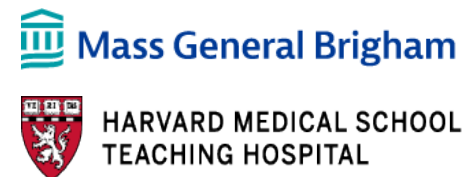


Advancing Health Equity and Social Justice: Using a Trauma-Informed Lens

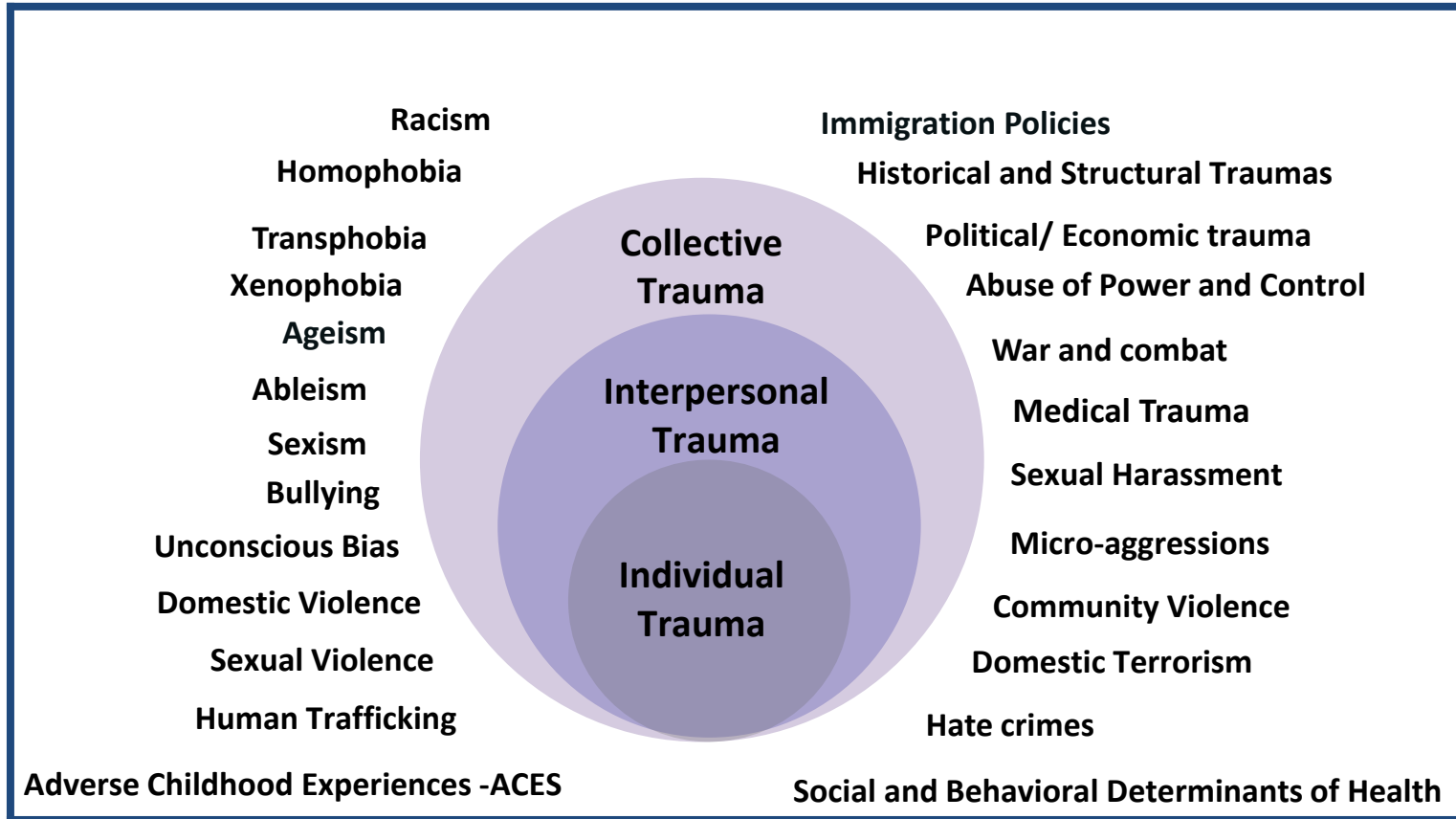
Annie Lewis-O'Connor PhD, NP, MPH, FAAN
Co-Chair, MGB Trauma-Informed Care Initiative
October, 2020



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



What is Trauma?



