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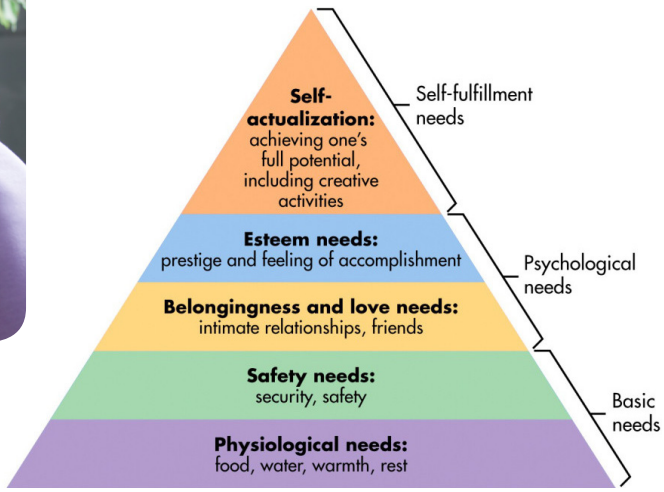
Trajectories

Aim For Excellence

DECEMBER 2018 ■ Trauma-Informed Care: Improving Health and Resiliency



Organizations pursuing a trauma-informed culture must seek to integrate five core principles into their organization.

- Safety
- Trustworthiness
- Choice
- Collaboration
- Empowerment

It all comes back to Maslow.

Introduction

It all comes back to the sage wisdom of Abraham Maslow, who in 1943, posited that human beings are motivated by a hierarchy of needs. At its foundation, physiological needs such as food, water and shelter drive human motivation. As basic needs for existence are met, human beings then are motivated to fulfill other deficits: safety, belonging and esteem. Only when most of these needs have been fulfilled are humans motivated to grow as a person, hence the final stage of Maslow's hierarchy: self-actualization.[i]

Since Maslow, research has more clearly connected long-term health outcomes to social, economic and environmental factors. Research into one of those factors — childhood adversity — provides new understanding about barriers and opportunities for achieving good health.

The Issue

Why, as health care providers, is it important to understand this science? Because so many challenges today may be better understood — and addressed — through the lens of this body of research.

Improving health and delivering health care often comes with several challenges: substance use disorder, mental and behavioral health issues, increased violence in health care settings, super-utilizers, and patients that do not adhere to medications and therapy. These challenges not only affect patient health, but also the health of the workforce.

MHA
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A common phrase today is "social determinants of health," a term coined by Marmot and Wilkinson to define those factors outside of the health care delivery system that influence health outcomes.[ii] Family, socioeconomic, housing, employment and psychosocial determinants are the essence of Maslow's hierarchy of needs. Simply stated, if a patient's or family's basic physiological and safety needs are unmet, their health is affected.

This intuitive notion is validated through another phrase gaining attention: adverse childhood experiences, or ACEs. People who, as children, experience multiple adverse experiences have a greater likelihood of poorer health outcomes and earlier death.[iii, iv, v] This research validates the importance of Maslow's pyramid within the health care sphere for both patients and populations, and it supports the evidence of increasing midlife morbidity and mortality, and decreasing life expectancy.

ACEs typically are referred to as trauma, which can be physical trauma as well as emotional trauma. Trauma in this context is defined in three dimensions by the Substance Abuse and Mental Health Services Administration.[vii]

