



Racism and Discrimination as Risk Factors for Toxic Stress

April 28, 2021

ACEs Aware Mission



To change and save lives by helping providers understand the importance of screening for Adverse Childhood Experiences and training providers to respond with trauma-informed care to mitigate the health impacts of toxic stress.



Agenda



1. Discuss social and environmental factors that lead to health disparities, as well as the impacts of racism and discrimination on public health across communities
2. Broadly discuss the role of racism and discrimination as risk factors for toxic stress and ACE Associated Health Conditions
3. Make the case to providers that implementing Trauma-Informed Care principles and ACE screening can help them promote health equity as part of supporting the health and wellbeing of their patients

Presenters

Aletha Maybank, MD, MPH

Chief Health Equity Officer, SVP, American Medical Association

Ray Bignall, MD, FAAP, FASN

Director, Kidney Health Advocacy & Community Engagement,
Nationwide Children's Hospital; Assistant Professor, Pediatrics,
The Ohio State University College of Medicine

Roy Wade, MD, PhD, MPH

Assistant Professor of Pediatrics, Department of Pediatrics
Perelman School of Medicine University of Pennsylvania,
Division of General Pediatrics, Children's Hospital of Philadelphia



Operationalizing Racial Justice

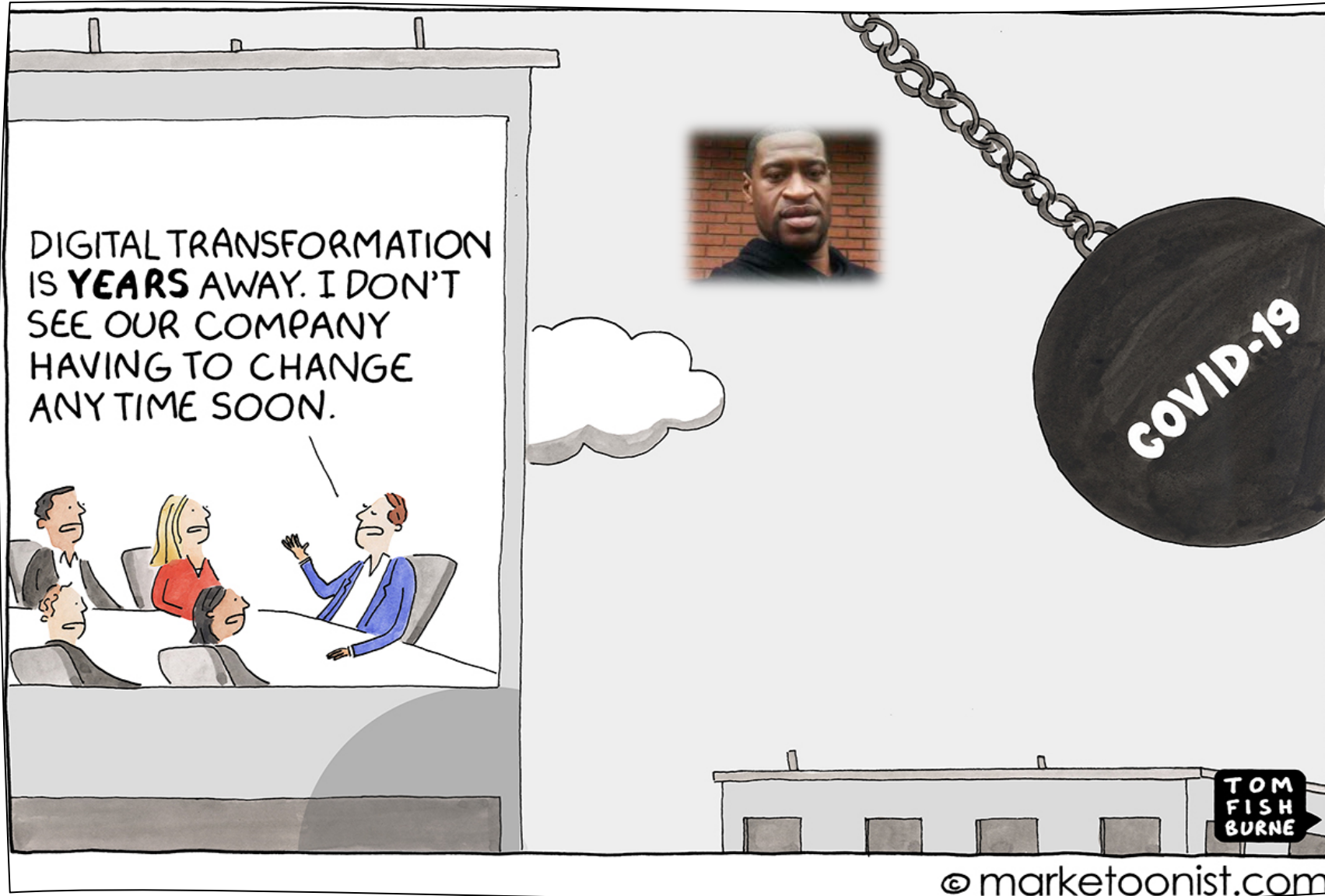
Aletha Maybank, MD, MPH

Chief Health Equity Officer, SVP
American Medical Association

Land and Labor Acknowledgement

We acknowledge that we are all living off the stolen ancestral lands of Indigenous peoples for thousands of years. We acknowledge the extraction of brilliance, energy and life for labor forced upon people of African descent for more than 400 years. We celebrate the resilience and strength that all Indigenous people and descendants of Africa have shown in this country and worldwide. We carry our ancestors in us, and we are continually called to be better as we lead this work.





“Racism is, perhaps, America’s earliest tradition. Its practice pre-dates the founding of the nation, as settler colonialism and Indigenous genocide powered the land theft that established the United States. And enslaved humans were the capital that generated this stolen land’s economy. In spite of centuries of legal advancements that endeavored to excise racism from the roots of this republic, racism remains a bloodying force, structuring every facet of US life.”

