



**The Widespread Effect From the  
Top Down**

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# Disclosures

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One size  
does NOT fit all



# ACES-Quick Review

## ABUSE



Physical



Emotional



Sexual

## NEGLECT



Physical

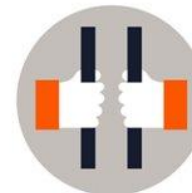


Emotional

## HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently

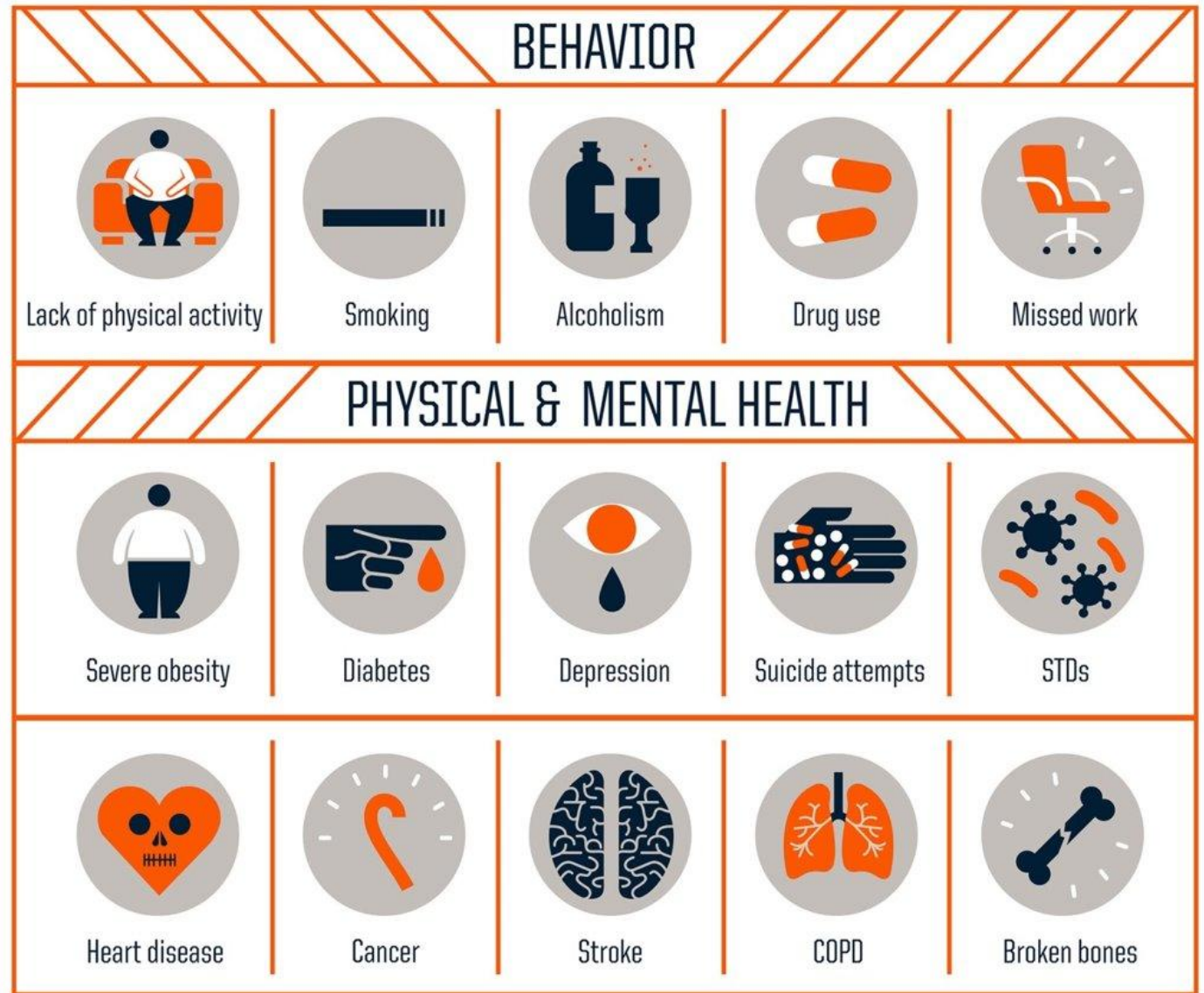


Substance Abuse



Divorce

# The After Effects of ACES



## Local Data-MO KIDS COUNT Anna E. Casey Foundation Data Center

### • **Greene County 2021 (2019 data)**

- 13.3% children in chronic poverty
- 14.7% of children experience food insecurity
- Rate of substantiated child abuse and neglect 5.7/1000
- Children entering state custody 4.2/1000
- 5.5% child homelessness
- BH hospitalizations in children: 126/10,000
- 

