Trauma-Informed Care Practices with Communities

Toxic Stress is a Public Health Emergency that can be Buffered by Community-Driven, Relational Health Improvement, & Interagency Efforts

Health Disparities
Planning Grant
Aug. 1, 2022 – May 31, 2023
Funded by:

OKLAHOMA State Department of Health

Public Health Institute of Oklahoma

Equitable and trauma-informed systems and supports

Parent Partnership & Interagency Planning Teams

La'Chanda Stephens-Totimeh
(Parent Leader/OUHSC)
Amber Adams
(Parent Leader/ODMHSAS)
Betty Hawkins (Parent Leader)
Adrienne Elder (PHIO)
Deborah Price (Facilitator)
Jennifer Colbert (OHCA)
LaChez English (OSDH)
Danielle Dill (OCCY)
Lorri Essary (OSDH)
Sharhonda Givens (Tabitha)
Jill Hazeldine (PHIO)

Hillary Burkholder (DHS)
Brett Hayes (DHS)
Janelle Bretten (OJA)
Tayvon Lewis (OSU)
Jenn Harper (SS)
Isela Perez (ODMHSAS)
Gerri Mullendore (ODMHSAS)
Brittany Couch (ODMHSAS)
Madel Leal (DHS)
Leigh Woody (PHIO)
Jeff Tallent (EF)
Sonia Johnson (OSDE)
Laura Ross (PHIO)
Joni Bruce (OFN)

Kim Whaley (Duncan)
Angela Christian (Duncan)
Allison Seigars (Enid)
Amber Costilla (Guymon)
Teresa Carnes (Delaware County)
Andrea Stamper (Rogers County)
Sarah Pryor (RHP)
Beth Ann Bayless (RHP)
Jeaneen Pointer (Lynn Institute)
Anissa Chadick (YMCA)
Sandy Foster (Lawton)
Ryan Kilpatrick (OTPC)

Thank you to the Parent Partnership & Interagency Planning teams for their review of project designs, communications, and trust.

Equitable and trauma-informed systems and supports

Inspirational Quote

"Individuals closest to the problems are closest to the solutions, but often farthest from the resources"
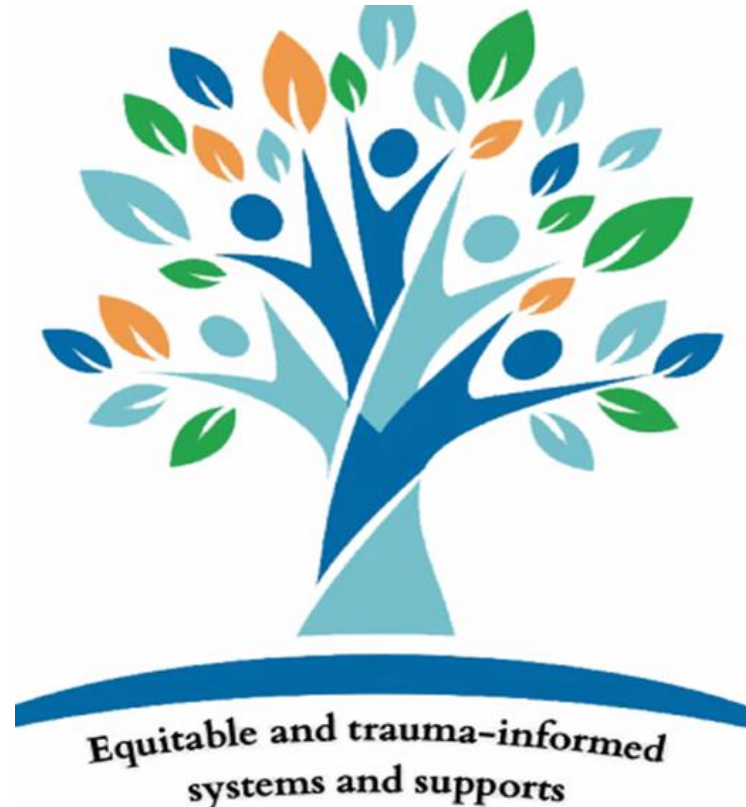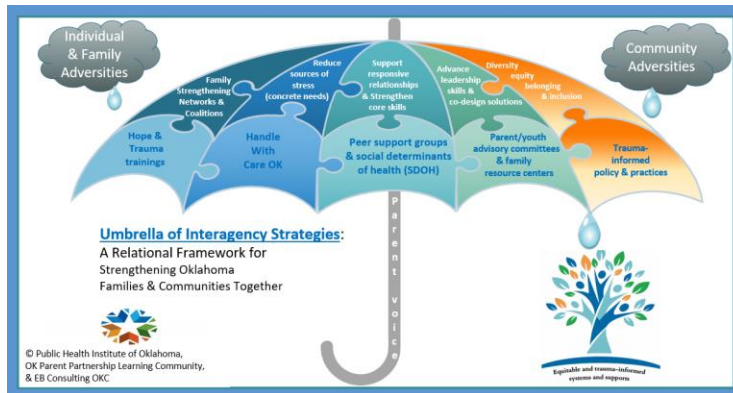
- Unknown

"Your organizational budget on family/community engagement is your policy statement"

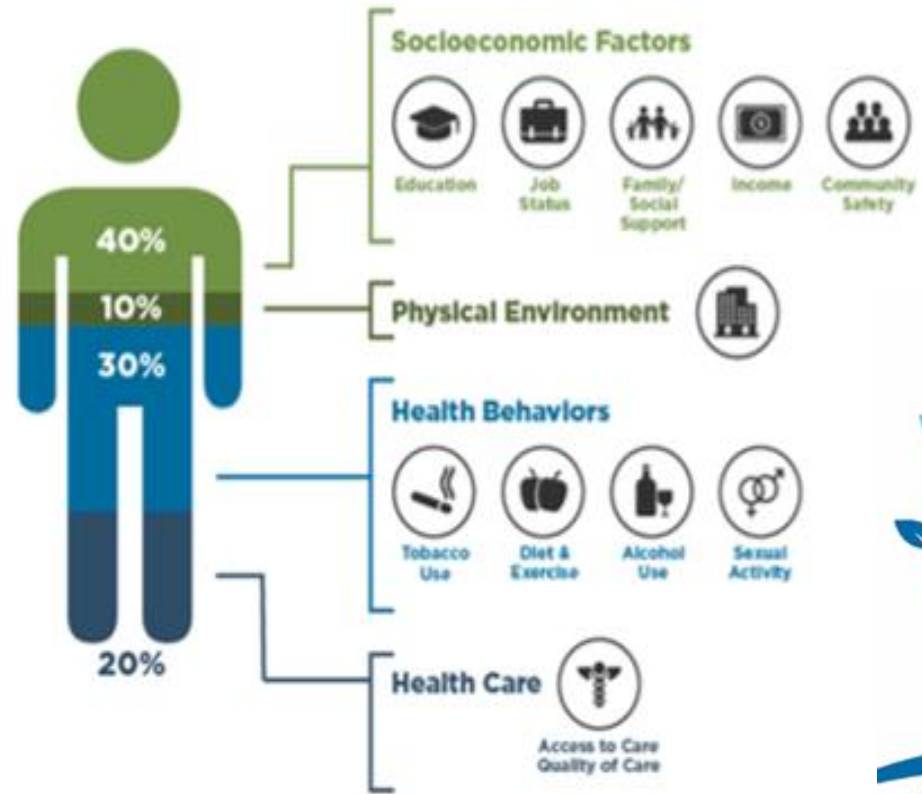**- Eileen Forlenza, "Activating Causal Leadership"**

