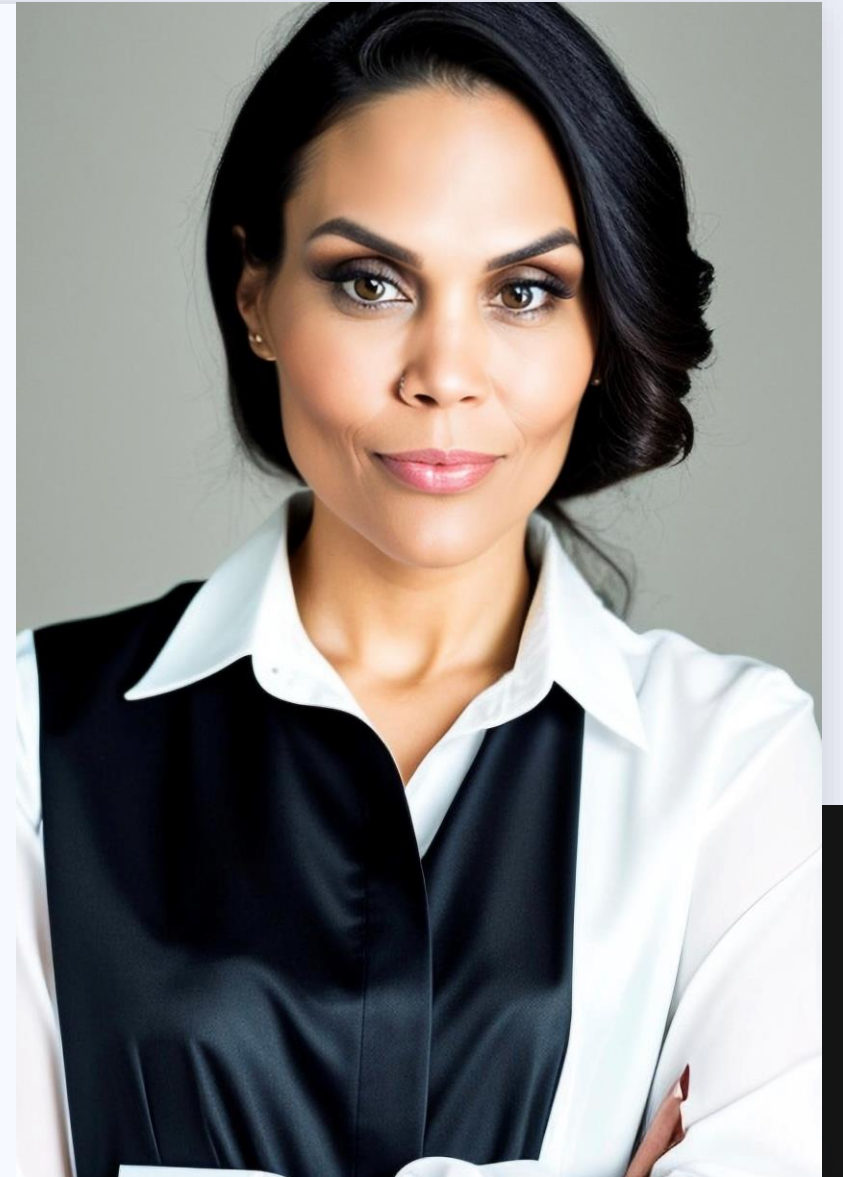


BREAK OUT: TRAUMA- INFORMED APPROACH AND HARM REDUCTION PRINCIPLES IN ACTION

PRESENTED BY:

MARGARET CHAYKIN,
MPH, CHES, RDN, CD



Land + Labor Acknowledgement

**We hold this acknowledgement
with the intention to center
equity and that equity work is in
response to inequities – those
social conditions rooted in
historical harms and trauma of
“others”.**



Nisqually Indian Tribe

The Puyallup Tribe



of Indians

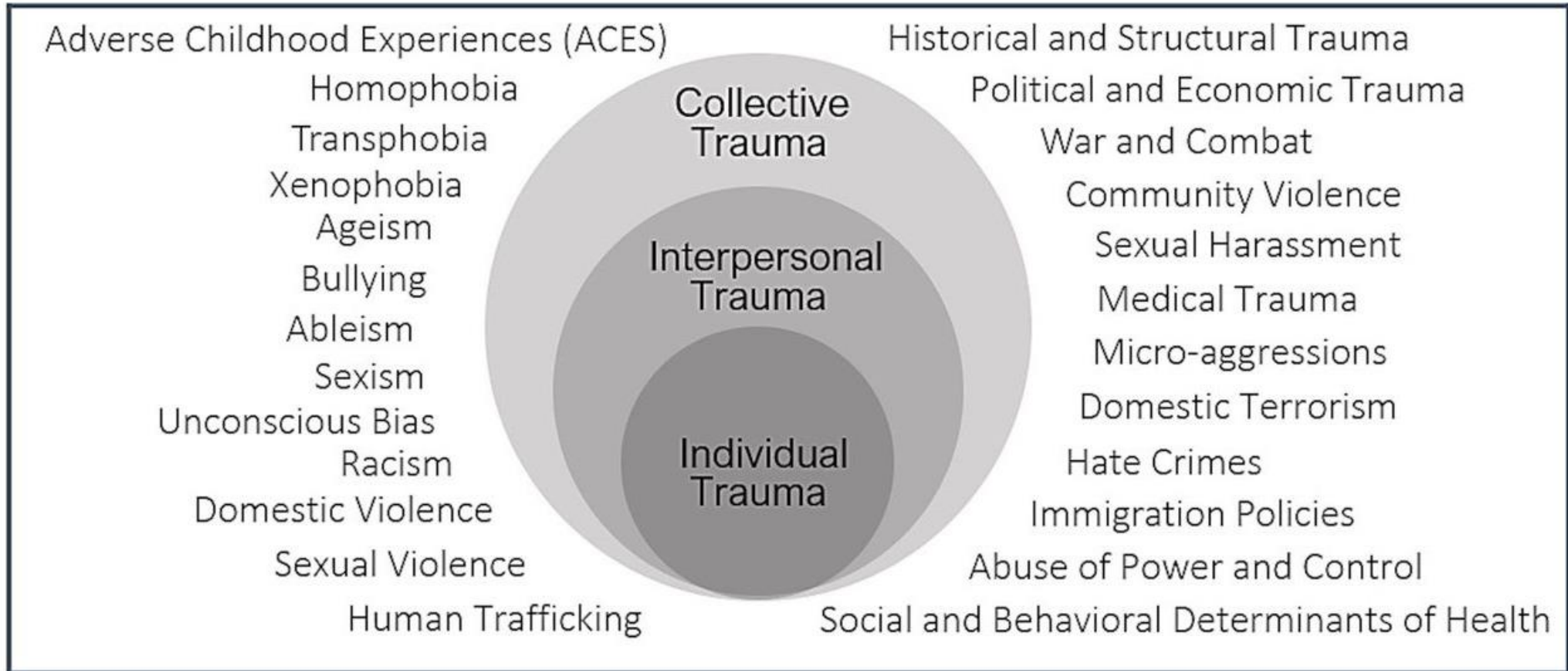


Trigger Warning: Talking about trauma, even in concept, can sometimes be triggering. You are invited and encouraged to honor your needs in the moment. You are welcome to take space and rejoin when ready.

