



RICHMOND MEMORIAL HEALTH FOUNDATION

Health, Racial Equity and Trauma- informed Care

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RICHMOND MEMORIAL HEALTH FOUNDATION

Fostering an equitable and healthy Richmond Region

SECTION 01

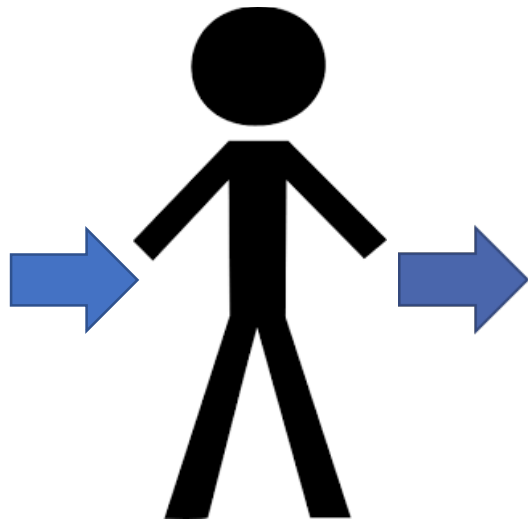
Understanding Health

Understanding Health

- Leading Causes of Death
 - Defined by disease (molecular level)
 - i.e. Heart Disease, Cancer
 - No value assigned
- Leading Actual Causes of Morbidity and Mortality
 - Underlying cause of disease (individual level)
 - i.e. Smoking, lack of physical activity, unhealthy diet
 - Value assigned at individual and group level
- Social Determinants of Health
 - Beyond individual behaviors (population level)
 - i.e. income disparity, education, stress, etc.
 - Justice approach requires societal action



Understanding Health



Understanding Health

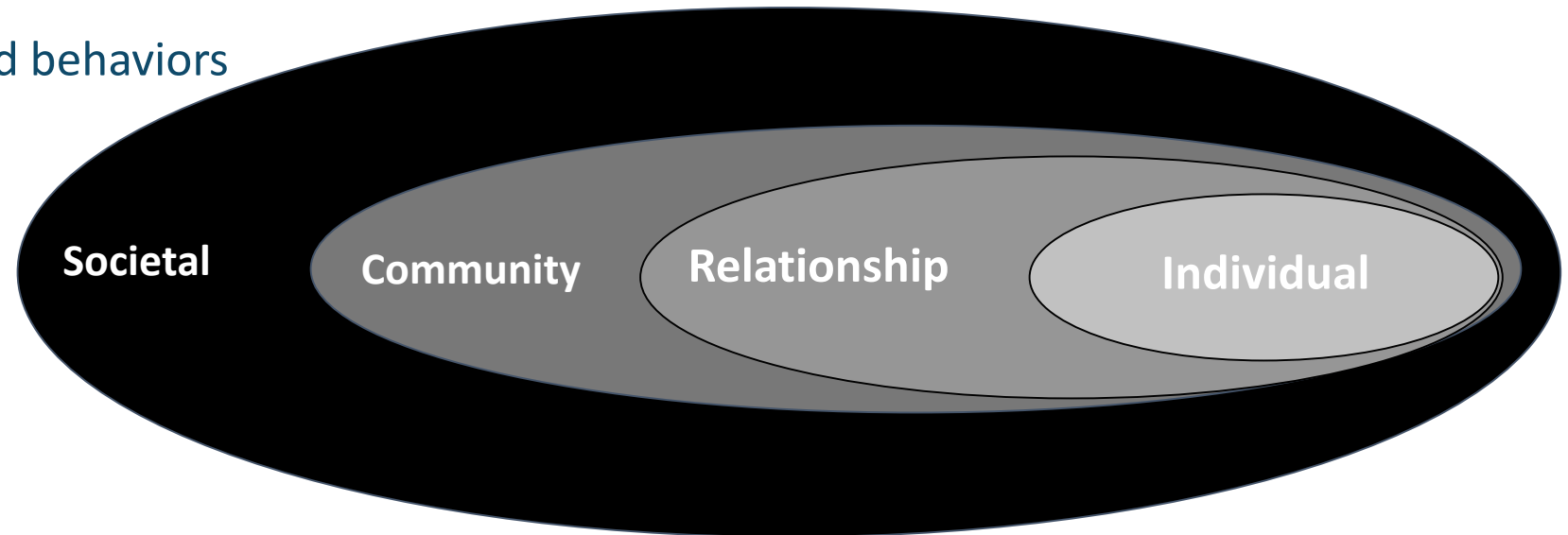
- Historically, and in current practice, health has been fragmented
- Research supports a holistic approach to health
 - Physical, Mental and Behavioral, Oral Health, Environmental
- Integrated understanding of health
 - Interaction of systems within the body
 - Interaction of systems (within the body) with natural, built and social environment
 - Effect of interaction of external systems on overall health

