Advancing Health Equity and Social Justice: Using a Trauma-Informed Lens

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If today makes you uncomfortable, please feel free to take care of yourself in the way that best suits you.

Always take care of yourself first.
What is Trauma?

Collective Trauma
- Racism
- Homophobia
- Transphobia
- Xenophobia
- Ageism
- Ableism
- Sexism
- Bullying
- Unconscious Bias
- Domestic Violence
- Sexual Violence
- Human Trafficking

Interpersonal Trauma
- Immigration Policies
- Historical and Structural Traumas
- Political/Economic trauma
- Abuse of Power and Control
- War and combat
- Medical Trauma
- Sexual Harassment
- Micro-aggressions
- Community Violence
- Domestic Terrorism
- Hate crimes
- Social and Behavioral Determinants of Health

Individual Trauma
- Adverse Childhood Experiences (ACES)

IMPACT OF CHILDHOOD TRAUMA

The CDC and Kaiser Permanente surveyed 17,000 of the health plan’s members to ask whether they’d had adverse childhood experiences defined as:

<table>
<thead>
<tr>
<th>ABUSE</th>
<th>NEGLECT</th>
<th>HOUSEHOLD CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological</td>
<td>Emotional</td>
<td>Family member experiencing:</td>
</tr>
<tr>
<td>Physical</td>
<td>Physical</td>
<td>Domestic abuse</td>
</tr>
<tr>
<td>Sexual</td>
<td></td>
<td>Mental illness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Imprisonment</td>
</tr>
</tbody>
</table>

THE STUDY ALSO FOUND

NEARLY TWO THIRDS of those surveyed experienced at least one event.

The higher the score on ACE survey, the more likely people were to be in poor health:

- Liver disease
- COPD (chronic obstructive pulmonary disease)

Health Impact of ACEs on Adults- 2019 MMWR

- 61% report at least 1 ACE
- 16% report 4+ ACEs
- Women, AI/AN, Black, and Other more likely to report 4+ ACEs than Men and Whites

Adjusted Odds Ratio: 4+ vs 0 ACE exposures

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>1.2</td>
</tr>
<tr>
<td>Stroke</td>
<td>2.1</td>
</tr>
<tr>
<td>Depression</td>
<td>5.3</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.4</td>
</tr>
<tr>
<td>Asthma</td>
<td>2.2</td>
</tr>
<tr>
<td>COPD</td>
<td>2.8</td>
</tr>
<tr>
<td>CHD</td>
<td>1.8</td>
</tr>
<tr>
<td>Heavy drinking</td>
<td>1.8</td>
</tr>
<tr>
<td>Smoking</td>
<td>3.1</td>
</tr>
</tbody>
</table>

BRFSS Survey 2015-2017
25 US states N=63,365

Health Impact of ACEs on Adults (cont.)

From a 2013 nationally representative survey of English (UK) residents aged 18 to 69 (n=3,885):

- 47% of individuals experienced at least 1 of the nine ACEs
- After correcting for socio-demographics, ACE counts predicted all health-harming behaviors

**Adjusted Odds Ratio (4+ vs 0):**

<table>
<thead>
<tr>
<th>ACE Exposures</th>
<th>Adjusted Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unintended teenage pregnancy</td>
<td>5.86</td>
</tr>
<tr>
<td>Early sexual initiation (&lt;16 years)</td>
<td>4.77</td>
</tr>
<tr>
<td>Heroin or crack cocaine use (lifetime)</td>
<td>10.88</td>
</tr>
<tr>
<td>Violence perpetration</td>
<td>7.71</td>
</tr>
<tr>
<td>Incarceration (lifetime)</td>
<td>11.34</td>
</tr>
</tbody>
</table>

Pair of ACEs Tree

Unconscious Bias & Stigma

UNCONSCIOUS BIAS

TRIBALISM
STEREOTYPES
SEXISM
PREJUDICE
DISCRIMINATION
RACISM
Unconscious Bias and Stigma

A tendency or inclination that results in judgment without question.

A shortcut to interact with our world

An automatic response

https://implicit.Harvard.edu/implicit/


Acknowledgement and thanks to Lianne Crossette
Unconscious Bias in Medicine

Health Providers with more implicit biases are more likely to have negative interactions with patients.

