Terms of Engagement

Our meetings are committed to building a culture of feeling safe, respected and included.

- Keep your video on.
- Mute your microphone when you are not speaking.
- Try to avoid doing other tasks
- When you are done speaking state: “I am finished”, “I am done”
- Try and write down three things that you can change
- Ask yourself:
  - WAIT: Why am I talking?
  - WAIST: Why am I still talking?
  - WANT: Why am I not talking?

Zoom Toolbar Instructions

The main toolbar is on the bottom of Zoom's window. If it disappears, hover with your mouse near the bottom and it will come back.

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

Summer 2020

BRIGHAM HEALTH
BWH BRIGHAM AND WOMEN'S HOSPITAL

PN QIN
PERINATAL-NEONATAL QUALITY IMPROVEMENT NETWORK

Mass General Brigham

HARVARD MEDICAL SCHOOL TEACHING HOSPITAL

Introductions

- Welcome! As you join please type the following information into the chat.

Example

- **Name**: Annie Lewis-O'Connor
- **Role**: Founder & Director C.A.R.E Clinic &Associate Scientist- Division of Women's Health

Disclosures

I have no financial relationship with a commercial entity producing health-care related products and/or services.

Funding Acknowledgement

"Advancing Health Equity and Social Justice using a Trauma Informed Lens" is partially funded by a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Massachusetts Department of Public Health, Bureau of Substance Addiction Services, with additional support from the PNQIN Perinatal Opioid Project.

MASSACHUSETTS HEALTH POLICY COMMISSION

COMMONWEALTH OF MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH

SAMHSA Substance Abuse and Mental Health Services Administration

Learning Objectives

- Understand the roles of stigma, bias, and trauma-informed care and resilience on disparities in health and birth outcomes specifically:
  - Pain management for pregnant or postpartum patients with OUD
  - Discharge and prescription practices for obstetric patients
  - OUD treatment bias for pre- and post-partum patients

Contributors

- Nomi Levy-Carrick MD, MPhil (Clinical Psychiatrist, BWH)
- Eve Rittenberg MD, MS (Internist, BWH)
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- Joanna Rorie PhD, CNW (Nurse Midwife/ Nurse Coordinator)
- Amy Coe, MSN, FNP (Nurse Practitioner, Bridges to Mom Program)
- Kettie Louis DNP, WHNP (Nurse Practitioner, Boston Medical Center)
- Jeannie Lee BA (Research Assistant II BWH)
- Aria Armstrong BA (Research Intern, BWH)

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

If you want to learn more or get involved in trauma-informed care, equity and resiliency work let us know!

Participant Poll

Please complete the short poll in Zoom.

Incidence and Prevalence

- 4.6 million women (or 3.8 percent) ages 18 and older have misused prescription drugs in the past year. (ACOG 2017)
- Initial data suggest that recent neonatal abstinence syndrome (NAS) increases have resulted from increased use of prescription opioids rather than illicit drugs. (ACOG 2017)
- Opioid use in pregnancy and the use of illicit opioids during pregnancy is associated with an increased risk of adverse outcomes. (ACOG 2017)
- The rate of opioid use during pregnancy is approximately 5.6 per 1000 live births. (Saia 2016)
- A 2012 study found that only 9% of pregnant women in the US who met DSM-IV criteria for SUD received treatment. (Frazer 2019)

ACOG 2017: Opioid Use and Opioid Use Disorder in Pregnancy
Saia KA, Schiff D, Wachman EM, et al. Caring for Pregnant Women with Opioid Use Disorder in the USA: Expanding and Improving Treatment. Curr Obstet Gynecol Rep. 2016;5(3):257-263. doi:10.1007/s13669-016-0168-9
Frazer Z, McConnell K, Jansson LM. Treatment for substance use disorders in pregnant women: Motivators and barriers. Drug Alcohol Depend. 2019;205:107652. doi:10.1016/j.drugalcdep.2019.107652

Impact of OUD

In Massachusetts:

- Approximately 1 in 5 pregnancy-associated deaths (20.6%; n=41) was related to substance use in Massachusetts from 2005 to 2014
- The rate of SMM increased 179% between 1998 to 2013 (from 57 per 10,000 delivery hospitalizations to 159 per 10,000 delivery hospitalizations)
- 71% of pregnant women enrolled in BSAS treatment program reported use of heroin and 20% report use of other opioids
- Black women with OUD in pregnancy have 2x the rate of SMM compared to white women in MA

