

## Real-world Applications of TIC: Open Office Hours

A Collaboration Between:



# Presenters



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# Objectives



- 1. Define Trauma Informed Care (TIC), Diversity, Equity, and Inclusion (DEI), and Social/Non-Medical Drivers of Health (SDoH).**
- 2. Identify how the effects of trauma can result in health inequities.**
- 3. Reflect on the ways in which current personal and organizational practices can recognize the connection between TIC, DEI, and SDoH.**

# Self-Care



At times, the materials presented in this session can be difficult to **view** or **hear**.

Please take a **break** at any time and seek decompression support if needed  
*(breathing exercise, turning camera off, taking a pause, etc.).*

# Let's Review

# Trauma Defined

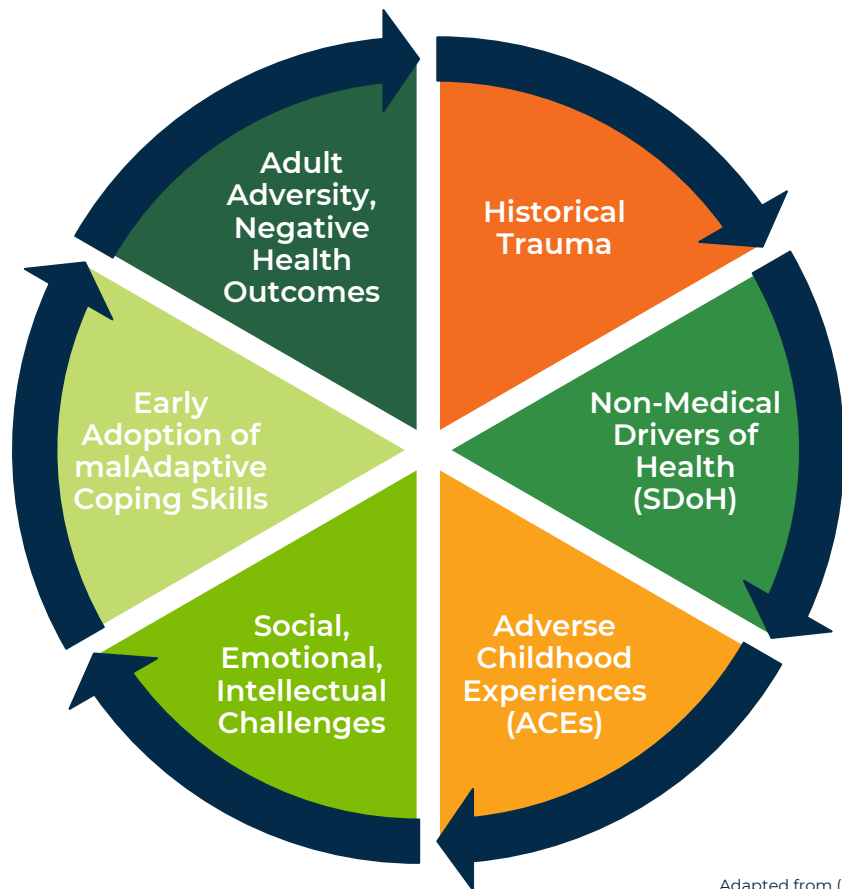
- Event(s)
- Experienced directly or witnessed
- Harmful or life threatening
- Lasting adverse effect(s)
- Impactful to overall wellbeing



Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014



- Acute
- Chronic
- Complex
- Historical
- Systemic



- Adversity is interrelated.
- Adversity is cumulative.
- Adversity effects are predictable.
- Adversity affects relational health.
- Adversity is not destiny.

Adapted from (c) 2013, ACE Interface, The Progressive Nature of Adversity in the Life-Course



# The Why



# JEDI Defined



## Justice

- **Dismantling of barriers** to resources and opportunities in society
- **All** individuals & communities **can live a full & dignified life**
- Requires a **transformation of systems**



## Equity

- **Fairness and impartiality**
- **Reflects processes and practices** that both **acknowledge disparities and work to remedy**
- **Intentional approach** to achieving the **outcome of equality**



## Diversity

- The **practice** of having an **array of identities**
- Shared spaces, communities, institutions or society
- **Intersectionality** highlights **systemic advantages** or encounters with **systemic barriers**



## Inclusion

- A place or space, be it an organization or system, that is **welcoming for all**
- Implementation of processes and practices that **intentionally** bring individuals and groups **together**
- Decisions are made in collaborative, mutual, and equitable ways

# Non-Medical Drivers of Health (SDoH)



The **conditions in the environments** where people are born, live, learn, work, play, worship, age, love, and perish that **affect a wide range** of health, functioning, and quality-of-life **outcomes and risks** across the lifespan.