– Boyd, Lindo, Weeks, McLemore

INDIAN LAND FOR SALE

GET A HOME
OF
YOUR OWN
*
EASY PAYMENTS



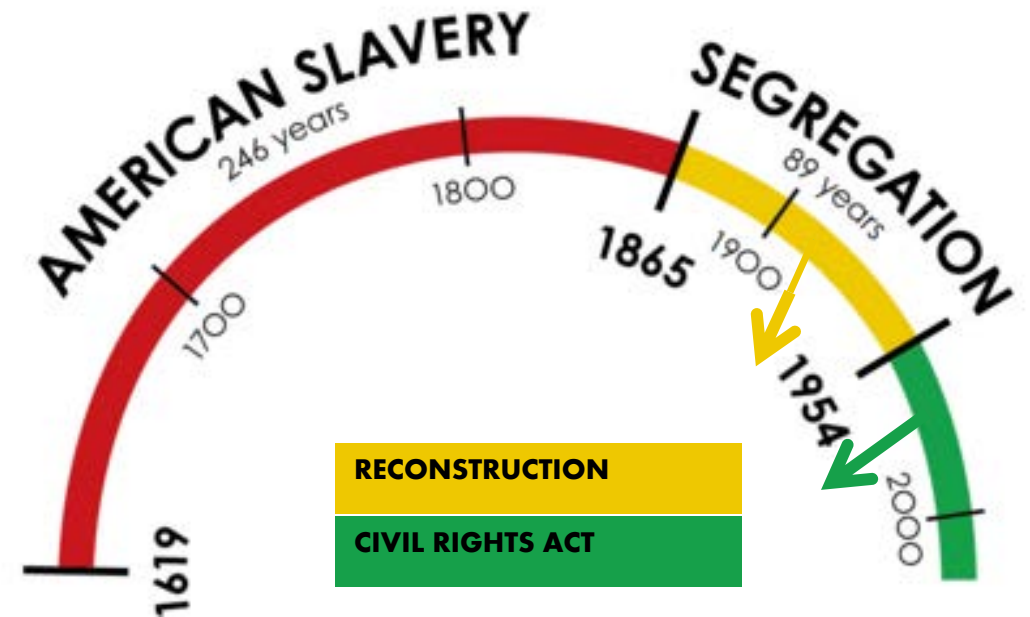
PERFECT TITLE
*
POSSESSION
WITHIN
THIRTY DAYS

FINE LANDS IN THE WEST

IRRIGATED
IRRIGABLE

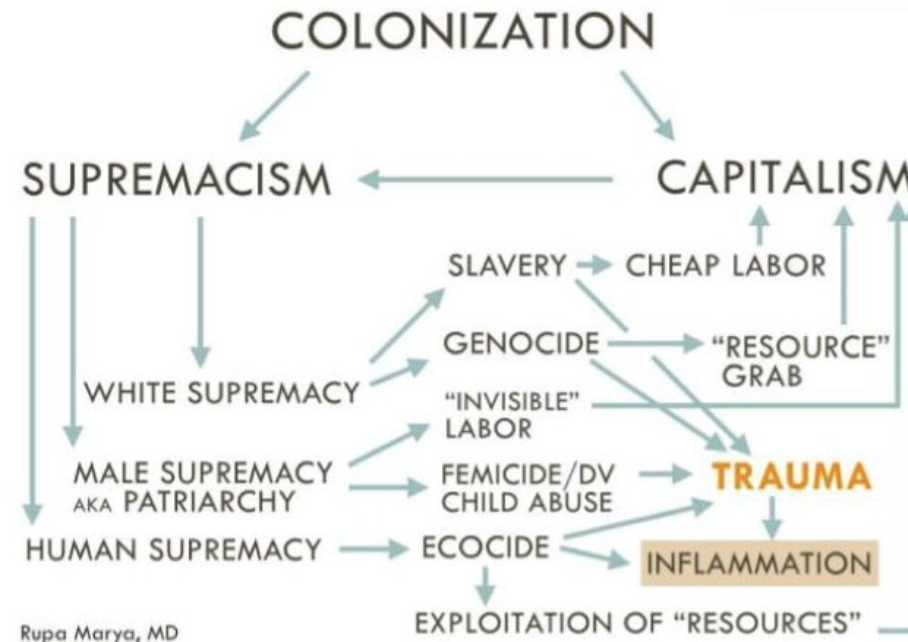
GRAZING

AGRICULTURAL
DRY FARMING



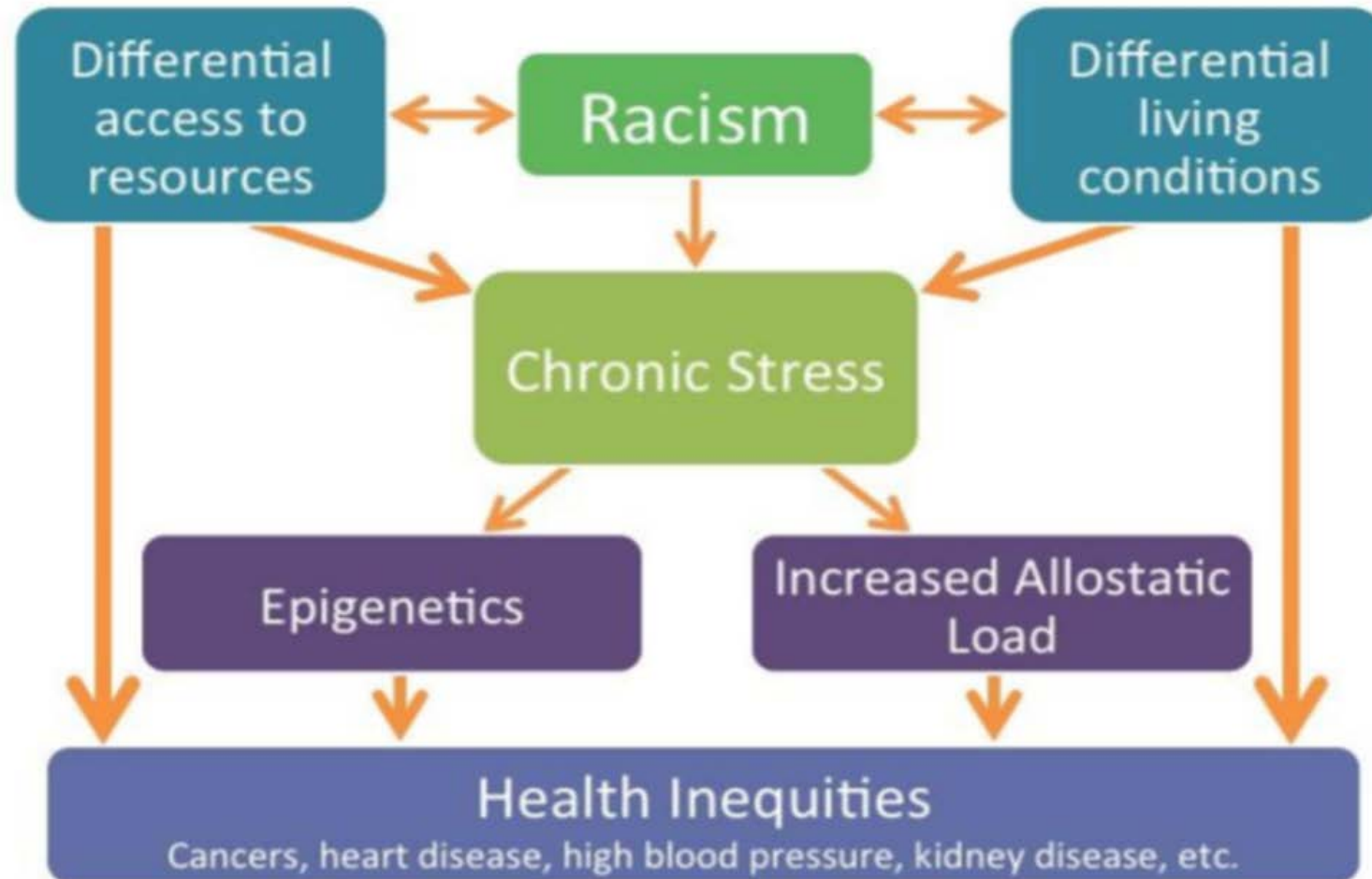
Racism is a System of power and oppression that **structures opportunities** and **assigns value based on race**, unfairly disadvantaging people of color (racial oppression), while unfairly advantaging Whites (racial privilege & supremacy)

Internalized-Interpersonal-Institutional-Structural



“To understand the root causes of the pathologies we see today, which impact all of us but affect Brown, Black and Poor people more intensely, we have to examine the foundations of this society which began with **COLONIZATION**...Colonization was the way the extractive economic system of Capitalism came to this land, supported by systems of supremacy and domination which are a necessary part to keep wealth and power accumulated in the hands of the colonizers and ultimately their financiers.”
– Dr. Rupa Marya

Chronic Stress and Racism: Impacts on Health



Center for Health Equity, American Medical Association

Vision: A nation where all people live in thriving communities where resources work well, systems are equitable and create no harm, and everyone has the power to achieve optimal health; and all physicians are equipped with the consciousness, tools, and resources to confront and dismantle injustices as well as embed and advance equity within and across all aspects of the healthcare system.