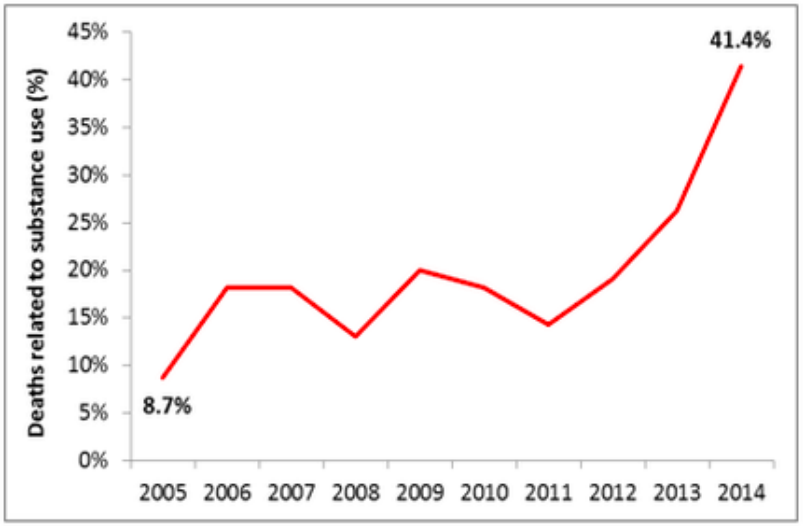


Figure Source: Massachusetts Department of Public Health

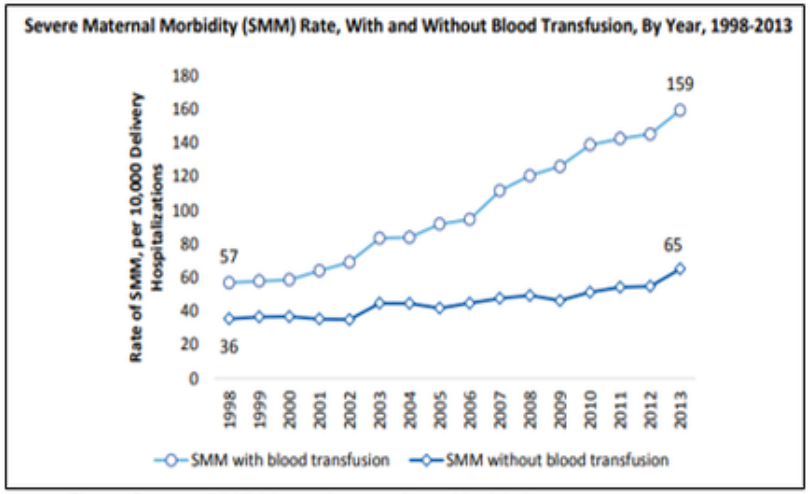


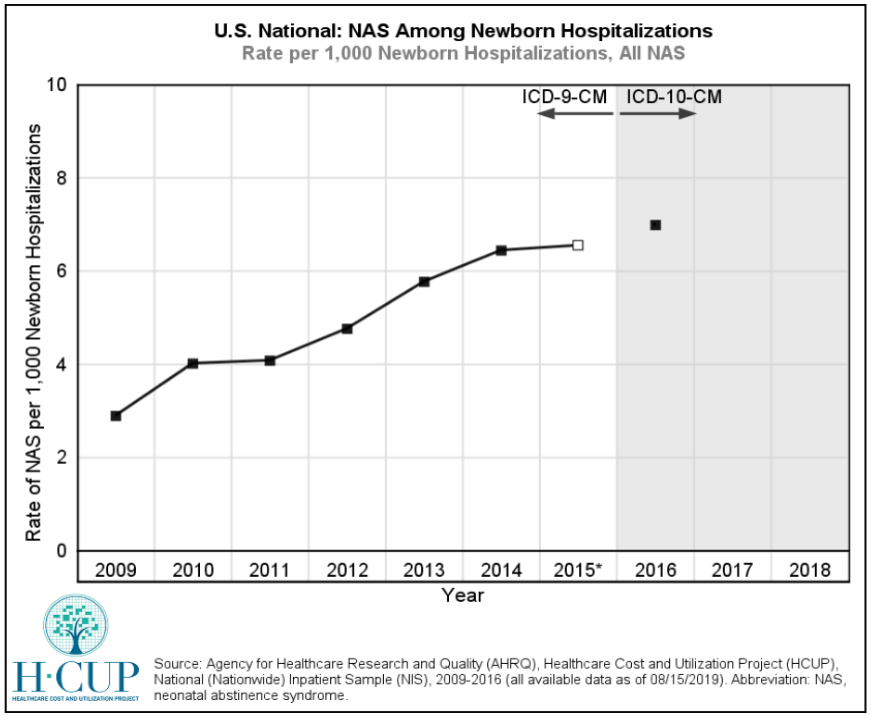
Figure Source: 2017 Massachusetts State Health Assessment

MDPH. (2017). The 2017 Massachusetts State Health Assessment. Retrieved from https://www.mass.gov/lists/the-2017-massachusetts-state-health-assessment

Neonatal Abstinence Syndrome: National vs Massachusetts

National:

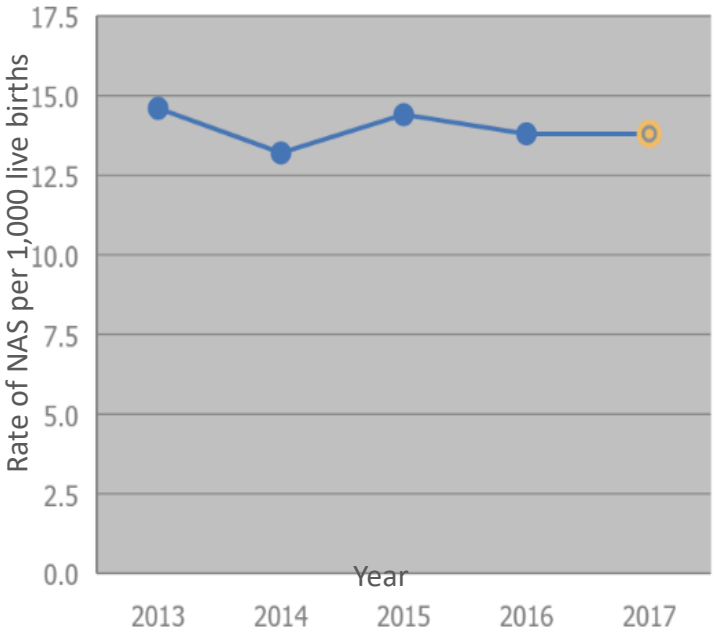
- In 2016, the number of infants diagnosed with NAS was 7 per 1,000 newborn hospitalizations



**2015 values are based on the first three quarters of data using ICD-9-CM coding.*

Massachusetts:

- In 2017, the number of infants diagnosed with NAS was 13.1 per 1,000 live births