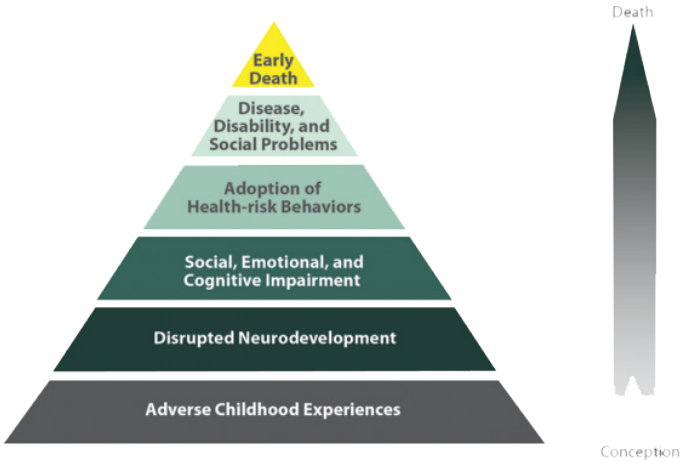
- **Event** — An actual experience or threat of physical or psychological harm OR the lack/withholding of material or relational resources crucial to health and development. This can be a single event or repeated events.
- **Experience** — How someone assigns meaning to the event, which depends on the perception of the individual.
- **Effects** — Results of the person's experience of the event. This can include neurological, physical, emotional and cognitive effects.

In particular, chronic trauma has the ability to create negative physiological effects on the brain and body. Constant use of the stress response system can lead to poor health outcomes. The stress

The ACE score, a total sum of the different categories of ACEs reported by participants, is used to assess cumulative childhood stress. Study findings repeatedly reveal a graded dose-response relationship between ACEs and negative health and well-being outcomes across the life course. As the number of ACEs increases, so does the risk for the following.*

- alcoholism and alcohol abuse
- chronic obstructive pulmonary disease
- depression
- fetal death
- health-related quality of life
- illicit drug use
- ischemic heart disease
- liver disease
- poor work performance
- financial stress
- risk for intimate partner violence
- multiple sexual partners
- sexually transmitted diseases
- smoking
- suicide attempts
- unintended pregnancies
- early initiation of smoking
- early initiation of sexual activity
- adolescent pregnancy
- risk for sexual violence
- poor academic achievement

This list is not exhaustive. For more outcomes, see selected journal publications.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Source: https://www.cdc.gov/violenceprevention/acestudy/about.html

response system can raise blood sugar levels, hormone levels and heart rates. When these responses engage on a frequent and/or regular basis, they increase the likelihood of disease and negatively affect functioning and development of the brain, especially among young children.

Understanding the concepts of Maslow's hierarchy and the impact of trauma on health is simple enough. Applying these concepts to health care practice to improve outcomes for patients and communities requires a new epistemology.

Why Now?

Health care leaders understand the extraordinary forces driving health care change and the challenge to sustain health care services, especially in underserved communities. The punctuated changes of the environment today are reflected in policies and market dynamics that demand increased accountability for safe care, health outcomes and patient engagement. Although hospitals continue the journey toward high reliability, many early successes have been realized: hand hygiene, safety huddles and practice bundles all contribute to reduced patient harm. SDOHs validate that many of the factors contributing to safe care, health outcomes and patient engagement are outside of the traditional sphere of health care influence, yet are the nexus of most major health care challenges.

Concurrently, not-for-profit hospitals with a 501(c)(3) tax status are required to conduct a triennial community health needs assessment, addressing through improvement strategies, the identified priority health issues. Through enhanced data and analytics, including ZIP code-level analysis and evidence-based strategies to address community issues, health care leaders are incorporating community health assessments and action plans into strategies to improve outcomes. The practice of community health is advancing from health fairs and community walks to intentional investment of targeted resources. Better data and practice research provide health care leaders the opportunity to serve as a community anchor for resiliency, implementing new approaches to patient care and community health. This altruism may serve to be one method to sustain community hospitals.

Several hospitals across Missouri are leading the way in applying the knowledge in their own organizations and in partnerships within their community. For example, Truman Medical Center was a leader in the state helping to develop the Missouri model for trauma-informed care and today continues this work through its Center for Trauma-Informed Innovation.

Patient-Focused Evidence-Based Improvement

1. Assess the patient.
2. Document SDOH into the medical record.
3. Determine whether trauma-informed care would improve the system of care, patient experience and health outcomes.