### **Missouri 2021 (2019 data)**

- 17% children in chronic poverty
- 15.2% of children experience food insecurity
- Rate of substantiated child abuse and neglect 5.2/1000
- Children entering state custody 5/1000
- 3.8% child homelessness
- 185 teen suicides in 2018 (up from 43 in 2012)

# Assess Your System's Culture

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- Utilize assessment tools-ARTIC, TIC scales
- Readiness includes an understanding of what provides resilience and how to promote it.
- Able to support the caregiver-child relationship, the context in which there can be recovery from trauma and the restoration of resilience.
- Surveillance and formal screening to identify children and families with the history of exposure to potentially traumatic experiences as well as those who exhibit signs and symptoms of trauma
- Identify an emotionally safe space to engage children, adolescents, and families around the discussion and management of these issues and to prevent re-traumatization.

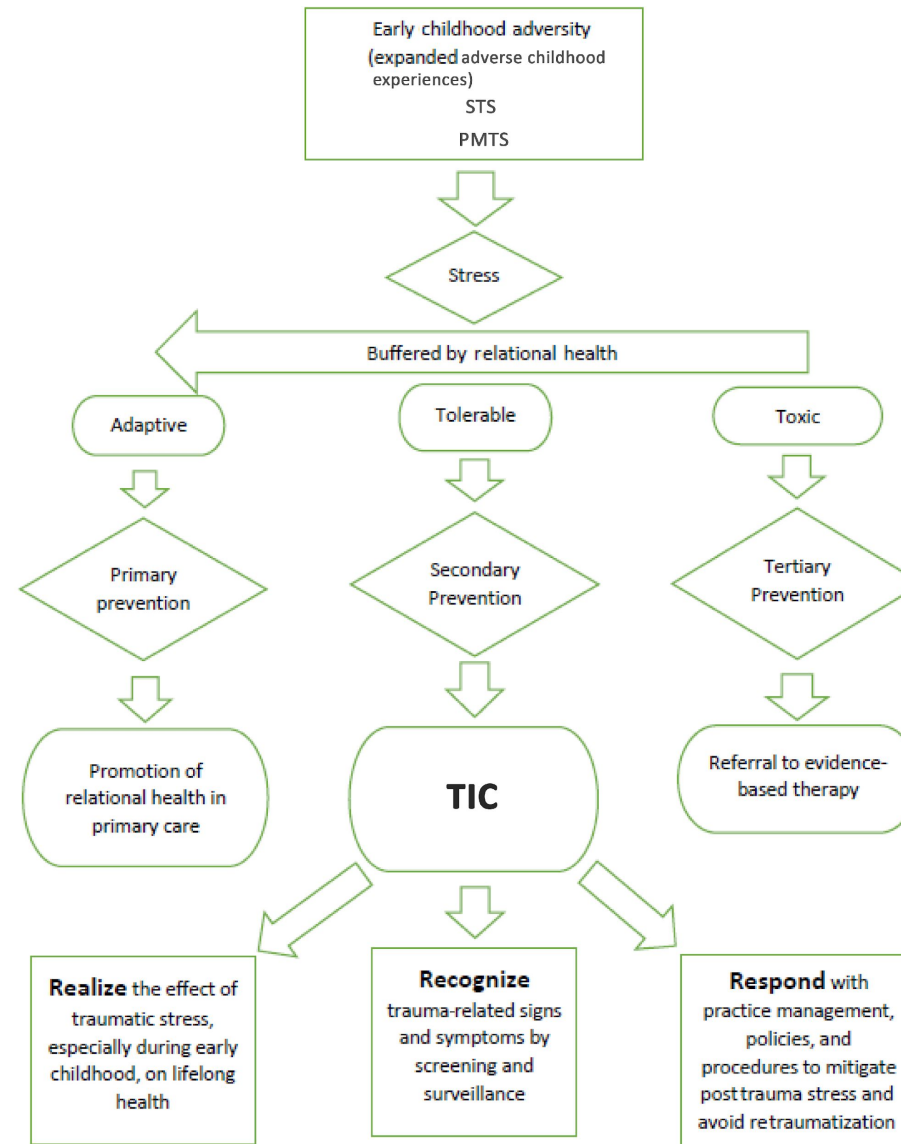
# Importance in Healthcare

- The effects of early life trauma are felt over the life course
- Exposure to trauma is common
- Promotes relational health and resilience
- Realizes the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Resists re-traumatization