Mission: Strengthen, amplify, and sustain the AMA's work to eliminate health inequities – improving health outcomes and closing disparities gaps – which are rooted in historical and contemporary oppressive systems of power and structural injustices, such as racism, exclusion, and discrimination.

- **Embed equity** in practice, process, action, innovation and organizational performance and outcomes
- **Build alliances and share power** via meaningful engagement
- **Ensure equitable** opportunities and conditions in **innovation** for marginalized and minoritized people and communities
- **Push upstream** to address all determinants of health
- **Create pathways** for truth, **reconciliation**, racial healing, and transformation



“We will be really misled if we think we can change society without changing ourselves.”

Alice Walker

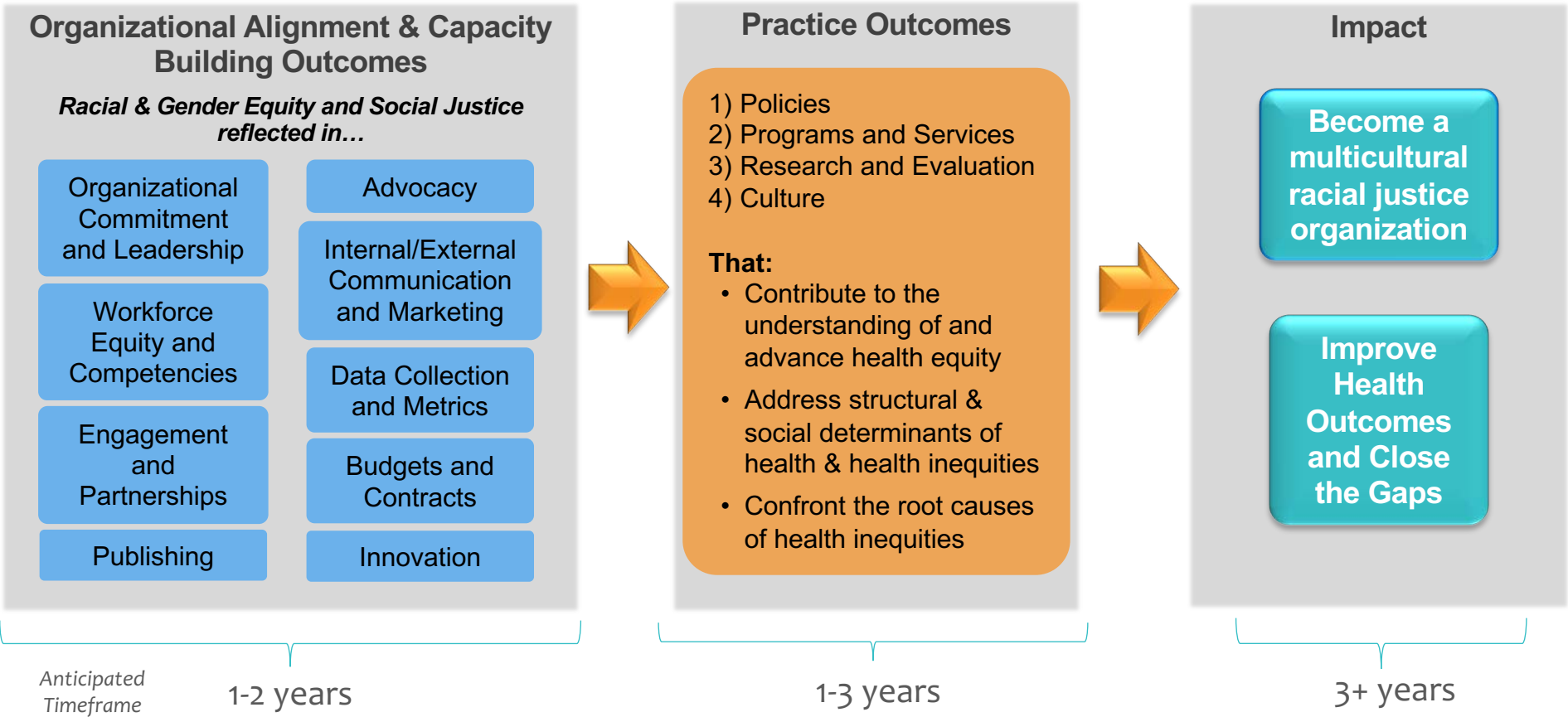
2018 National Women's Studies
Association

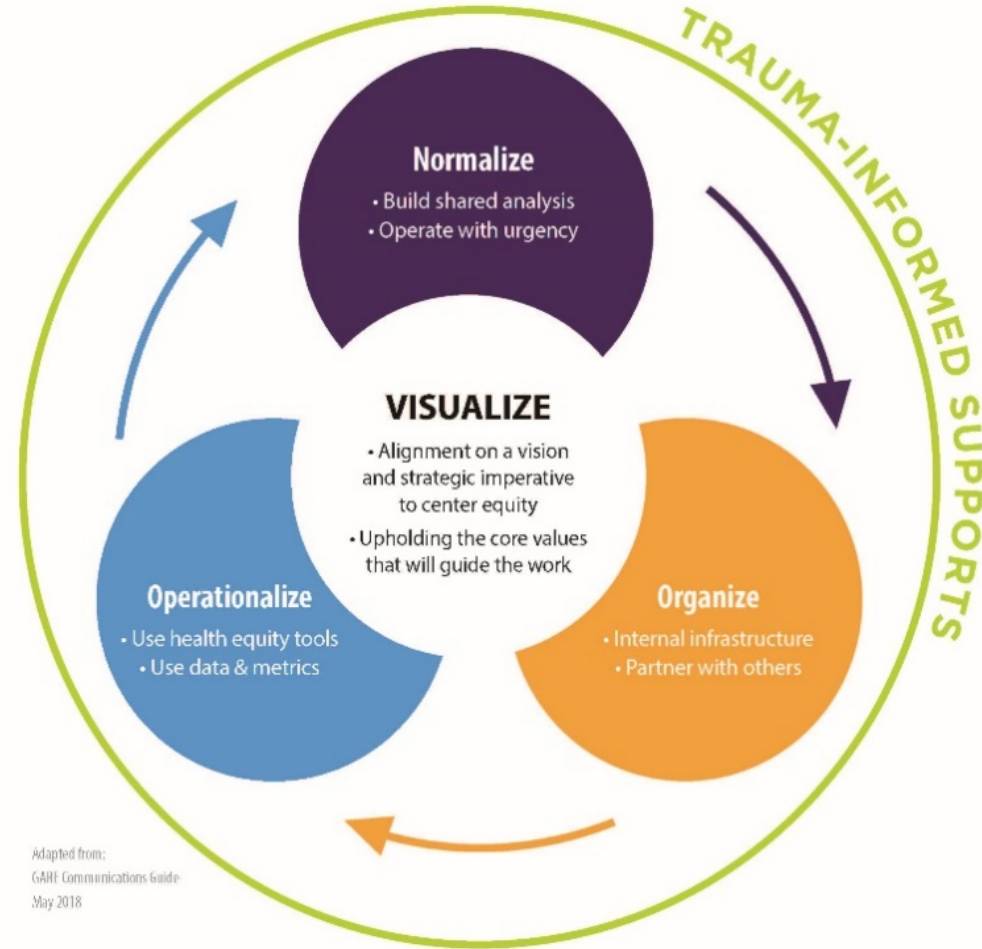
Embed racial and social justice throughout the AMA Enterprise culture, systems, policies, and practices

- Build the AMA's capacity to understand and operationalize anti-racism equity strategies via training and tool development
- Ensure equitable structures, processes and accountability in the AMA's workforce, contracts and budgeting, communications and publishing
- Integrate trauma – informed lens and approaches
- Assess organizational change (culture, policy, process) over time

Embed Equity (Inside – Outside Strategy)

Build Organizational Capacity to Reduce Inequities and Advance Structural & Cultural Change







Build alliances and share power with historically marginalized and minoritized physicians and other stakeholders

- Develop structures and processes to consistently center the experiences and ideas of historically marginalized (women, LGBTQ+, people with disabilities, International Medical Graduates) and minoritized (Black, Indigenous, Latinx, Asian, and other people of color) physicians
- Establish a coalition of multidisciplinary, multisectoral equity experts in health care and public health to collectively advocate for justice in health

West Side United – Partnership & Social Impact Investment for Health & Wellness

West Side United (WSU) is a collaborative effort of people and organizations who work, live and congregate on Chicago's West Side to make their neighborhoods stronger, healthier and more vibrant places to live. It is comprised of health care institutions, residents, civic leaders, community-based organizations, businesses, and faith-based institutions. To reduce the life expectancy gap between the Loop and Westside neighborhoods by 50% by 2030.