SECTION 02

Health, In Context

Health, In Context

- Social Determinants of Health:
 - Social and economic environment
 - Physical environment (natural and built)
 - Interpersonal/relationships
 - Individual characteristics and behaviors



Health and illness are not distributed equally or equitably among people

‘differences in health that are not only unnecessary and avoidable, but in addition unfair and unjust.’ Margaret Whitehead, 1992

“Health inequities are unjust and preventable differences in health between groups of people. They are created and reproduced by policies and systems that hinder people’s ability to participate in systems of power.”

Consumer Health Foundation

Health Equity

“Health equity is achieving the highest level of health for all people. Health equity entails focused societal efforts to address avoidable inequalities by equalizing the conditions for health for all groups, especially for those who have experienced socioeconomic disadvantage or historical injustices.”

Healthy People 2020

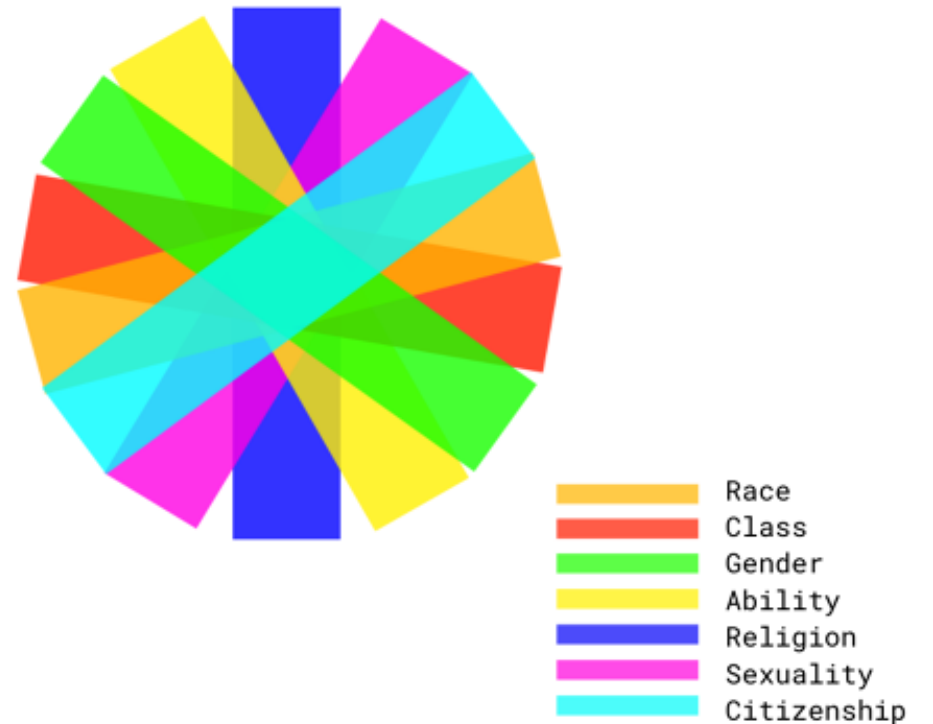
Health Equity

- Inequities exist across many dimensions:

- Ability/disability
- Education level
- Ethnicity
- Gender and gender identity
- Immigration status
- Income
- **Race**
- Rural versus urban
- Religious belief/identity
- Sexual Orientation
- Social Connectedness

- ***These factors all interact***

Intersectionality
The interconnected nature of social categorizations such as race, class, gender, ability, religion, sexuality, and citizenship as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.



SECTION 03

Racial Equity and Trauma-informed Care

Racial Equity

According to the Center for Social Inclusion, racial equity is *“both an outcome and a process. As an **outcome**, we achieve racial equity when race no longer determines one’s socioeconomic outcomes; when everyone has what they need to thrive, no matter where they live. As a **process**, we apply racial equity when those most impacted by structural racial inequity are meaningfully involved in the creation and implementation of the institutional policies and practices that impact their lives.”*

RMHF Racial and Ethnic Equity

- **RMHF understands racial and ethnic equity (REE)** as a process and outcome that requires intentional actions and conditions to ensure a fair and just distribution of resources, power and opportunities among people in all racial and ethnic groups. REE goes beyond equality, to dismantle current and historic systems of oppression.
- While prioritizing race and ethnicity, REE acknowledges the detrimental role that sexism, homophobia, transphobia, xenophobia, ableism, classism, ageism, discrimination/oppression based on geography, religious beliefs or identity and other forms of discrimination and systems of oppression play in community health and wellbeing. These various forms of discrimination interact and reinforce each other.