© Lewis-O'Connor, A. 2015 © Rittenberg, E 2015 © Grossman, S. 2015 UPDATED, 2019

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:

ABUSE

Psychological
Physical
Sexual

NEGLECT

Emotional
Physical

HOUSEHOLD CHALLENGES

Family member experiencing:
Domestic abuse
Mental illness
Imprisonment

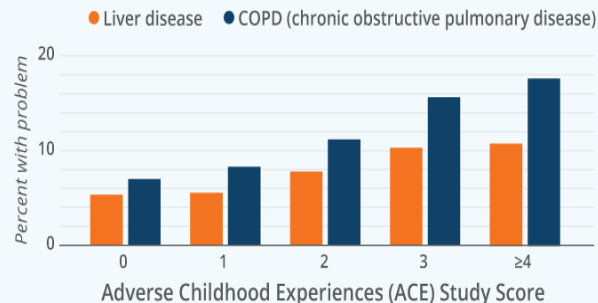
THE STUDY ALSO FOUND

**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:



Sources: CDC ACE Study page <https://www.cdc.gov/violenceprevention/acestudy/> and V. J. Felitti and R. F. Anda, "The Relationship of Adverse Childhood Experiences to Adult Health, Well Being, Social Function, and Health Care," from *The Impact of Early Life Trauma on Health and Disease: The Hidden Epidemic* (Cambridge, England: Cambridge University Press, September 2010).

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**

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

Adjusted Odds Ratio: 4+ vs 0 ACE exposures

Obesity 1.2

Stroke 2.1

Depression 5.3

Diabetes 1.4

Asthma 2.2

COPD 2.8

CHD 1.8

Heavy drinking 1.8

Smoking 3.1

Merrick MT, Ford DC, Ports KA, et al. *Vital Signs: Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention* — 25 States, 2015–2017. MMWR Morb Mortal Wkly Rep 2019;68:999-1005. DOI: <http://dx.doi.org/10.15585/mmwr.mm6844e1external icon>.

Health Impact of ACEs on Adults (cont.)

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

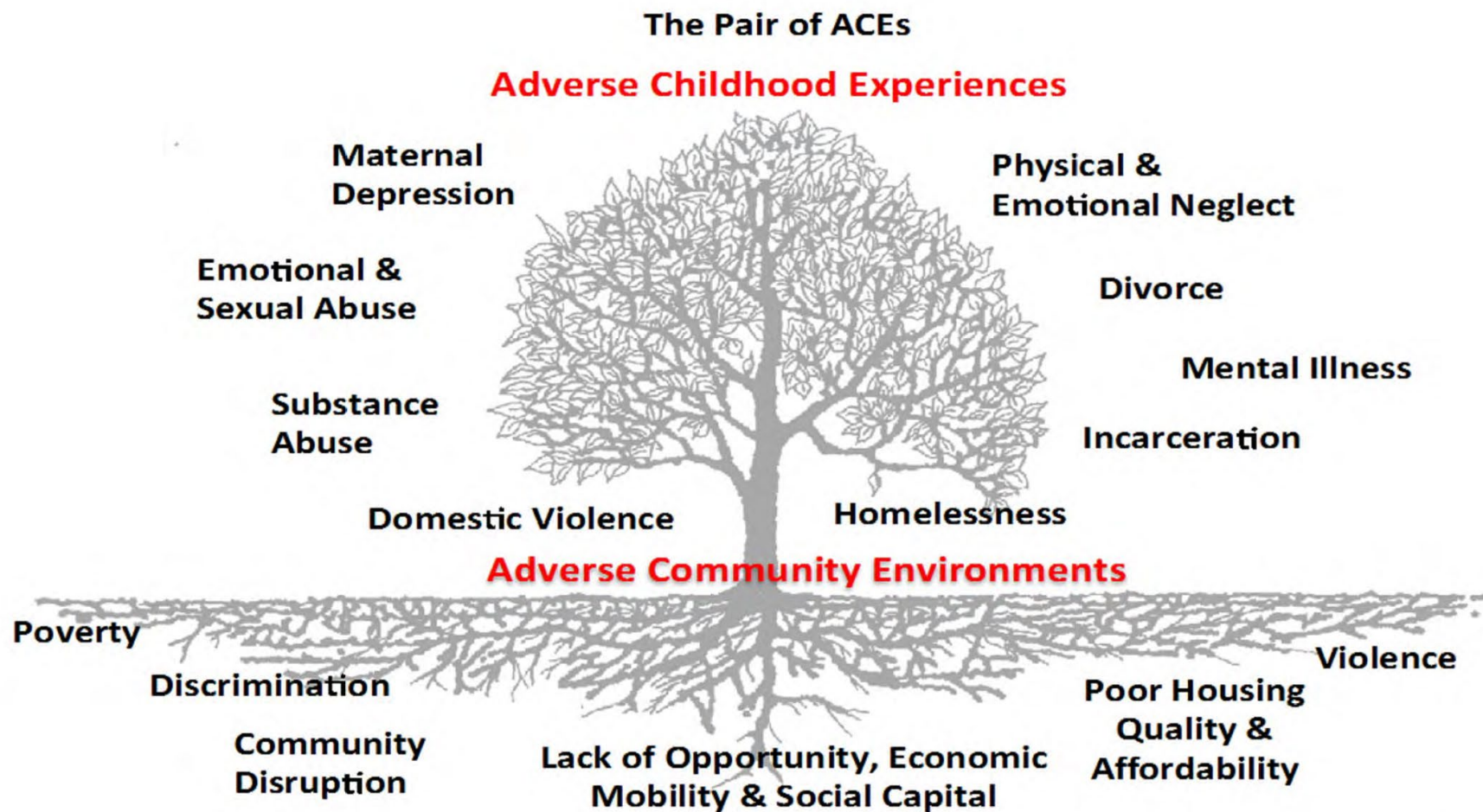
- 47% of individuals experienced at least 1 of the nine ACEs
- After correcting for socio-demographics, ACE counts predicted all health-harming behaviors

