Moving Our Community Toward Health Equity:

*Overcoming the Trauma of Racism*

Tasha Turner, LLPC
Patricia Rush, MD MBA
The Context

• Population Health – Defined
• Health Equity – Defined
• CHNA: Key Findings
• Trauma and Toxic Stress: Impacts on Mental, Physical and Social Health
Introductions

Pat Rush, MD, MBA

Tasha Turner, MA, LLPC
The Foundation:
An Unexpected Relationship Between Psychological Trauma and Chronic Illness

Tasha Turner, MA, LLPC
What Is Stress?

Stress has been defined as the change in one’s physical or mental state in response to situations (stressors) that pose challenge or threat (Krantz et al., 1985; Zimbardo et al., 2003)
Two Main Types of Stress

- **EUSTRESS**
  - Optimal Performance
  - Energised
  - Focused
  - Work feels effortless

- **DISTRESS**
  - Fatigue
  - Exhaustion
  - Health
  - Breakdown & burnout
Toxic Stress

Toxic stress can result from strong, frequent, or prolonged activation of the body’s stress response systems in the absence of adequate support.

(Shonkoff, et al., 2012)
Ability to Tolerate Stress

Hyperarousal

Window of Tolerance

Hypoarousal

(Ogden, Pain & Fisher, 2006; Siegal, 1999)
What is Trauma?

An **EVENT**, series of events, or set of circumstances **EXPERIENCED** by an individual as physically or emotionally harmful or life-threatening with lasting adverse **EFFECTS** on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.

(SAMHSA, 2014)
Trauma Types

- Acute
- Chronic
- Complex
- Systemic/Organizational

(Child Welfare Committee, National Child Traumatic Stress Network, 2013)
Common Forms of Toxic Stress And Trauma
Adverse Childhood Experiences (ACEs), are experiences in childhood that profoundly impact a developing child’s brain and functioning. Though they do not have to be, they are often chronic leading to toxic stress.

(Felitti, V.J., et al, 1998)
Suggested Expanded ACEs

- Experiencing Racism/Discrimination
- Bullying
- Living in Group or Foster Care
- Unsafe Living Conditions
- Experiencing/Witnessing Community Violence

Source: Wade
Considering the 10 ACEs listed below, how many of these do you believe you’ve experienced prior to your 18th birthday?

- Physical abuse
- Emotional abuse
- Sexual abuse
- Physical neglect
- Emotional neglect
- Mental illness of a household member
- Incarceration of a parent
- Domestic violence in the home
- Substance use in the home
- Divorce or separation of parents
ACEs: Frequency

How Common Are ACEs

Almost two-thirds of adults surveyed reported at least one Adverse Childhood Experience - and the majority of respondents who reported at least one ACE reported more than one.
ACEs Prevalence:
Michigan Adults

(Fussman & McKane, 2013)
Trauma:
Impact On Development and Behavior
Trauma and Brain Development

Typical Development

Developmental Trauma

(Ogden, Pain, Fisher, 2006)
Life Domains Impacted by Complex Trauma

- Attachment and Relationships
- Physical Health: Body and Brain
- Emotional Response
- Self-Concept and Future
- Thinking and Learning
- Behavior
- Dissociation
ACEs: Impact

- Adverse Childhood Experiences
- Social, Emotional, & Cognitive Impairment
- Adoption of Health-risk Behaviors
- Disease, Disability and social problems
- Early Death
- Death

Birth
Trauma & Chronic Disease: Implications for Healthcare

Pat Rush, MD, MBA
Topics

Part 1: My Journey: Understanding Complex Illness
   – Patients at High Risk: Dual Eligible [Medicare + Medicaid]
   – Pattern of Adversity & Trauma

Part 2: Health Inequity: Differences in health outcomes (i.e., health disparities) that are avoidable, unfair and unjust
   – Racism: Unfair treatment in healthcare and other systems that are essential to good health

Part 3: Moving Forward:
   – Actions by Healthcare Systems and Clinicians Toward Health Equity
Taking a Moment

• This is a **Challenging Conversation**
• Change requires **New Framework**
• This is a **Conversation of HOPE**
Part 1: My Journey
Care of Underserved & Severely Ill Patients

Internal Medicine MD – Complex Chronic Illness
Public hospital; Former Director Cook County ER
MBA – University of Chicago; Finance & Strategy
National Expert in Medicare & Medicaid Health Insurance executive
## Part 1: My Journey:
### The Quadruple Aim*

<table>
<thead>
<tr>
<th>Aim #1</th>
<th>Enhancing Patient Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim #2</td>
<td>Improving Population Health</td>
</tr>
<tr>
<td>Aim #3</td>
<td>Reducing Costs</td>
</tr>
<tr>
<td>Aim #4</td>
<td>Improving Work Life of Healthcare Providers</td>
</tr>
</tbody>
</table>