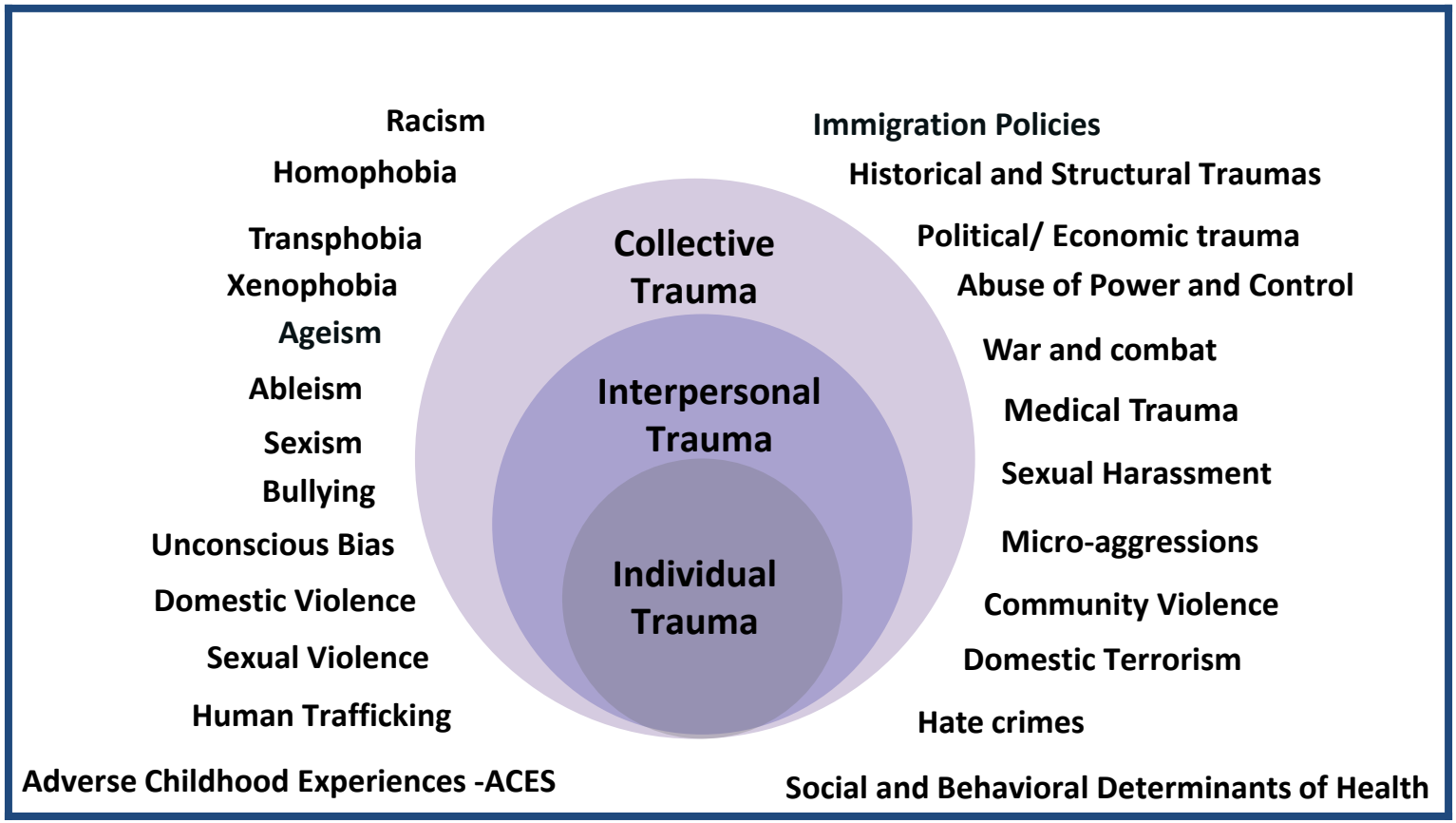
Source: Pregnancy and Early Life Longitudinal Data System (PELL).

SUDS Across Massachusetts

- Substance Use Disorder (SUD) affects pregnant people across Massachusetts, with variation by region
- Charlton Memorial Hospital in Fall River
- Hospitals with the highest rates of infants diagnosed with NAS:
  - St. Luke's Hospital in New Bedford
  - Cape Cod Hospital in Hyannis
  - Melrose- Wakefield Hospital in Melrose
  - Berkshire Medical Center in Pittsfield

Massachusetts State Health Assessment (Chapter 2 – Maternal and Child Health)

What is Trauma?



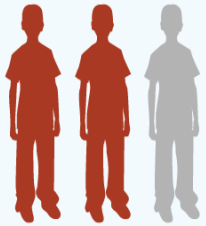
IMPACT OF CHILDHOOD TRAUMA

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	NEGLECT	HOUSEHOLD CHALLENGES
Psychological	Emotional	Family member experiencing:
Physical	Physical	Domestic abuse
Sexual		Mental illness
		Imprisonment

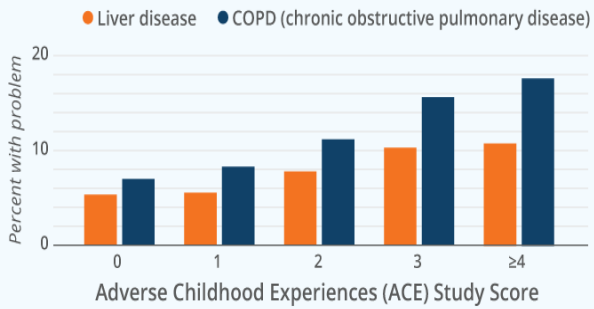
THE STUDY ALSO FOUND

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

Intergenerational Trauma

Studies have shown that there is a correlation between a mother's Adverse Childhood Experiences and her unborn child's development.

1

Data were derived from a large cohort of pregnant women who were enrolled between March 2005 and May 2009 (N=2,303).