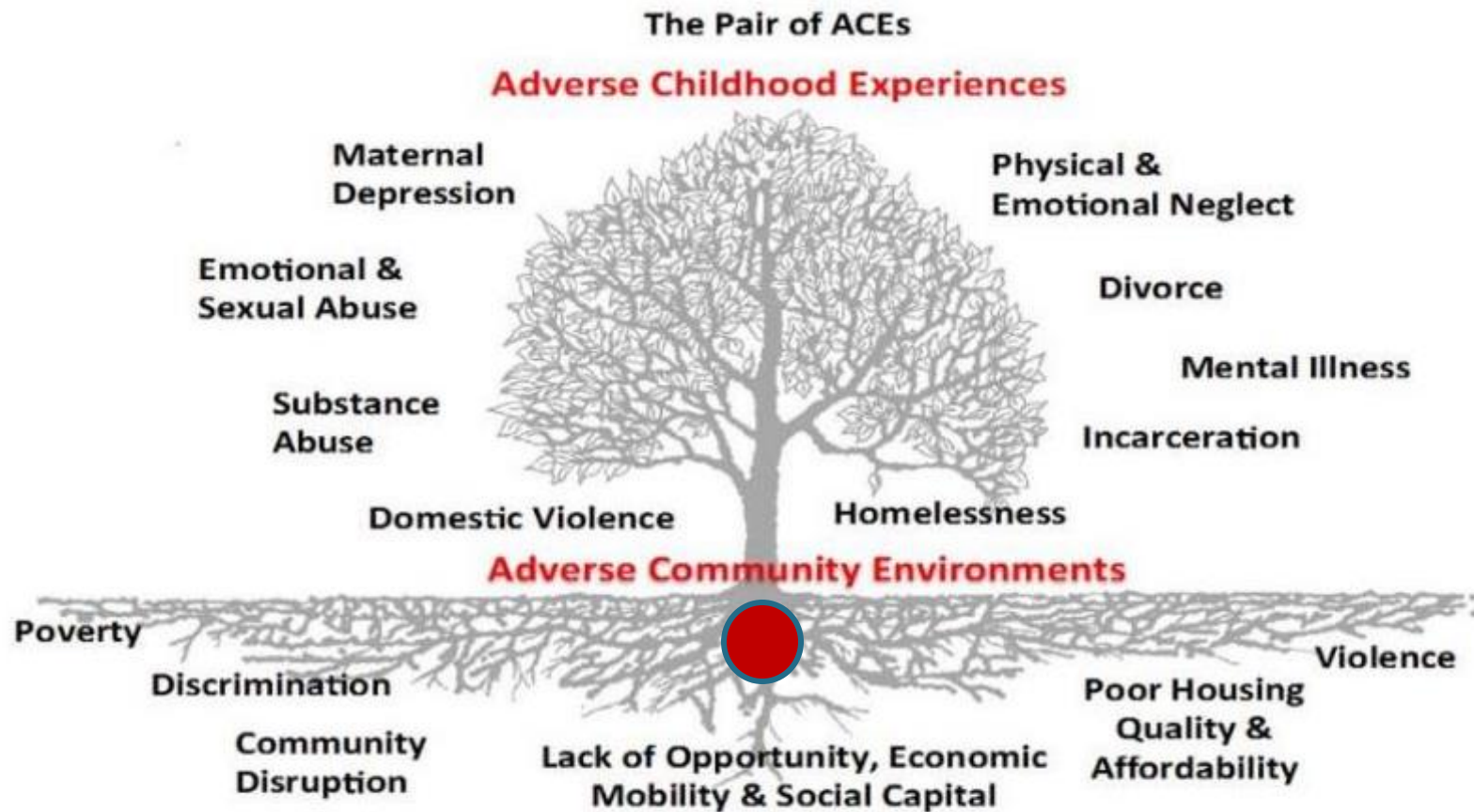# Examples of Community-Driven, Relational Health Improvement, & Interagency Efforts:

Equitable and trauma-informed systems and supports

Why is this important?

What is the root cause of generational adversities and health inequities?

The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Substance Abuse

Mental Illness

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

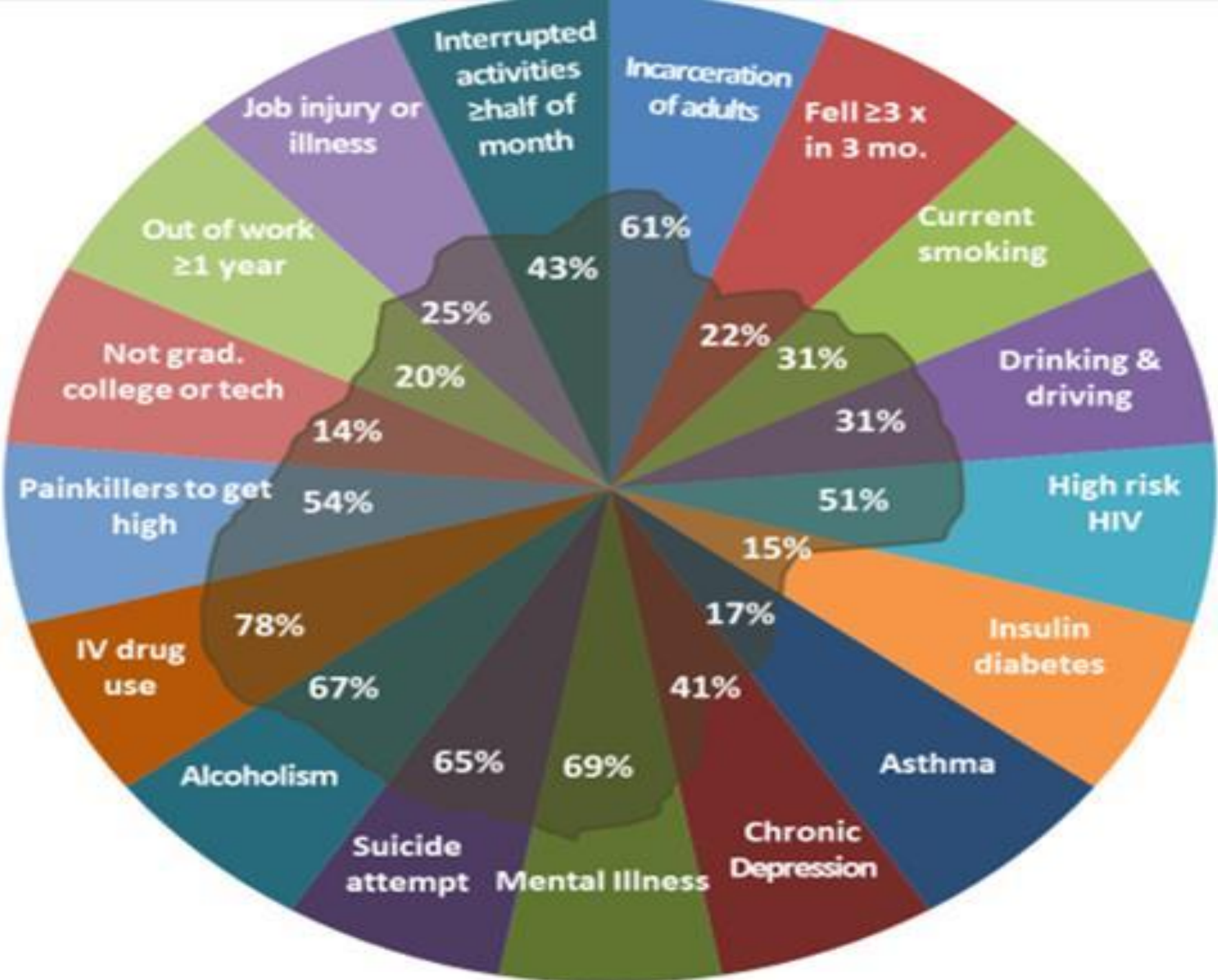Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

● = The seed of generational adversity is the prolonged activation of stress response systems in the absence of protective relationships; toxic stress; relational poverty.

Unaddressed ACEs and Population Attributable Risks

current depression — 54%
hopelessness — 43%
suicide attempt — 58%
drug abuse — 50%
alcoholism — 65%
life dissatisfaction — 67%
IV drug abuse — 78%
promiscuity — 48%
domestic violence — 52%
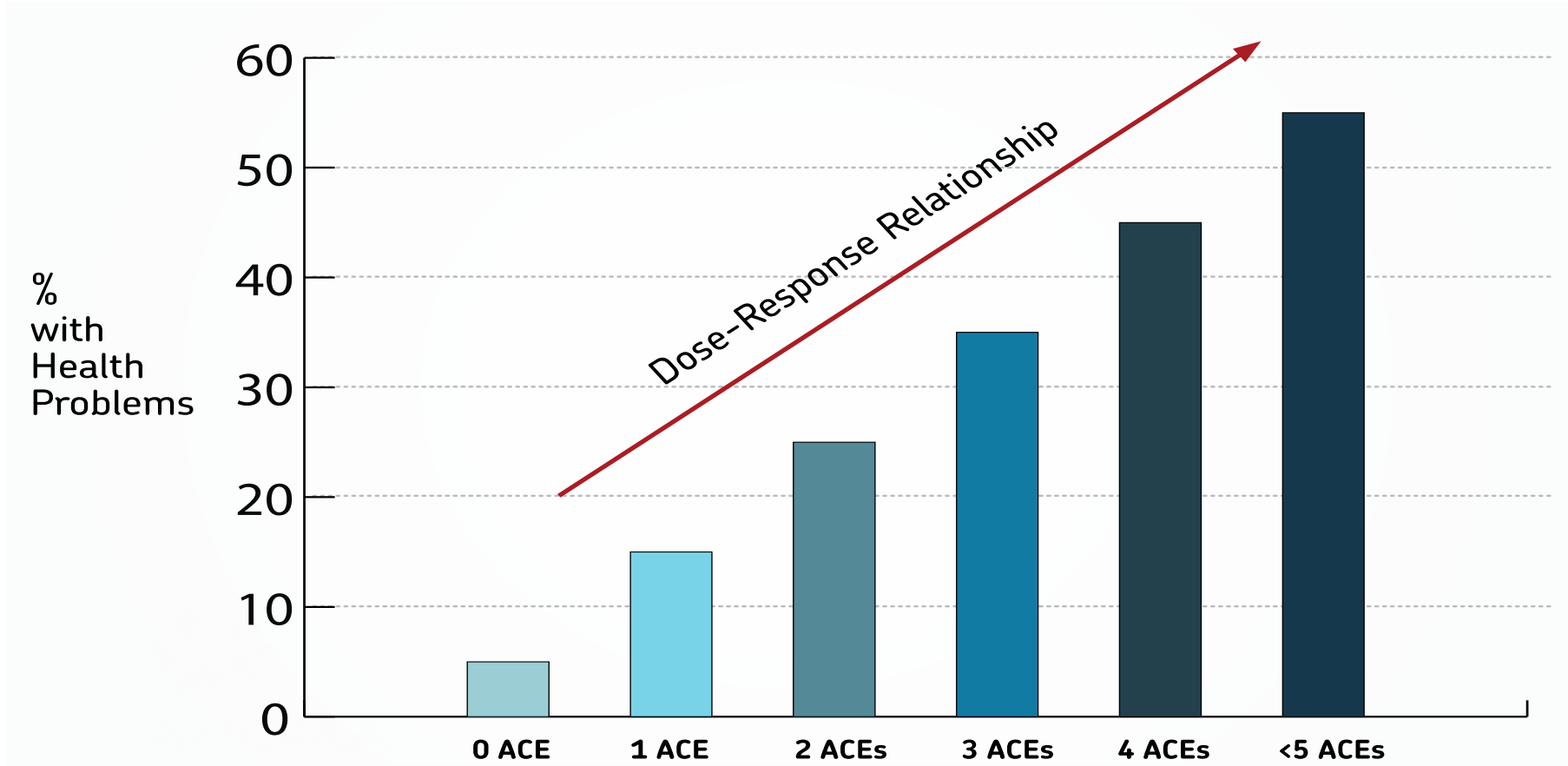disability days — 52%