Understanding Patients at High Risk

MEDICARE
- Age 65+ years
- Perm Disabled

MEDICAID - POOR
- Women-children
- Adult chronic illness

Dual Eligible >> BOTH
Medicare + Medicaid

Poor Frail Elderly
(Skilled Nursing)

Poor < age 65
Severe Illness
Typical Medical Approach to Disease

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| Patient
  Appears healthy or develops symptoms       | Time                      |
| Screening Tests/Early Detection and/or Diagnostic Tests
  Diagnose Disease                              | Start Therapy
  Measure Outcomes
  Disease Management                             |
|                                               | New Diseases
  ** Appear **
  WHY?                                           |
Results of TYPICAL Healthcare (National Problem)

1. Patient Experience: Patient feels rushed, unheard, overmedicated & is angry at cost
2. Population Health: 80% chronic disease still considered “idiopathic” (i.e., no known cause)
3. VERY expensive with disappointing results
4. High Rate of Provider Burnout

How can we do better?

The Quadruple Aim

#1 – Enhancing Patient Experience
#2 – Improving Population Health
#3 – Reducing Costs
#4 – Improving HC Work Life
Medical Impact of the Social Determinants of Health (SDoH)

Social Determinants of Health
- RACISM....
- Poverty
- Precarious housing
- Food Insecurity
- Unemployment
- Low literacy
- Geographical & Social Isolation

What is the biologic mechanism for SDoH, such as racism to cause disease?
Can a LIFE COURSE Approach Help Us?

Example: 30 yr old diagnosed with Hypertension or Diabetes

<table>
<thead>
<tr>
<th>Prenatal</th>
<th>Birth</th>
<th>Infant 0-3</th>
<th>Childhood Age 4-12</th>
<th>Puberty Age 13-19</th>
<th>Young Adult Age 20-40</th>
<th>Middle Age 40-65</th>
<th>Older Age 65-85</th>
<th>Frailty Age 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Person diagnosed with DISEASE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Start TREATMENT</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What Happened Here?

New Diseases ** Appear ** WHY?
My Experience with Trauma-Informed Care

I came to believe:
Current medical theory of chronic illness and health inequities are incomplete.

2000 - 2008:
I created solo primary care practice that involved detailed interviews of over 500 patients.

Realized most important interview question was....

“How was growing up for you?”

“How was growing up for you?” or “Pretty difficult?”
My Patients Who Answered “Pretty Difficult” Had Serious, Complex Chronic Illnesses

- Lupus; Rheumatoid Arthritis
- Severe Obesity
- Type 1 - Juvenile Onset Diabetes
- Crohn’s Disease and Ulcerative Colitis
- Multiple Sclerosis
- Young women with aggressive Breast Cancer
- Severe Chronic Pain, Fibromyalgia
- End Stage Kidney Disease on Dialysis
- End Stage Congestive Heart Failure
- And more
What Did I Find Out About Trauma and Severe Chronic Illness?

Underlying the history of serious chronic illness >> Difficult childhood:

• Painful memories [abuse, neglect, loss of a parent, foster care, poverty]
• Cruel discrimination based on race, ethnicity, gender, sexual preference
• Sexual assault [50% of the women; 25% of the men]
• Witnessing community violence or family violence
• Veterans-survivors of war, the Holocaust, Refugees
What My Patients Told Me:
Impact of Discrimination

- Never feeling safe
- Never feeling accepted
- Always feeling judged
- Expected to fail
- Never getting a fair chance

Could I (as a straight, white woman) REALLY understand?
Probably Not

Could I see the exquisite anguish at the unending injustice and corrosive fear?
YES
Consistent Pattern from (of?) Adversity

Severe Adversity-Trauma-Neglect

Overwhelming Psychological Distress

Disturbed Sleep

Physical Dysregulation

Seek to Calm Overwhelming Distress

Nicotine | Alcohol | Drugs | Sex
Food | Video Games | Social Media
Shopping | Gambling | Self-Harm
And more

THIS is the Pathway to Severe Chronic Illness
I Asked Myself:
How Did I Miss this Connection for 30 Years?

I was shocked and humbled
And then, I became determined!
• Learn what others know
• Develop a new MODEL
• Build a COLLABORATION for CHANGE
Let’s Take a Breath and Think DEEPER
Part 2: Health Inequity

1. Unequal Treatment (by healthcare system)
   - Lack of respect and access to diagnosis and treatment
   - Delay in diagnosis

AND

2. Traumatic Life Experience
   - Severe adversity, poverty, neglect
   - Trauma/abuse, loss of parent, incarceration
   - **Toxic experience >> Racism/Discrimination**
New Model:
Body-Mind as Interconnected Network Systems Biology

Neuro

Immune  Endocrine

Neuro-endo-immunology
Overwhelming scientific evidence
New Model: Neurobiology Basics

Functionally: 3 Parts of the BRAIN

Evidence that brain develops - and functions - from the bottom up

Source: Bruce Perry, MD PhD
Recap:

Brain Develops in the Context of Parent-Child ATTACHMENT - ATTUNEMENT

#1 process for brain to learn Self-Regulation

Recap:
Toxic Stress and Trauma <> DISRUPT Brain-Body Self-Regulation

Symptoms of Un-Discharged Traumatic Stress
Everyday Discrimination – a Major Trauma
David Williams, PhD, MPH - Harvard

QUESTIONNAIRE
In your day-to-day life, how often do these things happen to you? What do you think was the main reason for these experiences?