There are three main types of trauma: Acute, Chronic, or Complex

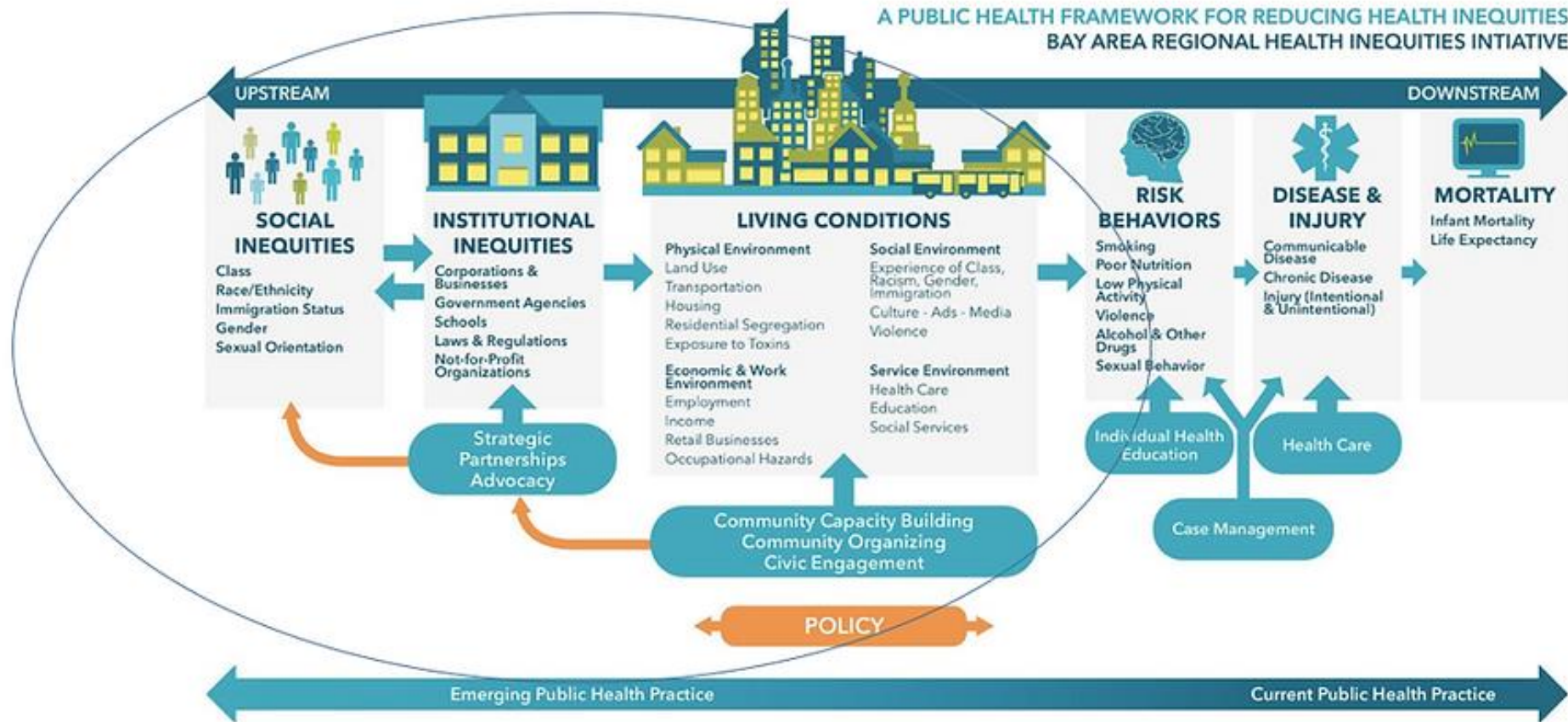
1. **Acute trauma** results from a single incident.
2. **Chronic trauma** is repeated and prolonged such as domestic violence or abuse.
3. **Complex trauma** is exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

What is Trauma?

