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Racial Trauma and Health Equity Across the Lifespan

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GOALS and Objectives

Learning Objectives:

- Define the social determinants of health (SDOH)
- Discuss how SDOH and adverse childhood experiences (ACE) impact health and well-being
- Identify the impacts of bias and racism on care, and their roles as risk factors for exposure to culturally-informed ACE (C-ACE)
- Describe the economic effects and health outcomes associated with C-ACE
- Recognize the role of managed care in influencing pertinent changes in care that can help to decrease C-ACE

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SDOH



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Institute of Medicine findings:

The diagram illustrates the Institute of Medicine findings on healthcare disparities. It shows a progression from 'Populations' (Majority and Minority) to 'Difference' (caused by various factors) and finally to 'Healthcare disparity' (caused by social-based health disparity). The factors listed under 'Difference' include:

- Biologic variations for disease risk & pharmacodynamics
- Hereditary based gene polymorphisms vs. gene-environment interactions
- Clinical appropriateness and need
- Patient preferences
- Provider institutional based discrimination, biases and prejudice
- Residential segregation, economic and educational injustice
- The operation of healthcare systems and the legal and regulatory climate
- Discrimination: Biases and prejudice, stereotyping and uncertainty within healthcare systems

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Race as a Social Determinant of Health:

Landmark study in 2016:

Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites

Results:

- 40% 1st and 2nd year medical students believed that the skin of black people is thicker than white skin.

Students who believed that black people are not as sensitive to pain as white people were less likely to treat black people's pain appropriately.

Huffman KM, Trautner S, Axt JR, Oliver MN. Racial bias in pain assessment and treatment recommendations, and false beliefs about biological differences between blacks and whites. Proc Natl Acad Sci U S A. 2016;113(16):4296-4301. doi:10.1073/pnas.1510471113

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HOW INEQUALITY KILLS

THE DEATH GAP

DAVID A. ANSELL, MD

Findings:

- Inequality is a disease.
- Unequal access to basic care
 - The wait list too long eye exam 1day vs 1year
 - The organs came from poor blacks 30% came from the uninsured they gave and never received
- Toxic stress of poverty and violence (ACE) and SDOH
- Decreases Life expectancy (14 yr difference)

DAVID A. ANSELL, MD, MPH

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BU7

Where you live—not just your beliefs, behaviors, and biology—determines when you’ll die if you are low income

Where You Live Dictates When You Die

<https://westsdc.united.org/our-impact/measurement-framework/>

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BU32

Inequality
Unequal access to opportunities

Equality?
Evenly distributed tools and assistance

Equity
Custom tools that identify and address inequality

Justice
Fixing the system to offer equal access to both tools and opportunities

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BU8

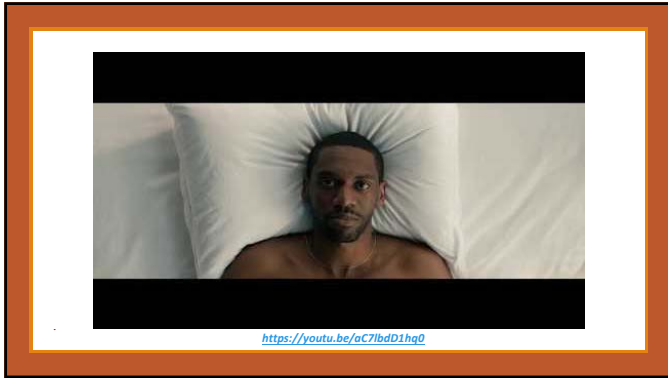
RACE as a SDOH: Toxic Stress

Definition of microaggression:
a comment or action that subtly and often unconsciously or unintentionally expresses a prejudiced attitude toward a member of a marginalized group (such as a racial minority)

Let's
transition to an illustration of a typical day in a black man's world

<https://youtu.be/gC7IbdD1hq0>

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Definition of Trauma

"Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individuals functioning and mental, physical, social, emotional or spiritual well-being"

<https://www.cdc.gov/violenceprevention/publichealthtrials/social-ecological-model.html>, <http://www.cdc.gov/ncj210101/ncj210101.htm>

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Study of Adverse Childhood Experience (ACE)

Retrospective Study by Kaiser

- N=17,337;
- 78% white
- avg age was 57
- employed
- privately insured
- 75 % college educated

Abuse

- Physical
- Emotional;
- Sexual

Household dysfunction

- incarcerated relative
- SUD
- Divorce
- Mental Illness
- Mother Treated Violently

