Trauma, Resilience, & Anti-Racism in Healthcare

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Cofounders of KINSHIFT

Recorded September 20, 2021
Introduction to KINSHIFT
Co-Founders: Kelly Davis, MPA & Simran Chaudhri MD, MPH

- KINSHIFT supports healthcare and public health transformation through evidence-based practices rooted in actionable principles of trauma-and-resilience-informed care and anti-racism.
- Architects of Trauma-and-Resilience-Informed Systems (TRIS), the first project in the country to work at the nexus of anti-racism, health equity, and trauma-and-resilience-informed care.
AGENDA

1. Trauma and its health effects
2. Racism as a form of trauma
3. Resilience and mitigating the effects of trauma
4. Internal transformation and actionable strategies
Trauma and its health effects
All our bodies react to stress.
Trauma is...

An event that overwhelms our ability to cope and can have a lasting effect

*Individuals can live through the same event but have very different experiences and reactions*
Background on ACEs

https://vimeo.com/114595623
Stress and trauma cause health problems

More traumatic experiences are associated with higher odds of having more health conditions and risks, such as:

<table>
<thead>
<tr>
<th>Ischemic heart disease</th>
<th>Alcohol use disorder</th>
<th>Adverse pregnancy outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer</td>
<td>Depression</td>
<td>Unintended pregnancies</td>
</tr>
<tr>
<td>Chronic bronchitis</td>
<td>Substance use disorder</td>
<td>Risk of intimate partner violence</td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>Suicide attempts</td>
<td>Skeletal fractures</td>
</tr>
<tr>
<td>Emphysema</td>
<td>Physical inactivity</td>
<td>Risk of sexual violence</td>
</tr>
<tr>
<td>Liver disease</td>
<td>Poor self-rated health</td>
<td>Sexually transmitted diseases</td>
</tr>
</tbody>
</table>
Systems can experience trauma and be traumatizing

<table>
<thead>
<tr>
<th>ORGANIZATIONAL TRAUMA CAN BE CAUSED BY...</th>
<th>AND CAN MANIFEST AS...</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Staff turnover</td>
<td>- Burn out, secondary traumatic stress, vicarious trauma</td>
</tr>
<tr>
<td>- Budget cuts</td>
<td>- Feeling unsafe and undervalued</td>
</tr>
<tr>
<td>- Gap between needs and resources</td>
<td>- Staff turnover</td>
</tr>
<tr>
<td>- Racist policies and practices</td>
<td>- Lack of resources</td>
</tr>
<tr>
<td>- Lack of transparency</td>
<td>- Reduced quality of care</td>
</tr>
<tr>
<td>- Traumatic events (ex. death and violence)</td>
<td>- Increase cost of care</td>
</tr>
</tbody>
</table>

*Negative health impacts for both providers and patients!*
Racism as a form of trauma
Background on systemic racism

Trauma-Informed Care (TIC) initiatives

SYSTEMIC RACISM
Bias is embedded into our society and affects us all

<table>
<thead>
<tr>
<th></th>
<th>PRIVILEGED</th>
<th>DISADVANTAGED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RACE</strong></td>
<td>White</td>
<td>Non-white</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td>Cis-male</td>
<td>Female, Transgender, Non-binary</td>
</tr>
<tr>
<td><strong>SEXUAL ORIENTATION</strong></td>
<td>Heterosexual</td>
<td>LGBTQAI+</td>
</tr>
<tr>
<td><strong>ABILITY</strong></td>
<td>Able-bodied</td>
<td>Disabled</td>
</tr>
<tr>
<td><strong>AGE</strong></td>
<td>Youthful</td>
<td>Sometimes Young or Older</td>
</tr>
<tr>
<td><strong>CLASS</strong></td>
<td>Upper and Middle class</td>
<td>Lower class</td>
</tr>
<tr>
<td><strong>IMMIGRATION STATUS</strong></td>
<td>Citizen</td>
<td>Immigrant</td>
</tr>
<tr>
<td><strong>COLONIZATION STATUS</strong></td>
<td>Settler</td>
<td>Indigenous</td>
</tr>
</tbody>
</table>
Resilience and mitigating the effects and trauma
“You are not the worst thing that you’ve done, or the worst thing that’s been done to you.”