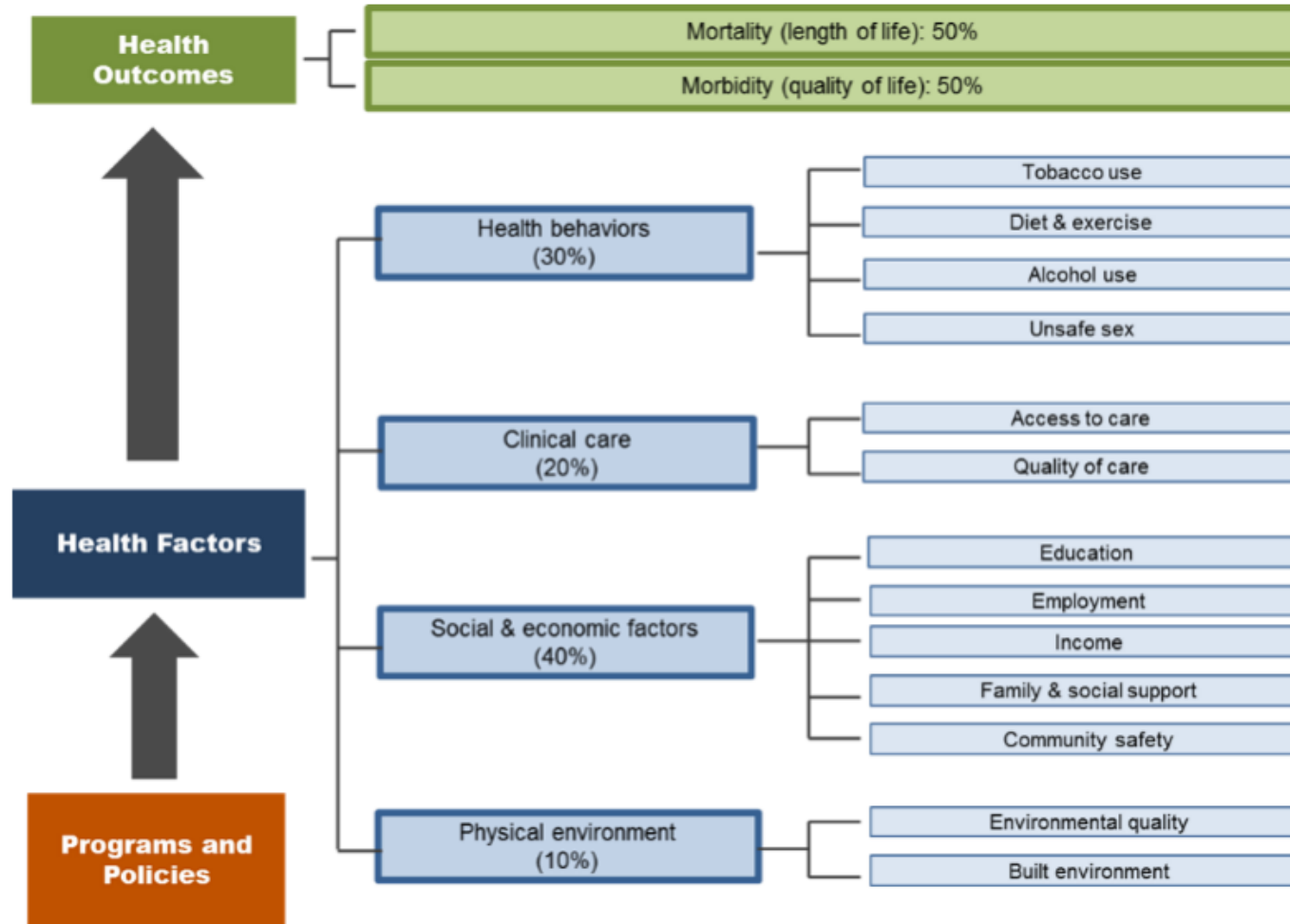


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Compounding Experiences








Social Drivers of Health

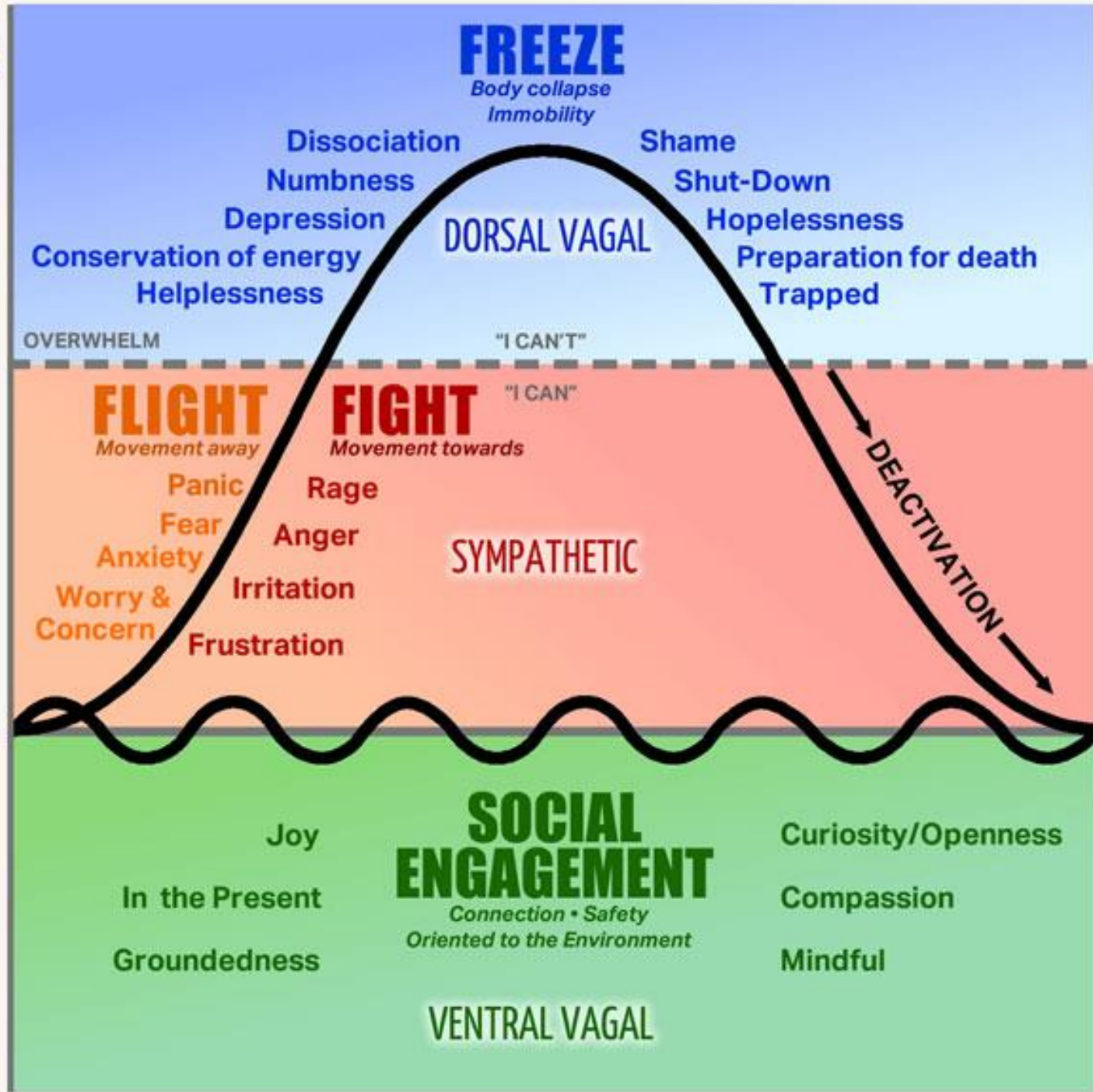


IMPACT OF SOCIAL DETERMINANTS

Five Most Pressing Social Determinants of Health

	 Housing	 Food	 Economics	 Interpersonal	 Education
<i>Examples</i>	<ul style="list-style-type: none">• Housing quality and instability• Neighborhood violence	<ul style="list-style-type: none">• Inaccessible, unaffordable healthy food• Disconnection from benefits (e.g., SNAP)	<ul style="list-style-type: none">• Insufficient wages• Lack of insurance coverage	<ul style="list-style-type: none">• Social isolation• Discrimination• Provider bias	<ul style="list-style-type: none">• Health illiteracy• Lack of language skills• Quality of public schools
<i>Impact</i>	26-36 Years of reduced life expectancy for those experiencing homelessness ³	74% Of food insecure households had to choose between paying for food and medicine ⁴	2x Greater mortality risk for Medicaid beneficiaries vs. private insurance ⁵	26% Increased risk of mortality resulting from loneliness ⁶	9 years Gap in life expectancy for those without a high school diploma vs. college graduates ⁷