- Among patients presenting to the BWH ED with HF, Black and Latinx patients were less likely to be admitted to a cardiology service compared to white patients. (2019, Eberly et al. JACC)

- Black Americans are undertreated for pain relative to white Americans. (2015, Hoffman et al. PNAS)

- Physicians report that seeing heavier patients was a greater waste of their time. (2001, Hebi and Xu, Int J Obes Metab Disord)

The Importance of Language

“Care imitates language – that is we tend to relate to people the same way we write and talk about them.”

- Sasser, 1999

• **Avoid labels and pejorative terms:** Dysfunctional, Non-compliant, Resistant, Difficult, Entitled, Demented, Addict, Drug-seeking, Borderline, etc.
  
  – Drug seeking- Substance Use Disorder; Pain management
  – Drug addicted newborn- Neonatal Abstinence Syndrome-
  – Drug User (pregnant women) – Maternal Substance Use Disorder; Opioid Use Disorder in Pregnancy
  – Morbid obesity- BMI is XX
Care Coordination

- Food insecurity
- Violence
- Housing insecurity
- Substance use
- Mental health
- Employment

Specialized medical appointments can create challenges in care coordination and leave patients burdened with too many medical appointments in addition to their other commitments.
Philosophical Shift

Traditional
What’s wrong with you?
- Deficits
- Expert Mode
- Control
- Gate-keeping
- Dependence
- Prescribed

Trauma-Informed
How has what happened affected you?
- Strengths and Resilience
- Partnership model
- Collaboration and Mutuality
- Empowerment, Voice and Choice
- Patients choose how much to share
- Universal Awareness

Why Consider Trauma in Health Care?

- Trauma is pervasive amongst **patients and staff**.
- Trauma has significant **health and mental health** effects.
- Traumatic experiences greatly influences **how people access and experience** healthcare.

“I’m right there in the room, and no one even acknowledges me.”
Health Care Services can be Retraumatizing!

- Having to repeatedly re-tell ‘story’ of trauma history
- Feeling treated as a ‘number’ or a ‘case’
- Lack of opportunity to give feedback about prior medical experiences
- Lack of choice in service, providers (feeling pressured about choices)
- A lack of privacy in physical space (hallway stretcher, roommate, etc.)
- Fear of procedures (not routine to patients)
- Vulnerable physical positions, physical touch, removal of clothing

Health care visits can be retraumatizing.

https://socialwork.buffalo.edu/content/socialwork/social-research/institutes-centers/institute-on-trauma-and-trauma-informed-care/what-is-trauma-informed-care/_jcr_content/par/image_0.img.original.png/1469630973016.png
Six principles of trauma-informed care

- Safety: Physical & psychological
- Trustworthiness & transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, Choice
- Cultural, Historical, & Gender Acknowledgment
Six principles of trauma-informed care

What principles did you hear regarding this video?

- Safety: Physical & psychological
- Trustworthiness & transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, Choice
- Cultural, Historical, & Gender Acknowledgment

[www.samhsa.org](http://www.samhsa.org)
Universal Awareness

One of the main principles of trauma-informed care is to assume, not ask, if a patient has a history of trauma.
Stress versus Toxic Stress

Types of stress responses

**POSITIVE**
A normal and essential part of healthy development
EXAMPLES:
- Getting a vaccine
- First day of school

**TOLERABLE**
Response to a more severe stressor, limited in duration
EXAMPLES:
- Loss of a loved one
- A broken bone

**TOXIC**
Experiencing strong, frequent, and/or prolonged adversity
EXAMPLES:
- Physical or emotional abuse
- Exposure to violence

Development of individual susceptibility to stress
- Genes
- Early Life Experiences

Epigenetic changes in brain circuitry and function

Perceived stress
- Vigilance
- Helplessness

**Behavioral responses**
- Fight or flight
- Personal behavior:
  - Diet, smoking, drinking, exercise, social avoidance

**Physiologic responses**
- Neural
- Hormonal
- Immune
- Metabolic

**Allostasis**
The body responds to stressors in order to regain homeostasis

**Adaptation**
Repeated stress
**Allostatic load**
Dysregulated stress response

**Pathophysiology**

McEwen, JAMA Psychiatry 2017
Trauma Inquiry

Disclosure is NOT the goal; Minimize patient need to retell their story

• Provide a safe environment for people to share as much or as little as they want
• Help patients understand that they have the right NOT to tell their story again, even to providers that ask
• Include education about trauma and its effects
• Balance trauma with resiliency and strengths

“Whoa—way too much information.”
Trauma Inquiry

Inquire about impact, ask open-ended questions

• “Has anything happened in your life that you feel has impacted your health and well-being?”