Adjusted Odds Ratio (4+ vs 0):	ACE Exposures
Unintended teenage pregnancy	5.86
Early sexual initiation (<16 years)	4.77
Heroin or crack cocaine use (lifetime)	10.88
Violence perpetration	7.71
Incarceration (lifetime)	11.34

National Survey
of English (UK)
Residents
April to July 2013
n=3,885

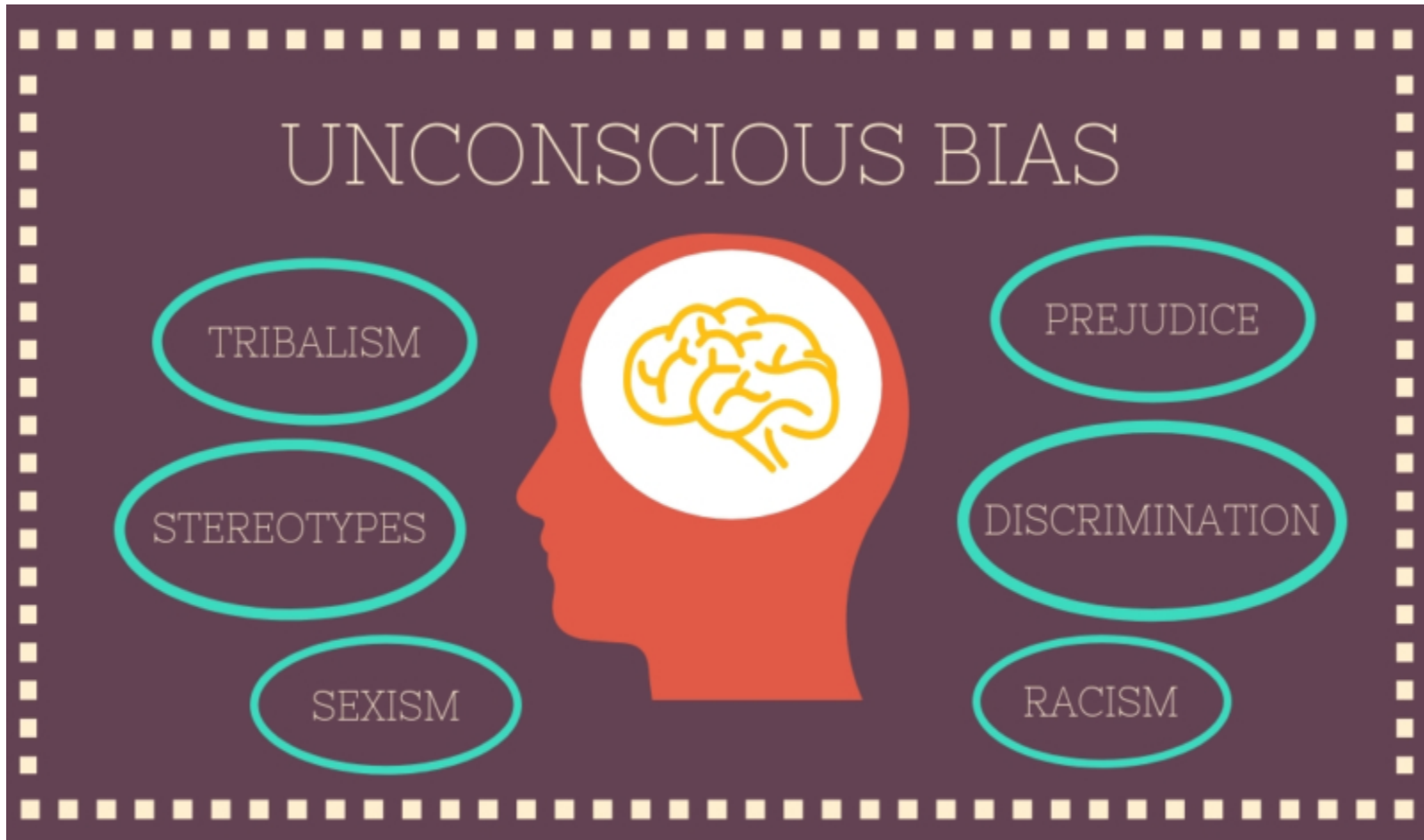
Bellis MA, Hughes K, Leckenby N, Perkins C, Lowey H. National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviors in England. *BMC Med.* 2014;12:72. Published 2014 May 2. doi:10.1186/1741-7015-12-72

Pair of ACEs Tree



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Unconscious Bias & Stigma



Unconscious Bias and Stigma

A tendency or inclination that results in judgment without question.



<https://implicit.harvard.edu/implicit/>

Acknowledgement
and thanks to
Lianne Crossette

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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)
- Body language differs in provider-patient interactions based on race. (2016, Andrea et al. Journal of Pain and Symptom Management)