Pediatrics. 2021;148(2). doi:10.1542/peds.2021-05

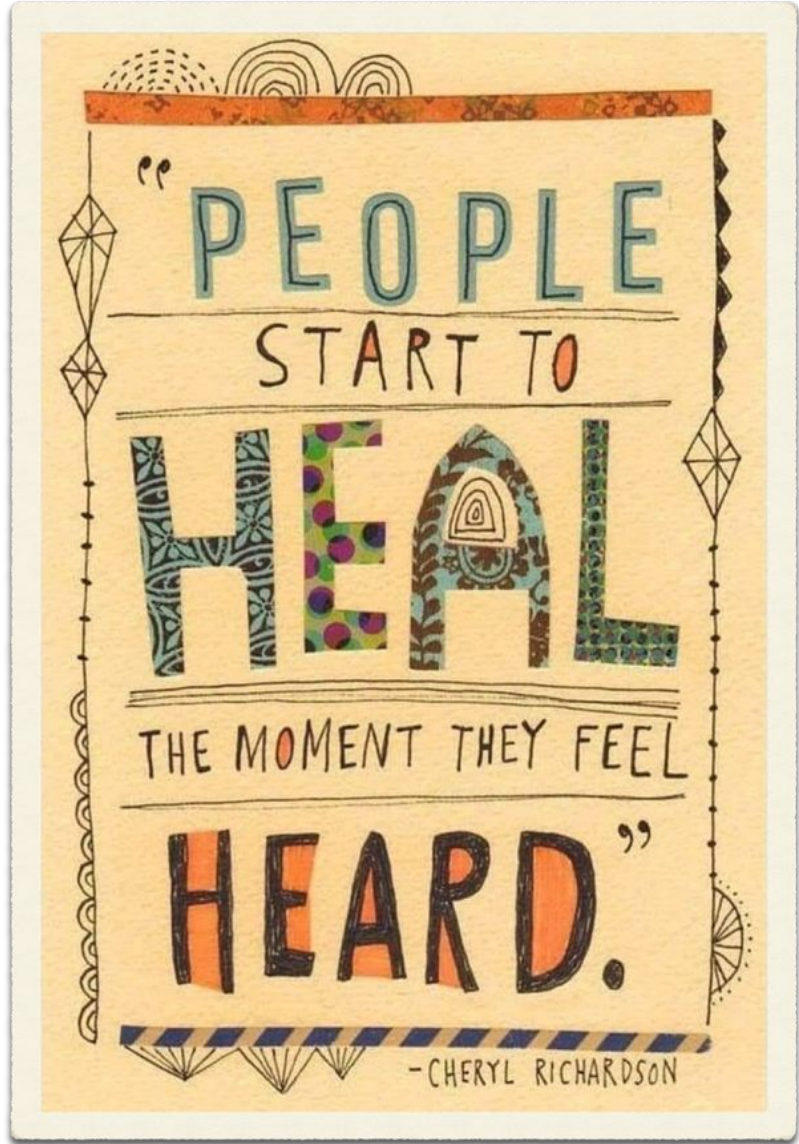


**Figure Legend:**

Pediatric approach to TIC.

# TIC and the Health Care System

- Primary prevention- comprehensive approach that addresses social determinants of health (such as structural racism, poverty, and violence) that are often root causes of community trauma
- Secondary Prevention- promotion of child and family resilience, enhancement of protective factors, awareness of parent or caregiver trauma, and involvement of families in program development and evaluation
- Tertiary Prevention- trauma-informed therapies (eg, trauma-focused cognitive behavioral therapy) for symptomatic children and youth



“PEOPLE

START TO

HEAL

THE MOMENT THEY FEEL

HEARD.”

-CHERYL RICHARDSON

# Patient and Family Empowerment

- Family Advisory Councils and family-centered rounds
- Understand the strengths and vulnerabilities of individual families and of the populations served
- Community leaders can be included in developing individual care plans or institutional quality-improvement efforts
- A whole-person, whole-family, whole-community perspective promotes improved awareness of how cultural backgrounds affect the perception of trauma, safety, and privacy

# Leadership Commitment to TIC

- Policies and procedures to ensure a safe work environment
- Reduce STS and burnout, and to promote sensitivity to the needs of trauma survivors
- Surveillance and standardized screening to assess staff and patients for trauma exposure, symptoms, and strengths are important components of trauma-informed pediatric care.
- Reduce stigma and allows standardized responses such as time off or referral to an employee assistance program.
- Formal screening should always be for the benefit of children and adolescents, avoid retraumatization, and identify protective as well as risk factors.