Policy changes are needed for systemic changes to treat more than the symptoms of trauma when a patient seeks health care. These changes and resources are an essential component of addressing the mental health crisis.

Know Your Patient

Nurses, physicians and social workers intuitively recognize socially and psychologically fragile and complex patients often labeled 'difficult' or 'noncompliant,' or are likely to miss appointments. Assessment tools that identify social determinants likely to increase risk of poor health outcomes increasingly are integrated into clinical workflows and electronic health records. These tools provide quantitative clinical assessment of providers' intuition to reveal specific social determinants that likely influence health outcomes. It is, however, important to understand that simply asking questions about family, housing or access to food may be traumatizing for some patients. Health care systems need to ensure some level of trauma awareness is provided concurrently to new processes to screen and document SDOH to avoid further trauma or stigmatizing.

Screening patients for factors that increase their likelihood of trauma and applying the 'universal precautions' of trauma-informed care are evidence-based

practices used to provide care to all patients and document socially complex patients. Universal precautions for trauma-informed approaches to care posits providers are unlikely to cause harm or add financial cost by assuming everyone has a trauma history and using trauma sensitive practices on every patient.

Alerting systems, such as the Hospital Industry Data Institute's Admit Discharge Transfer alerting system for high-frequency patients, provide another tool to identify patients that may be seeking health care from multiple providers and for multiple reasons. The alert system is designed to identify patients with high super-utilization risk based on the clinical, behavioral and social risk characteristics of millions of patients. The highest-risk patients are more likely to have social complexity that negatively influences their health outcomes.

Following a patient assessment, it is critical the social determinants that increase risk for a patient are documented in the medical record. Since the adoption of ICD-10 codes in October 2015, hospitals have the ability to code for SDOH and ACEs that indicate whether a patient is socially complex. The use of diagnostic coding for social determinants carries beneficial implications for hospitals' payment and value-based calculations. A recent MHA Policy Brief, Decoding Social Determinants of Health, compared SDOH coding to poverty at the county and ZIP code levels with findings suggesting inconsistent SDOH coding among Missouri hospitals. Additional findings also were reported.[vii]

- The frequency of hospital patients diagnosed with social complexity has increased steadily in Missouri.
- Individuals diagnosed with social complexity in Missouri have significantly higher rates of hospital utilization and social, behavioral and clinical risk factors.
- The most commonly used ICD-10 SDOH code used in Missouri is homelessness.
- The ICD-10 SDOH codes have significant predictive ability in health outcomes modeling.

Change Practice to Improve Care

Providers recognize a person's behavior may be the result of both acute, and pervasive or cumulative trauma. Trauma-informed care is a phrase commonly used but perhaps not fully understood. SAMHSA defines trauma-informed care as a program, organization or system that:

1. Realizes the widespread impact of trauma and understands potential paths for recovery;
2. Recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system;
3. Responds by fully integrating knowledge about trauma into policies, procedures and practices; and
4. Seeks to actively resist retraumatization.[viii, ix]

Trauma-informed care is different from trauma-specific interventions, which are specific therapeutic services for those who have experienced trauma. Trauma-informed care incorporates the science of trauma, toxic stress and resiliency in organizational practices and policies, and the design of patient care to ultimately change cultures.

Screening Tools for Social Determinants of Health

The National Association of Community Health Centers' Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences tool (PRAPARE) includes 15 core questions and five supplemental questions. The data can be uploaded directly into many electronic health records as structured data. Generally, it is administered by clinical or nonclinical staff at the time of the visit, but a paper version can be given to the patient to self-administer.

The American Academy of Family Physicians offers an SDOH screening tool, available in short- and long-form in English and Spanish, as part of The EveryONE Project. The short-form includes 11 questions. It can be self-administered or administered by clinical or nonclinical staff.

The Centers for Medicare & Medicaid Services Accountable Health Communities' 10-question Health-Related Social Needs Screening Tool is meant to be self-administered.