Neglect

- Physical
- Emotional

<https://www.aceinquiry.org/wp-content/uploads/2012/06/ACE-Infographic-FINAL.pdf>

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The higher the ACE:

- Increase no show for appts but make more appt
- Increased potential of loss revenue
- More medical comorbidities
- More medications
- Required more case management

(HTTP://WWW.SCIENCEDIRECT.COM/SCIENCEARTICLE/PII/S0167421518300493)

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Trauma and Social Location

CENTERS FOR DISEASE CONTROL AND PREVENTION. (2016). VIOLENCE PREVENTION: THE ACE. PRINTED AND ADAPTED BY PHEE YOUNG. GENERAL: <https://www.cdc.gov/ncj/violenceprevention/acestudy/expanded.html>. ©1992, 2015.

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C-ACE: The Philadelphia ACE Study

TRONKOVA, P. F., FORD, E. M., WANG, H., BARR-ARRIBETE, M. H., DAVIS, M., HARRIS-SCHWARTZ, M., RUCKEL, L. M., & FEIN, J. A. (2015). ADVERSE CHILDHOOD EXPERIENCES: EXPANDING THE CONCEPT OF ADVERSE CHILDHOOD EXPERIENCES. *Journal of Interpersonal Violence, 30*(1), 1-15.

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BU37


Beyond ACE

- Immigration Status
- Housing Conditions
- Gender discrimination
- War and Social Conflict
- Poverty
- Opioid Crisis
- Racism**

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BU38

<https://www.youtube.com/watch?v=9UyincvbwHwk>



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BU20

The Impact of Racism on Child and Adolescent Health

- Racism is a core social determinant of health that is a driver of health inequities.
- Historical impact- Race as a social construct
- Institutional, experienced and internalized racism and its effects on self esteem.
- Racism and implicit bias can affect student-teacher dynamic and the academic expectations from non-minority teachers leads to underachievement
- Racial inequities in school discipline begin early, and school discipline has long term consequences for children.

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RU21

Was this really racism?

Racism as a Root Cause Approach: A New Framework

If the population you are engaging with is experiencing at least one of the following, racism is likely at the root of this population's health outcome disparities:

- Barriers to wealth accumulation
- Educational inequities
- Disproportionate burden of displacement and housing insecurity
- Disparate treatment in the justice system
- Disparities by skin tone and/or color

PEDIATRICS JANUARY 2021, 147(1):E20005-0602, DOI: [HTTPS://DOI.ORG/10.1542/PEDS.2020-019602](https://doi.org/10.1542/peds.2020-019602)

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RU22

The associations of adverse childhood experiences (ACE) with adult health care utilization in an underserved, low-income population

N=38,200 adults (mean age 54).
66% were AA two-thirds recruited from community health centers (CHCs) across 12 Southeastern states.

Results.—The percentages reporting and doctor's office visits, with high

↑ ACE = ↑ emergency room visits
↑ chronic disease index
↑ health care utilization in adulthood..

HEALTH CARE POOR UNDERSERVED: 2010 - 2020, 146-167, DOI:10.1003/HPF.2020.0004

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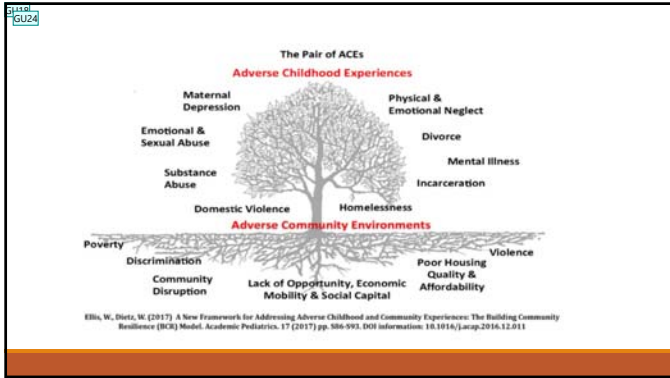
RU23