• “How do you feel this has affected you?”

• “Have you had any experiences with health care (or this exam, etc.) that you feel I should know about?”

• “What would be helpful to make you feel safe and comfortable during this visit?”
Applying the Principles of TIC

- How and who on your team would inquire about safety? Trauma?
- How might you associate the effects of trauma on health?

Safety: Physical & psychological

- How can you build trust and transparency with this patient? What might you say to pt.?

Trustworthiness & transparency

- Level power dynamic - How can you do that?
- Actively seek to collaborate with other team members, across disciplines. Increase shared decision making - without judgement - how can you do that?

Collaboration & Mutuality

- Support the patient in self-management choices (even when you might not agree).
- Ask permission from patient
- Acknowledge pt. strengths

Empowerment, Voice, Choice

- Seek to increase self-awareness of unconscious bias, stigma-
- Avoid judgement or making assumptions
- Acknowledge that cultural and historical backgrounds differ - adopt a curious stance

Cultural, Historical, & Gender Acknowledgment

- Assess patient for readiness for peer support services? Past experiences with such services?
- Who will follow-up to assess connection?

Peer Support
How do we minimize re-traumatization?

- Harm reduction strategies
- Shared decision making
- Individualized plans of care
- Limit distractions – being fully present
- Allow time for feedback from patients
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Example Trauma-Informed Plan of Care

• Posted: 12-17-2019 Written with XXXXX
• What the Patient would like you to know:
• Strengths:
• Trauma History
  • XXXX has a significant past history of domestic abuse. She prefers not to be asked details and will ask for help or reach out if she needs to.
  • She is currently safe and has no contact with the ex-husband.

Maternal History: PLEASE DO NOT ASK PATIENT TO REPEAT HER MATERNAL HISTORY G10 P6034. Detailed history was outlined below

Availability for appointments:
Mondays- she sees XXX I in the Bridge Clinic in the afternoon and wants to keep this time. She can also do am appts on Monday.
Tuesday- before 4pm. (has recovery meetings in evening)
Wednesday- CAN NOT DO APPOINTMENTS this DAY
Thursday- all day is good
Friday- before 1pm

Psychosocial Considerations: Triggers: Coping Skills:

Volunteers of America, Quincy- therapy
Ad Care in Quincy- therapy and groups
Active in NA
DOVE- Quincy- DV Advocacy about past trauma caused by IPV
Baycare Community Service: recovery Coach
Sober mommies- starts in January- graduated
What is the ROI when TIC is Utilized?
Pre-Survey
Post-Survey

N= 427
Missing data on pre-survey was < 6%
Missing data on post-survey was <5%
Trauma Patient's Health Care Utilization \((n=15)\)

(Lewis-O’Connor, A, 2017)

**Service Utilized**: 
- Emerg...
- In...
- Endocr...
- Psych/L...
- Orthop...
- Primar...
- PT/OT

**Average Number of Visits**

- Emerg...: 9
- In...: 4
- Endocr...: 5
- Psych/L...: 1
- Orthop...: 8
- Primar...: 9
- PT/OT: 9

*Medical Model of Care*
Basis for Measurement

- Increase access and engagement with primary care
- Decrease ED utilizations, decrease no-show rates
- Improve health outcomes (physical and behavioral)
- Decrease compassion fatigue for providers,
TRIMS- Trauma & Resiliency in Medical Settings

- An instrument in final stages of validation
- Assessment of TIC practices and policies - identifies strengths and areas for opportunities
Self-care

Empathy
Relaxation
Supervision
Consultation
Healthy fitness
Wellness
Healthy limits
Mindfulness
Knowledge
Energy
Resilience
Exercise
Meditation
Balance
Empowerment
Compassion
Healthy coping
In Summary

• Stigma, bias, and trauma-informed care training offers the opportunity for improved engagement with patients with SUD

• Stigma, bias, and trauma-informed care training offers a strategy towards health equity and social justice

• Stigma, bias, and trauma-informed care training can help mitigate vicarious trauma and facilitate staff and provider wellness