# Recruiting & Training

- Assess the capacity of empathy in prospective employees
- Train all administrators, clinicians and staff-clinical and nonclinical
- Promote the appreciation of the lifelong effects of trauma on childhood and adolescent development
- Implementation of trauma aware practices

# Benefits of TIC to the Health System

- Improved patient satisfaction
- Improved patient health outcomes
- Reduced health care utilization
- Improved staff satisfaction and retention
- Reduced staff absenteeism
- Reduced burn out
- Improved provider satisfaction
- Improved patient and staff safety

# Promoting Health Equity

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- Health inequities remain a pressing concern among some of the nation's marginalized populations, such as racial/ethnic or gender minority populations
- Higher prevalence among individuals from systemically overlooked communities, such as people who have experiences with the justice and child welfare systems. Racism and discrimination are risk factors of toxic stress and have long-term health impacts.
- Incorporating a focus on racial equity into trauma-informed care is one of many ways to support a more equitable health care system, and it is not just for patients. Staff provide better care when they themselves feel supported and seen.





**EQUALITY**



**EQUITY**

# Continuous Learning

- A patient's story is powerful
- Continuous quality-improvement programs translate new knowledge and skills about childhood trauma into supervision, training, and patient care.
- You will have failures
- Persistence is a success

# Resources

- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- National Child Traumatic Stress Network (NCTSN)
- Missouri Model for Trauma Informed Care
- Dr. Nadine Burke Harris TED Talk
- Practical Strategies for Creating Trauma-Informed Services and Organizations Webinar Series
- <http://changingminds.org>
- <https://acestoohigh.com>
- <https://www.stresshealth.org>
- SAMHSA TIP 59: cultural competence
- SAMHSA TIP 57: Trauma informed services
- *Resilience, Paper Tigers, and Broken Places* Films

# The Missouri Model for Equity-Centered Trauma-Informed Healthcare



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**Alive and Well Communities** activates communities to *heal*.

**We do this together by:**

**Naming racism and systemic oppression** as trauma that impacts the well-being of all.

**Disrupting systemic oppression** and respond to the impact of historical trauma to foster healing for current and future generations.

**Elevating community wisdom** by centering those who are most impacted.

**Leading innovative solutions** based on the science of trauma, toxic stress and resiliency.

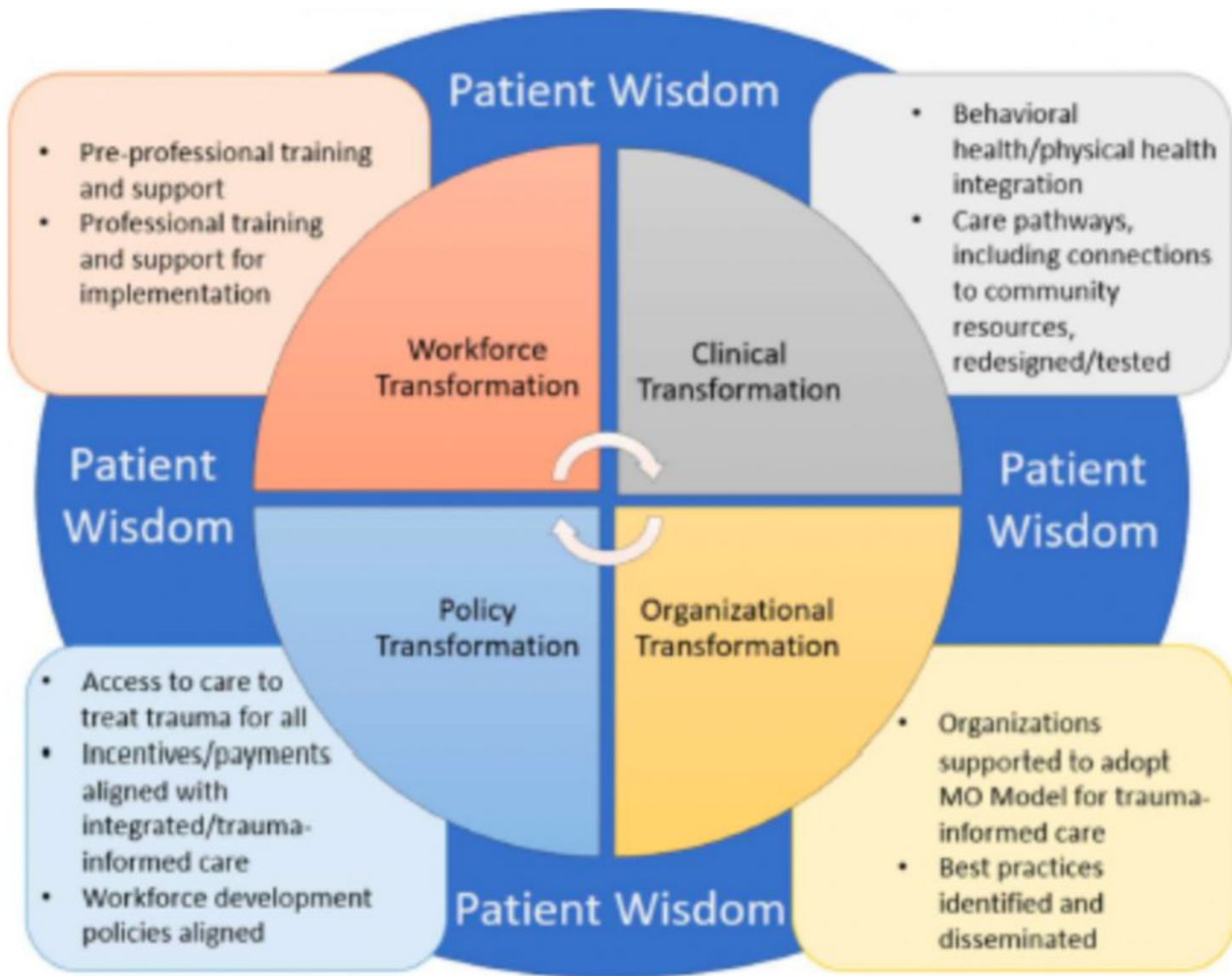
# Overview of Equity-Centered Trauma Informed Healthcare (EC-TIC)