CDFI	Primary Focus
Accion	Small business development
LISC	Based on local "Quality of life plans" – affordable housing, community facilities, retail
Chicago Community Loan Fund (CCLF)	Affordable housing, community facilities, retail, capital and equipment, nonprofits
IFF	Large investments in below-market rate mortgages for nonprofit facilities or affordable housing projects.

★ Racial Equity Rapid Response

GOALS:

- Flatten the COVID-19 mortality curve in Black and Brown communities in Chicago
- Build a groundwork for future work to address longstanding and systemic inequities in Black and Brown communities (health, economic, and social)

TACTICS:

- Develop a city-wide community mitigation operation that works hyper-locally in partnership with Black and Brown community organizers and leadership to mitigate CoVID-19 illness and death
- Listen and respond to community-identified needs within the context of partnership that is mutual and centered around benefitting, not burdening, Black and Brown communities
- Marshal data, screening tools, testing, and human resources needed to respond to community-identified barriers and needs

Push upstream to address all determinants of health and the root causes of inequities

- Strengthen physicians' knowledge of public health and structural/social drivers of health and inequities
- Empower physicians and health systems to dismantle structural racism and intersecting systems of oppression
- Equip physicians and health systems to improve services, technology, partnerships, and payment models that advance public health and health equity

Foster

Siobhan Wescott, MD
Member since 2013

Anti-Racism Policies

Passed and Adopted Policies Fall of 2020:

- Name and act on **Racism as a Public Health Threat**
- Rid our healthcare system of **Racial Essentialism**; recognize race as a social, not a biological, construct
- Support the elimination of **Race as a Proxy for Ancestry, Genetics, & Biology in MedEd, Research, & Clinical Practice**

WE, THE BOARD OF TRUSTEES, STATE THAT:

The AMA recognizes that racism in its systemic, structural, institutional, and interpersonal forms is an urgent threat to public health, the advancement of health equity, and a barrier to excellence in the delivery of medical care.

The AMA opposes all forms of racism.

The AMA denounces police brutality and all forms of racially motivated violence.

The AMA will actively work to dismantle racist and discriminatory policies and practices across all of health care.



No set of commitments to anti-racism can begin without an honest assessment of an institution's own history and present practices.

- In the early years following the Civil War, the AMA **declined to embrace a policy of nondiscrimination** and excluded an integrated local medical society through selective enforcement of membership standards.
- From the 1870s through the late 1960s, the AMA failed to take action against AMA affiliated state and local medical associations that **openly practiced racial exclusion in their memberships**—practices that functionally excluded most Black physicians from membership in the AMA, in turn excluded Black physicians from receiving hospital privileges.
- In the early decades of the 20th century, the AMA **listed Black physicians as “colored” in its national physician directory** and was slow to remove the designation in response to protests from the National Medical Association (NMA).
- The Flexner Report of 1910, commissioned by the AMA's Council of Medical Education along with other Foundation partners, **contributed to the closure of five of the seven Black Medical Schools and all three women medical schools.**
- The AMA **was silent in debates over the Civil Rights Act of 1964** and put off repeated NMA requests to support efforts to amend the Hill-Burton Act's “separate but equal” provision, which **allowed construction of segregated hospital facilities with federal funds.**

Foster pathways for truth, racial healing, reconciliation, and transformation for the AMA's past

- Amplify and integrate often “invisible-ized” narratives of historically marginalized physicians and patients in all that we do
- Quantify the effects of AMA's policy and process decisions that excluded, discriminated, and harmed
- Repair and cultivate a healing journey for those harms

Repairing those wrongs is also a vital part of healing:

- Address material and personal losses inflicted on the people experiencing prejudice and injustice
- Focus on ways for all of us to heal from the wounds of the past, to build mutually respectful relationships and trust
- Send a strong signal that the organization is committed to righting historical wrongs

AMA's Apology

"....on behalf of the American Medical Association, I unequivocally apologize for our past behavior. We pledge to do everything in our **power to right the wrongs** that were done by our organization to African-American physicians and their families and their patients.

So yes, this history is still being written.

It noted that, "The [AMA's] expression of regret is the culmination of rigorous introspection. ... There are those who say that apologies can't change the past, and they have a point. The hope is that they will change the future." We recognize that our apology is a **modest first step toward healing and reconciliation**. Just as Churchill said in 1942 after the "Battle of Egypt:"

This is not the end. It is not even the beginning of the end. But it is, perhaps, the end of the beginning."

Ronald M. Davis, MD, AMA Immediate Past President @ National Medical Association (NMA) Annual Meeting, Atlanta, Georgia, July 30, 2008

Nathan Davis

“Father of AMA” and Founding Editor of JAMA

- “Explicitly exclude women and Black physicians from representation in our House of Delegates, thus appeasing many state and local medical societies who barred all but white men from their membership.”
 - “I had the bust and display of Dr. Davis **removed from public view and placed in our archives** where they will rightly serve as educational materials. Additionally, the AMA has **removed the name of Nathan Davis from an award** we give annually to honor individuals for outstanding government service.”
 - “These are two small but necessary steps toward reconciling the AMA’s past and laying the groundwork for our future.”
- James Madara, CEO AMA, Reckoning with medicine’s history of racism (AMA Viewpoint – 2.17.21)








Sneha Swaminathan
Member since 2017

Whose work is this?

Perspective

Trustworthiness before Trust — Covid-19 Vaccine Trials and the Black Community

Rueben C. Warren, D.D.S., Dr.P.H., M.Div., Lachlan Forrow, M.D., David Augustin Hodge, Sr., D.Min., Ph.D., and Robert D. Truog, M.D.



Article


5 References

The only way out of today's misery is for people to become worthy of each other's trust.
— Albert Schweitzer

AS THE RACE TO DEVELOP A VACCINE FOR COVID-19 HAS REACHED PHASE 3 CLINICAL trials, concerns are increasing about the low rates of trial participation in important subgroups, including Black communities. Recent data show that although Black people make

Metrics

October 16, 2020
DOI: 10.1056/NEJMp2030033



“We fear that once again the responsibility for addressing the sequelae of centuries of racism is falling on Black people themselves. Our country has yet to comprehend adequately that overcoming racism is not primarily the responsibility of Black people; the racist ideas and practices that constitute today’s “structural racism” were created, and have been sustained, primarily by White people. It would be wrong, as well as ineffective, to ask Black communities to simply be more trusting. Clinicians, investigators, and pharmaceutical companies must provide convincing evidence — sufficient to overcome the extensive historical evidence to the contrary — that they are, in fact, trustworthy.”