For each additional ACE:

- Birth weight by 16.33 grams
- Gestational age by 0.063 weeks

2

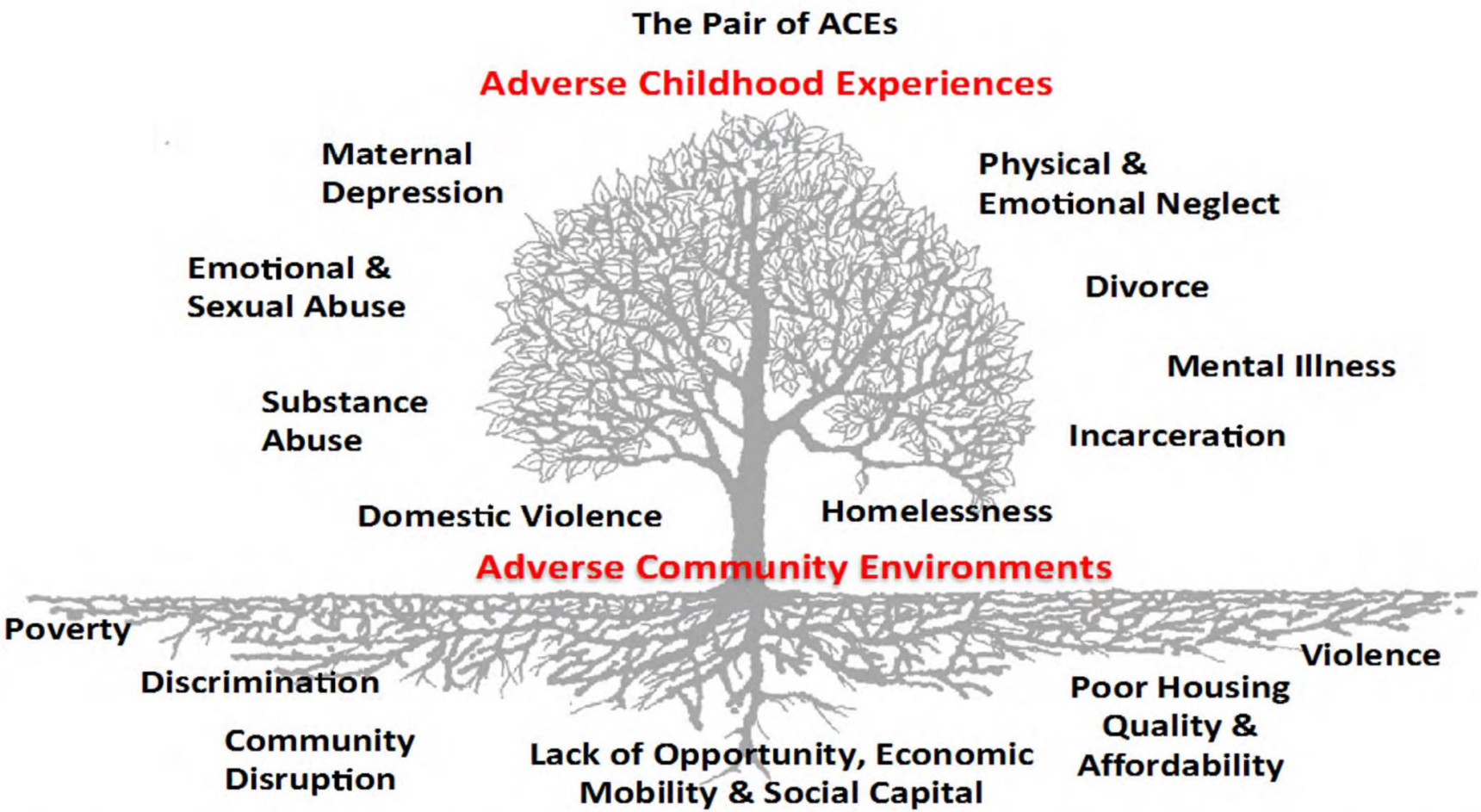
A retrospective cohort study of 311 mother-child dyads and 122 father-child dyads who attended a large pediatric primary care practice.

For each additional maternal ACE:

