Health Disparities Meeting

June 28, 2017

Maryann Haskell (Vaya Family Partner and Family Partner Coordinator; WRAP Facilitator)

Sonja Frison (UNC Greensboro-Center for Youth, Family and Community Partnerships)

Cathy Joyner (Child Maltreatment Prevention at Public Health, CDC Project Director)

Michael Burrows (Alliance Behavioral Healthcare)-Cultural Linguistic Competency Committee

1. Gave general overview of Behavioral Health Disparities Initiative and there are 8 counties. Suggestion to make sure the BHDI sites connect to the Health Department. Cathy mentioned that they are doing Community Health Assessments (on the website) and look at their disparities and looking at their plan and how they will utilize these documents. Suggestion to make sure that the teams are looking at this health department information.
2. Discussion about how do we recognize that most of the physical, substance use, and other outcomes are related to trauma. Most of approaches to address substance use have been about law enforcement, or focused on strategies to prevent the substance from accidentally getting into someone’s hands but this does not recognize the trauma and role in substance use. It was noted why are we not talking about treating trauma as a prevention to the uses of substances like opioids.
3. It was noted that we don’t see the trauma-you treat people differently and harder to capture where the trauma came from so we don’t acknowledge it. Discussion about Trauma Informed Communities and Schools. The entire system should be trauma informed. Cross system work group tried to align agreement around this area-The Essentials for Childhood Taskforce. The Task Force had a focus on cross-system changes: Leadership; Trauma Informed Community; Data Sharing. They are at a point of doing some of the work after their planning. They will have a group led by Ake on Trauma Informed Schools. They are looking at what is Trauma Informed? They are doing a literature review on what is trauma informed. Suggestion is to find out from families, youth, and children how they view trauma informed and what that would look like for them. Suggestion around maybe a training like darkness to light and discovering from families and youth to recognize trauma. Discussion that Project Broadcast may do some of this work but it is ending now. Project Broadcast is over and Jeanne will be transitioning in her role. The Project has expanded trauma trainings and distribute materials and trained the DSS workers and foster care. It was mentioned that there are Cabinet recommendations from many of the new statutes, Task Forces and Initiatives such as Raise the Age and HB 630. This could be a work of the Cabinet so that trauma is universally defined and addressed across systems. It was noted that Jeanne is now the Trauma and Behavioral Health lead at DSS.
4. It was noted that parents often don’t know they are in a trauma situation. They live from day to day in high stress and don’t see it as trauma. Some education to families and parents about trauma is needed.
5. Some suggestions for moving forward: how can this committee support some of the other Task Forces and groups that are addressing adverse childhood experiences and strategic framework analyses that are already happening. Can we go to these other groups and say “can we expand and support your work?”
6. Discussed the previous plan of the committee that Paul distributed in 2016. Attendees asked to see the plan again.
7. Suggestion-Can the BHDI folks come and present. There may be work that is being done in their communities such as with the local Health Departments or Injury Centers that could support their local work. For example, the Injury Centers work on identifying risk and protective factors.
8. SUGGESTION for a future meeting: review Health Disparities plan from 2016; Discuss SAMHSA recommendations; Do a landscape analysis of what is being done based on existing plan and recommendations.