↑
AROUSAL INCREASES



PARASYMPATHETIC NERVOUS SYSTEM
DORSAL VAGAL - EMERGENCY STATE

- Increases**
- Fuel storage & insulin activity
 - Endorphins that help numb and raise the pain threshold.
- Decreases**
- Heart Rate • Blood Pressure
 - Temperature • Muscle Tone
 - Facial Expressions • Eye Contact
 - Intonations • Awareness of the Human Voice • Social Behavior • Sexual Responses • Immune Response

SYMPATHETIC NERVOUS SYSTEM

- Increases**
- Blood Pressure • Heart Rate
 - Fuel Availability • Adrenaline
 - Oxygen circulation to vital organs
 - Blood Clotting • Pupil Size
- Decreases**
- Fuel Storage • Insulin Activity
 - Digestion • Salvation
 - Relational Ability
 - Immune Response

PARASYMPATHETIC NERVOUS SYSTEM
VENTRAL VAGAL

- Increases**
- Digestion • Intestinal Motility
 - Resistance to Infection
 - Immune Response
 - Rest and Recuperation
 - Circulation to non-vital organs (skin, extremities)
 - Oxytocin (neuromodulator involved in social bonds that allows immobility without fear)
 - Ability to Relate and Connect
- Decreases**
- Defensive Responses

**OPERATIONALIZING A
HARM REDUCTION
APPROACH**

Harm reduction is based on tools, research, and education to minimize health harming behaviors and maximize those that are health promoting.

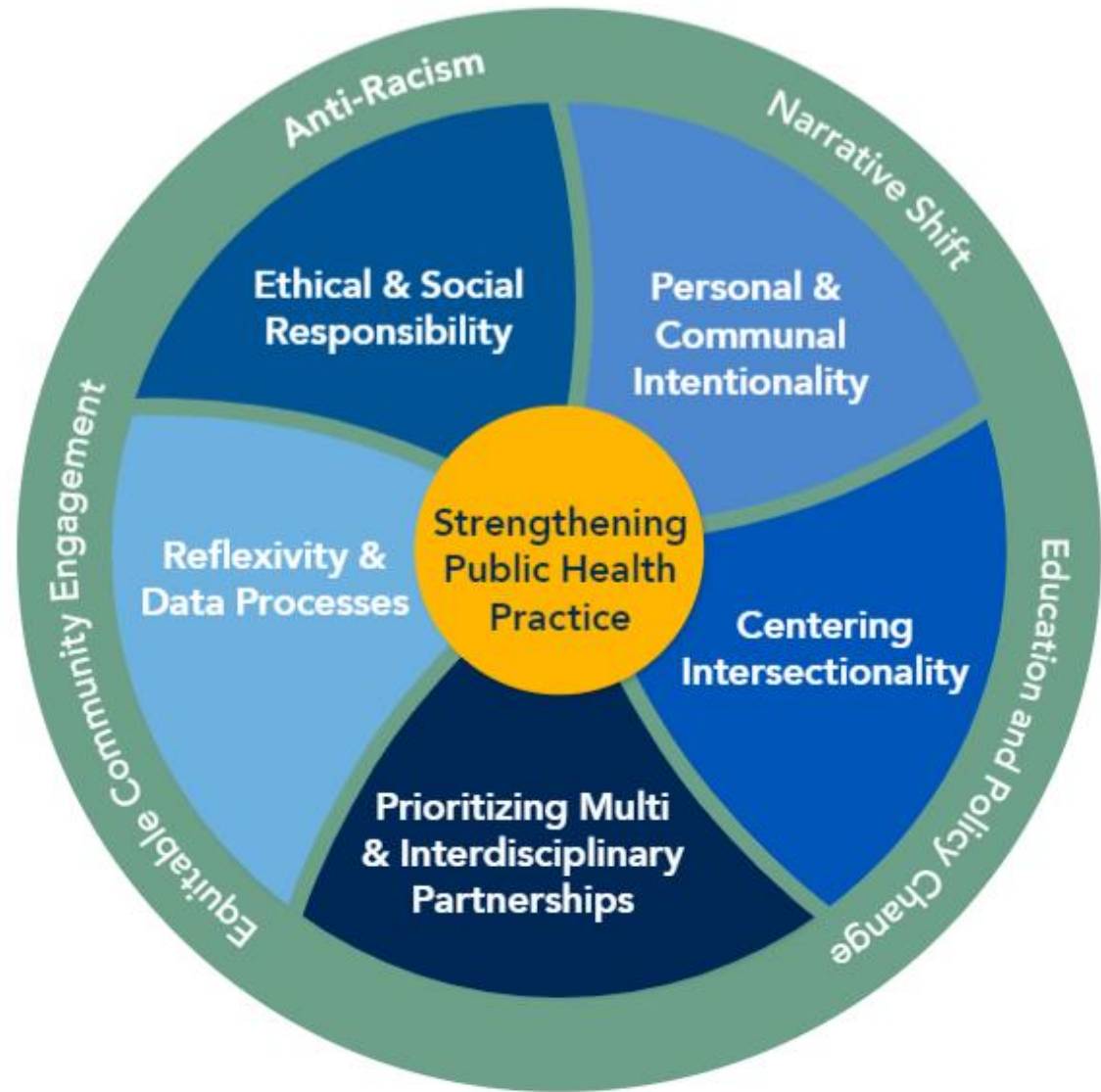
YOU ARE ENOUGH

....