18% Increase in the risk for a suspected developmental delay

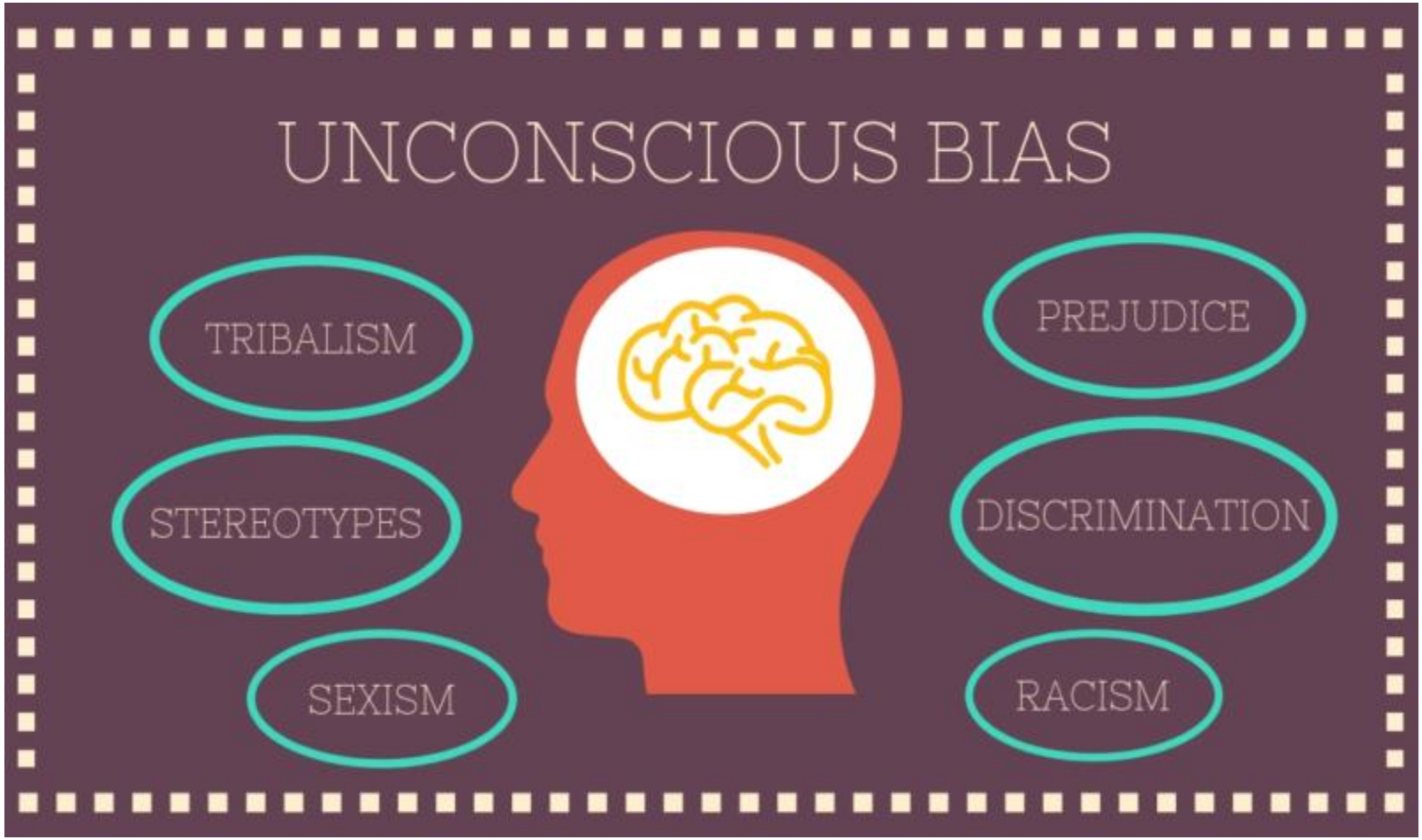
1. Smith, Megan V et al. "Early Childhood Adversity and Pregnancy Outcomes." *Maternal and child health journal* vol. 20,4 (2016): 790-8. doi:10.1007/s10995-015-1909-5
2. Parental Adverse Childhood Experiences and Offspring Development at 2 Years of Age Alonzo T. Folger et al. Pediatrics Apr 2018, 141 (4) e20172826; DOI: 10.1542/peds.2017-2826

Pair of ACEs Tree



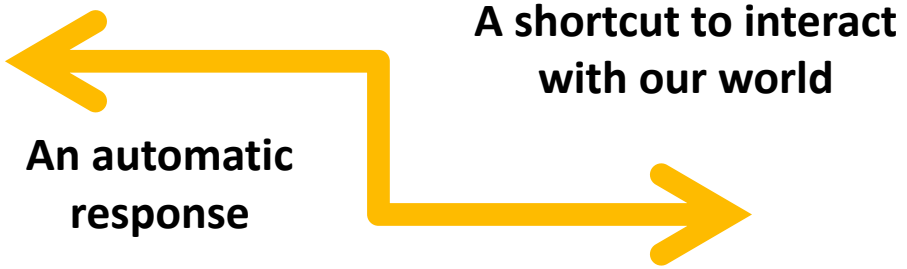
Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

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

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)

Structural Barriers, Stigma and Bias: Pregnant Women with SUD

- **Fear and Stigma:**
  - Pregnant women of color and with lower socioeconomic status with SUD, are disproportionally surveillanced and may face arrest, prosecution, conviction and/or child removal at higher rates. (Stone 2015)
  - Women have reported that they delayed or avoided prenatal care out of fear of punishment. (Stone 2015)
- **Provider Bias:**
  - A study found that a "nonjudgmental attitude" and lack of stigmatization were important for patients to return and keep follow-up appointments for prenatal care. (Seybold et al, 2014)
  - In a study on nurses' attitudes toward substance-abusing mothers, regardless of knowledge base and experience of the nurses, *76% felt anger* toward the mother. (Seybold et al 2014)
- **Structural Barriers:**
  - 18 states currently define substance use during pregnancy as a form of child abuse. (Terplan 2015)

Stone R. Pregnant women and substance use: fear, stigma, and barriers to care. Health Justice. 2015;3:2.

Seybold D, Calhoun B, Burgess D, Lewis T, Gilbert K, Casto A. Evaluation of a Training to Reduce Provider Bias Toward Pregnant Patients With Substance Abuse. J Soc Work Pract Addict. 2014;14(3):239-249.

Terplan M, Kennedy-Hendricks A, Chisolm MS. Prenatal Substance Use: Exploring Assumptions of Maternal Unfitness. *Subst Abuse*. 2015;9(Suppl 2):1-4.

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

The Big Picture: Structural Racism

VIDEO: Structural Racism Explained

"It's baked in!"

–Al Richmond, CCPH

Upstander Approach Supporting Culture Change

Human In Common's Ethical Upstander Training© takes a dynamic twist to conventional active bystander intervention trainings.

They teach participants to respectfully intervene in biased situations and teach participants to analyze situations **through the lens of diversity, equity and inclusion**.