- What is Equity-Centered Trauma-Informed Healthcare?
- Transformational Elements to Implement the Missouri Model
- Quadruple Aim Breakdown
- The 5 Stages Towards Implementation

# What is Equity-Centered Trauma-Informed Healthcare?

- Trauma-informed practice seeks to address the health consequences of trauma through integrative responses that incorporate an understanding of the ***effects of trauma***, the multiple ***pathways to recovery***, and the ***potential for re-traumatization***.
- Equity-centered trauma informed care incorporates the added measure of identifying and addressing the experience and impact of healthcare access and outcomes that are diminished or withheld on the basis of individual or community characteristics.



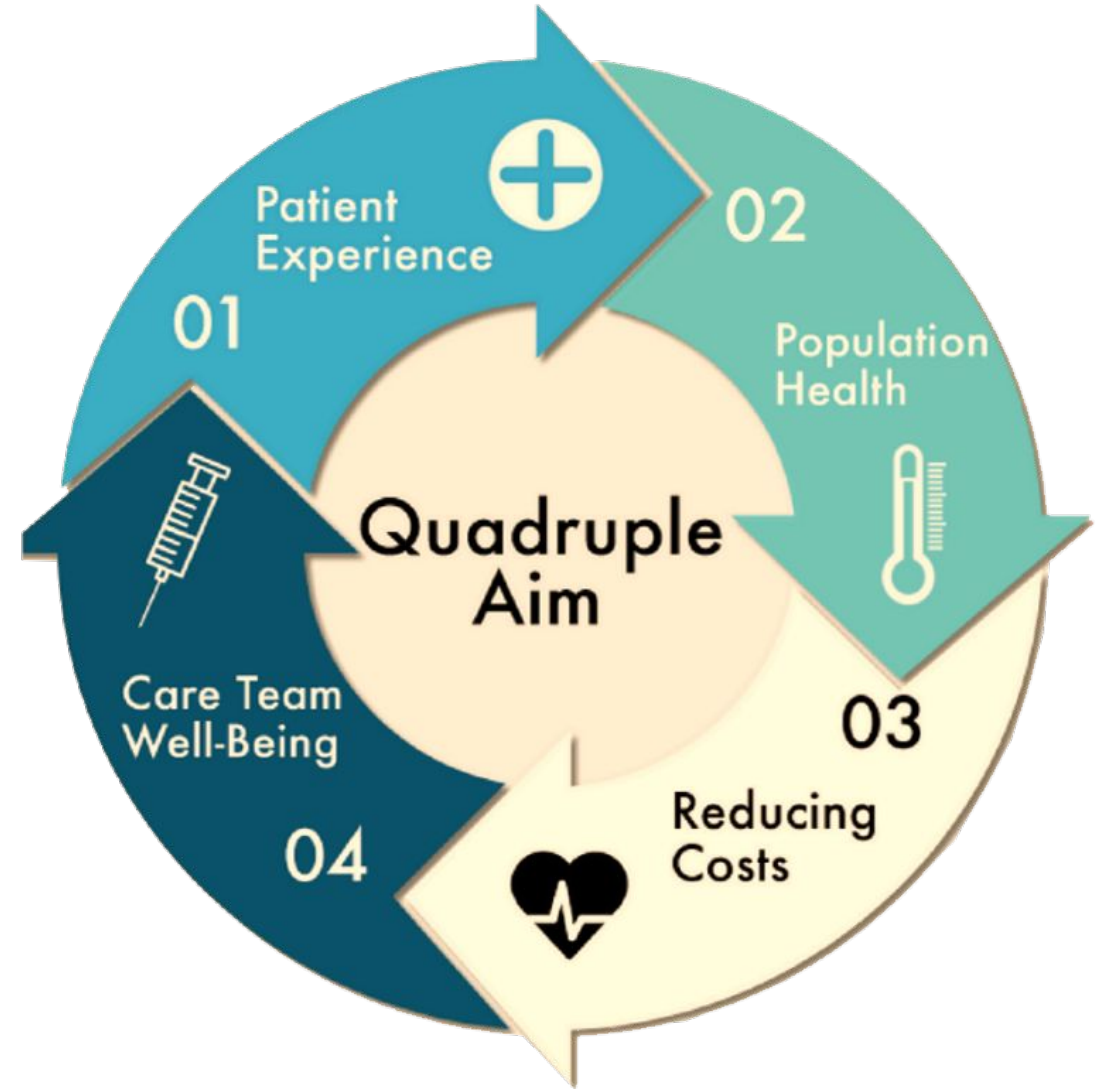


# Transformational Elements to Implement the Missouri Model

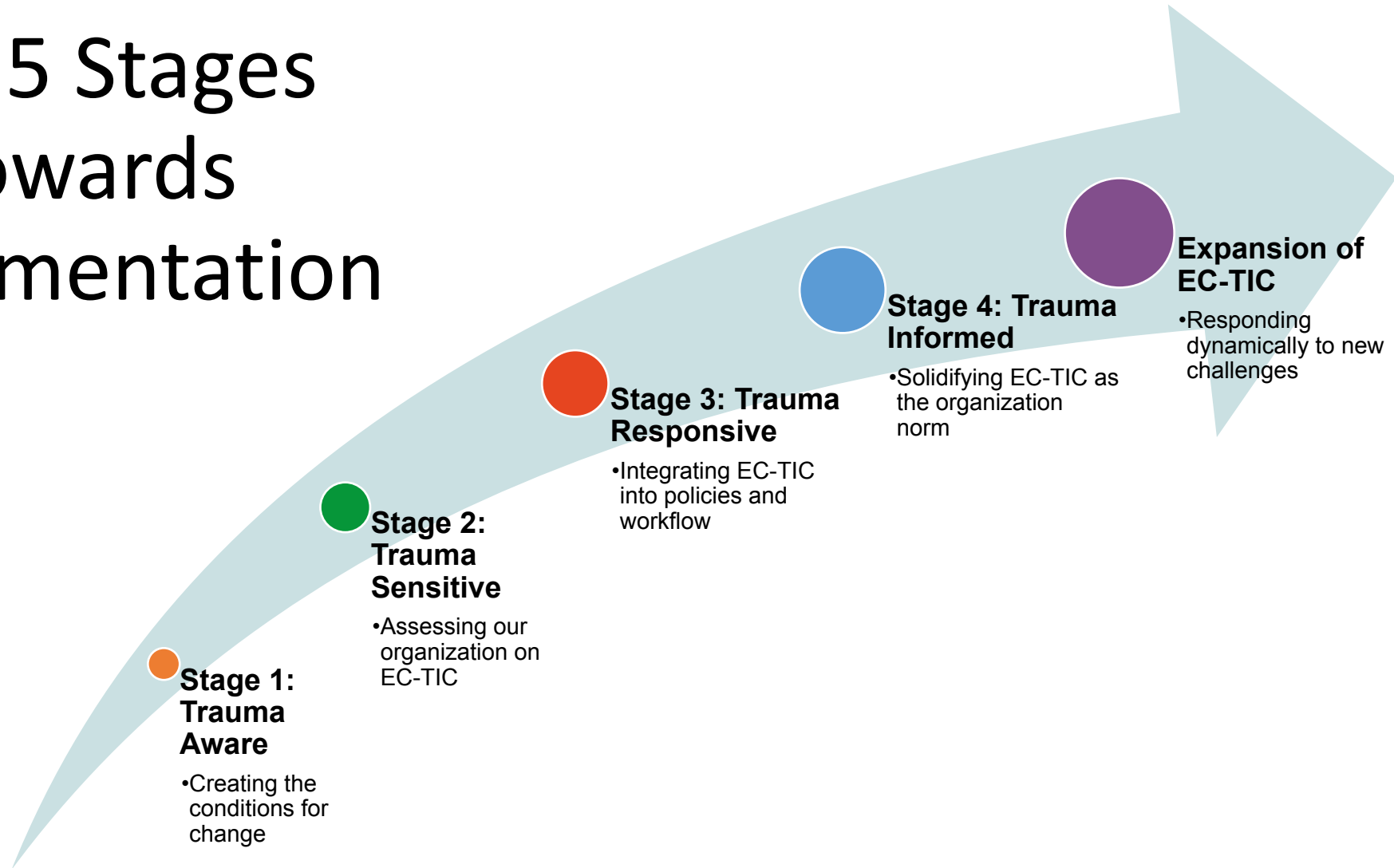
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# Quadruple Aim Breakdown