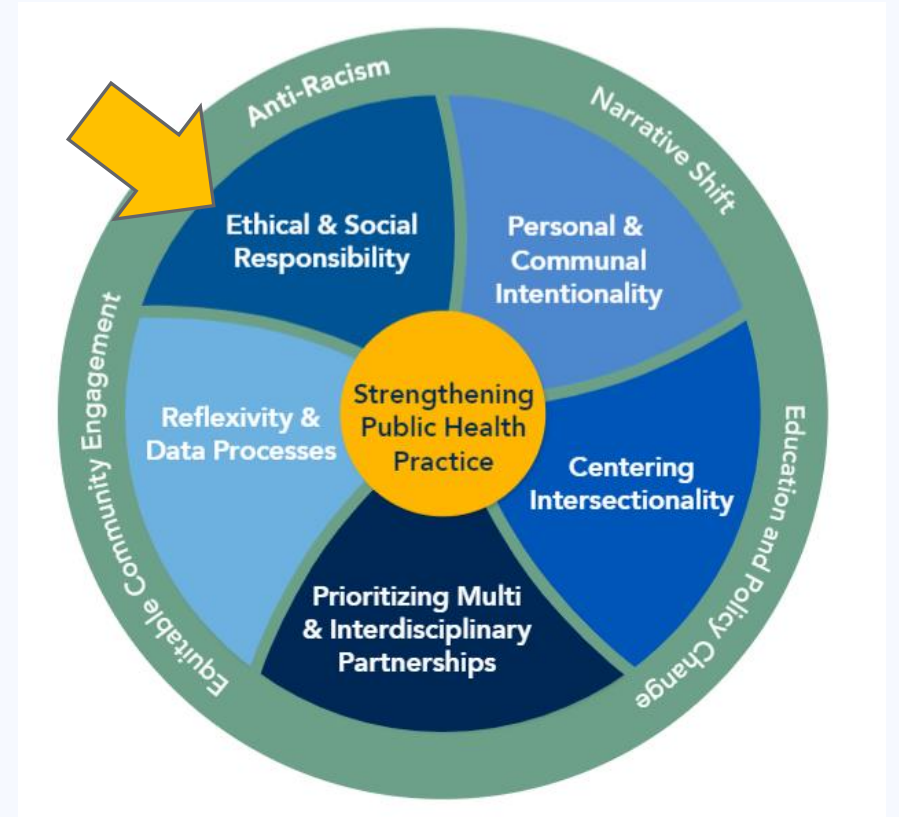
AND SO IS EVERYONE ELSE.



SOCIAL JUSTICE IN PUBLIC HEALTH FRAMEWORK



ETHICAL AND SOCIAL RESPONSIBILITY



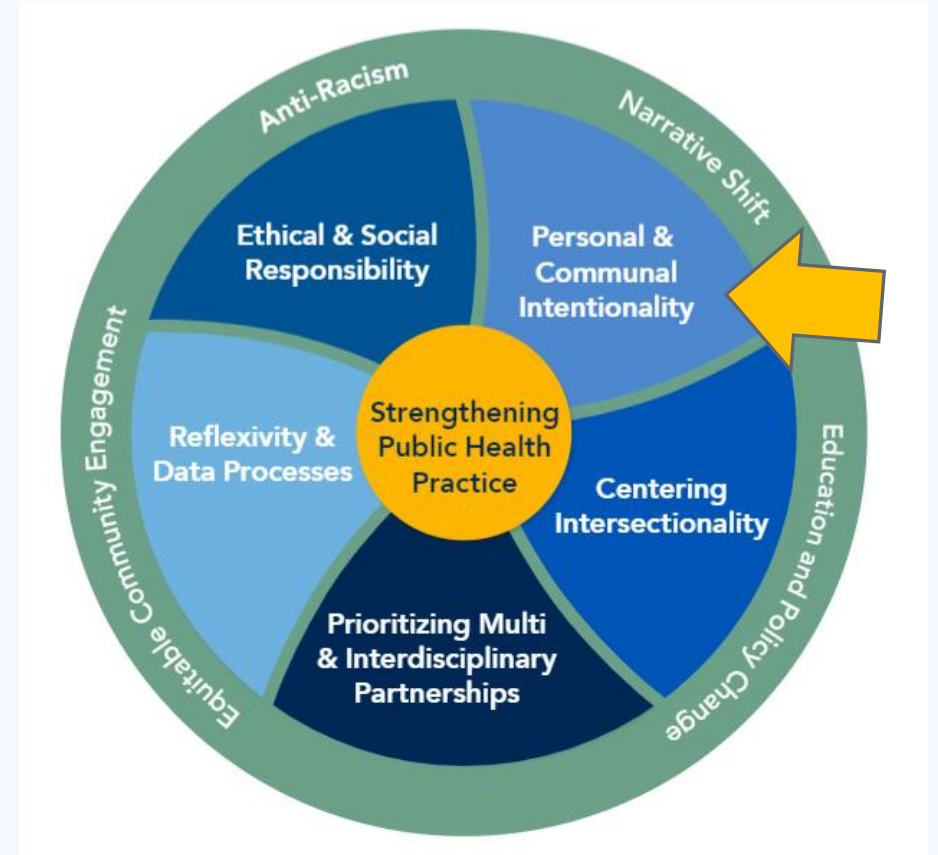
SOCIAL AND ETHICAL
RESPONSIBILITY ARE
SUPPORTED THROUGH A
HARM REDUCTION
APPROACH BECAUSE IT IS
INHERENTLY DYNAMIC LIKE
THE INDIVIDUALS AND
COMMUNITIES IT SERVES