Trauma-informed care and Equity: Similarities

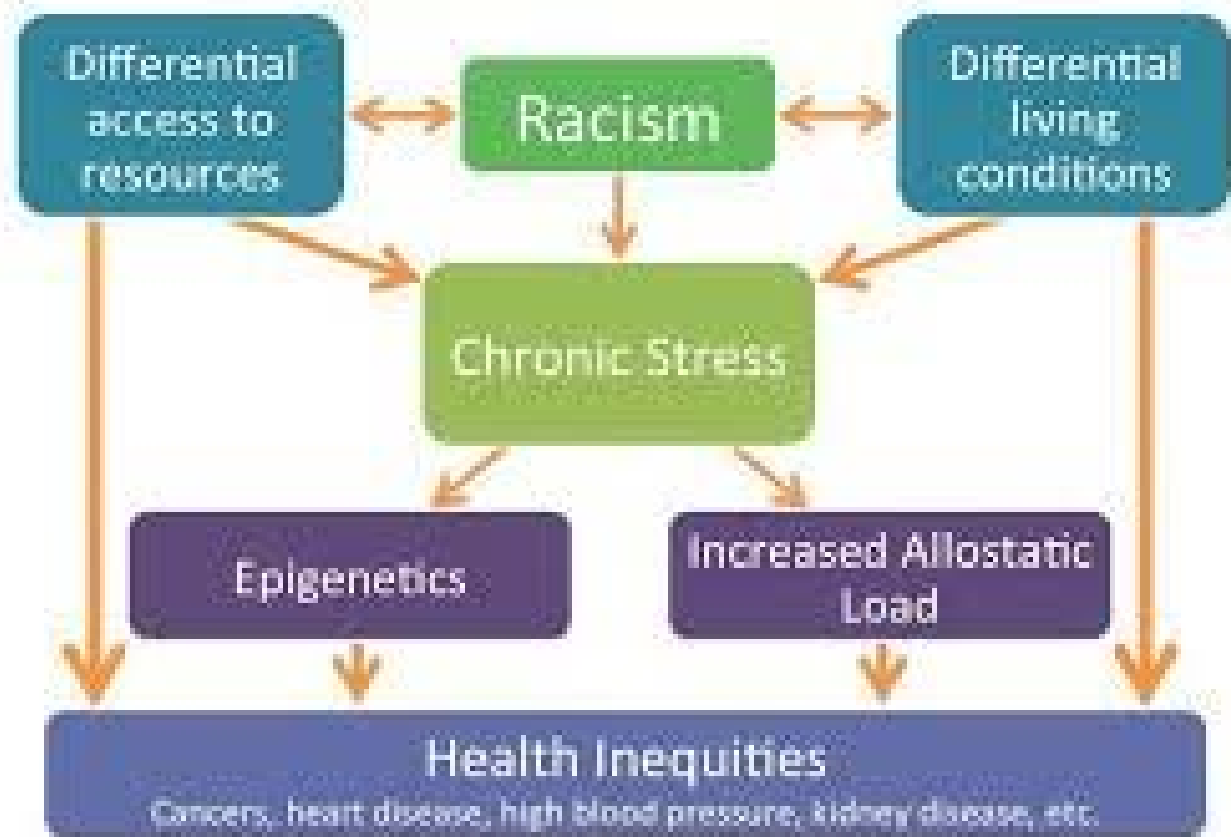
- Organizational approach
- Meaningful sharing of power and decision-making
- Empowerment
- Safety and creating culturally, emotionally and physically safe spaces and processes
- Collaboration, community-engagement and voice of those affected
- Asset and strength-based approaches
- Consideration of context and history
- Long-term impact of trauma
 - Multi-generational
 - Epigenetics
- Recognition that treating everyone the same (equally) would not result in healthy outcomes for all
 - Resources should match needs