Anda, ACE Interface©
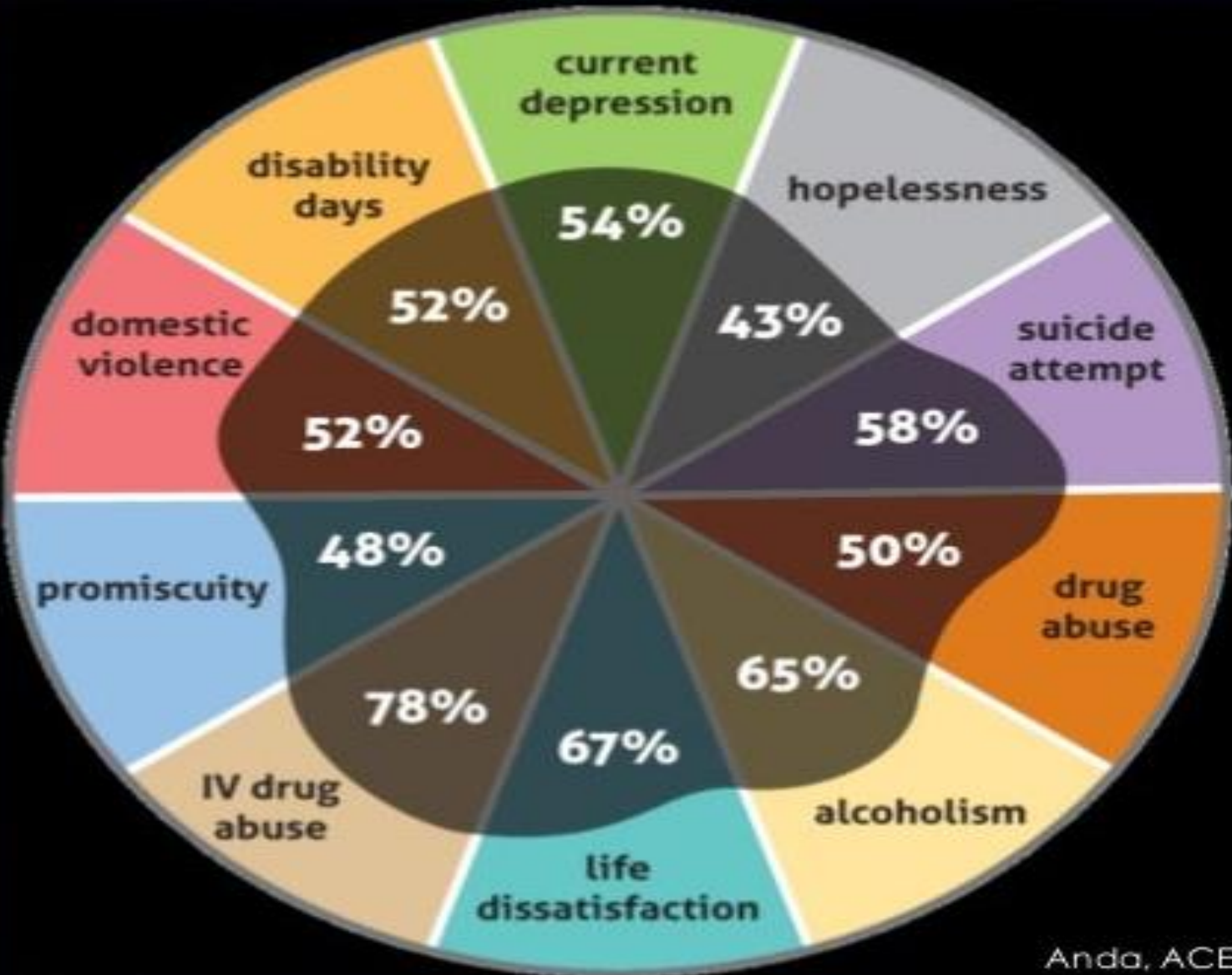
Unaddressed ACEs and Population Attributable Risks

Unaddressed Adversities impact long-term Health Problems

ACE Score and Health Problems

Dose-Response Relationship

% with Health Problems

60
50
40
30
20
10
0

0 ACE   1 ACE   2 ACEs   3 ACEs   4 ACEs   <5 ACEs

ACE Interface © 2014
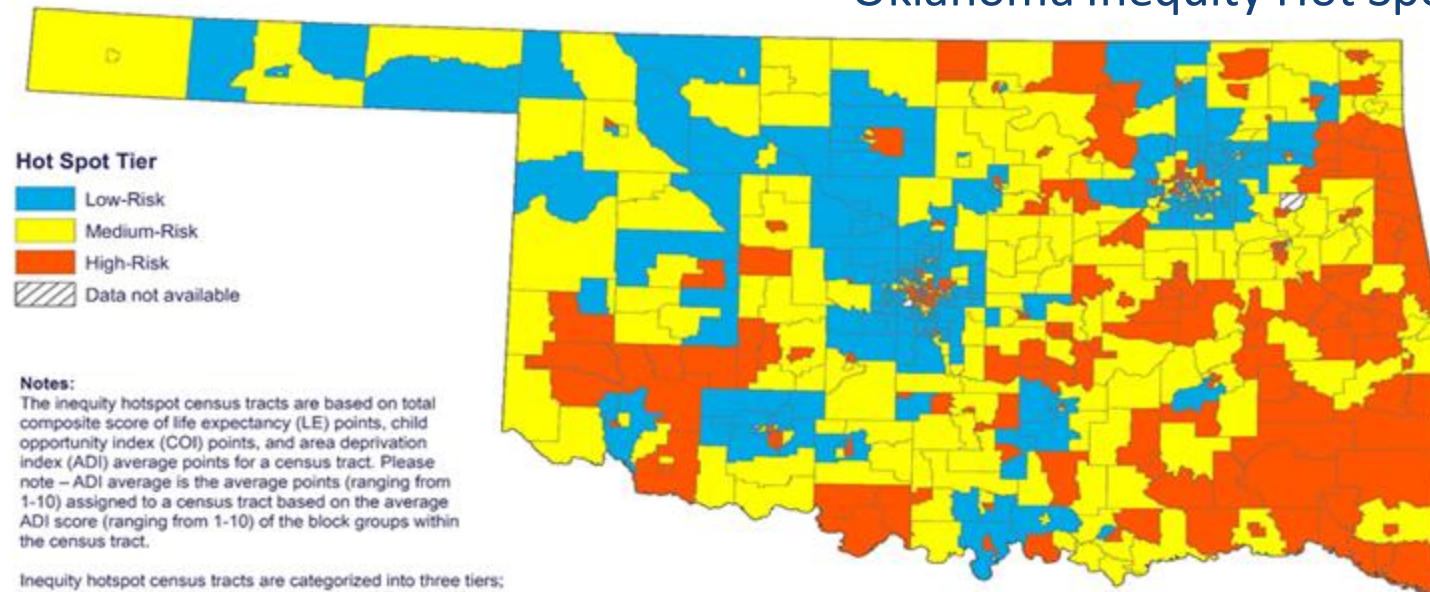
Why is this important?
Families across Oklahoma are experiencing disparities.
One agency or community cannot "fix" this alone.

Oklahoma Inequity Hot Spots

Hot Spot Tier

- Low-Risk
- Medium-Risk
- High-Risk
- Data not available

Notes:
The inequity hotspot census tracts are based on total composite score of life expectancy (LE) points, child opportunity index (COI) points, and area deprivation index (ADI) average points for a census tract. Please note – ADI average is the average points (ranging from 1-10) assigned to a census tract based on the average ADI score (ranging from 1-10) of the block groups within the census tract.

Inequity hotspot census tracts are categorized into three tiers; high-risk, medium-risk, and low-risk using cutoff points of:
1. 17 or greater (high-risk)
2. 12-16 (medium-risk)
3. Less than 12 (low-risk)

Data Source:
Community Analysis and Linkages
Oklahoma State Department of Health

Created: 12.08.2021

Disclaimer: This map is a compilation of records, information and data from various city, county and state offices and other sources, affecting the area shown, and is the best representation of the data available at the time. The map and data are to be used for reference purposes only. The user acknowledges and accepts all inherent limitations of the map, including the fact that the data are dynamic and in a constant state of maintenance.