HARM REDUCTION PRINCIPLES

Principle	Definition	Approaches
1. Humanism	<ul style="list-style-type: none"> • Providers value, care for, respect, and dignify patients as individuals. • It is important to recognize that people do things for a reason; harmful health behaviors provide some benefit to the individual and those benefits must be assessed and acknowledged to understand the balance between harms and benefits. • Understanding why patients make decisions is empowering for providers. 	<ul style="list-style-type: none"> • Moral judgments made against patients do not produce positive health outcomes. • Grudges are not held against patients. • Services are user-friendly and responsive to patients' needs. • Providers accept patients' choices.
2. Pragmatism	<ul style="list-style-type: none"> • None of us will ever achieve perfect health behaviors. • Health behaviors and the ability to change them are influenced by social and community norms; behaviors do not occur within a vacuum. 	<ul style="list-style-type: none"> • Abstinence is neither prioritized nor assumed to be the goal of the patient. • A range of supportive approaches is provided. • Care messages should be about actual harms to patients as opposed to moral or societal standards. • It is valuable for providers to understand that harm reduction can present experiences of moral ambiguity, since they are essentially supporting individuals in health behaviors that are likely to result in negative health outcomes.
3. Individualism	<ul style="list-style-type: none"> • Every person presents with his/her own needs and strengths. • People present with spectrums of harm and receptivity and therefore require a spectrum of intervention options. 	<ul style="list-style-type: none"> • Strengths and needs are assessed for each patient, and no assumptions are made based on harmful health behaviors. • There is not a universal application of protocol or messaging for patients. Instead, providers tailor messages and interventions for each patient and maximize treatment options for each patient served.
4. Autonomy	<ul style="list-style-type: none"> • Though providers offer suggestions and education regarding patients' medications and treatment options, individuals ultimately make their own choices about medications, treatment, and health behaviors to the best of their abilities, beliefs, and priorities. 	<ul style="list-style-type: none"> • Provider-patient partnerships are important, and these are exemplified by patient-driven care, shared decision-making, and reciprocal learning. • Care negotiations are based on the current state of the patient.
5. Incrementalism	<ul style="list-style-type: none"> • Any positive change is a step toward improved health, and positive change can take years. • It is important to understand and plan for backward movements. 	<ul style="list-style-type: none"> • Providers can help patients celebrate any positive movement. • It is important to recognize that at times, all people experience plateaus or negative trajectories. • Providing positive reinforcement is valuable.
6. Accountability without termination	<ul style="list-style-type: none"> • Patients are responsible for their choices and health behaviors. • Patients are not "fired" for not achieving goals. • Individuals have the right to make harmful health decisions, and providers can still help them to understand that the consequences are their own. 	<ul style="list-style-type: none"> • While helping patients to understand the impact of their choices and behaviors is valuable, backwards movement is not penalized.

PERSONAL & COMMUNAL INTENTIONALITY



Community Engagement v. Co-Creation

Community engagement should be culturally relevant. Uses communication tools, time, space, and relationships to inform people. Residents give their input and participation in projects, processes, and programs. People connect by geography, interests, or likeness. They come together to address issues affecting the collective wellbeing.

Co-creation is a mindset and approach. Works together with the community to tackle specific challenges. Co-creation uses an active and ongoing participatory process. It assumes shared power, responsibility, accountability, and decision-making with community members; centering the voices of **those most harmed** by inequities.

Co-creation involves engaging with community members on strategy at the earliest possible moment and relying on their experience and expertise to identify and frame problems, inform work plans, and policies to create solutions.

Food Service Guidelines – Setting the Table for Community Impact



FOCUS ON WHAT CAN BE GAINED, NOT LOST

▲ **Focus on food**

Using oil when cooking can lower your risk of heart disease.

▲ **Encourage healthy eating**

Consider whole wheat bread with your next sandwich.

▲ **Food environment matters**

If you live in a community without a grocery store, these resources can help you get affordable, fresh food.

▼ **Focusing on nutrients alone**

Unsaturated fat can lower your risk of heart disease.

▼ **Absolute/demeaning approaches**

Always choose whole wheat bread instead of white bread to meet your fiber needs.

▼ **Assuming easy access to food**

It's easy to eat more fruit! Pick up a banana next time you are at the store.

Kitchen Share Southeast is a kitchen tool lending library dedicated to promoting sustainability, equity and self-sufficiency for residents of Portland, Oregon.

Reserving Kitchen Share Items

- Become a Kitchen Share member [by registering online](#).
- To reserve an item, [log into](#) the site, and spend some time searching [our inventory](#).
- When you find an item you'd like to borrow, click the "Reserve" button.

Item Pick-Up

- **Location:** We are located in the Northeast corner of St. David of Wales Episcopal Church, at [2800 SE Harrison Street](#). You'll enter through the red door at the corner of Harrison and 28th Place.
- **Operating Hours:** We are currently open on Saturdays, from 10:30 AM - 12:00 PM. Because we are a volunteer-led organization, sometimes we are unable to open due to staffing. The best way to be aware of our openings is to sign up for our newsletter.
- **What to Bring:** The first time you borrow, please bring a photo ID. If your ID doesn't display your current address, please also bring an official document bearing your name and address.



2800 SE Harrison Street
Portland, OR, 97214
USA

Pickup

Monday	Closed
Tuesday	Closed
Wednesday	Closed
Thursday	Closed
Friday	Closed
Saturday	10:30 AM-12:00 PM
Sunday	Closed



Search Within...



availability

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- Baking (57)
- Beer Making Supplies (4)
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- Choppers, Graters and Slicers (15)
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- Cookie Cutters (4)
- Dehydrator (7)
- Fermentation (3)
- Food Mills (5)
- Food Processor (12)
- Grain Mill (2)

