

## SHIP SUBCOMMITTEE MEETING

Bias     Trauma     Economic Drivers     Access to Care     Behavioral Health

January 15, 2020 <https://zoom.us/j/393128009> Conference call (669) 900 6833, ID 393 128 009

### Members Present:

<input type="checkbox"/> Brian Gibbs	<input checked="" type="checkbox"/> Debbie Benavidez	<input type="checkbox"/> Kim Sogge
<input type="checkbox"/> Brian Park	<input type="checkbox"/> Deborah Martin	<input checked="" type="checkbox"/> Leann Johnson
<input checked="" type="checkbox"/> Channa Lindsay	<input type="checkbox"/> Estela Muñoz Villarreal	<input type="checkbox"/> Miguel Angel Herrada
<input type="checkbox"/> Côi Vũ	<input type="checkbox"/> Kärün Virtue	<input checked="" type="checkbox"/> Natasha Davy
<input checked="" type="checkbox"/> Clarice Freitas	<input checked="" type="checkbox"/> Keren Wilson	<input checked="" type="checkbox"/> Tim Holbert
		<input type="checkbox"/> Victoria Demchak

### OHA Staff

Sara Beaudrault     Liz Gharst     Joey Razzano

### AGENDA ITEM #1 – Welcome, agenda overview and subcommittee business

Natasha Davy is the new co-chair of the committee-welcome and thank you! The March meeting needs to be rescheduled and a doodle poll will be sent out to coordinate the new date. Reminder: the SHIP navigation map – will be used in lieu of monthly digest during strategy development and it can be found on basecamp in the Meeting Materials Folder under Docs and Files.

### AGENDA ITEM #2 – Finalize Key Indicators

Natasha led the discussion and Liz mentioned that some indicators may be chosen that are long-term and require complex solutions and, therefore, may not see much movement in the five-year period of time. This does not exclude those indicators from being chosen. The final indicators selected:

- Will communicate hoped for changes;
- May be long-term in nature (>5 years)
- Are measured on an annual basis
- Able to be disaggregated by race
- May be model indicators for CHIPs and other implementers;
- Will measure progress toward institutional bias goals.

Leann proposed adopting the measures on housing burden—defined as percentage of income spent on rent/mortgage by race, disciplinary action, and premature death/years of potential life lost (YPLL) and all 6 voting members agreed with a “thumbs up” poll. Liz asked the group, If the other group looks at housing cost burden, should we replace with home ownership? Or do we want to have a shared indicator? We’ll loop back to this based on what the economic viability group selects. (Post-meeting 2/10 note – Economic Drivers did choose this as an indicator)

The group agreed that having comments before the meeting on basecamp has been very helpful.

### AGENDA ITEM #3 –Strategy Development

The goal for strategy development is to identify a total of 10-15 strategies at policy, community and individual levels which can be existing, new or strategies that focus on intermediate steps toward larger goals. The process timeline is from January to March. Approximately 3-5 strategies that per goal is desired. The aim is to have at least one strategy at each layer of the framework – individual, policy, and community level – within each goal. While the strategies developed in this stage are meant to achieve the goals of each subcommittee, Institutional bias is a unique subcommittee and one approach is to start with the strategies relating to the indicators, then identify other possible strategies. More discussion involved strategies that other organizations, including those put forth by PAALF in their People’s Plan, ensued.

Regarding housing, Keren talked about the lack of affordable units and infrastructure issues (water, sewer, power zoning) that affect housing as a barrier. Communities outside the metro area need financial support for housing development. That's not something an individual or even a single community can address. Some of these items require legislative changes that OHA may be able to address.

Basecamp was referred to for goals for the group to address.

**Goal #1: To expose and reduce the impact of institutional biases that influence health.**

**Goal #2: Identify and championing work across systems, structures, policies, communities and generations.** Should this be tied to a "health in all policies" strategy? Keren thinks SDOH is not a large enough consideration for the intersectionality of the issues.

**Goal #3: All people in Oregon are empowered and have opportunity to achieve optimal health**  
Keren talked about education and getting information out to individuals in a way that people can understand it. The example given was regarding flu shots and how the information provided may not allow people to be empowered to make their own health decisions. Natasha agreed that knowledge and education is a large piece of empowerment. She read from the Multnomah County CHIP which references empowerment at the community level.

There are many materials in the reference folder on basecamp that might help the group develop strategies, subcommittee members can pull strategies from those documents if they are familiar with them through their own work.

A discussion was held on increasing cultural responsiveness, for example health literacy interventions and thinking about equitable access to information about services. Leann said this sounds like community-based interventions (e.g. traditional health workers, etc) and identifying culturally responsive ways to drive information into communities so people have the opportunity to participate in their health decisions and achieve their optimal health under goal three.

The discussion continued and through the conversation, Leann identified three key topic areas were identified to help organize our strategy development (with policy in all of them):

- **Training** - at individual, community and system level including issues surrounding diversification of the workforce. Mentorship was also mentioned.
- **Compliance** – Examples:
  - Could we the triennial review process include compliance related to health equity? Assessment can be used as a lever for compliance. Liz mentioned these statewide levers could be considered as systems/"little p" policy strategies. For example, one thing that came up in the Trauma and Toxic Stress subcommittee is that there are no standards related to trauma-informed care for the Patient Centered Primary Care home designation, which over 95% of primary care clinics statewide hold.
  - There are standards for the percentage of affordable housing units required in the metro area, how can that be enforced?
- **Community-based interventions** – e.g. train the trainers program

The group discussed collecting what everyone can add to the strategy list before the next meeting. In order to populate a shared document, a form will be created.

**PUBLIC COMMENT none**

No members of the public were present.

**WRAP-UP & NEXT STEPS**

- A doodle poll will be sent out to coordinate the new March meeting date
- Liz will create a form to submit strategies
- Subcommittee members are asked to submit strategies via the form.
- Subcommittee members are asked between this meeting and next meeting, to review the reference documents on Basecamp. If there are documents that are used in their own work, the request was to review and pull out specific strategies that members would suggest to elevate, and comment at the bottom of the document with those strategies.
- Next meeting is Feb 19<sup>th</sup>

**ADJOURN**