Adapted from "A Practical Approach to Screening for Social Determinants of Health."

Retrieved from https://www.aafp.org/journals/fpm/blogs/inpractice/entry/social_determinants.html.

The Missouri Department of Mental Health, in partnership with subject matter experts, is fostering learning and action to advance trauma-informed care practices. In 2014, DMH developed The Missouri Model: A Developmental Framework for Trauma-Informed, providing guidance for organizations to build knowledge, shape perspectives, build skills, and ultimately change practices and policies.[x]

The Missouri model outlines a process that will take years, perhaps decades, to transform care delivery.

- **PHASE ONE: Trauma Aware**
  Organizations have become aware of the prevalence of trauma and have begun to consider that it might impact their clientele and staff.
- **PHASE TWO: Trauma Sensitive**
  Organizations have begun to:
  - explore the principles of trauma-informed care within their environment and daily work
  - build consensus around the principles
  - consider the implications of adopting the principles within their organization
  - prepare for change
- **PHASE THREE: Trauma Responsive**
  Organizations have begun to change their organizational culture to highlight the role of trauma. At all levels of the organization, staff begin rethinking the routines and infrastructure of the organization.
- **PHASE FOUR: Trauma-Informed**
  Organizations have made trauma-responsive practices and policies the organizational norm.

The Core Principles of Trauma-Informed Care

Organizations pursuing a trauma-informed culture must seek to integrate five core principles into their organization: safety, trustworthiness, choice, collaboration and empowerment.[xi]

The five principles collectively create a path for building health equity. Equity is the lens through which current and proposed actions are viewed. Equity also is an outcome actively sought but only achieved through conscious and deliberate action. Health equity policies and practices are designed to ensure outcomes are not predictable by identity, status or other social indicators. Equity is represented in each principle.

Safety: Ensure physical and emotional safety, recognizing and responding to how racial, ethnic, religious, sexual or gender identity may impact safety throughout the lifespan.

Trustworthiness: Foster genuine relationships and practices that build trust, making tasks clear, maintaining appropriate boundaries, and creating norms for interaction that promote reconciliation and healing. Understand and respond to ways in which explicit and implicit power can affect the development of trusting relationships. This includes acknowledging and mitigating internal biases and recognizing the historic power of majority populations.

Choice: Maximize choice, addressing how privilege, power and historic relationships impact both perceptions about and ability to act upon choice.

Collaboration: Honor transparency and self-determination, and seek to minimize the impact of the inherent power differential while maximizing collaboration and sharing responsibility for making meaningful decisions.

DMH has led initial action to advance trauma-informed care. Several resources are available on their website and include the following.

- Missouri's Comprehensive Public Health Approach for Resilience to Mitigate the Impact of Trauma
- The MO Model: A Developmental Framework on Trauma-Informed
- Trauma-Informed Pathways to the Five Domains of Well-being
- Trauma Screening Policy Guidance
- HR Policy Guidance
- Organizational Requirements

Empowerment: Encourage self-efficacy, identifying strengths and building skills, which leads to individual pathways for healing while recognizing and responding to the impact of historical trauma and oppression.

What is the Improvement Goal?

Organizations that advance along the journey to become trauma-informed have the opportunity to improve staff and patient satisfaction, as well as improve patient outcomes. Trauma-informed care aligns with the broader goals of reforming the health care system: safe, timely, efficient, effective, equitable and patient-centered. These principles are the essence of value-based payment reform.

Health care organizations along the delivery spectrum must be integrated to better align physical and behavioral health. New partnerships with community organizations and residents likely will emerge to support communitywide efforts, establishing protective factors to mitigate the impact of trauma and ultimately prevent ACEs.

Several health care organizations across the state are on their own journey to become trauma-informed. Some stories of progress can be viewed here:

Denise Dowd, M.D., pediatric emergency medicine physician at Children's Mercy Kansas City, encourages health care staff to shift their internal questions from, "What is wrong with this person?" to, "What has happened to this person?"