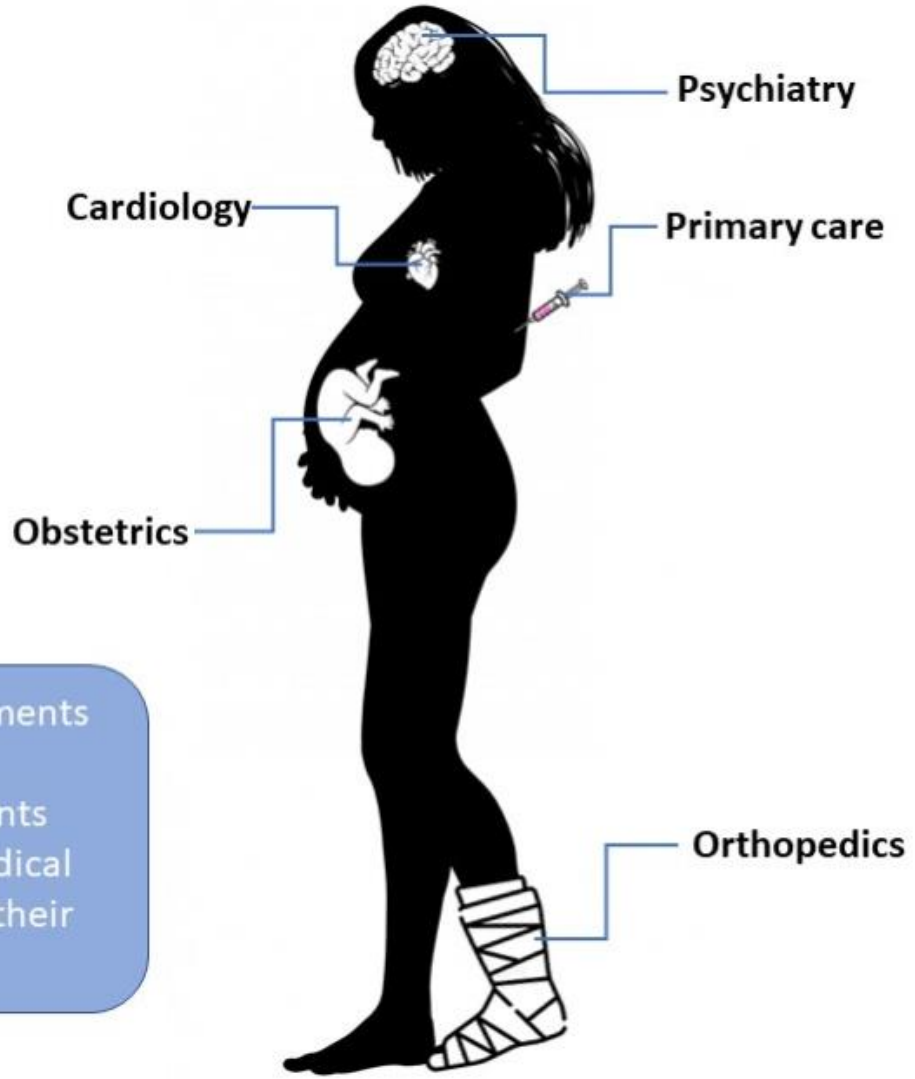
Unlike typical diversity trainings this training is a compassionate, experiential approach to practicing specific skills for effectively interrupting and preventing bias and harmful behavior.

We teach strategies for creating a respectful and inclusive environment where all members feel welcome.

https://www.humanincommon.com/ourapproach

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

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

Recognizing the Health Consequences Caused by Individual, Interpersonal, and Collective Trauma:

How can we shift our models of care in more meaningful ways?

Six principles of trauma-informed care

- Safety: Physical & psychological
- Trustworthiness & transparency
- Peer Support
- Collaboration & Mutuality
- Empowerment, Voice, Choice
- Cultural, Historical, & Gender Acknowledgment

www.samhsa.org

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

www.samhsa.org

Universal Awareness

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

How do we minimize re-traumatization?

- Harm reduction strategies
- Shared decision making
- Individualized plans of care
- Limit distractions/stress – being fully present
- Allow time for feedback from patients

Self-Awareness: The Four C's

1. **Calm:** Pay attention to how you are feeling. Breathe deeply and calm yourself to model and promote calmness for patient, yourself, and co-workers.
2. **Contain**: Allow patient to maintain safety; don't emotionally overwhelm the provider or the patient.
3. **Care**: self-compassion, cultural humility, de-stigmatize adverse coping behaviors.
4. **Cope**: emphasize coping skills,promoting positive relationships, interventions that build resiliency.

Kimberg L and Wheeler M. Trauma and Trauma Informed Care, in Gerber (ed) Trauma-Informed Healthcare Approaches. Springer 2019.

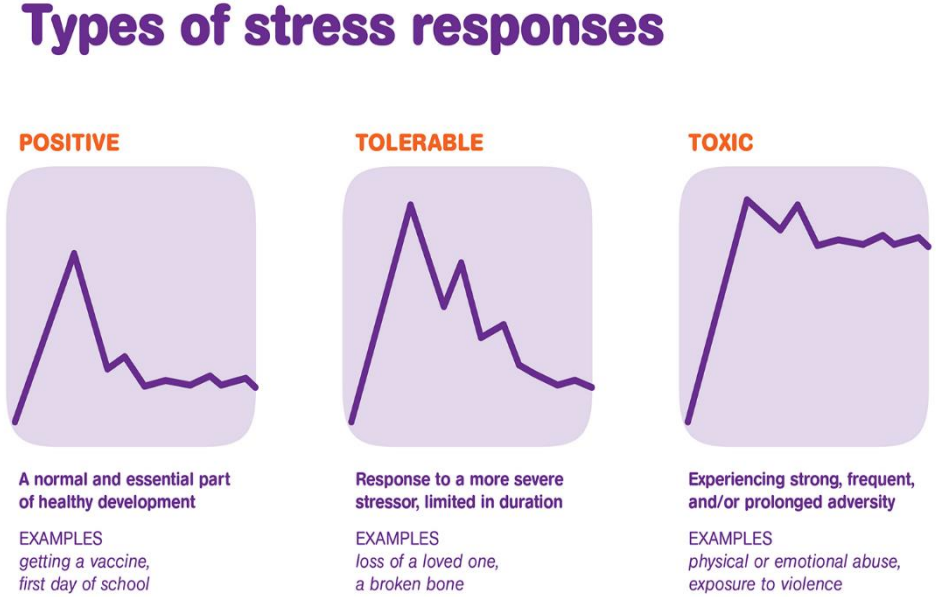
TIC in Physical Exam- Have a 'stop ' signal