Trauma-informed Care and Equity: Differences

- Explicit about role of race and ethnicity in analysis of access to resources, opportunities and power
 - Need for systemic, environmental and policy level changes
 - Population-level focus (rather than individual)
 - TIC is aligned with medical model, equity with public health model
 - Trauma viewed as individual and collective; interpersonal and institutional, structural levels
- Equity addresses “community-level trauma”, historical and present
 - Applying equity/racial equity lens to TIC means developing a trauma-informed care model that considers all levels of trauma
 - Individual
 - Interpersonal
 - Community
 - Societal
 - And across time:
 - Multi-generational approach

Chronic Stress, Trauma and Racism: Impact on Health

Chronic Stress and Racism: Impacts on Health

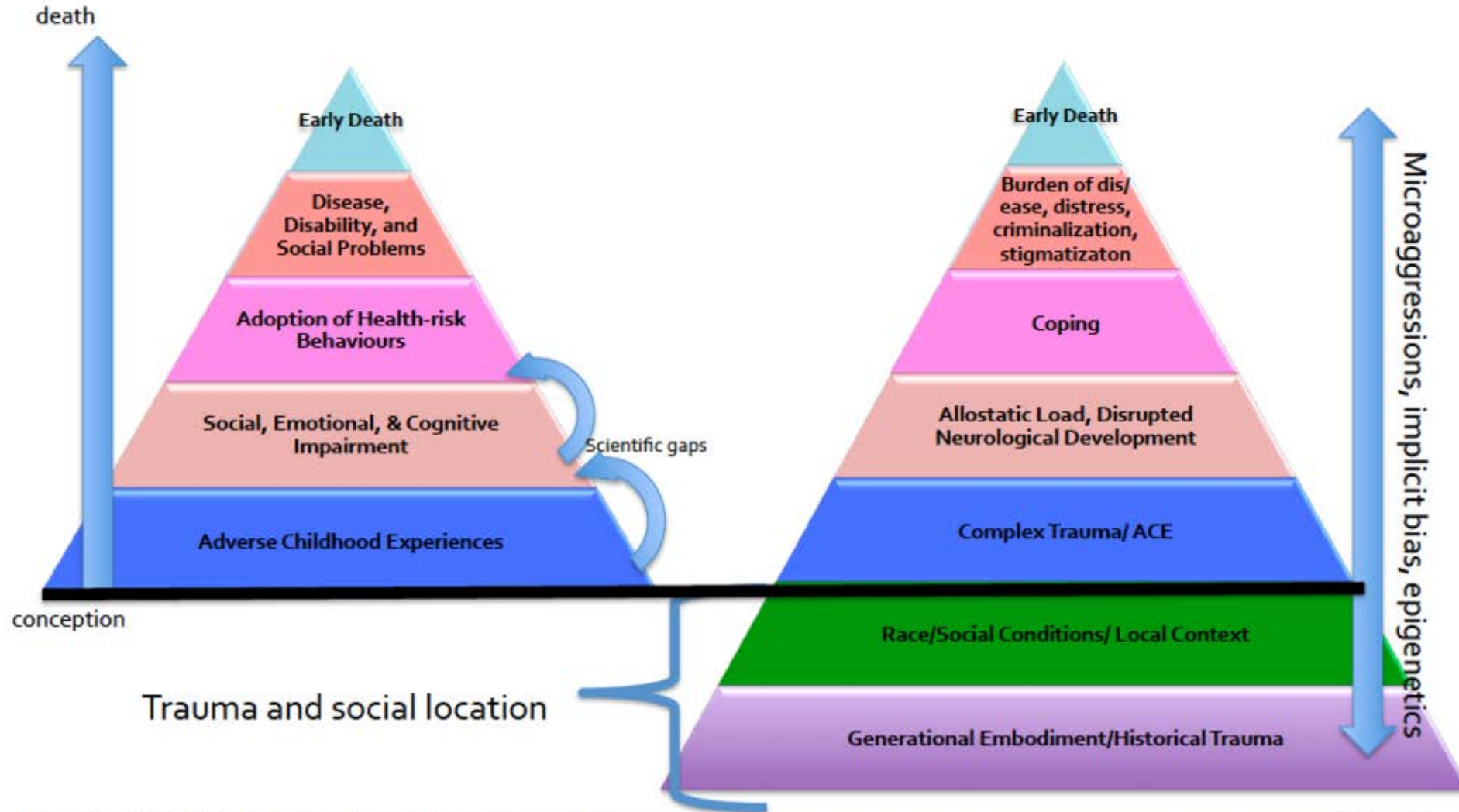


Trauma and Social Location



Adverse Childhood Experiences*

Historical Trauma/Embodiment



*<http://www.cdc.gov/violenceprevention/acestudy/pyramid.html>

THANK YOU

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