“But all our phrasing—race relations, racial chasm, racial justice, racial profiling, white privilege, even white supremacy—serves to obscure that racism is a visceral experience, that it dislodges brains, blocks airways, rips muscle, extracts organs, cracks bones, breaks teeth. You must never look away from this. **You must always remember that the sociology, the history, the economics, the graphs, the charts, the regressions all land, with great violence, upon the body.**”

Ta-Nehisi Coates, *Between the World and Me*



Until Earth and Heaven Ring: The Impact of Systemic Racism and ACEs on Child Health in Scholarship and Practice

Ray Bignall, MD, FAAP, FASN

Director, Kidney Health Advocacy &
Community Engagement, Nationwide
Children's Hospital

Objectives

Ray Bignall, MD
@DrRayMD

- **Distinguish between systems of inequality (e.g. systemic anti-Black racism) and Adverse Childhood Experiences (ACEs)**, both of which contribute to the devastating child health disparities we see in the United States.
- Briefly highlight a couple of the **racial/ethnic health disparities we see in pediatrics**, suggesting a framework for recognizing, in our own work, **the link between systems of inequality and the ACEs** that imperil child health.
- Discuss steps we can take as child health professionals and community leaders to **mitigate these harms and promote healthier futures** for all children.

*Racism is the most significant and pervasive
cultural paradigm in
the United States of America.*

Systems of Inequality and ACEs in America

Ray Bignall, MD
@DrRayMD

Residential Segregation

Housing and Shelter

Food Insecurity

Income Inequality

Education Inequality

Environmental Justice

Policing and Incarceration

Health Inequities

Systems of Inequality and ACEs in America

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Segregation

Housing

Food

Income

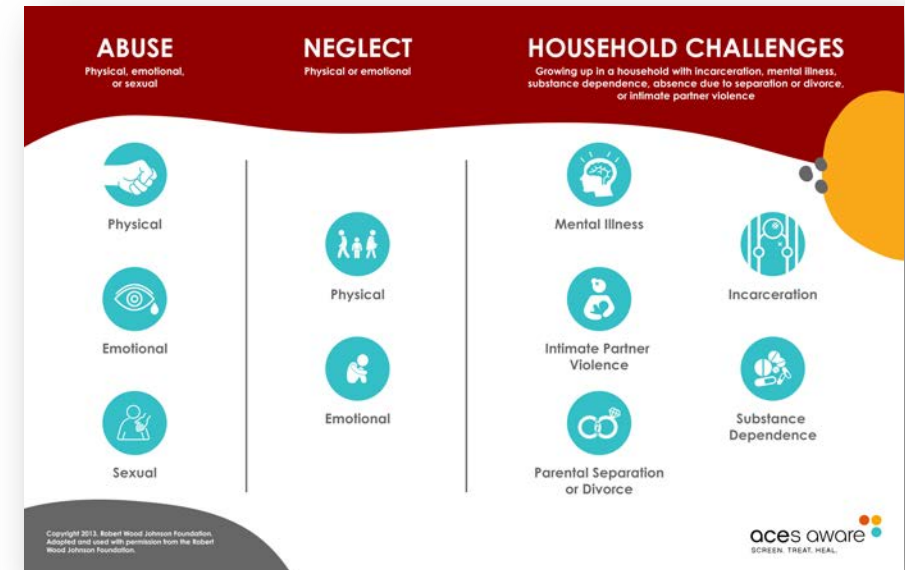
Education

Environment

Policing

Health

- **ACEs ≠ social determinants of health**
 - Though some may overlap
- **Social drivers** – like systemic racism – impact ACEs, and often yield adverse biological responses in children through the toxic stress
- Let's take a closer look at these social drivers...



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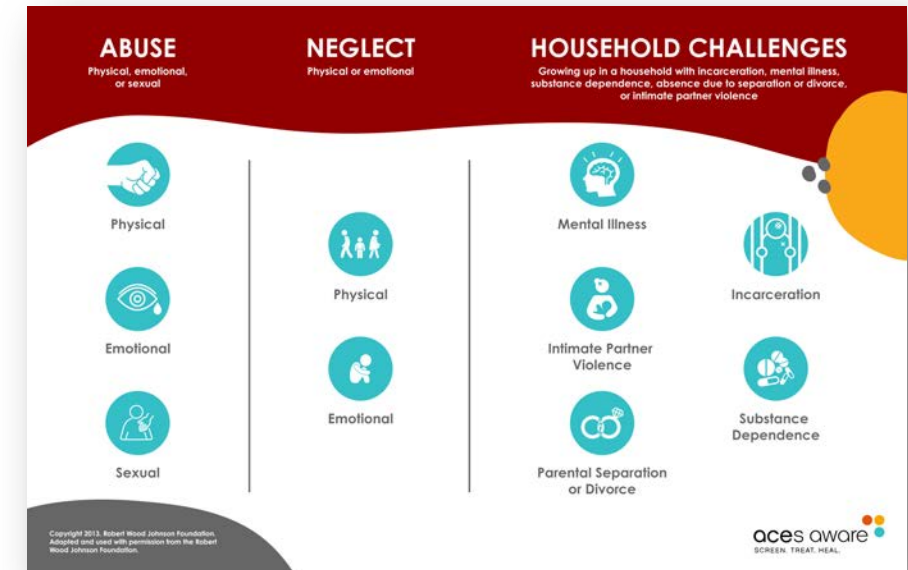
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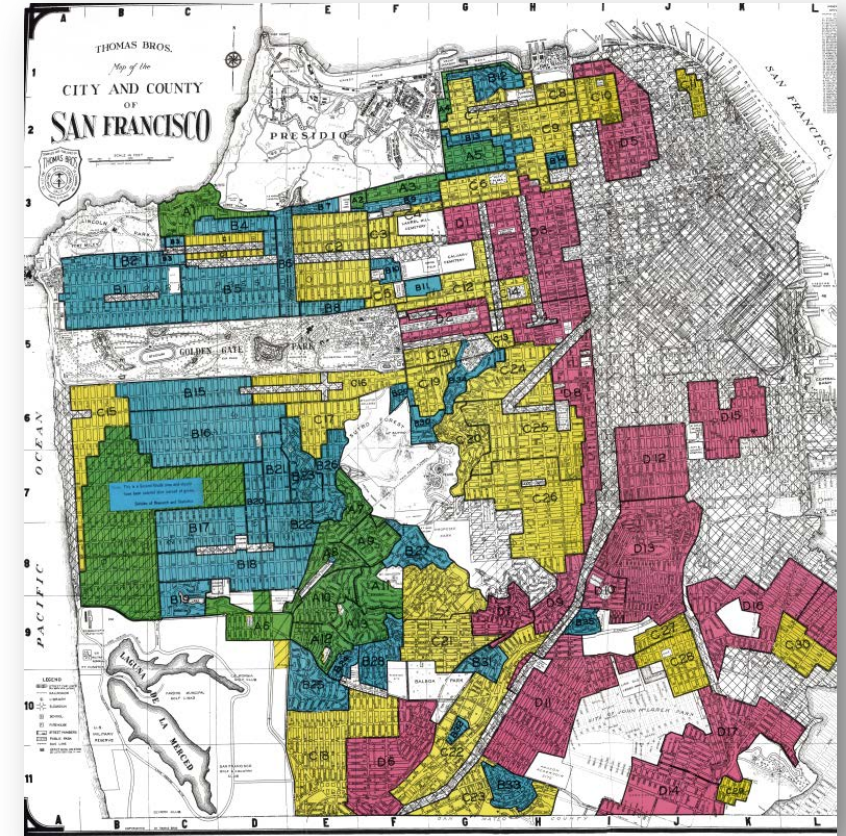
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Policing