Economic Burden of Health Disparities in the U.S. if Unchanged

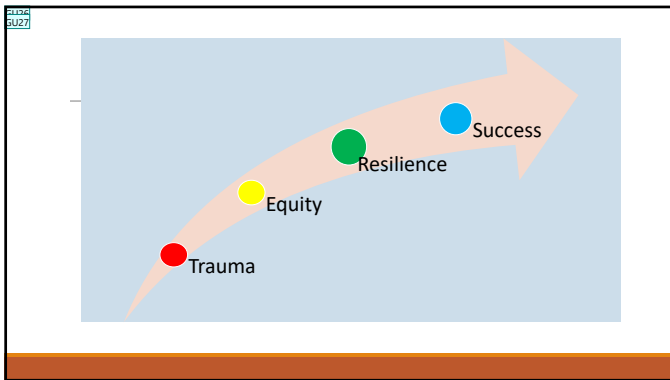
2020: \$126B
2050: \$353B

[HTTPS://WWW.AHA.ORG/UNDERSTANDING/2020/06/04/aha-issues/health-care-organizational-care-utilize-impact-association-test-act](https://www.aha.org/understanding/2020/06/04/aha-issues/health-care-organizational-care-utilize-impact-association-test-act)

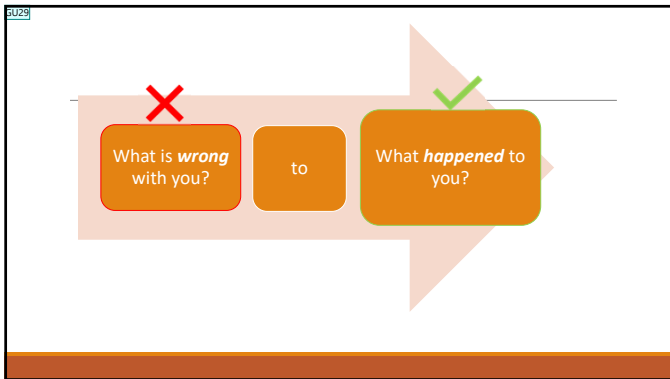
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SIX KEY PRINCIPLES OF A TRAUMA-INFORMED APPROACH

1. Safety
2. Trustworthiness and Transparency
3. Peer Support
4. Collaboration and Mutuality
5. Empowerment, Voice and Choice
6. Cultural, Historical, and Gender Issues

HTTPS://NCSACV.SAMHSA.GOV/USERRFILES/SAMHSA_TRAUMA.PDF

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The Four C's of Trauma-informed Care:

Calm
Pay attention to how you are feeling when you are caring for the patient

Contain
Limit trauma history detail to maintain emotional and physical safety

Care
Practice self-care and self-compassion while caring for others

Cope
Emphasize coping skills, positive relationships, and interventions that build resilience

HTTPS://WWW.ACELAWARE.ORG/WP-CONTENT/UPLOADS/2018/12/CHAPTER-2-TRAUMA-AND-TRAUMA-INFORMED-CARE.PDF

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Resilience: Stacking the Scale

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Targeted Universalism is the Goal:

Universal Goal with Targeted Solutions

Structural Inequity produces consistently different outcomes for different communities.

Opportunity Structures respond with necessary resources and multiple paths needed for different communities & individuals to thrive.

Structural Inequity vs. Opportunity Structure

HTTPS://RELIVING.BEMILEY.EDU/

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Lean in to change

Tools and techniques:
Use evidence-based tools to identify the problem

Culture Shift
change how we see health inequity

Process and methodology:
Find the true root causes and implement solutions.

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aces aware
SCREEN. TREAT. HEAL.

Screening tools:
<https://www.acesaware.org/screen-for-acting.html>

Work flow algorithms
<https://www.acesaware.org/wp-content/uploads/2019/12/ACE-Clinical-Work-Flow-Algorithms-and-ACE-Associated-Health-Conditions.pdf>

Provider Toolkit
The Provider Toolkit is a free resource for providers and staff.

Preventing Adverse Childhood Experiences

<https://vetoviolence.cdc.gov/apps/aces-training/#/mhp/3-1-3#top>

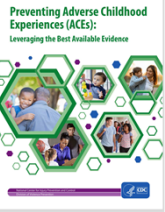
YOUR IMPACT ON KIDS WITH TOXIC STRESS WILL BE MEANINGFUL, TANGIBLE, AND FOREVER.

THE RESILIENCE PROJECT
We can stop Toxic Stress.

<https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/resilience/Pages/Training-Toolkit.aspx>

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Resources:



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In summary :

- ACE and Extended ACE are common and is a major economic burden in this country that negatively affect health outcomes
- In particular, Racism is a toxic stress that has far reaching mental and health effects for the victim, bystander and perpetrator.
- Targeted Universalism provides a solution to structural inequities.
- Best Practice includes efforts at the Individual, Familial, Community and Society levels
- Addressing toxic stress requires a trauma informed care approach
- Building resilience require stacking the scale with more positive outcomes
- Make health equity a strategic goal. This means looking at the problem from a
- Medical, Economic, judicial, Environmental and educational perspective.

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Questions?

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