0   40   80   160
Miles

Projection/Coordinate System: USGS Albers Equal Area Conic

N

OKLAHOMA

OKLAHOMA State Department of Health

Source: https://www.okintheknow.org/wellness-county-profiles/

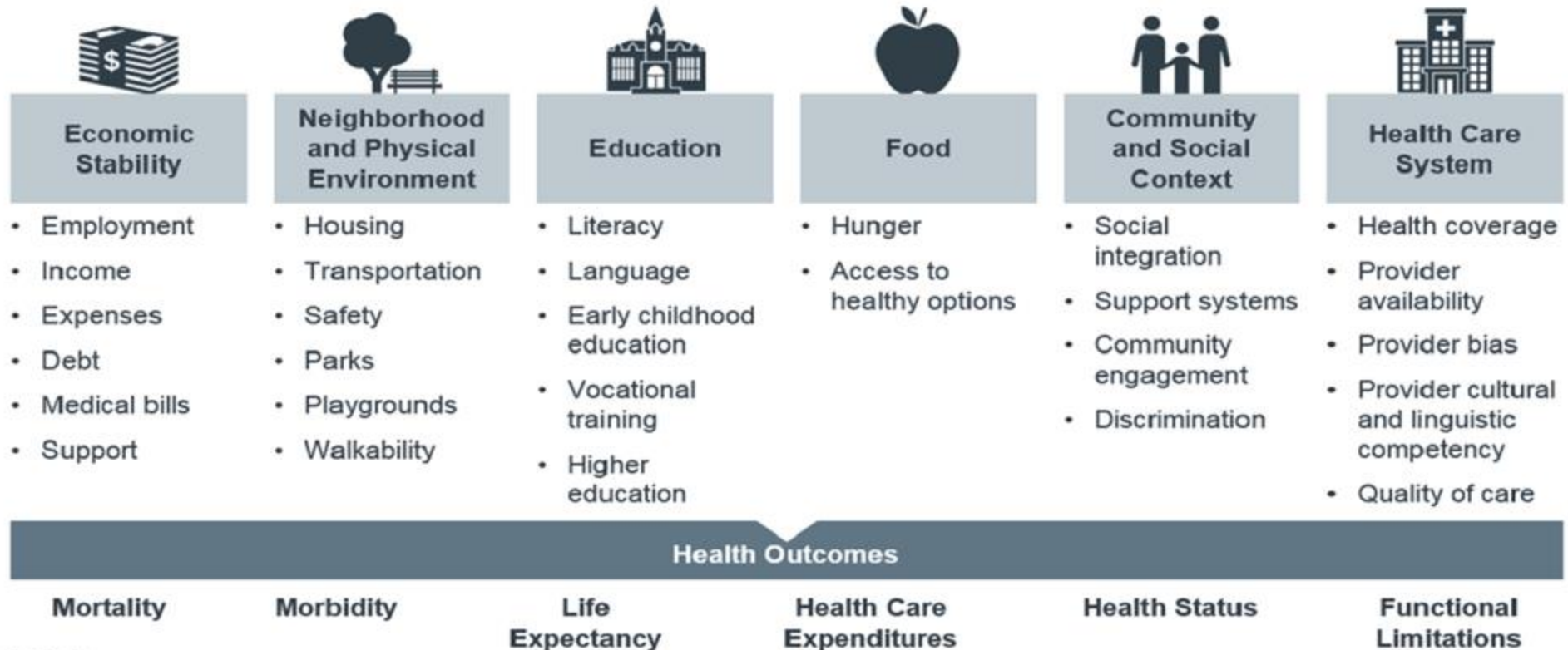# Unifying Strategies: Toxic Stress to Tolerable Stress
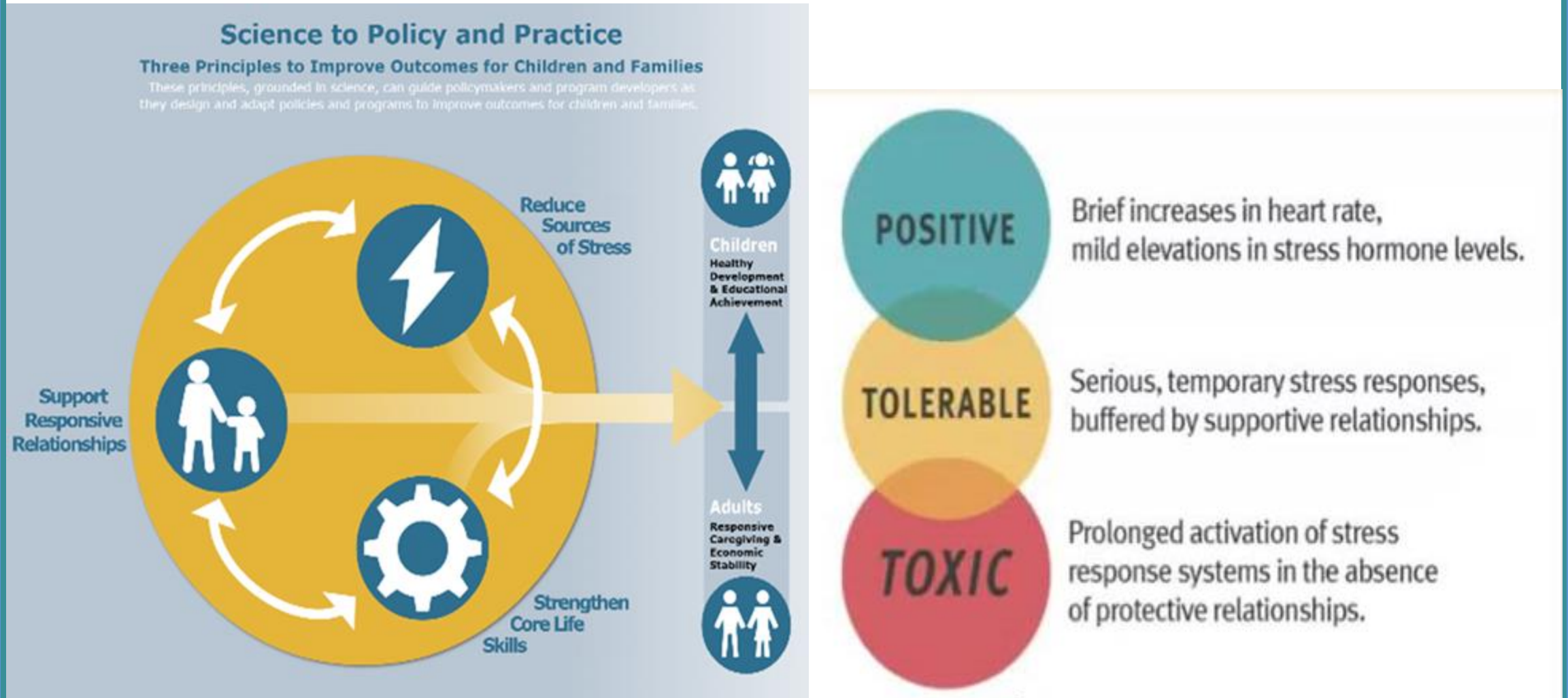
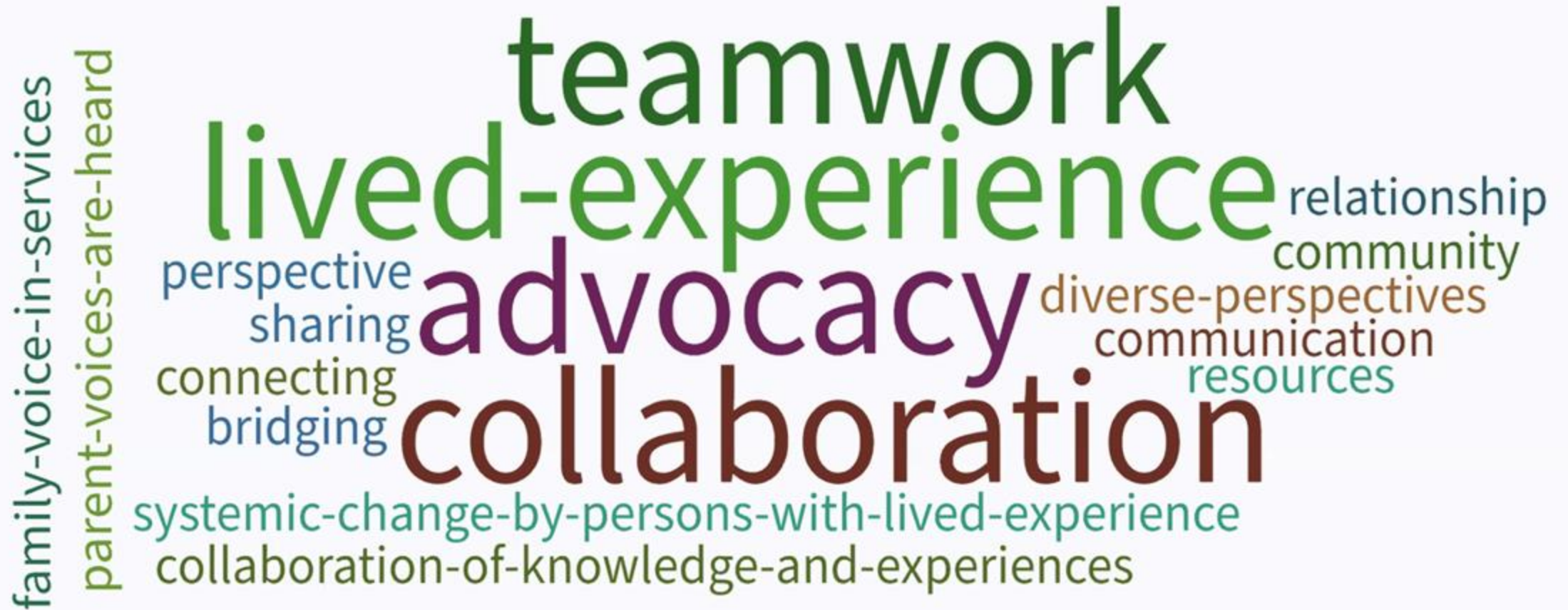*Source: Harvard's Center on the Developing Child*