Per Page View



Pasta Maker - Norpro

In Stock Now



Air Fryer

In Stock Now



Air Fryer - 3.5

In Stock Now



Air Fryer - 6.5 Liter

Due 5/4/2024



Apple Chopper

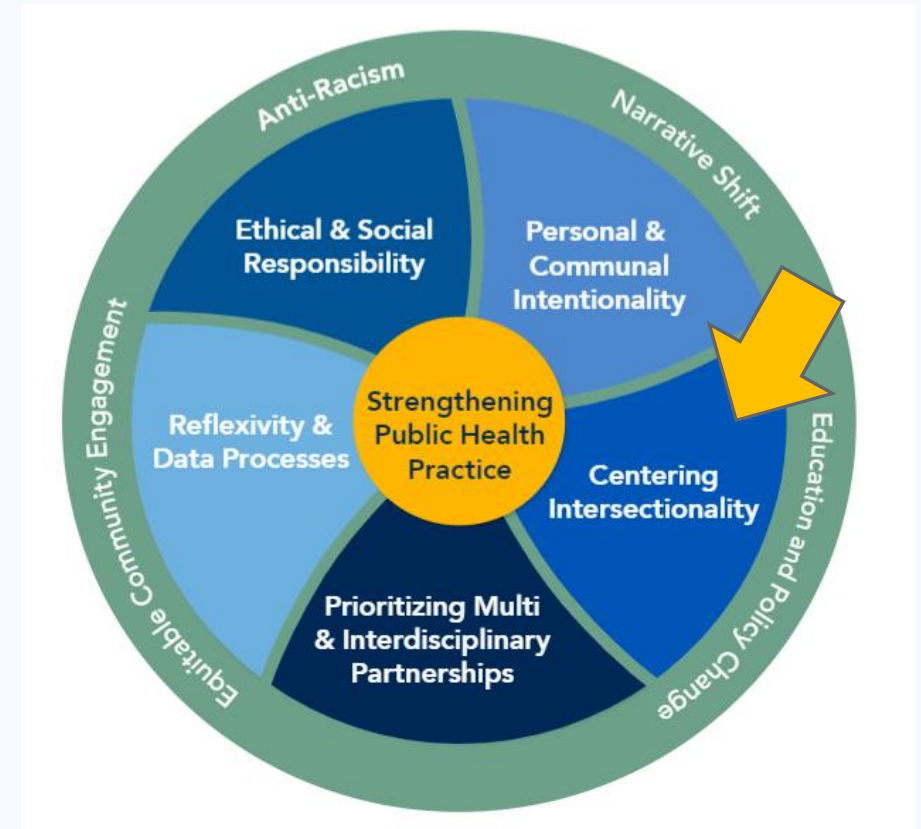
In Stock Now



Apple Chopper

In Stock Now

CENTERING INTERSECTIONALITY



LET'S GET INTERSECTIONAL



WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylviaduckworth

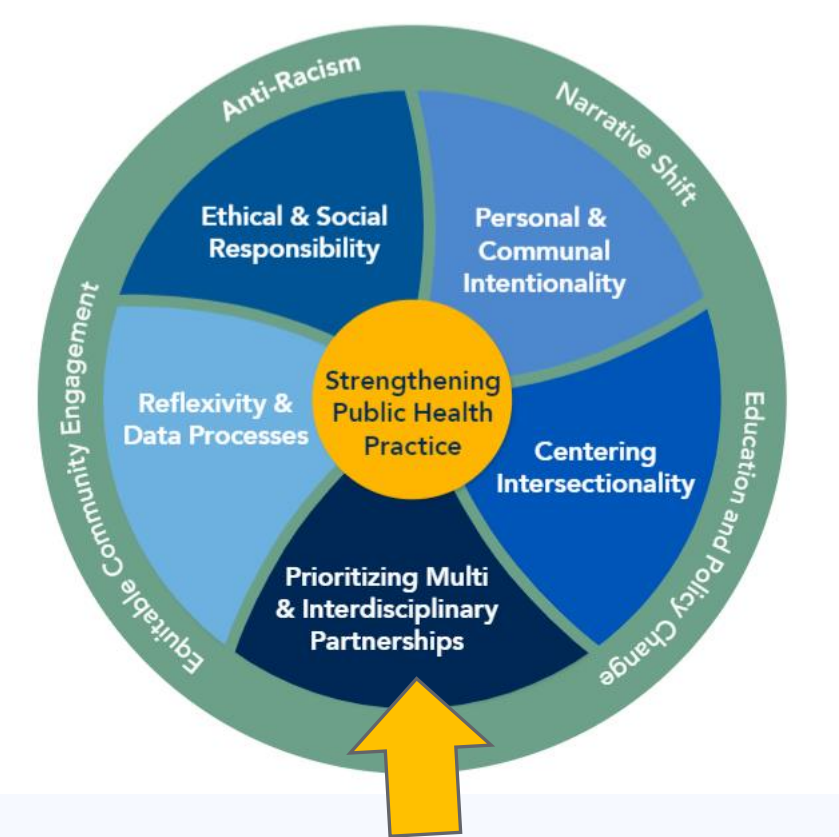
Considerations Around Gender Identity:

- Use language that recognizes the diversity of relationships and the fluidity of sexuality and gender.
- **Example:** Women, transgender men, and non-binary people can have babies. Terms like “pregnant people,” “reproductive rights,” and “menstrual products” are more inclusive (and sometimes more precise).

Considerations Around Ability:

- Avoid language that diminishes someone’s experience or refers to them as a victim or sufferer. Instead, focus on describing what steps are necessary to accommodate their needs.
- **Example:** Calling someone “brave” or “inspirational” because they use a wheelchair is an ableist point of view. It frames a disability as something that must be overcome. Activist Stella Young has called this “inspiration porn” – objectifying disabled people for the benefit of nondisabled people.

PRIORITIZING MULTI AND INTERDISCIPLINARY PARTNERSHIPS



Food Service Guidelines – Setting the Table for Statewide Impact



Fruit and Vegetable Prescription Program



The Washington State Department of Health's Fruit and Vegetable Prescription (FV Rx) Program works with health care centers in Washington to prescribe fruits and vegetables to patients who are food insecure. Patients receive between \$250-\$500 in paper vouchers over six months that are redeemable at Safeway stores for fresh, frozen, and canned items without added salt, sugar, or fat.

Identifying Compliment for Larger Impact

BRAIDED FUNDING



Inclusive Physical Activity

English

Welcome to Self-Directed Walk With Ease!

The Washington State Department of Health is proud to be able to offer the Self-Directed Walk With Ease program at no-cost to all Washington state residents.

Whether your goal is to manage or prevent chronic health conditions—like heart disease, high blood pressure, and diabetes—or simply increase your overall sense of wellbeing and fitness, the Walk With Ease program is a tool that can support you on your health journey.

Many folks [living with chronic conditions may also be living with joint pain, or arthritis](#). Physical activity and movement can [help reduce that pain and improve function, mood, and quality of life](#) for adults with chronic conditions, including diabetes, high blood pressure, and heart disease.

For more information on how physical activity affects arthritis and other chronic diseases, visit:

- [Fast Facts About Arthritis \(CDC\)](#)
- [Comorbidities \(CDC\)](#)

Walk With Ease can support adults living with and hoping to prevent chronic conditions – such as heart disease, high blood pressure, diabetes, and/or arthritis. Regular physical activity, such as that provided by Self-Directed Walk With Ease, can help manage and prevent symptoms, including pain and limited mobility.

Already have an account?