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

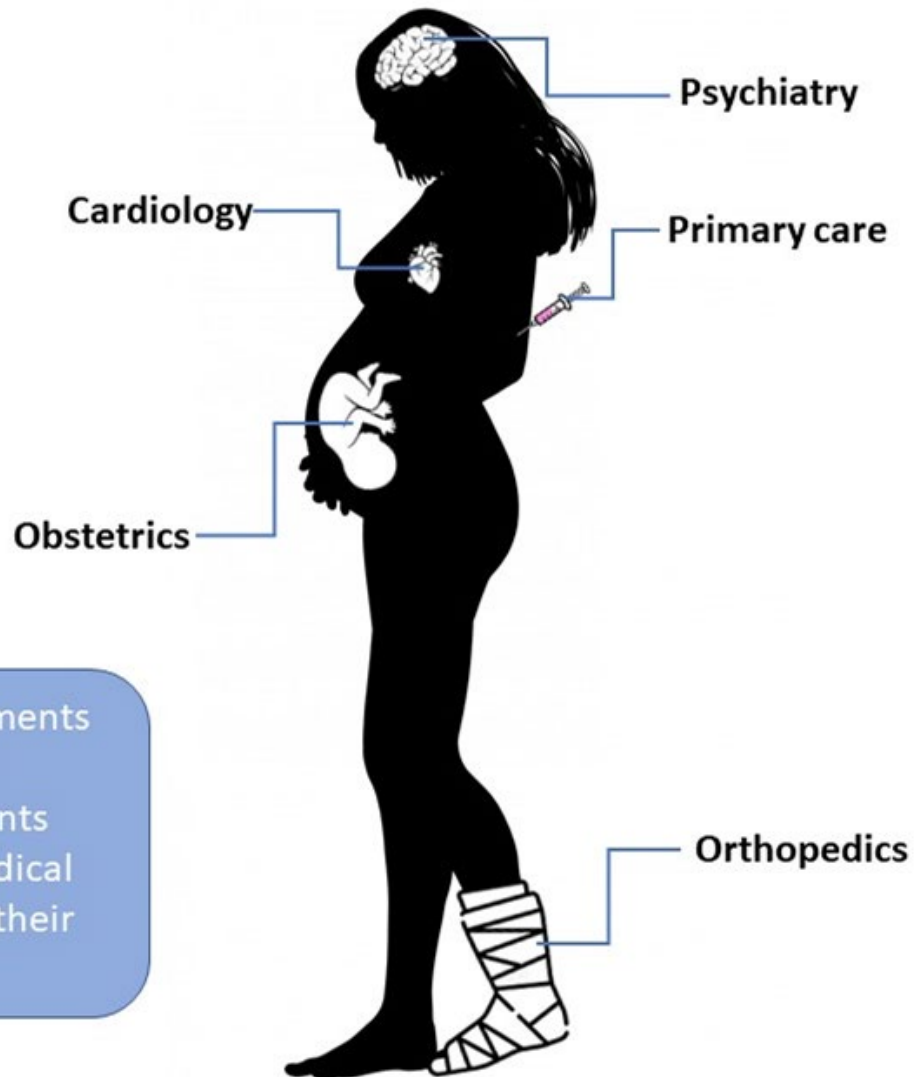


Mental health



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

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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.

Huang, L.N., Sharp, C.S., Gunther, T. SAMHSA and National Council for Behavioral Health Webinar 8/6/13. "It's Just Good Medicine: Trauma Informed Primary Care." 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

Birth Equity