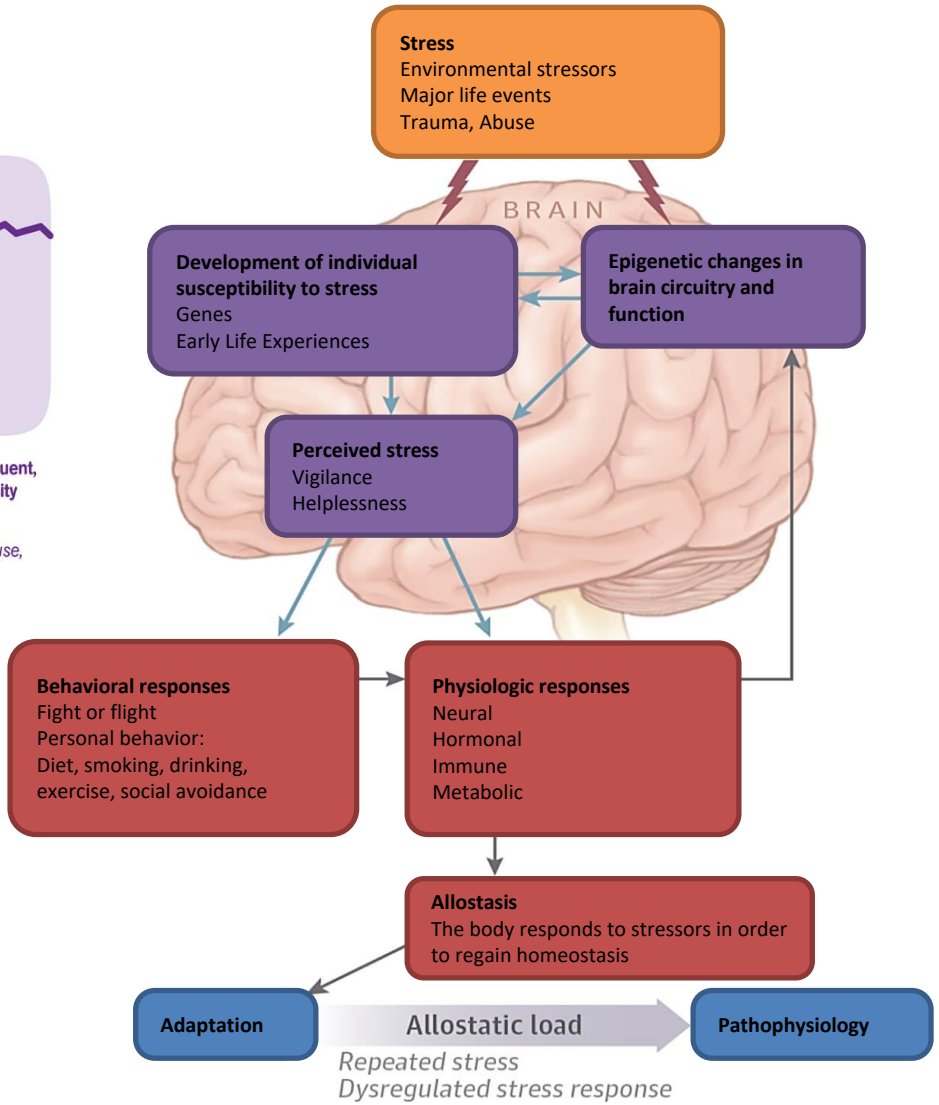
Allow the patient the option and time to decline.

- "Is it OK if I continue with the exam, or would you prefer me to stop?"
- "What can I do to help you be more comfortable?"

Of course I'm listening to your expression of spiritual suffering. Don't you see me making eye contact, striking an open posture, leaning towards you and nodding empathetically?

Stress versus Toxic Stress





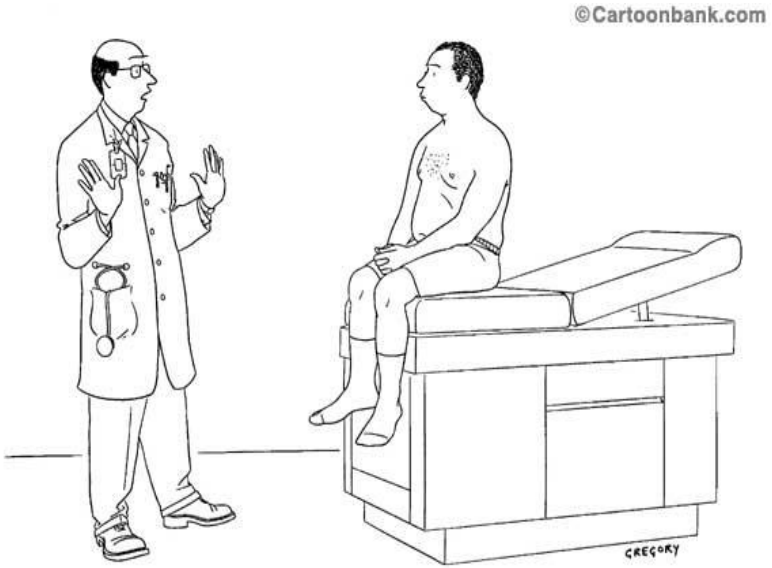
McEwen, JAMA Psychiatry 2017

Trauma Inquiry

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?"

How do we minimize re-traumatization?