Request for Interagency Collaboration:

Supporting community-driven health efforts that address social determinants of health (SDOH) with peer support groups, especially in priority zip codes with high density "rising-risk" SoonerCare/Medicaid members

The social determinants of health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
• Employment	• Housing	• Literacy	• Hunger	• Social integration	• Health coverage
• Income	• Transportation	• Language	• Access to healthy options	• Support systems	• Provider availability
• Expenses	• Safety	• Early childhood education		• Community engagement	• Provider bias
• Debt	• Parks	• Vocational training		• Discrimination	• Provider cultural and linguistic competency
• Medical bills	• Playgrounds	• Higher education			• Quality of care
• Support	• Walkability				

Health Outcomes

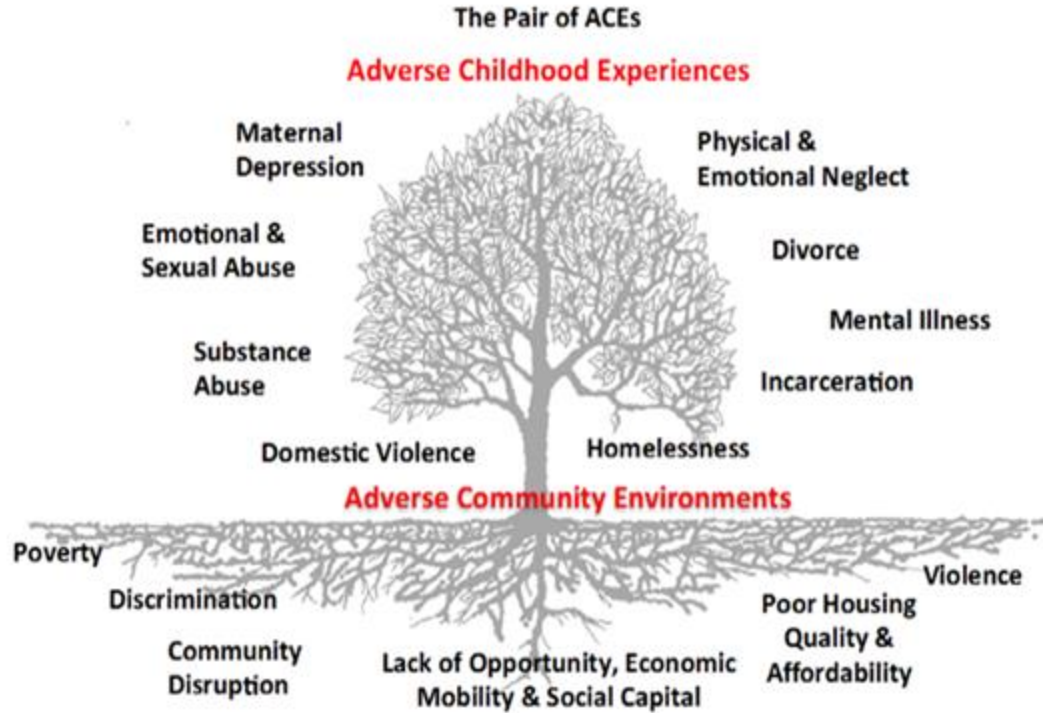| Mortality | Morbidity | Life Expectancy | Health Care Expenditures | Health Status | Functional Limitations |

Source: Kaiser Family Foundation

Unifying Themes for Interagency Collaboration

Shared Vision for Community Resilience and why it matters in addressing COVID-19 health disparities

Individual & Family Adversities

Community Adversities

Parent voice

Umbrella of Interagency Strategies:
A Relational Framework for
Strengthening Oklahoma
Families & Communities Together

© Public Health Institute of Oklahoma,
OK Parent Partnership Learning Community,
& EB Consulting OKC

Community

Individual & Family Adversities

Community Adversities

Family Strengthening Networks & Coalitions

Hope & Trauma trainings

Parent voice

Umbrella of Interagency Strategies:
A Relational Framework for
Strengthening Oklahoma
Families & Communities Together

Community

Umbrella of Interagency Strategies: A Relational Framework for Strengthening Oklahoma Families & Communities Together

© Public Health Institute of Oklahoma, OK Parent Partnership Learning Community, & EB Consulting OKC

Umbrella of Interagency Strategies: A Relational Framework for Strengthening Oklahoma Families & Communities Together

© Public Health Institute of Oklahoma, OK Parent Partnership Learning Community, & EB Consulting OKC

Individual & Family Adversities

Community Adversities

Family Strengthening Networks & Coalitions

Reduce sources of stress (concrete needs)

Support responsive relationships & Strengthen core skills

Diversity equity belonging & inclusion

Hope & Trauma trainings

Handle With Care OK

Peer support groups & social determinants of health (SDOH)

Trauma-informed policy & practices

Parent voice

Umbrella of Interagency Strategies:
A Relational Framework for
Strengthening Oklahoma
Families & Communities Together

© Public Health Institute of Oklahoma,
OK Parent Partnership Learning Community,
& EB Consulting OKC