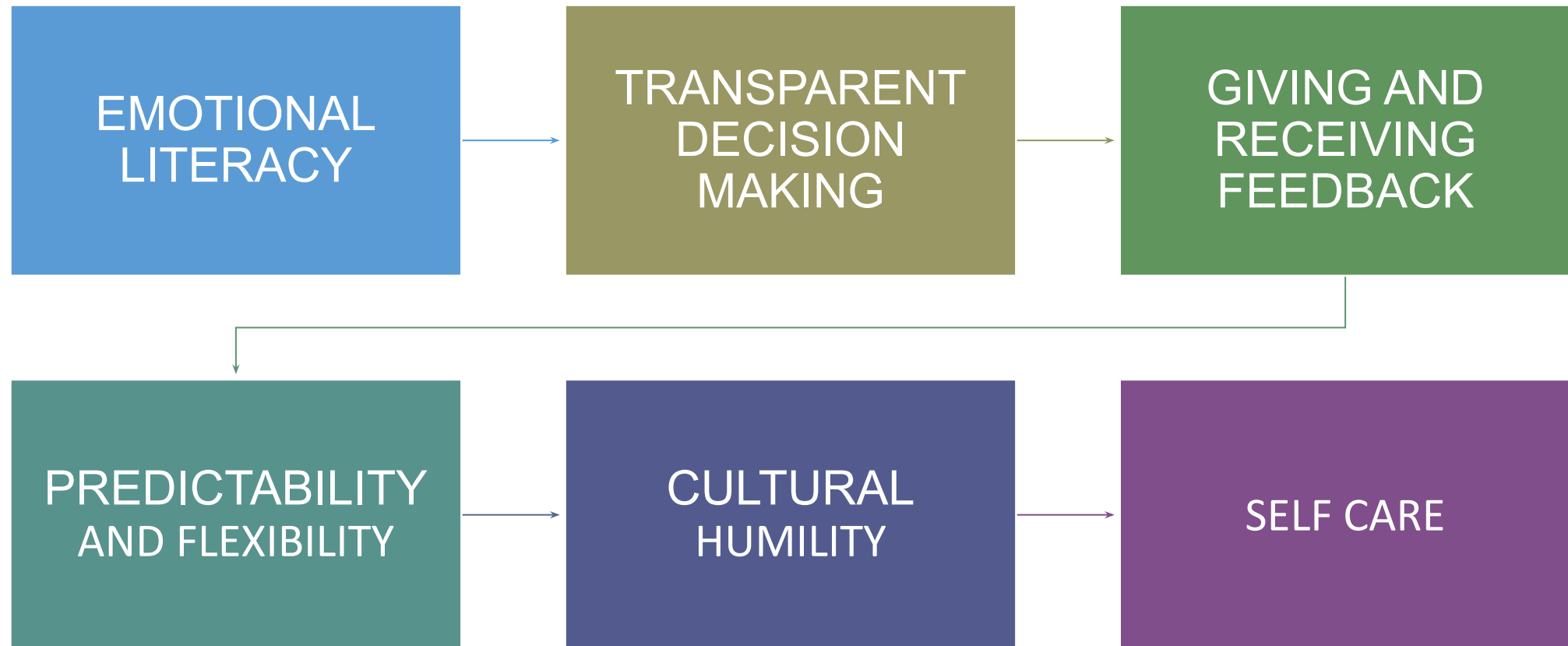
- Equity-Centered Trauma-Informed Care addresses each key area within the Quadruple Aim
- Each organization stands to improve its performance within the quadruple aim through Equity-Centered Trauma-Informed Care



