Office of Community Colleges and Workforce Development, Department of Justice and the Department of Corrections • Other sectors to prioritize: Criminal justice and health care (including hospitals and treatment facilities) • Use HCR33 as framework for training, to include topics related to: <ul style="list-style-type: none"> ○ Historical trauma specific to AI/AN (school boarding, foster care, settler colonialism, etc.). This training should be designed & led by tribal members ○ Vicarious trauma in the workforce ○ NEAR science ○ After-care for people who are triggered by media • Trainings should be developing and led training by impacted communities 	Follow up with Mandy



		<ul style="list-style-type: none"> • Training should be frequent (at least annually) and mandatory • Collaborative Problem Solving • Youth Mental Health First Aid • Identify funding for training • Incorporate training requirements into licensing renewal process. 	
E&J	Require all public facing agencies and contractors implement trauma informed policy and procedure.	<ul style="list-style-type: none"> • Focus on agencies named in HCR33: State Board of Education, Department of Human Services, Oregon Health Authority, Oregon Youth Authority, Office of Community Colleges and Workforce Development, Department of Justice and the Department of Corrections • Other sectors to prioritize: Criminal justice and health care (including hospitals and treatment facilities) • Policy should address vicarious trauma • Ensure ongoing training, quality assurance, technical assistance and evaluation • Consider healing centered engagement as model 	Follow up with Mandy

WD – Workforce Development

E&J – Equity and Justice

HC – Healthy Communities

HF – Healthy Families

HS – Healthy Students

Recommendations for implementation

- Role of PartnerSHIP
- Community Health Improvement Plans
- State agency partnerships
- Possible resources
- Other opportunities?

How do you suggest we move these strategies forward?

How do you see your agency or organization being involved in implementing the SHIP?

What would you like your role to be?

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Honoring your commitment

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Public Comment

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

Oregon
Health
Authority

Next Steps & Final Thoughts

Healthier Together Oregon launches in September – help us share the word!

Stay informed - sign up for the SHIP listserv

Please complete subcommittee process evaluation – your feedback is important to us!

PUBLIC HEALTH DIVISION

Office of the State Public Health Director

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