VIDEO:

<https://comcastnewsmakers.com/Videos/2019/2/10/Black-Infant-and-Maternal-Health?autoplay>

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

Universal Awareness

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

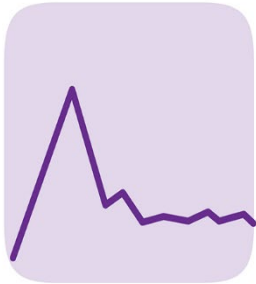


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Stress versus Toxic Stress

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

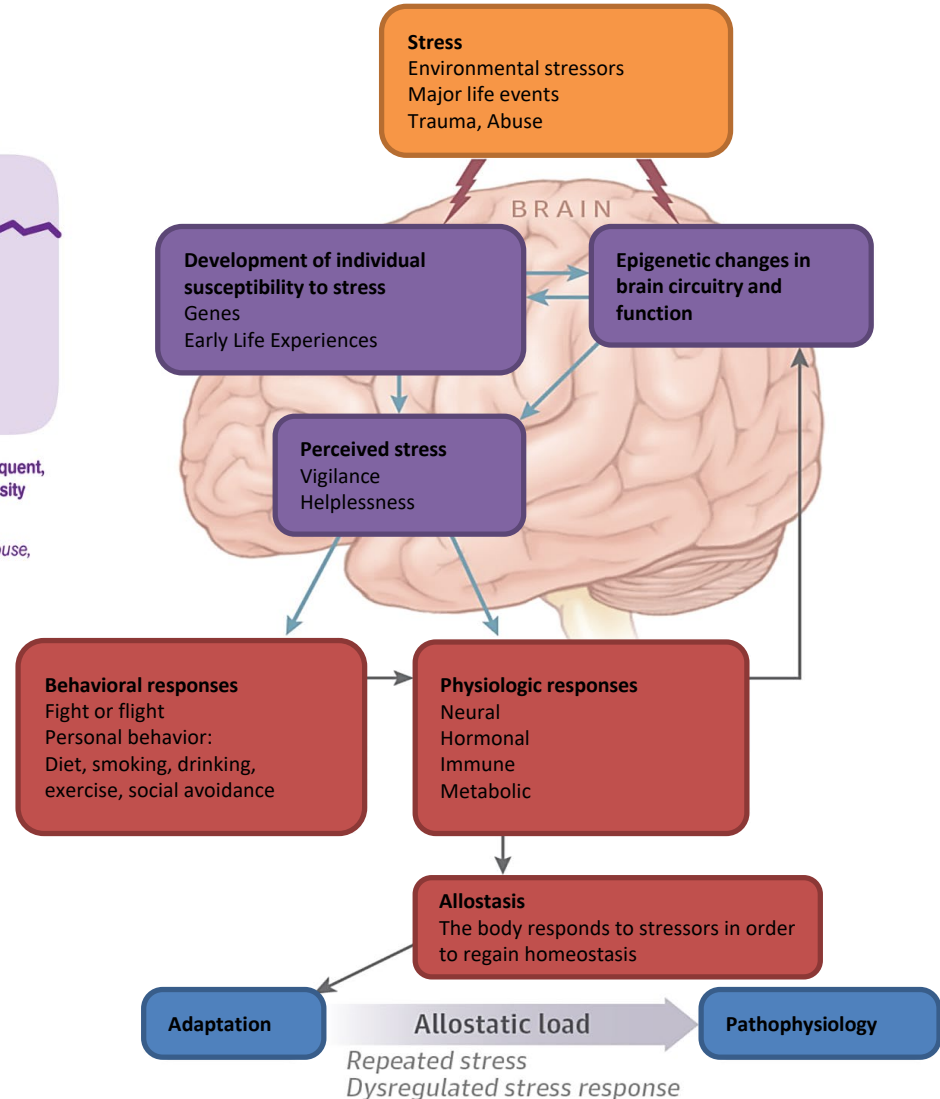
EXAMPLES
loss of a loved one,
a broken bone