- Treated with less courtesy?
- Treated with less respect?
- Receive poorer service?
- You are called names or insulted?
- You are threatened or harassed?

- People act as if you’re not smart
- People act as if they are afraid of you
- People act as if you’re not honest
- People act as if they are better than you
Physiologic Mechanism:
Hypertension and Heart Disease are result of complex chain of events

Tawakol, et.al. Lancet January 11, 2017
Harvard Division of Systems Biology
2018 Research Consensus: Pathway to Chronic Illness

**TRAUMA**
- Neuro
- Dysregulation

**Inflammation**
- Abnormal Endocrine Signaling

**End Organ**
- Cardiovascular
- Lung
- Intestines
- Joints
- Kidneys
- Brain
- MORE

This is the **ROOT**
- Opportunity for prevention
- Most effective treatment

Lakeland Health
Science Tells Us:
Disruption Starts in Childhood
Hypertension in African American Men *starts by AGE 8*

<table>
<thead>
<tr>
<th>Prenatal</th>
<th>Birth</th>
<th>Infant 0-3</th>
<th>Childhood Age 4-12</th>
<th>Puberty Age 13-19</th>
<th>Young Adult Age 20-40</th>
<th>Middle Age 40-65</th>
<th>Older Age 65-85</th>
<th>Frailty Age 85+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What Happened Here?

Person diagnosed with DISEASE
Start TREATMENT

New Diseases are result of CHAIN of EVENTS
Pathway to Disease
Toxic Stress or Traumatic Memory ↔ Disrupts Brain-Body Regulation

- Woman’s ability to carry pregnancy to full term (premature birth); low birth weight
- Obesity
- Asthma
- High Blood Pressure
- Depression and other Mental Distress
- Self-soothing, but health-compromising behaviors (ADDICTION)
- Autoimmune Disease (lupus, rheumatoid, Crohn’s, MS)
- Diabetes
- Thyroid disease
- Cardiovascular Disease (heart attack, stroke)
- Chronic Pain
- More than 30 additional
Taking Courageous Action
Changing the Framework of the Typical Medical Approach

Need to rethink “Early Detection”
When our current model “finds” disease, process well underway.

**PRIMARY PREVENTION** is the key!

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>TREATMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Time</td>
</tr>
<tr>
<td>Screening Tests/Early Detection Diagnostic Tests</td>
<td>Start Therapy</td>
</tr>
</tbody>
</table>

- Measure Outcomes
- Disease Management

Lakeland Health
PART 3: Trauma-Informed Care

How do we start to approach such a complicated problem?

AND how do we care for ourselves?
Quick Time-Out: *Let’s Talk About Us*

Quadruple Aim #4: TRAUMA and PROVIDER WELLBEING

- Healthcare staff very likely > personal trauma history
- Hard to witness fear & pain our clients’ experience
- **Secondary Trauma** results we hear about or witness traumatic experiences of another
  
  **Can happen:**  
  - At home
  - Living in society
  - At work

- Secondary Trauma can be **PREVENTED**
Quadruple Aim #4: Self Care Ideas
Preserving Our Own BALANCE

• Keep things in perspective; Start with Gratitude
• Let Go with Love
• Deep Breathing Practice
• Nurture Sleep

• Talk (or write) about Feelings and Experiences
• Exercise
• Make time for Fun and Sharing
My Scientific Conclusions:

#1 - Racism is a MAJOR cause of Disease & Health Inequity

Social Determinants of Health
- POVERTY
- RACISM
- Housing
- Access to Food
- Employment
- More

Everyday Discrimination

Disease

TOXIC Unrelenting STRESS
Conclusion #2: It is Time for Courageous Action In OUR Community

PRIMARY PREVENTION is the key!

- Eliminate ROOT causes
  - Heal the trauma of racism and every form of discrimination
- Provide REAL support for ALL at-risk families
- Healing resources for trauma
- Continued EXCELLENCE in Medical Care
In Summary

• In our culture AND our community, Trauma is all around us
   Traumatic Experience  >>  DISEASE

• To understand Health Inequity, we must acknowledge
  Discrimination & Racism are Trauma

• A different – and deeper – approach is needed to achieve HEALTH EQUITY
Trauma-Informed Care

The Foundational Assumptions

Realizes
Recognizes
Responds
Resists

(SAMHSA, 2014)
Principles of the Trauma-Informed Approach

(SAMHSA, 2014)

Safety
Trustworthiness and Transparency
Peer Support
Collaboration
Empowerment, Voice, and Choice
Cultural, Historical, and Gender Issues
Will You Be A Champion?