# The 5 Stages Towards Implementation



# Trauma-Informed Leadership



# Emotional Literacy

- Shift from goal and outcome focused to people focused interactions
- Understand how fear can drive us as leaders and impact team

*What are these feelings and where did they come from?*



# Transparent Decision Making

- Explain the why of decisions
- Identify opportunities for co-creation of solutions
- Demonstrate how leadership has considered the possibility of differential impacts of decisions
- Engage those most impacted in decision making



# Giving and Receiving Feedback

- "Clear is kind"
- Consider how identity and real or perceived power differentials can impact how feedback is given and received
- Practice feedback using models, such as SBI
  - **Situation:** What was the specific situation?
  - **Behavior:** What did you observe the person doing?
  - **Impact:** How did it affect you?



# Predictability and Flexibility

- Consistent application of policies, yet developing policies that give room for grace and different needs of different employees
- Clear communication of expectations and roles





# Cultural Humility

- Lean into curiosity
- Be willing to be uncomfortable
- Develop strategies that keep you in your window of tolerance when challenged



# Self Care

- Give yourself permission to prioritize you
- Advocate for policies that help you and your staff lead healthy, whole lives



# Why Did MHA Invest in EC-TIC?

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Obstacles =  
Disparities

Disparity Measures  
Health Equity

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible.

This requires removing obstacles to health such as poverty, discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

— Robert Wood Johnson Foundation

# Urgency to Act in Health Care



## CMS Framework for Health Equity Priorities



Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data



Priority 2: Assess Causes of Disparities Within CMS Programs, and Address Inequities in Policies and Operations to Close Gaps



Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities




Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services




Priority 5: Increase All Forms of Accessibility to Health Care Services and Coverage

# The National Call for Health Equity

As required by statute, the fiscal year (FY) 2023 IPPS and LTCH PPS rule updates Medicare payments and policies for hospitals, drives high-quality, person-centered care, and promotes fiscal stewardship of the Medicare program.



The rule finalizes new measures to encourage hospitals to build health equity into their core functions.



These actions will improve care for people and communities who are disadvantaged or underserved by the health care system.



# CMS' Three Measures & Goal



# Hospital Commitment to Health Equity

- Includes 5 Domains
- Requires an attestation of “Yes” to all domains – including all dot-points listed

## Domain 1: Equity is a Strategic Priority

1 Your hospital has a strategic plan for advancing healthcare equity that:

- o Identifies priority populations who currently experience health disparities
- o Establishes healthcare equity goals and discrete action steps to achieving those goals
- o Outlines specific resources which have been dedicated to achieving your equity goals
- o Describes your approach for engaging key stakeholders, such as community partners

## Domain 2: Data Collection

2 Your hospital is actively engaged in 3 key data collection activities:

- o Collecting demographic information, including self-reported race and ethnicity and/or social determinant of health (SDOH) information on the majority of your patients
- o Training staff in culturally sensitive collection of demographic and/or SDOH information
- o Inputting demographic and/or SDOH information collected from patients into structured, interoperable data elements using a certified EHR technology

## Domain 3: Data Analysis

3 Your hospital is stratifying key performance indicators by demographic and/or SDOH variables to identify equity gaps and including this information on hospital performance dashboards

## Domain 4: Quality Improvement

4 Your hospital participates in local, regional, or national quality improvement activities focused on reducing health disparities

## Domain 5: Leadership Engagement

5 Your senior leadership, including your chief executives and your entire hospital board of trustees, demonstrates a commitment to equity through 2 activities:

- o Annual reviews your strategic plan for achieving health equity
- o Annual reviews of key performance indicators stratified by demographic and/or social factors

$$\text{VALUE} = \left[ \frac{\text{Quality} + \text{Experience}}{\text{Cost of Care}} \right] \times \text{Equity} \times \text{WF Engagement}$$



**Driven by health  
of the WF**

# MHA Supported Programming

- Ongoing support for EC-TIC pilot
- MHA Convention – Bias, Trauma and Equity are significant programmatic topics
- Infant Health Equity Convening held Aug. 19<sup>th</sup>
- Maternal SUD Pilot Workshop