- Bryan Stephenson
Humans are innately resilient

Resilience is a range of responses that enable us to survive in the face of adversity

Individual resilience is enhanced by:

- Caring, supportive, trusting relationships
- Communication and problem-solving skills
- Community and cultural resilience
There are multiple interacting layers of resilience:

- Individual
- Family
- Community
- Organization
- Society
“A resilient organization enables individual resilience”

- The Resilience Institute

**CLINICAL STAFF**
- Train staff on trauma, secondary traumatic stress, and resilience
- Reflective supervision
- Discuss secondary traumatic stress with supervisees and encourage staff to take time off if you notice signs of burnout

**BUILT ENVIRONMENT**
- Create healing spaces for staff to unwind
- Incorporate culturally sensitive healing modalities

**SUPPORT SERVICES**
- Fund wellness activities for staff
- Make clinical and social support services easy to access

**TRAUMA-AND-RESILIENCE-INFORMED, ANTI-RACIST HEALTHCARE SYSTEM**

**ADMINISTRATION**
- Policy and equity audits
- Targeted universalism
- Leadership that seeks and acts on input from staff
- Transparent decision making that involves individuals who are affected by them

**HUMAN RESOURCES**
- Flexible leave policies & paid mental health leave
- Create work schedules that are less conducive to burnout
- Schedule and encourage time during the work day for breaks

**Lunch Room Meetup**

**Trauma-Informed Care (TIC) & Wellness**
Internal transformation and actionable strategies
Mitigating the effects of bias

- Find out what your own biases are @ https://implicit.harvard.edu/implicit/takeatest.html

- Shift your perspective:
  
  "What’s wrong with you?"  
  "What’s happening with you?"
Practicing anti-racism

Anti-racism is the ACTIVE PROCESS of identifying and eliminating racism by changing systems, policies, practices and attitudes, so that power is redistributed and shared equitably.

-NAC International Perspectives: Women and Global Solidarity
Anti-racism in Action

**ASSESS**
- Commit resources to identifying organizational inequity
  (ex. 360 evaluation process, listening campaign, etc.)

**INVEST**
- Invest in the development of POC leadership
- Create a system where individuals are held accountable for their actions

**EDUCATE**
- Shift health disparity narrative to recognize the toll of chronic systemic racism and inequity for both staff and patients

**SUPPORT**
- Acknowledge the impact of racism
- Value and support the resilience of POC patients and staff through shifting workplace culture, policies, and practices
Organization culture shifts through action

**BUILT ENVIRONMENT**
- Reimagine safety
- Co-locate services
- Create inclusive signage
- Incorporate community representation

**CLINICAL CARE**
- Train staff on structural racism and trauma and their health impacts
- Review informed consent policies
- Promote team-based participatory decision making at all levels

**SUPPORT SERVICES**
- Create clinical and community linkages
- Value clinical and social support services in QI/QA

**ADMINISTRATION**
- Re-design forms to be strengths based and non-stigmatizing
- Audit bias in policies and practices
- Maximize billing for patients with challenging life circumstances

**HUMAN RESOURCES**
- Fair hiring processes
- Prioritize hiring staff with experiences of marginalized patients (languages, etc.)
- Transparent promotion pathways

Trauma-and-resilience-informed, anti-racist healthcare system
Anti-racism in healthcare

THE LANCET
Volume 389, Issue 10077, 8–14 April 2017, Pages 1453–1463

Series
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Trauma-Informed Care (TIC) & Wellness

Lunch Room Meetup
How we can help

**EDUCATE & INSPIRE**
- Customized curriculum development
- Training facilitation
- Train-the-trainer
- Trainer coaching

**TRANSFORM**
- Organizational assessment
- Leadership engagement
- Coaching for policy & practice change

**PLAN & EVALUATE**
- Quantitative and qualitative analysis
- Participatory research design and implementation
- Project planning & management

**HEAL**
- Workforce community care sessions
- Patient-centered care strategies

**Trauma-Informed Care (TIC) & Wellness**

[Email: hello@kinshift.com]
Please completed the evaluation survey: https://bit.ly/LunchRoomMeetupSept21

We truly value your feedback!