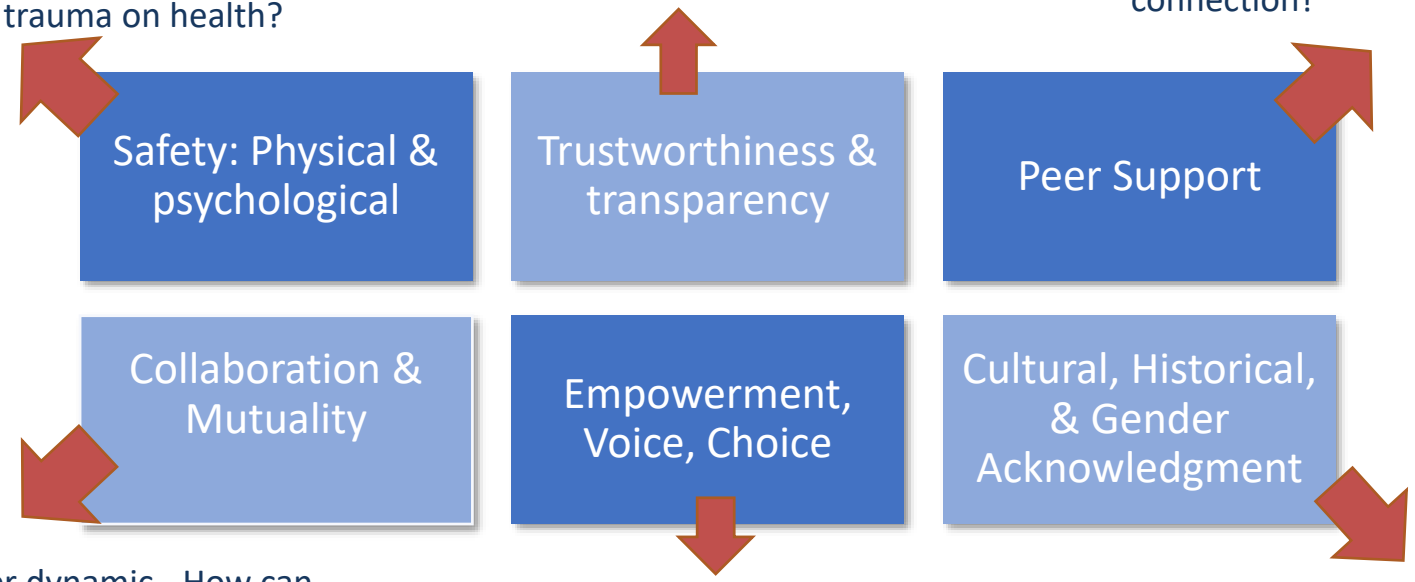
- Harm reduction strategies
- Shared decision making
- Individualized plans of care
- Limit distractions – being fully present
- Allow time for feedback from patients

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

Documentation

- Minimal details/ Need to know
- Transparency and mutuality: Respect patient's wishes
- Include patient's strengths
- Establish team communication

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 l 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

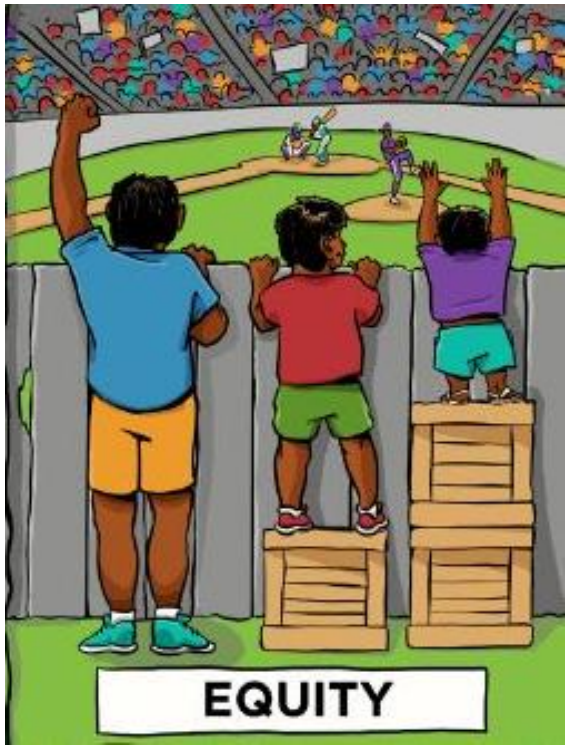
Psychosocial Considerations: Triggers: Coping Skills:

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

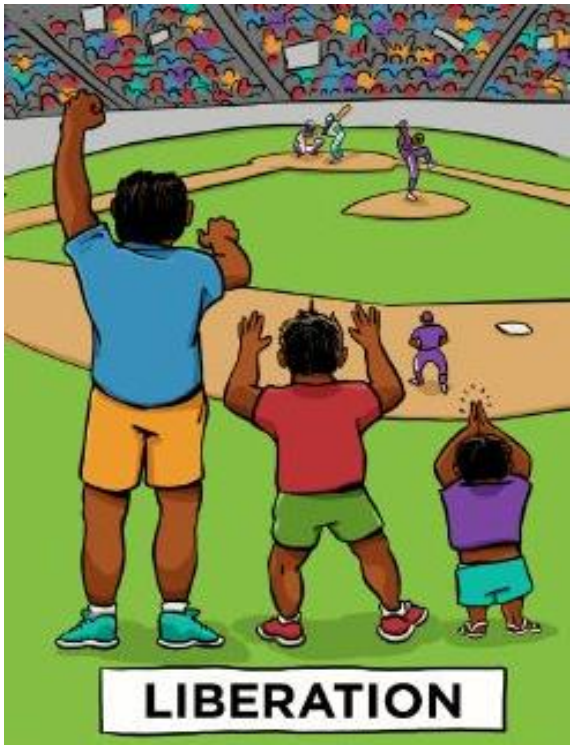

Empathy
Relaxation
Support
Supervision
Consultation
Wellness
Healthy limits
Healthy
Fitness
Self-care
Mindfulness
Knowledge
Energy
Skills
Healthy coping
Empowerment
Resilience
Exercise
Compassion
Meditation
Balance

Moving the Conversation: Equality to Equity to Liberation

Assumption: Everyone benefits from the same (equal) support



Everyone gets the support they need



Systemic Barriers Removed

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


Thank you

Participant Training Survey

Please navigate to the Google Form link shared in the Zoom chat box to complete a short survey.