She shares the difference is suggesting you want to "fix" someone as opposed to understand them.

Children's Mercy KANSAS CITY

Case Study: Children's Mercy Kansas City

Contributor: Patty Davis, Trauma-Informed Project Manager

Children's Mercy understands a trauma-informed health care system is a paradigm shift. Trauma-informed work builds upon family-centered care and adds a community focus. It requires systemwide awareness of the prevalence and impact of an individual's traumatic experiences and on the lives of children, families and the staff who care for them. Historical trauma, discriminatory practices, and ongoing institutional and community biases also contribute to both individual and community traumatic experiences. Trauma-informed care also promotes understanding the root causes, or systemic oppression, that further cause toxic stress and inequities effecting lifelong well-being.

Children's Mercy staff understand health care settings have many aspects of care that can be triggering to those with adverse experiences. Invasive procedures, loss of privacy, and potentially feeling judged for one's caretaking ability or personal lifestyle decisions can create a barrier to feelings of safety. Populations who have been historically oppressed through implicit and explicit unequal treatment may come to distrust the health care system as a whole.

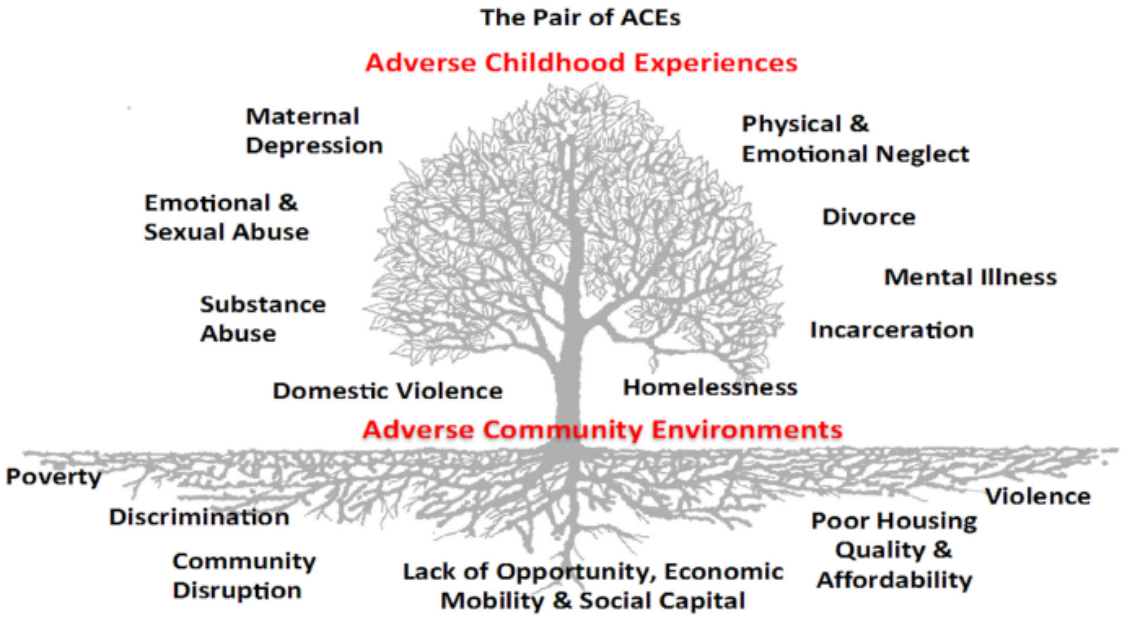
Patty Davis, trauma-informed project manager, supports adoption of trauma sensitive practices. "Just as we use universal precautions around blood by wearing gloves to reduce risk of infection, we need to take similar trauma sensitive precautions to avoid unintentional harm or retraumatizing our patients based on their past experiences. We simply do not know what we don't know."