Community

Individual & Family Adversities

Community Adversities

Umbrella of Interagency Strategies:
A Relational Framework for
Strengthening Oklahoma
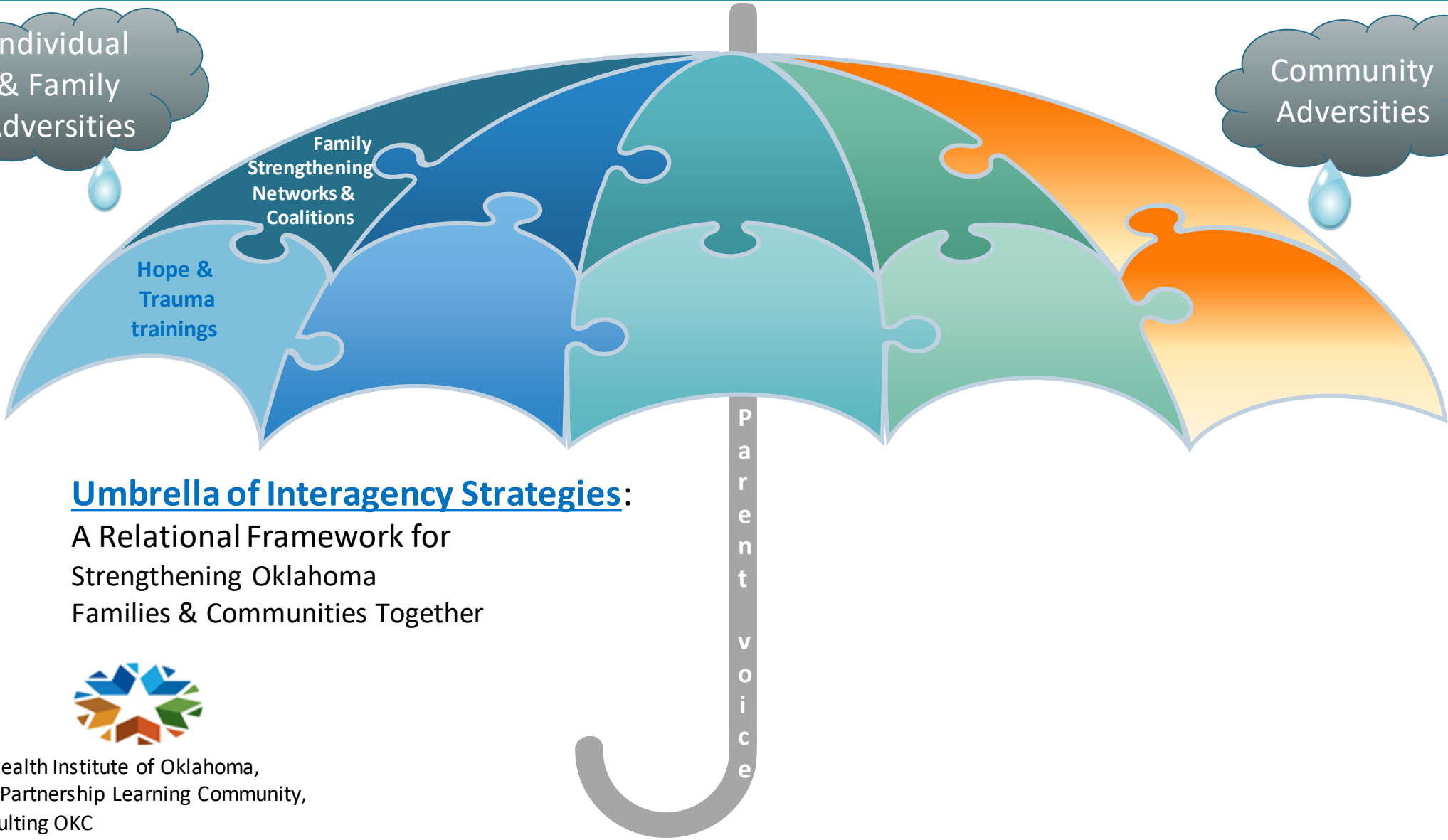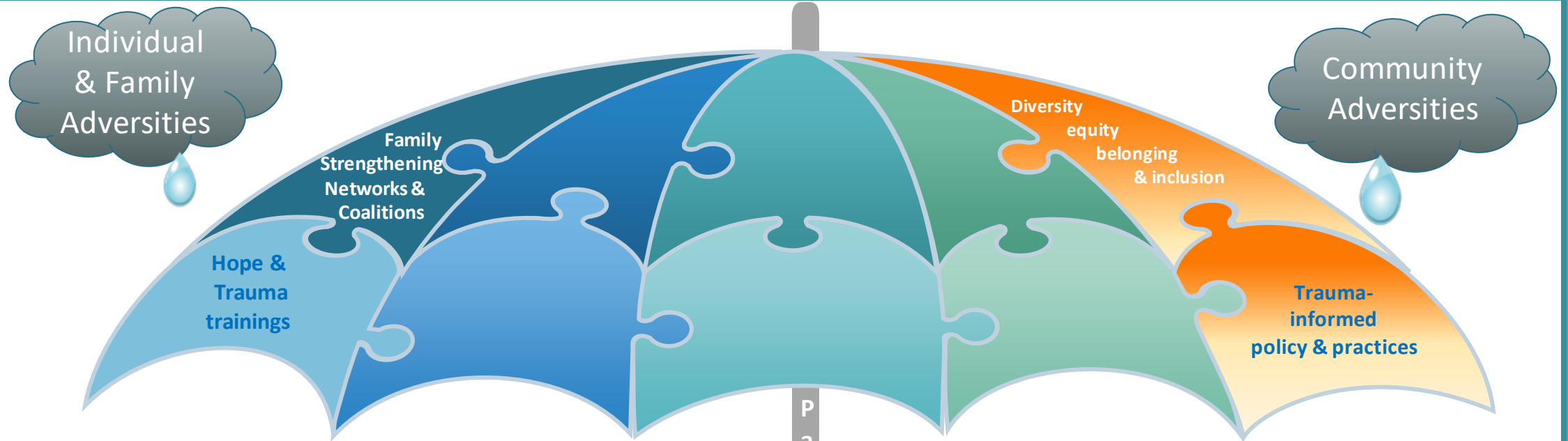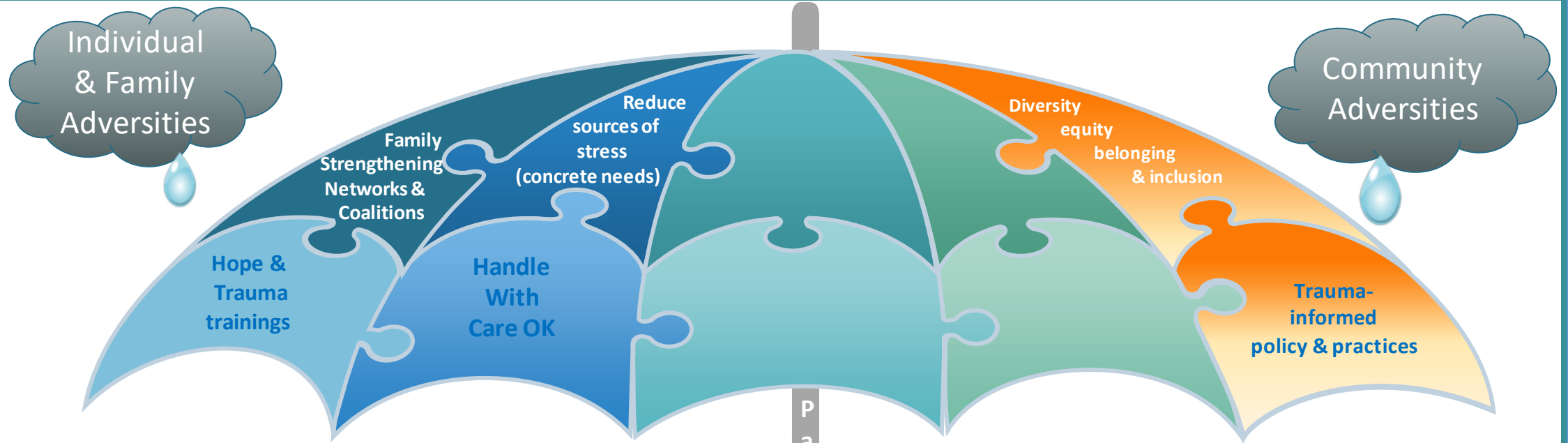Families & Communities Together

© Public Health Institute of Oklahoma,
OK Parent Partnership Learning Community,
& EB Consulting OKC

Individual & Family Adversities

Community Adversities

Family Strengthening Networks & Coalitions

Reduce sources of stress (concrete needs)

Support responsive relationships & Strengthen core skills

Advance leadership skills & co-design solutions

Diversity equity belonging & inclusion

Hope & Trauma trainings

Handle With Care OK

Peer support groups & social determinants of health (SDOH)

Parent/youth advisory committees & family resource centers

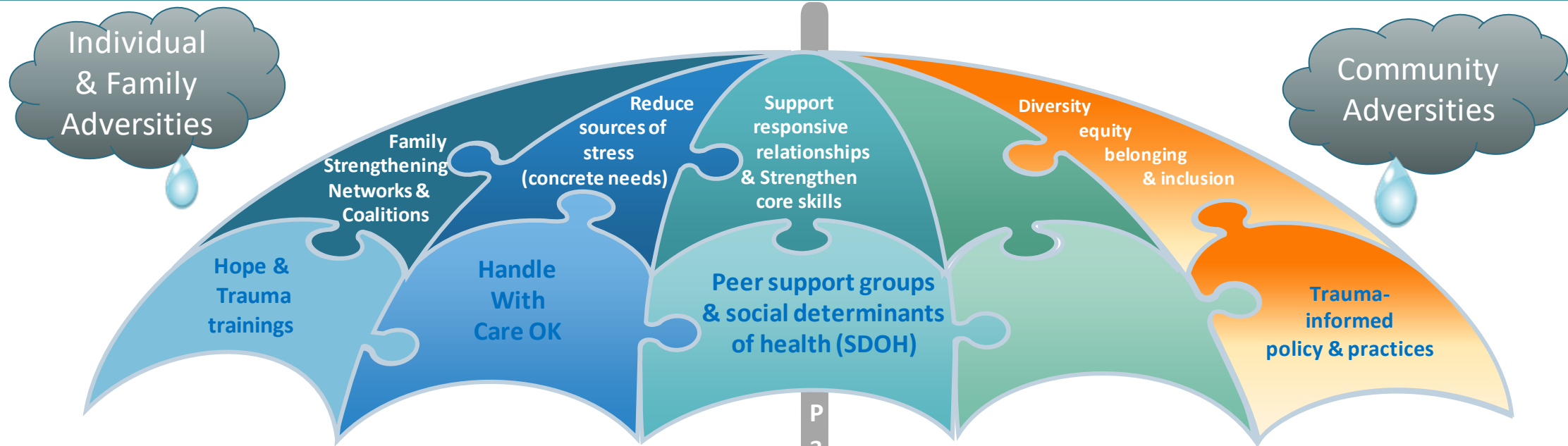Trauma-informed policy & practices

Parent voice
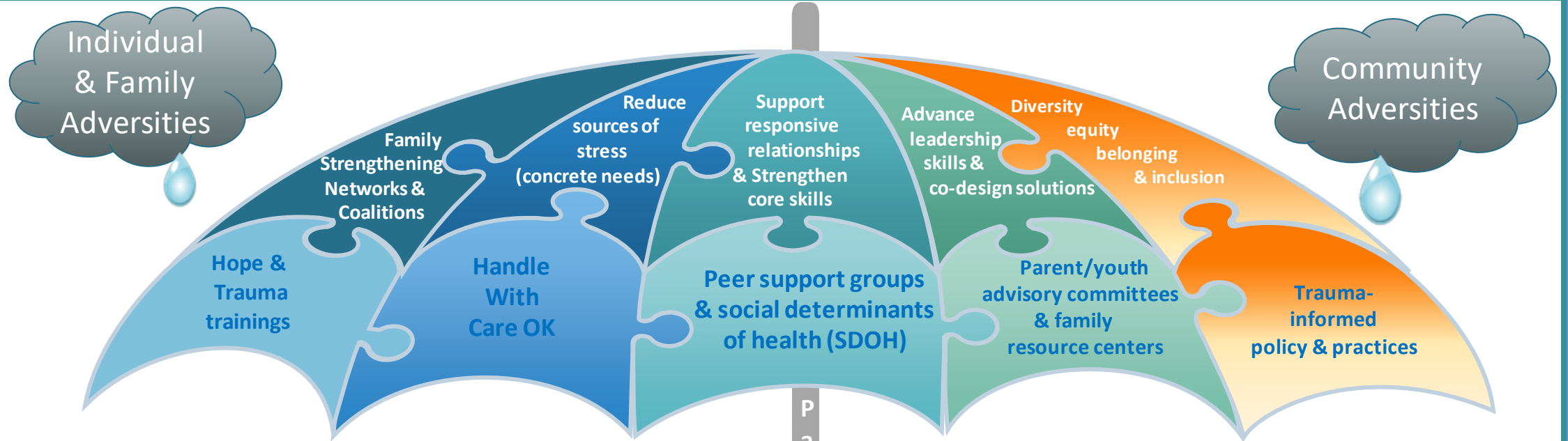
Umbrella of Interagency Strategies:
A Relational Framework for
Strengthening Oklahoma
Families & Communities Together