Health

- The **myth** of “de facto” segregation
- The most **historically segregated** cities are in the **Northeast and Midwest**
- This segregation was legally enforced and federally directed through “**red-lining**” and “**restrictive covenants**”
- Historically red-lined communities remain those with disproportionate poverty and municipal disinvestment
- Black families **forced to rent en masse**



Systems of Inequality and ACEs in America

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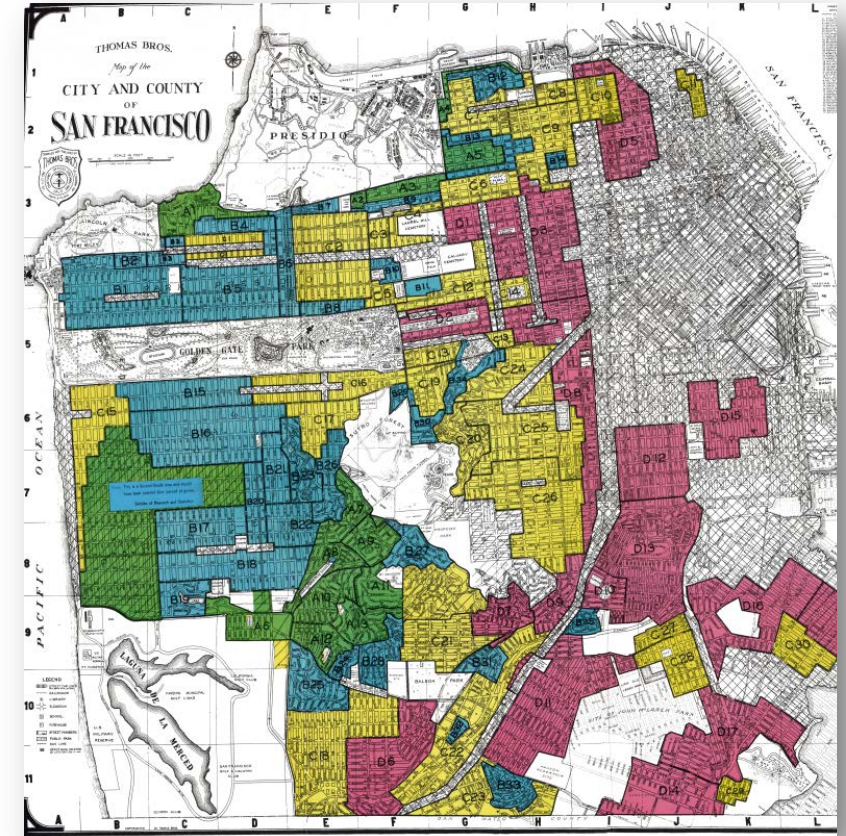
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- **Structural barriers prevent wealth-building in Black communities:**

- **Wage inequality**
- **3x unemployment rate**
- Banking and lending **discrimination**
- Racial disparities in **home ownership**
- Little **intergenerational wealth**

FIGURE 1

Median and average wealth, by race

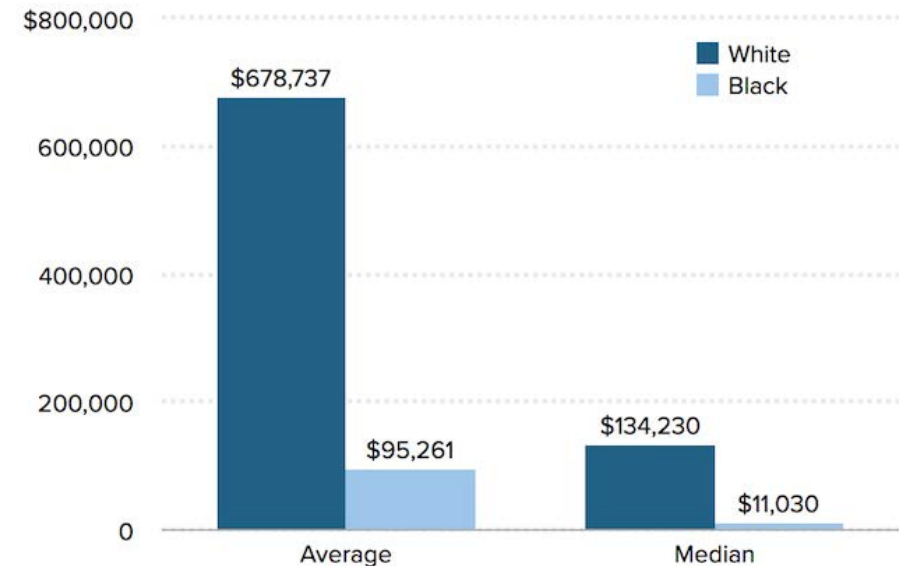


Chart Data

Source: Survey of Consumer Finance Combined Extract Data, 2013.

Economic Policy Institute

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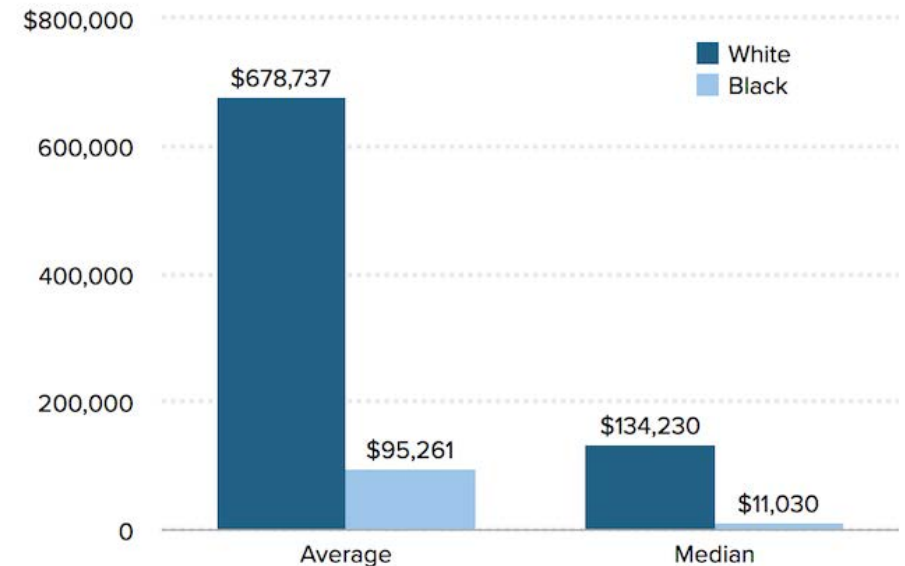


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THE GEORGE FLOYD KILLING IN MINNEAPOLIS EXPOSES THE FAILURES OF POLICE REFORM

Second night of unrest after fatal police shooting of Daunte Wright outside Minneapolis

More Protests Expected After Video Of Fatal Police Shooting Of Adam Toledo Released



CAUTION!!
COLORED PEOPLE
OF BOSTON, ONE & ALL,
You are hereby respectfully CAUTIONED and advised, to avoid conversing with the **Watchmen and Police Officers of Boston,**
For since the recent **ORDER OF THE MAYOR & ALDERMEN,** they are empowered to act as **KIDNAPPERS**
AND
Slave Catchers,
And they have already been actually employed in **KIDNAPPING, CATCHING, AND KEEPING SLAVES.** Therefore, if you value your **LIBERTY,** and the *Welfare of the Fugitives* among you, *Shun* them in every possible manner, as so many **HOUNDS** on the track of the most unfortunate of your race.
Keep a Sharp Look Out for KIDNAPPERS, and have TOP EYE open.

APRIL 24, 1851.