Davis educates staff and promotes the key concepts and principles of trauma-informed care. These include ensuring that safety, trust, choice, collaboration and empowerment are incorporated into all procedures, practices and policies. The practice of cultural humility, where one recognizes the need for lifelong cultural learning, promotes a balance of power and advocates for equity, is a key ingredient to providing a trauma-informed environment. Listening to our patients and allowing their wisdom, derived from lived experiences, to guide our care, cannot be understated. Children's Mercy uses the wisdom of their patients and families through various population-specific and disease-specific advisory councils to ensure a safe environment for patients to receive care.

Community-Focused Evidence-Based Improvement

When considering patients and staff who display symptoms of trauma in health care settings, the conditions of the communities where they live also may create a compounding negative effect. Adverse community environments can create a toxic soil that perpetuates the prevalence of adverse childhood experiences. This concept is known as the Pair of ACEs.[xii]

The Pair of ACEs acknowledges the need to address the root cause of harm in our communities that leads to poor health outcomes.



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

Know Your Community

Community-based partnerships among schools, public safety, public health, health care organizations, mental/behavioral health services and social service agencies — with resident leadership — can align community-based priorities to increase resiliency. Hospitals may advance community health needs assessment and improvement activities, and target limited resources to specific ZIP codes within their community known to have a higher proportion of socially complex patients living in adverse community environments. MHA offers several resources to assist Missouri communities in assessing their health.

- analysis of ZIP code-level ACEs[xiii]
- exploreMOhealth website, providing ZIP code-level health and behavior data
- a community health improvement plan template to improve resiliency

exploreMOhealth

Steps that community partners may engage to increase community resilience include participating in and supporting coalitions focused on addressing the Pair of ACEs, understanding the root causes of community adversity, building awareness of the science and pathways to prevention and healing, supporting the implementation of trauma-informed approaches to care, and supporting policy and advocacy agendas that seek to address trauma and toxic stress.

Case Study: Mercy Hospital Jefferson

Contributor: Madeline Gemoules, Manager of Community Health and Access

Mercy is a founding partner of the Alive and Well health learning collaborative in St. Louis and partnered with COMTREA, a Federally Qualified Health Center, to establish Alive and Well Jefferson County. Community conversations, education and evidence-based training is offered in hospitals and clinics, as well as in schools, churches and with other community groups, changing the dialogue from, "What's wrong with you?" to the more open-ended, "What happened to you?"

In the spring of 2017, the Alive and Well Jefferson County steering team was established by Mercy, COMTREA and the Jefferson County Health Department. After engaging in months of strategic planning, the steering committee held an official community kick-off event in October with more than 40 people in attendance from DHSS, local school districts, Jefferson College, family drug court, Saint Louis Crisis Nursery and many other local social services agencies. The message from the group was clear: Trauma was a factor in the populations served by every individual in the room.

As a result of this initial meeting, smaller work groups were established to focus on creating more seamless resource referrals, engaging local school districts and providing free trauma trainings to the community. Since then, the larger committee meets on a quarterly basis to celebrate successes, address roadblocks and brainstorm new ideas to better engage the community in trauma-informed practices.

In November 2017, Alive and Well Jefferson County established an initial group of eight ambassadors who were trained to provide the introductory Alive and Well trauma training. Since that time, Alive and Well Jefferson County has provided nearly 20 free community or organization trainings, reaching more than 500 people in the Jefferson County community. As the group continues to grow, efforts have been made to help sustain the work and train more ambassadors.

"A few weeks ago, a speaker stood in front of our city's Communities of Excellence leadership team. He opened with the statement, "As much as I would like for you to believe it, help is not on the way." This was so profound to me. As a person, I am responsible to engage. As a hospital CEO, I am responsible for pushing ahead, leading the difficult discussions and charging our organization that every person is accountable, that it is our responsibility and duty to care as we provide health care and resources to our community. As a community member, I make a difference because I open my eyes to see what is real and not just what I want to see. We have to own what is right in front of us and act, not sit back and wait for someone else to do it. It's so painful to think that our youth — grade school age — already feel so much fear, pain or intense stress that they feel a need to numb themselves with medications, alcohol or otherwise. We are their help. We have to stay focused, determined and work cohesively as a community and health system to be the solution."