© Public Health Institute of Oklahoma,
OK Parent Partnership Learning Community,
& EB Consulting OKC

Equitable and trauma-informed systems and supports

Resilient Tree Source: Dr. Wendy Ellis https://publichealth.gwu.edu/departments/redstone-center/resilient-communities

Individual & Family Adversities

Community Adversities

CSAW
Coalitions
ODMHSAS
DHS
Potts Family Foundation
& Lynn Institute

PHIO, OTPC
OSA, OACP, OBN
OSDE, ODMHSAS
DHS

OHCA
ODMHSAS
Unite Us, CHIOs,
Parents Helping Parents

CSAW
OUHSC
DHS, OSDE
OSDH, OFN
PHIO, CHIOs
Evolution Foundation

Diversity
equity
belonging
& inclusion

**Hope &
Trauma
trainings**

**Handle
With
Care OK**

**Peer support groups
& social determinants
of health (SDOH)**

**Parent/youth
advisory committees
& family
resource centers**

**Trauma-
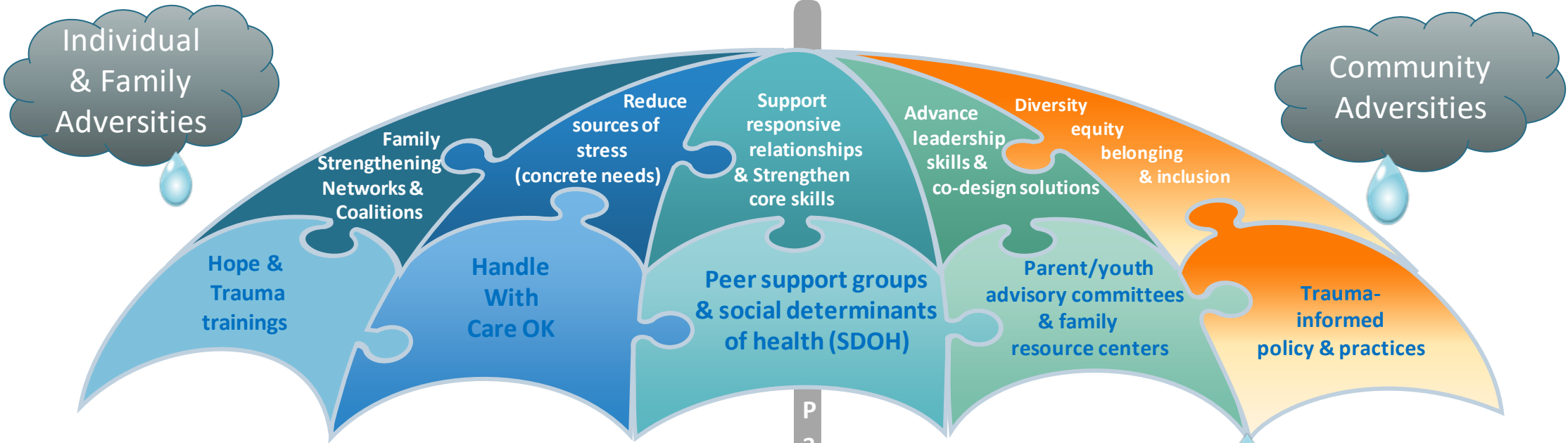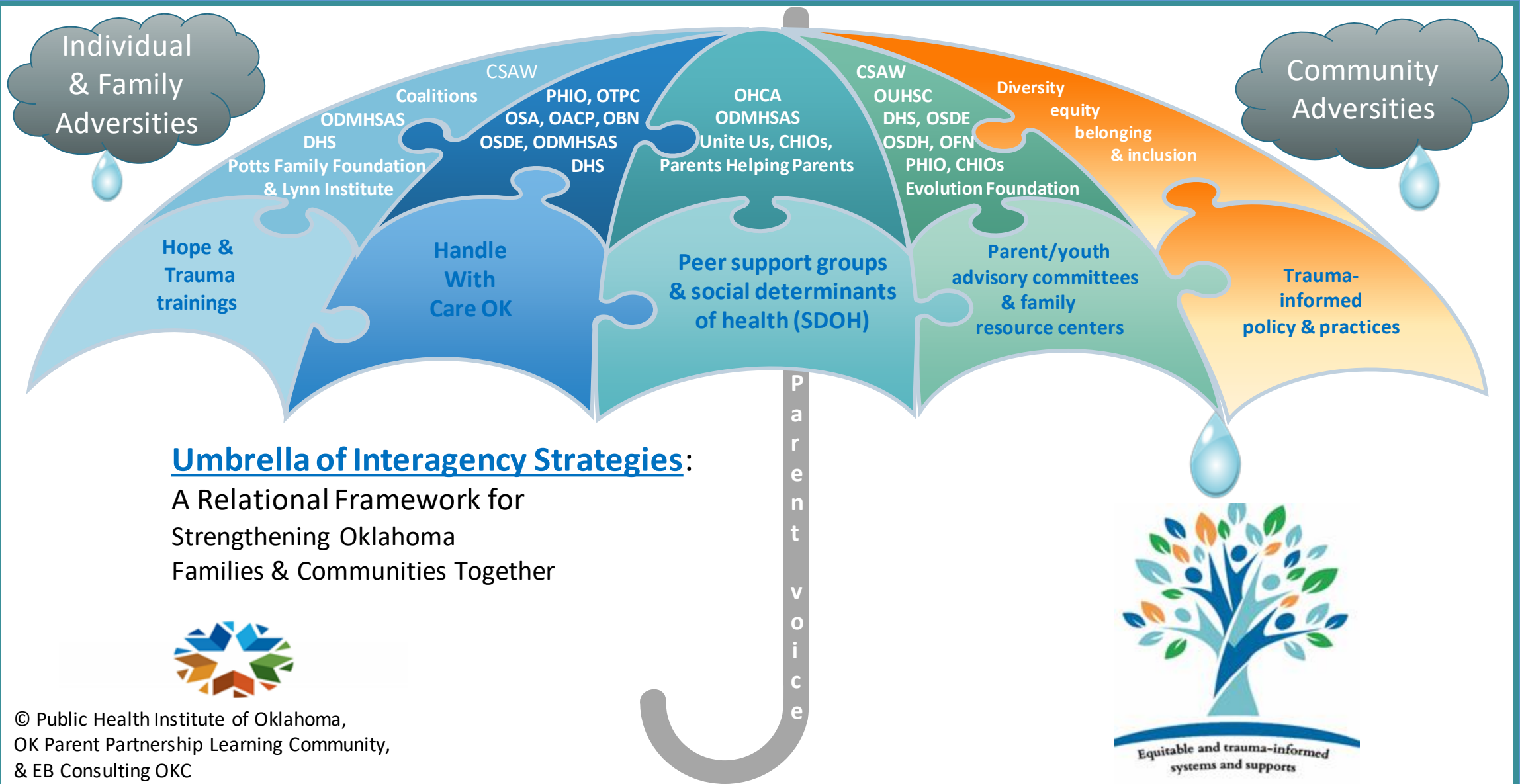informed
policy & practices**

Parent voice

Umbrella of Interagency Strategies:
A Relational Framework for
Strengthening Oklahoma
Families & Communities Together

© Public Health Institute of Oklahoma,
OK Parent Partnership Learning Community,
& EB Consulting OKC

Equitable and trauma-informed
systems and supports

Resilient Tree Source: Dr. Wendy Ellis https://publichealth.gwu.edu/departments/redstone-center/resilient-communities

BY ADDRESSING

HEALTH INEQUITY

Unearned disadvantages that benefit some over others.

Examples:
- Exposure to racism
- Co-morbidities
- Intergenerational or historical trauma
- Adverse childhood experiences

WE ACHIEVE

HEALTH EQUITY

Everyone gets the support they need.