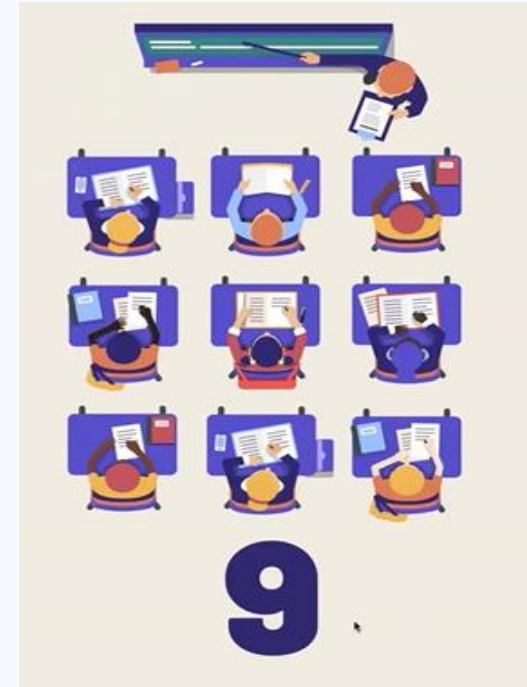
Log in to Walk
With Ease



REFLEXIVITY & DATA PROCESSES



WHAT IS THE AVERAGE CLASS SIZE?

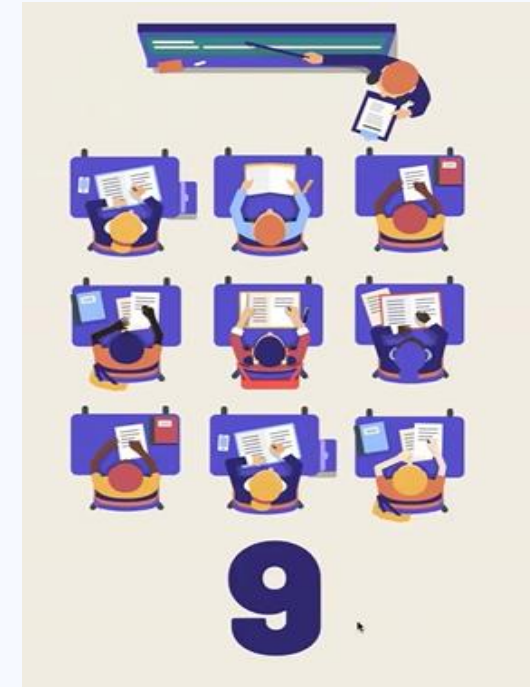


From the teachers' perspective:

$$3 + 6 + 9 = 18$$

$$18 \div 3 = 6 \checkmark$$

WHAT IS THE AVERAGE CLASS SIZE?



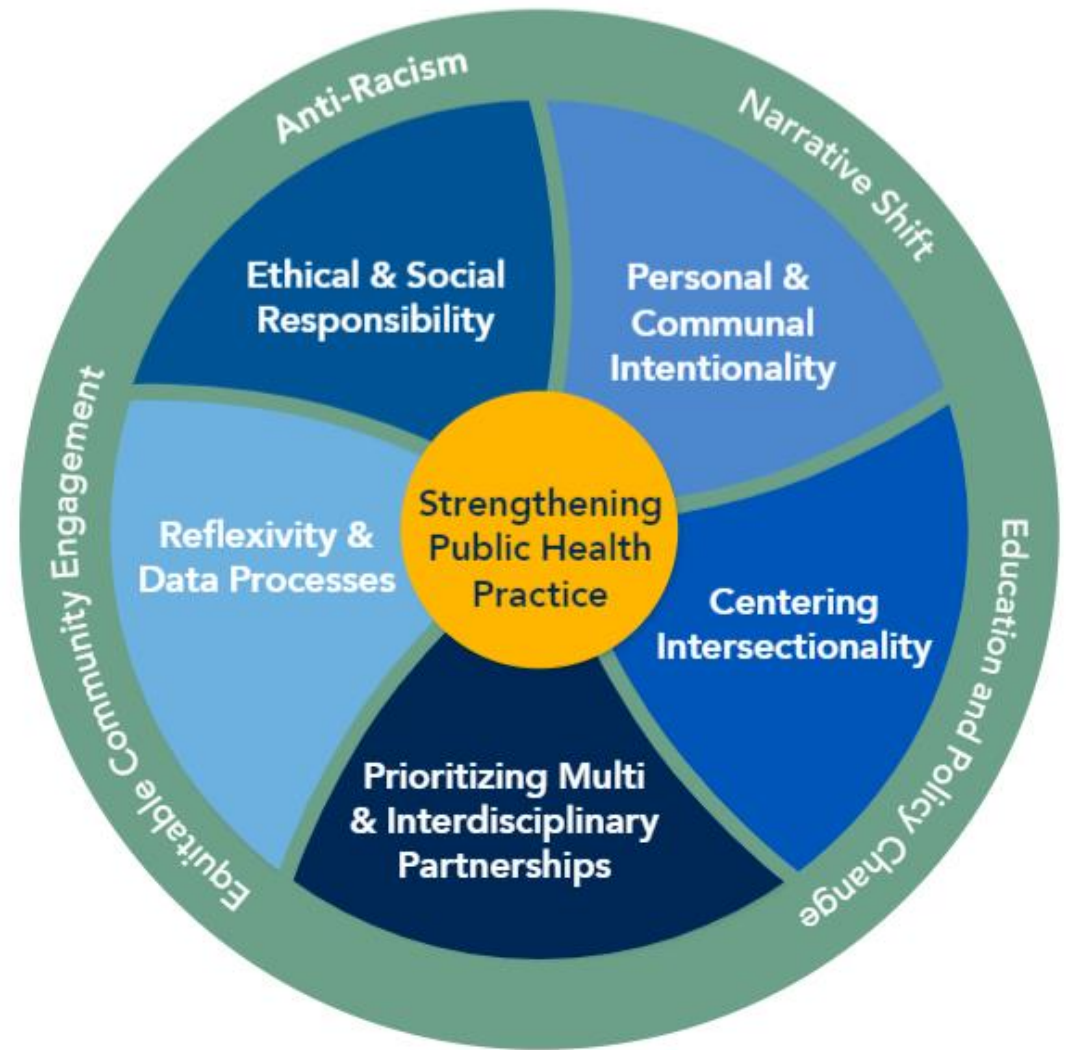
From the students' perspective:

$$\mathbf{3 + 3 + 3 + 6 + 6 + 6 + 6 + 6 + 6 + 9 + 9 + 9 + 9 + 9 + 9 + 9 + 9 = 126}$$

$$\mathbf{126 \div 18 = 7} \checkmark$$

CROSS-CUTTING THEMES

- Narrative Shift
- Anti-Racism
- Education and Policy Change
- Equitable Community Engagement



CELEBRATE SUCCESSES AND
CO-CREATE HEALTH FOR
INNOVATIVE SOLUTIONS



QUESTIONS?

Margaret.Chaykin@doh.wa.gov