—Kristen DeHart, CEO
Excelsior Springs Hospital

Excelsior Springs SAFE (Substance Abuse-Free Environments)

Contributor: Kristen DeHart, CEO, Excelsior Springs Hospital

The Excelsior Springs SAFE coalition is a community group comprised of volunteers who live or work in Excelsior Springs, Mo. Our SAFE coalition was formed in 1994 by a group of parents, educators and concerned business leaders seeking educational opportunities to help the youth of Excelsior Springs. Focusing awareness on finding alternatives for kids to stay away from alcohol and drugs began a 25-year path that has continued to develop with each passing year. SAFE continues its work to educate and develop public awareness concerning alcohol, tobacco, drug issues and other related topics. The group also sponsors prevention initiatives that focus on creating environmental-level change in the area of substance abuse prevention.

Anyone living or working in the Excelsior Springs school district can be in SAFE. Conversations involve representatives from all of the "sectors," which provides a wide variety of perspectives. The sectors include parents; youth; educators; businesses; law enforcement; health care; media; government; and youth-serving, civic, volunteer, faith-based, and substance abuse organizations. Meetings are held monthly at Excelsior Springs Hospital with lunch provided. The attendance averages approximately 30 participants each month.

The SAFE coalition is funded by a Drug-Free Communities grant, awarded in September 2016 from the Office of National Drug Control Policy. The parameters for the grant require it to be used for specific initiatives in our community, focused on preventing youth alcohol, nicotine and prescription drug use.

Why Focus On Opioids?

Throughout the past three years, opioid misuse has continued to reach our younger population. Survey results from the past six years from middle and high school students showed the following.

- increased incidence of students selling and providing medication to friends
- family members sharing medication with youth
- youth were not aware of expectations, behaviors and consequences about prescription drugs
- youth admitted that they were taking prescription medications not prescribed to them to deal with stress, pain, trouble sleeping and mental health difficulties (sadness)

Alarming

Data from the surveys showed that sixth-grade students (11-12 years of age) experience the highest spikes in the misuse of prescription drugs. The survey data was reviewed by members of SAFE during their annual strategic planning session in June 2018 and was added as one of the four committee initiatives to be addressed during the 2018/2019 school year (alcohol, nicotine/tobacco/vaping, prescription drug misuse and resilience).

It Starts With Discussion

From the initial discussion, our Prescription Drug Committee started to move the mountain. In our first session following the planning meeting, we came up with our top priority listing and strategies to address each item based on the four areas of focus related to opioids.

- Determine what the current consequences are at each school/grade (elementary/middle/high school).
- Develop and implement a drug misuse marketing campaign.
- Improve promotion of drug take-back days.
- Work with local pharmacies to dispense drug disposal pouches with each prescription.
- Increase education.

Continued.

Social Determinants And The CHNA

SAFE introduced the Excelsior Springs and surrounding Northland Kansas City communities to the concept of "social determinants." The education, provided through advocacy, focuses on our youth and on developing resilience. All of our local advocates support that resources must be provided sooner than later; that starting now is critical to the future of not only our physical health but the community's health. Excelsior Springs joined together with the Northland hospitals, Clay County Public Health and Tri-County Mental Health Services to survey and address our community health needs. Questions related to social determinants were added to our health questionnaire and sent in September 2018. While the final health needs of our community and the Children's Health Insurance Program have not yet been finalized for this reporting year, preliminary reports show a significant need to address each community's rise of concerns, stemming from our youth being exposed to situations that put their health and welfare at risk for life.