Systems of Inequality and ACEs in America

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THE LANCET

Police killings and their spillover effects on the mental health of black Americans: a population-based, quasi-experimental study

Jacob Bor*, Atheendar S Venkataramani*, David R Williams, Alexander C Tsai

JAMA
Network
Open

Original Investigation | Public Health

Association of Childhood History of Parental Incarceration and Juvenile Justice Involvement With Mental Health in Early Adulthood

Nia Heard-Garris, MD, MSc; Kaitlyn Ann Sacotte, MD; Tyler N. A. Winkelman, MD, MSc; Alyssa Cohen, MD; Patricia O. Ekwueme, BA; Elizabeth Barnert, MD, MPH, MS; Mercedes Carnethon, PhD; Matthew M. Davis, MD, MAPP

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- Cross-sectional study of the National Longitudinal Survey of Adolescent and Adult Health
 - Nearly **1 in 10 children** had a childhood history of **childhood parental incarceration**
 - Nearly **1 in 20 children** had a childhood history of **juvenile justice involvement**
 - Exposure to **both parental incarceration and juvenile justice involvement**:
 - Increased odds of **anxiety**: 1.89 (95% CI, 1.08-3.31)
 - Increased odds of **depression**: 2.80 (95% CI, 1.60-4.90)
 - Increased odds of **posttraumatic stress disorder**: 2.92 (95% CI, 1.09-7.82)

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Racism – A Practical Definition

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@DrRayMD

“I define racism as **a system of structuring opportunity and assigning value based on the social interpretation of how one looks** (which is what we call “race”), that **unfairly disadvantages some** individuals and communities, **unfairly advantages other individuals and communities**, and **saps the strength of the whole society** through the waste of human resources.”

– Dr. Camara Jones

Past President American Public Health Association



ACEs are all around us, and they impact children made vulnerable by racism and health disparities.



Step 1:

Describe the systemic inequalities that help to explain the disparities that we see.

Racism, Systemic Inequality, and ACEs

Ray Bignall, MD
@DrRayMD

STRUCTURAL INEQUALITIES

Housing

Food

Income

Segregation

Education

Environment

Policing

Health

Association of Food Insecurity and Acute Health Care Utilization in Children With End-stage Kidney Disease

Michelle C. Starr, MD, MPH^{1,2,3}; Aaron Wightman, MD, MA^{2,3}; Raj Munshi, MD^{2,3}; et al

JAMA Pediatrics, September 9, 2019

- Food insecurity is found in **~20% of US households**
- 28 of 44 children **(64%) with ESKD were food insecure**
 - Higher healthcare utilization
 - Increased infection rate
 - Lower health related quality of life

Racism, Systemic Inequality, and ACEs

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STRUCTURAL INEQUALITIES

Housing

- Housing status can impact dialysis options; housing insecurity is a major risk factor for food insecurity

Food

- Nutrition and CKD-ESKD are inextricably linked; growth impairment; impact on transplant readiness

Income

- Ability to purchase nutritious food; caregivers who work multiple, low-wage jobs are unavailable to assist with care

Segregation

- Residential segregation and the historical legacy of redlining often correlates with food deserts

Education

Environment

Policing

- Over-policed neighborhoods are less desirable for investment, less likely to attract supermarkets/fresh food vendors

Health

- Increased health care utilization in the context of ESKD is a burden to subsidized safety net programs

Racism, Systemic Inequality, and ACEs

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STRUCTURAL INEQUALITIES

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Neighborhood socioeconomic deprivation is associated with worse patient and graft survival following pediatric liver transplantation

Sharad I. Wadhvani¹  | Andrew F. Beck^{2,3} | John Bucuvalas^{4,5} | Laura Gottlieb¹
Uma Kotagal^{2,3} | Jennifer C. Lai¹ 

American Journal of Transplantation

- Only 1/3 of pediatric liver transplant recipients enjoy an optimal outcome
 - Could race and “neighborhood deprivation” (ND) be to blame?
- 2,530 children underwent liver transplant
 - Black children = **41% increased hazard** of graft failure
- Each 0.1 increase in ND is associated with:
 - 12% increased hazard of **graft failure**
 - 13% increased hazard of **death**

Racism, Systemic Inequality, and ACEs

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STRUCTURAL INEQUALITIES

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- Economic inequality deprives these communities of the ability to build and transfer wealth to weather health crises
- The legacy of redlining exerts insurmountable downward pressure on economic viability of these neighborhoods

Education

Environment

- Communities with high neighborhood deprivation scores are more likely to have unclean air, water, and soil

Policing

- Over-policed neighborhoods are less likely to receive municipal investment and development

Health

Step 2:

Describe the ACEs that catalyze these disparities and imperil child health.

Racism, Systemic Inequality, and ACEs

Ray Bignall, MD
@DrRayMD

The impact of ACEs

Housing

- Insecure housing may leave families (including children) at risk for physical, emotional, or sexual abuse

Food

- Nutrition and CKD-ESKD are inextricably linked; growth impairment; impact on transplant readiness

Income

- Ability to purchase nutritious food; caregivers who work multiple, low-wage jobs are unavailable to assist with care

Segregation

- Residential segregation and the historical legacy of redlining often correlates with food deserts

Education

Environment

Policing

- Over-policed neighborhoods are less desirable for investment, less likely to attract supermarkets/fresh food vendors

Health

- Increased health care utilization in the context of ESKD is a burden to subsidized safety net programs

Racism, Systemic Inequality, and ACEs

Ray Bignall, MD
@DrRayMD

The impact of ACEs

Housing

Food

Income

- Un- and under-employed status places individuals at risk for substance abuse and spousal discord

Segregation

- The legacy of redlining leaves children in these neighborhoods at greater risk for exposure to substance abuse

Education

Environment

- Over-policed neighborhoods are less desirable for investment, less likely to attract supermarkets/fresh food vendors

Policing

- Increased carceral and law-enforcement exposures contribute to adverse child mental health

Health

Step 3:

**Consider steps to care for our patients
and children in our community through
this lens.**

Racism, Systemic Inequality, and ACEs

Ray Bignall, MD
@DrRayMD

How Can We Respond in Our Child Health Encounters?

- Be willing to **exercise empathy and extra effort** on behalf of children and families at greatest risk due to ACEs and systemic inequality
 - Sometimes as a pediatric nephrologist, it is my responsibility to take care of more than just my patient's kidneys...
- **Screen for ACEs and social determinants of health** in child health encounters
 - Many institutions have incorporated this into the check-in screening process through the electronic health record
 - Have a plan for what to do if patients screen positively
- Support **primary prevention strategies** through public policy
 - Advocacy is our lane, and pushing for policies like paid family leave, high-quality education, and access to health care are critical child health priorities as well

Racism, Systemic Inequality, and ACEs

Ray Bignall, MD
@DrRayMD

How Can We Respond in Our Child Health Encounters?

- **Integrating psychologists and mental health providers** into physical health settings
 - Valuable in both primary and sub-specialty care settings
 - Trained to teach patients coping strategies and mindfulness techniques to improve mental health and wellbeing
- Building **robust, longitudinal, and authentic** community partnerships
 - Resist the urge to “colonize” marginalized and minoritized populations, especially those experiencing the burden of health disparities and ACEs
 - Invest in the partnership – money, time, energy

Lift ev'ry voice and sing,
'Til earth and heaven ring,
Ring with the harmonies of Liberty;

Let our rejoicing rise
High as the list'ning skies,
Let it resound loud as the rolling sea.

Sing a song full of the faith that the dark past has
taught us,
Sing a song full of the hope that the present has
brought us;

Facing the rising sun of our new day begun,
Let us march on 'til victory is won.