TOXIC



Experiencing strong, frequent, and/or prolonged adversity

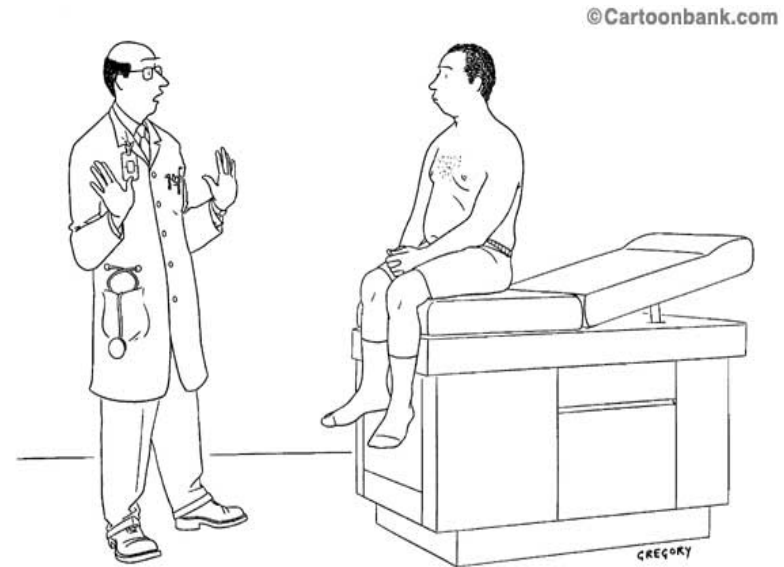
EXAMPLES
physical or emotional abuse,
exposure to violence



McEwen, JAMA Psychiatry 2017

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

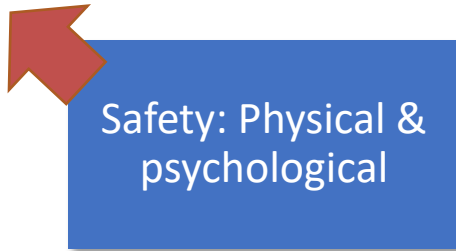
Inquire about impact, ask open-ended questions

- “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

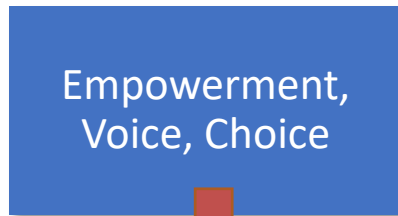
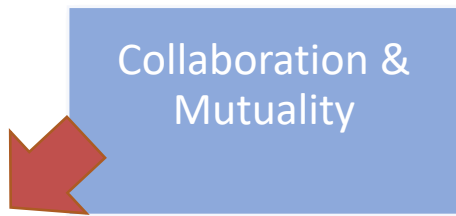
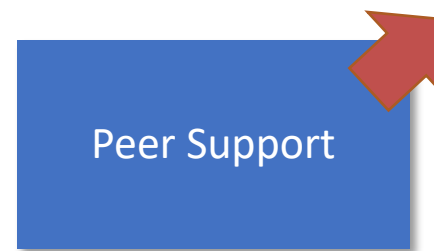
- How and who on your team would inquire about safety? Trauma?
- How might you associate the effects of trauma on health?