Success In Partnerships

A community leader brought this to the group's attention in late August.

"It seems that driving is something that our teens look forward to – a mile marker in their lives, a passage to adulthood. Before the license is granted, however, there is studying that takes place via a driver's handbook/ guidebook, a visual test and a written test. Included in both the guidebook and the test are questions related to driving while impaired – the effects of alcohol and the consequences that occur when driving under the influence. Also, at the local DMV, there are posters and printed materials that highlight the consequences to driving impaired."

Question: What if we could have educational content added to the driver's handbook, as well as questions added to the DMV test?

- A member of SAFE, who also is affiliated with the highway patrol, raised the question to the state DMV.
- The state DMV replied that they are open to adding the content to both online and printed materials if subject experts were to write the content.
- Content is being written by SAFE members and will be presented to the Missouri State DMV for review.
- Updated DMV materials are expected to be published in summer 2019.

This is what we do and why we do it. Real-time results that start with one question. I am so honored to be one person of this amazing SAFE coalition.

Building Alive and Well Communities in Missouri

Contributor: Jennifer Brinkmann, President, Alive and Well Communities

Alive and Well Communities recognize the impact of toxic stress and trauma on the health and well-being of our communities. Our communities are working to ask new questions, build common understanding and create pathways to healing. While trauma does not discriminate and impacts all communities, our work centers on the impact of the trauma of discrimination, which science increasingly shows has devastating health impacts. With all of this knowledge, we seek to build the will to change and to activate communities to heal.

Alive and Well Communities is a nonprofit organization, based in Missouri, focused on activating communities in Missouri, Kansas and Illinois to address trauma experienced by their residents. We are dedicated to shifting cultures and systems and helping people develop pathways to healing, well-being and equity.

Alive and Well Communities began as two separate initiatives — Trauma Matters KC and Alive and Well STL. In 2017, we came together to form Alive and Well Communities, an independent 501(c)(3).

The work began in 2013 in Kansas City when a group of volunteers started Trauma Matters KC to create a trauma-informed, resilient community, and in 2015, it partnered with the Chamber of Commerce of Greater Kansas City.

In St. Louis, the work began in 2014 as a public awareness campaign, led by the St. Louis Regional Health Commission, to address the severe, long-term health risks of stress and trauma in the St. Louis region.

Both efforts were supported by local funders who continue to be important to the work today. These funders include the Missouri Foundation for Health, the St. Louis Mental Health Board, the Health Care Foundation of Greater Kansas City and the REACH Health Care Foundation. The leadership of the Missouri Trauma Roundtable, sponsored by the Missouri Department of Mental Health, also has been critical to informing the work as it has grown throughout Missouri and beyond.

In 2017, the initiatives in Kansas City and St. Louis merged to form Alive and Well Communities, becoming a leading voice on trauma and toxic stress, its impact on communities, and the potential paths to healing.

In 2018, Alive and Well Communities joined the Building Community Resilience Collaborative of the Sumner M. Redstone Global Center for Prevention and Wellness at George Washington University's Milken Institute School of Public Health, working with four other communities across the country to address adverse childhood experiences and adverse community environments — the Pair of ACEs.

Conclusion

It all comes back to Maslow. Across the health care continuum, policymakers, payers and providers are beginning to truly understand the importance of assessing and treating the whole person. This requires knowing more about patients and the communities served. Changes to care that integrate trauma awareness concurrent to practice changes to document SDOH must be carefully planned and implemented. Use of evidence-based practices, such as 'universal precautions' and ensuring thorough technical and adaptive support to providers, are needed to avoid an unintended consequence of increasing trauma to the most vulnerable of patients. However difficult it may be to transform systems of care, it is necessary to improve care, and the health of patients and communities.

Suggested Citation

Porth, L. & Brinkmann, J. (2018, December). Trauma-informed care: Improving health and resiliency. *Trajectories*. Missouri Hospital Association.

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