"Lift Ev'ry Voice and Sing" – James Weldon Johnson (1900)



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aces aware
SCREEN. TREAT. HEAL.



Thank you and be encouraged!



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Trauma-Informed Interventions to Reduce Risk for Toxic Stress

Roy Wade, MD, PhD, MPH

Assistant Professor of Pediatrics,
University of Pennsylvania,
Children's Hospital of Philadelphia

ACE Study Population is not Representative of Urban Populations

Demographics	ACE Study	Philadelphia
Mean age	56	34
Race/ethnicity	79% White	45% White
	5% African American	44% African American
	5% Hispanic	14% Hispanic
High school graduates	94%	81%
College graduates	43%	24%
Percent below FPL	Not measured	27%

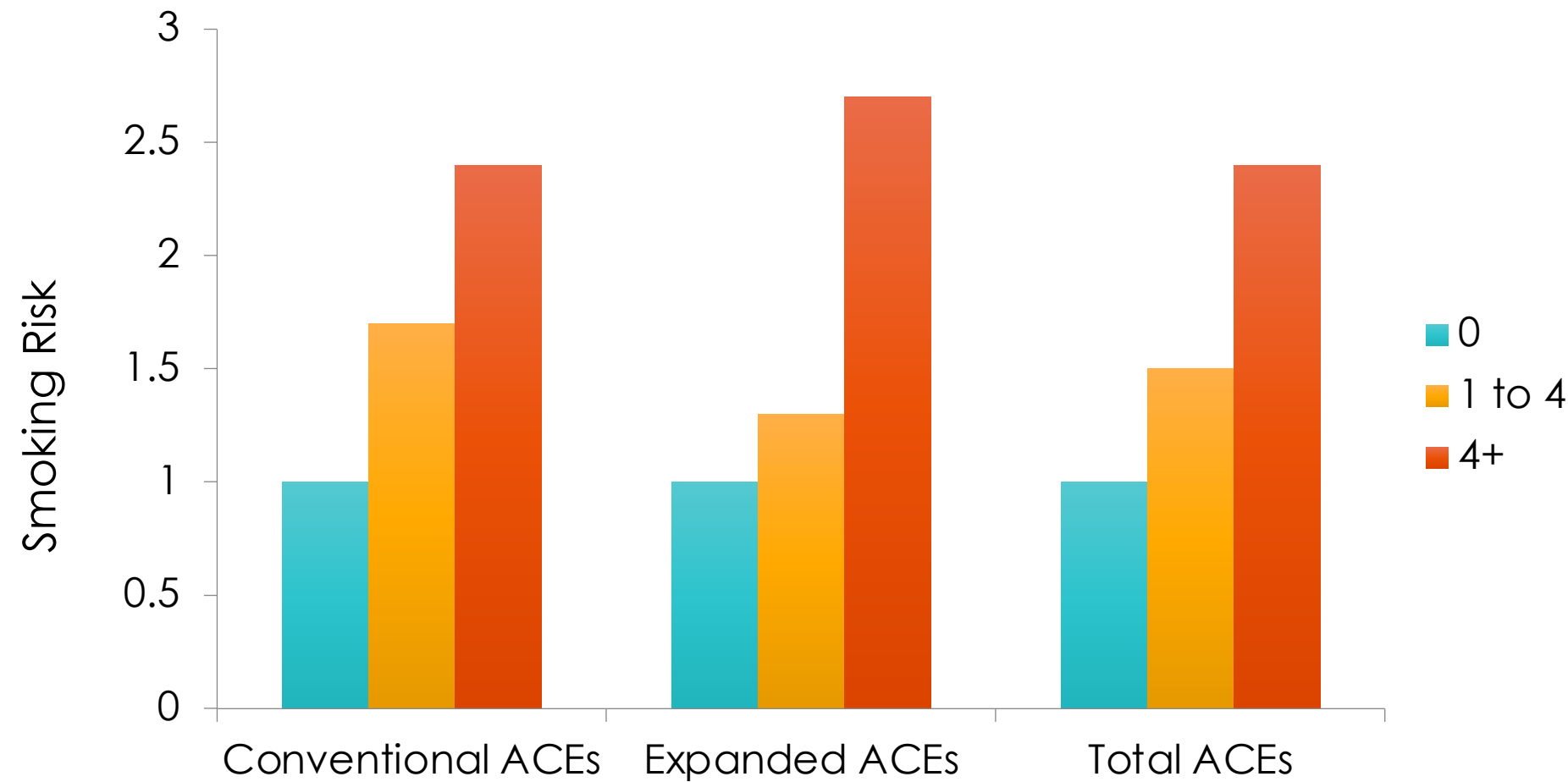
Philadelphia ACE Study Questions

Conventional ACEs	Expanded ACEs
Physical Abuse	Witnessing Violence
Emotional Abuse	Living in Unsafe Neighborhoods
Sexual Abuse	Experiencing Racism
Emotional Neglect	Living in Foster Care
Physical Neglect	Experiencing Bullying
Domestic Violence	
Household Substance Abuse	
Incarcerated Care Provider	
Mental Illness in the Home	

Prevalence of Expanded ACEs

Expanded ACE Indicators	Respondents (N = 1,784)
Witnessed violence	40.5%
Felt discrimination	34.5%
Adverse neighborhood experience	27.3%
Bullied	7.9%
Lived in foster care	2.5%

Relationship Between Philadelphia ACE Score and Smoking History



Strategies to Address Toxic Stress

- Parenting programs
 - Home visiting programs
 - Parent child interaction therapy
- Trauma focused cognitive behavior therapy
- Mindfulness training
- Promoting executive function skills

Approaches to ACE Informed Health Care

- Assessment
- Anticipatory guidance
- Promoting awareness
- Referral to community services
- Training for providers
- Guidance on clinical decision making
- Recommendations for coding and billing

The Importance of ACE Knowing

- Trauma informed approaches
 - Adjusting office/provider processes to decrease patient stress
 - Morning huddles to anticipate patient needs
 - Provider mindfulness
- Helping patients rewrite their narrative
- Helping patients build capacity for emotional control
 - Learn self regulations skills
 - Identify triggers
 - Effective use of mindfulness and exercise
- Collaborative care plans

Strategies for Talking About Racial Trauma with Patients

- Identify the long-term impact of racism on health and well-being
- Incorporate knowledge of historical racism into clinical practice
- Collaborate with community-based services to provide wrap-around services and interventions



Audience Questions & Answers

ACEs Aware Provider Training



1. **Get trained** at www.ACEsAware.org/training

- Free, 2-hour online course that offers CME and MOC credits

2. **Self-attest to completing the training** at www.Medi-Cal.ca.gov/TSTA/TSTAattest.aspx

- List of Medi-Cal provider types eligible to receive payment at www.ACEsAware.org/eligible-providers/

3. **Be part of the ACEs Aware Provider Directory** at www.acesaware.org/provider-directory





Resources By Top

The ACE resources below are organized to help you find a resource more quickly. Select a top category to view corresponding resources.

COVID-19 & Stress

Educational Events

Provider Toolkit

ACEs Aware Grants

ACE Resources

right

Visit [Advanced Search](#) to filter the resources and search by keyword.

Resources by Type

Clinical Resources for Adult Providers

Clinical Resources for Pediatric Providers

Organizational Toolkits

Patient/Family Education Handouts

Policy, Research and Advocacy Briefs

Resources by Topic

Resilience-Building Interventions

Science of Toxic Stress

Screening & Clinical Response

Self-Care Tools

Trauma-Informed Systems

Upcoming Webinars

Register for Webinars and Find Webinar Recordings at:

www.ACEsAware.org/educational-events



Questions?

Contact Us



Info@ACEsAware.org