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



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



- 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?

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

- 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

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

How do we minimize re-traumatization?

- Harm reduction strategies
- Shared decision making
- Individualized plans of care
- Limit distractions – being fully present
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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

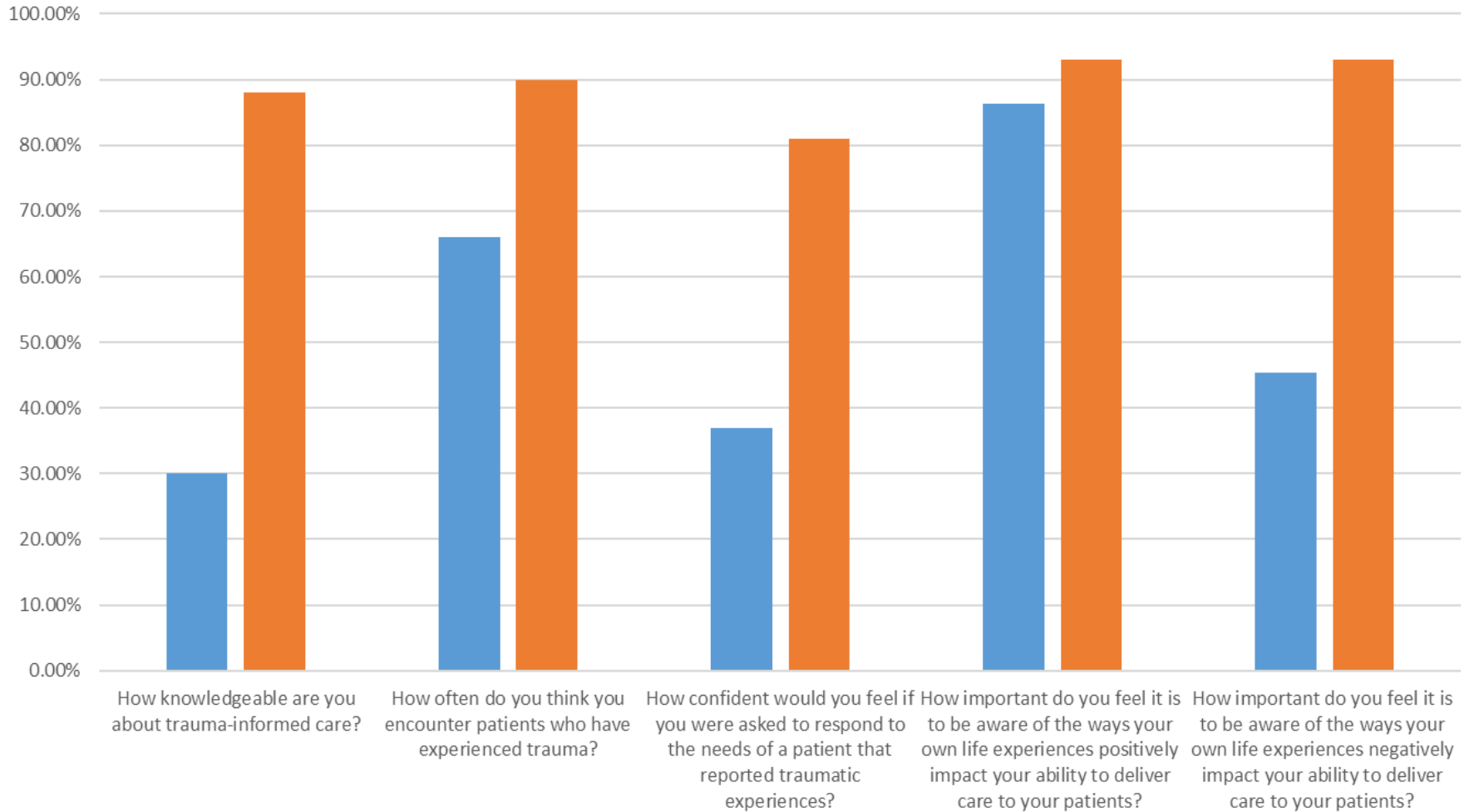
DOVE- Quincy- DV Advocacy about past trauma caused by IPV

Baycare Community Service: recovery Coach

Sober mommies- starts in January- graduated

What is the ROI when TIC is Utilized?