Examples:
- Comprehensive trauma-informed care
- Cultural competent care
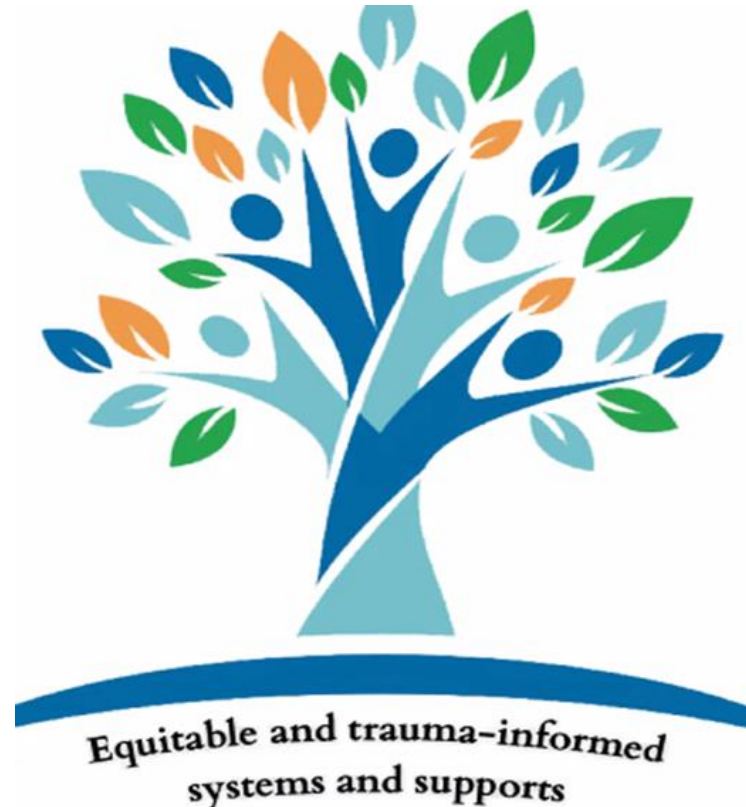- Accessibility to appropriate mental health resources

AND ENSURE

SOCIAL JUSTICE!

When everyone can live a healthy and just life without support because the inequity was addressed and barriers were removed.

Equitable and trauma-informed systems and supports

Examples of Community-Driven, Relational Health Improvement, & Interagency Efforts:

Examples of Community-Driven, Relational Health Improvement, & Interagency Efforts

Communities in Motion: Six Relational Strategies for Addressing Health Disparities

Step One

Based on local health and social data, entities supporting health improvement, especially within inequity hotspots, are **funded to co-design community solutions while removing barriers and creating pathways for local participation.** Youth and adults are encouraged and incentivized to create **community/patient advisory committees** and community health education.

Step Two

Supporting youth and families after a traumatic event, the initiation of **"Handle With Care Agreement** is locally coordinated. Entities supporting local health improvement efforts align first responders, tribal marshals, schools, behavioral /social/ health agencies to address needed supports post-trauma.

Step Three

Addressing localized social determinants of health, health improvement organizations are **encouraged to facilitate "peer support groups" to address locally identified health and social needs.** Partnership with local health care providers, community behavioral health centers, and other local partners can aide in removing barriers for participation.

Step Four

Through collaborative partnerships and referral systems such as the Multi-Tiered System of Support (MTSS), **peer support groups are facilitated locally for adults and youth**. Peer support groups are held at community/family resource centers, community schools, health care facilities, or faith-based organizations..

Step Five

Through a collaborative relationship health entities and consumers are able to **increase access to health coverage**, such as Medicaid, through intentional outreach activities. Connection to health coverage is **enhanced by referrals** to social programs focused on employment and other socially focused interventions. Progress is measured at 6, 12, and 24 months .
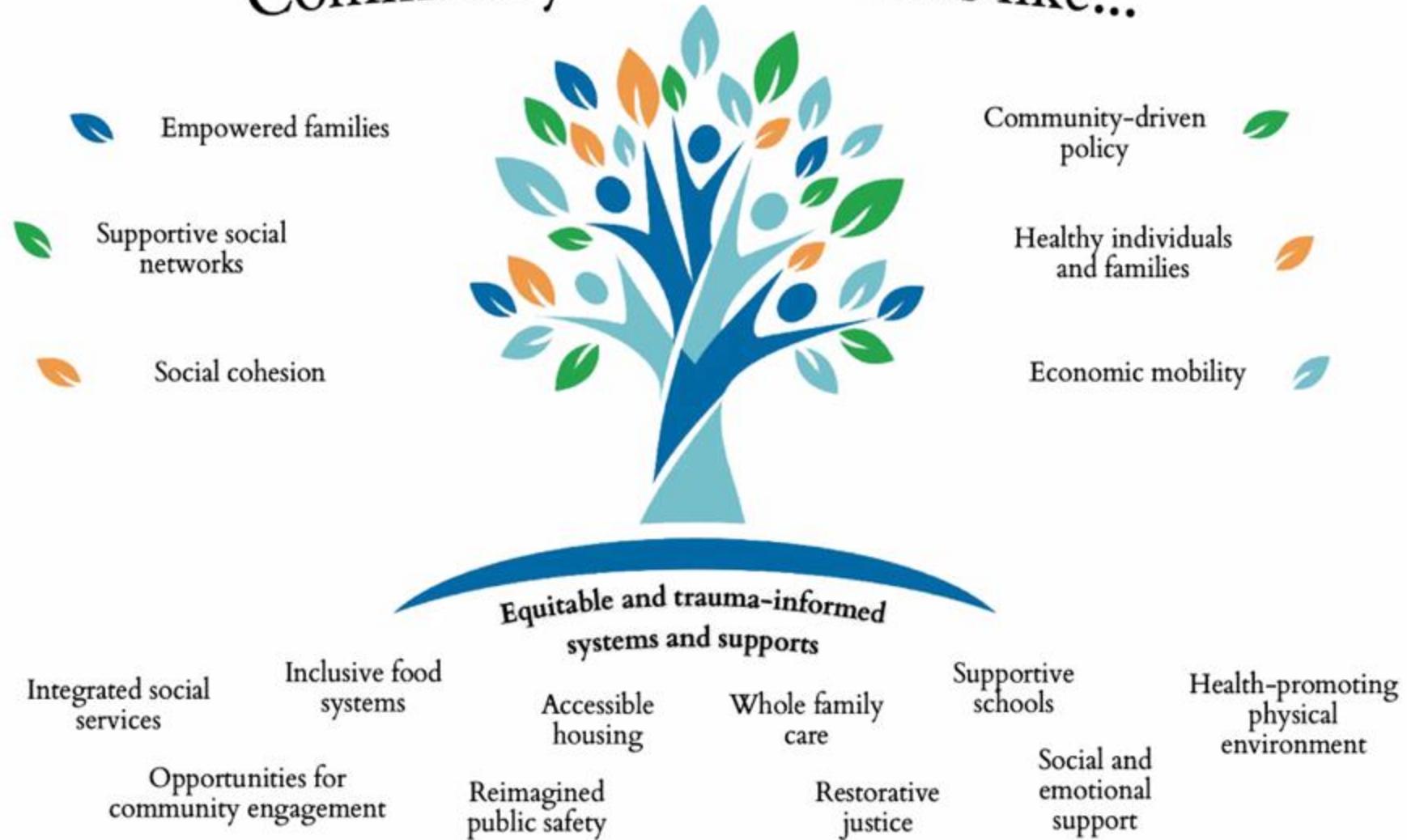
Step Six

With an emphasis placed on Quality Improvement, participating health improvement organizations provide structured feedback at regular intervals. **Feedback supports the updating of trauma-informed policies** and procedures for local health and social service organizations in additional to tracking progress on addressing social determinants of health.

Umbrella of Interagency Strategies:
A Relational Framework for Strengthening Oklahoma Families & Communities Together

© Public Health Institute of Oklahoma, OK Parent Partnership Learning Community, & EB Consulting OKC

Equitable and trauma-informed systems and supports

Elder, A., Ross, L. (2022), *Communities in Motion: Six Relational Strategies for Addressing Health Disparities.* Public Health Institute of Oklahoma, https://publichealthok.org/catch-up-2-0/

Community resilience looks like...

Empowered families

Supportive social networks

Social cohesion

Community-driven policy

Healthy individuals and families

Economic mobility

Equitable and trauma-informed systems and supports

Integrated social services

Inclusive food systems

Accessible housing

Whole family care

Supportive schools

Health-promoting physical environment

Opportunities for community engagement

Reimagined public safety

Restorative justice

Social and emotional support

Source: Dr. Wendy Ellis https://publichealth.gwu.edu/departments/redstone-center/resilient-communities

Creating a Positive Ripple Effect:
Increasing Cross-sector Collaboration with Community Leaders

Informing and Advancing **Policies**
to Strengthen Family and Community Well-being

Leveraging Public-Private Funding and **Collaborations**
to maximize quality resources and improve family outcomes

Promoting Cross-Sector **Training** with Community Coalitions
to increase shared understanding and communication

Coordinating Services with the family resource center framework
(ex. Community Hope Centers, Community Schools, FQHCs, etc.)

Building **Leadership** Skills, Best Practices and **Quality**
with Community/Parent Advisory Councils, and Organizational Staff

Amplifying **Diverse Community Voices** with Lived Experience
by removing barriers for participation and co-creating solutions
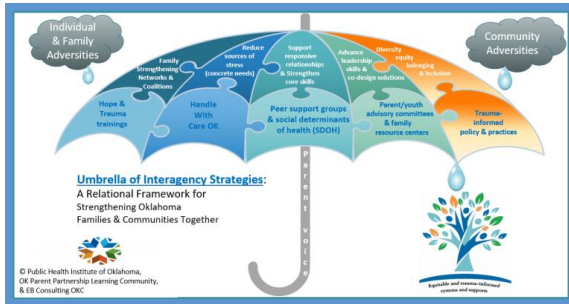
Interested in learning more?

Email: info@publichealthok.org

Or visit:

https://publichealthok.org/county-health-improvement-organizations/
to complete a readiness assessment