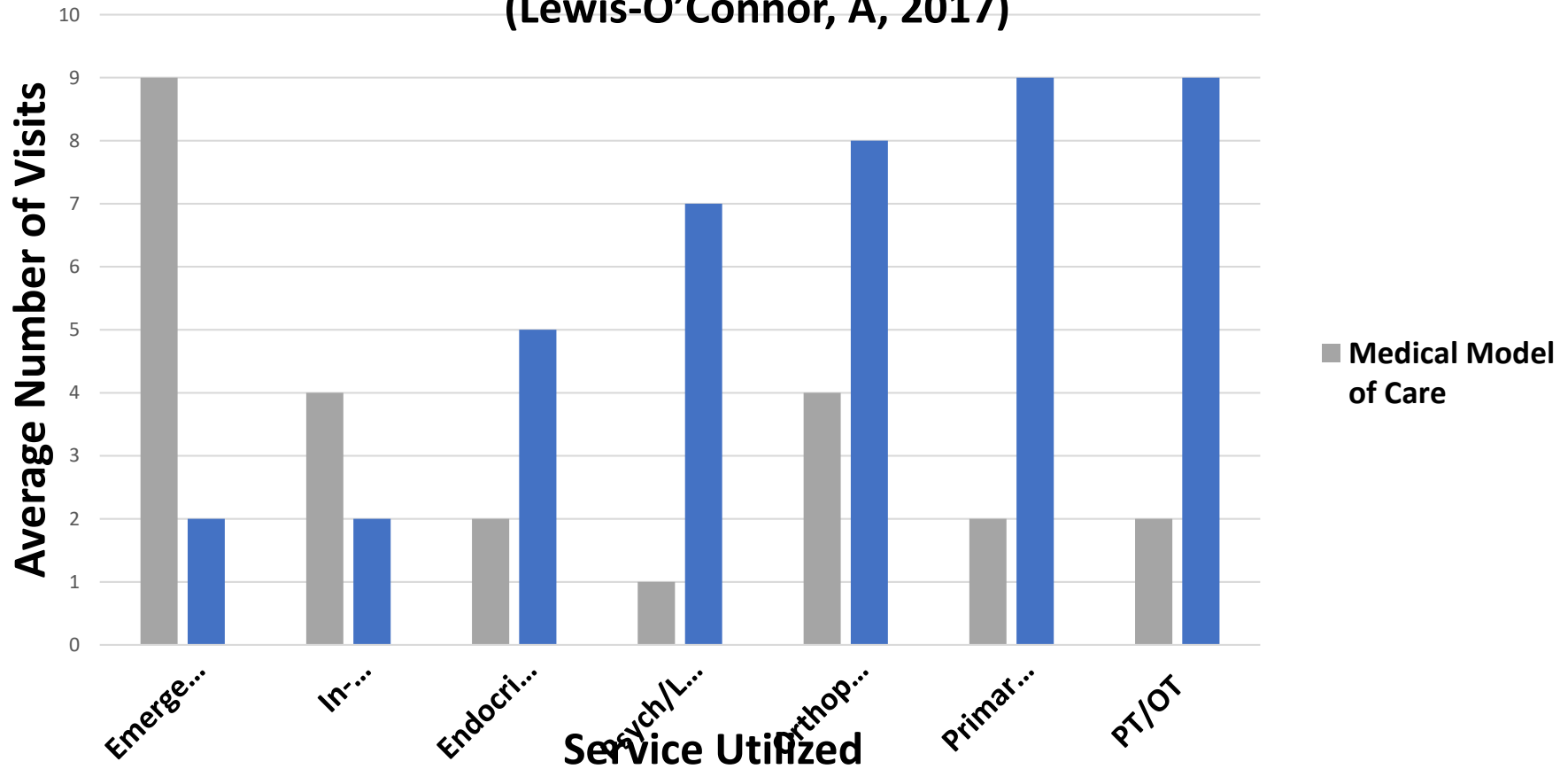
Participant Responses to Trauma Informed Care Training Survey



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)



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

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