Adapted from Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2022.

# SDoH Defined



## Economic Stability

- Employment
- Food Insecurity
- Housing Instability
- Poverty



## Education Access and Quality

- Early Childhood Development and Education
- Enrollment in Higher Education
- High School Graduation
- Language and Literacy



## Health Care Access and Quality

- Access to Health Services
- Access to Primary Care
- Health Literacy



## Neighborhood and Built Environment

- Access to Foods That Support Healthy Dietary Patterns
- Crime and Violence
- Environmental Conditions
- Quality of Housing



## Social and Community Context

- Civic Participation
- Discrimination
- Incarceration
- Social Cohesion

# Trauma Informed Care (TIC)

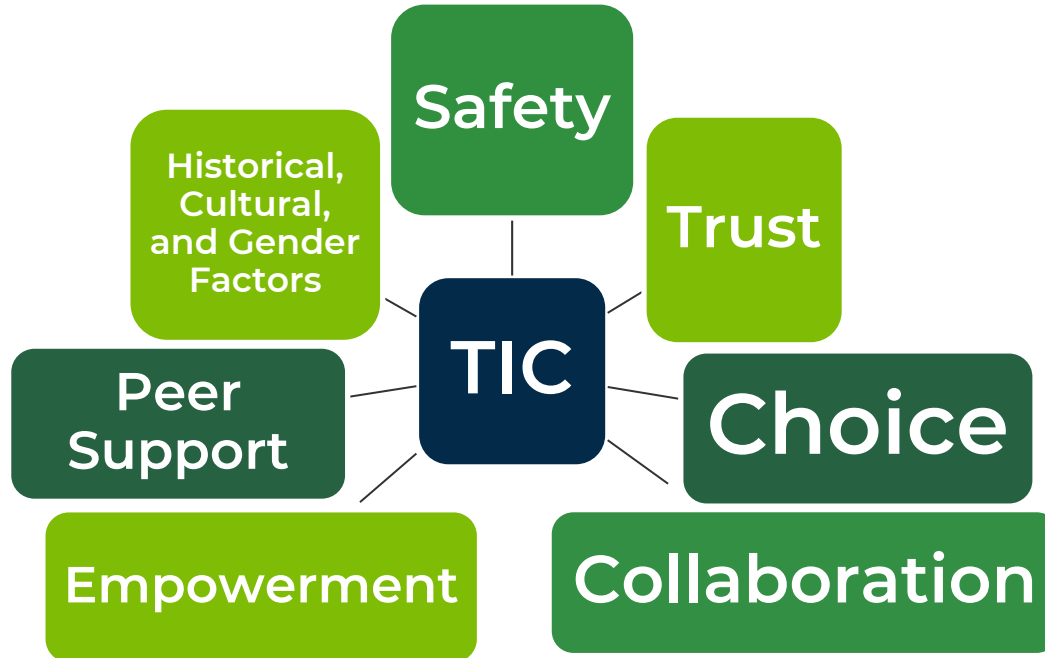


- Framework
- Strength-Based
- Recognition of Impacts
- Safety for all
- Opportunity to Rebuild



Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

# TIC Pillars



Source: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014

# Case-Based Learning

# Case Study 1



*Kim is a 35 year old, Black female Medical Assistant at her local health center. She was trained to become an MA as part of a special program at her high school which focused on technical skill building. Kim is the first in her family to be interested in a career in healthcare, but received limited mentorship during high school to help her navigate employment options once she completed her credentials. Kim works on a brand new integrated care team that just launched at her health center in an effort to demonstrate a move towards value based care. Due to time constraints, the health center has promised to train the new team members but does not have a timeline in place. As part of this process, the health center needs to show improved health outcomes among their patients specifically reductions in A1C levels within 6 months. Kim has over 10 years of experience working with pediatrics, but only has 2 years of experience with adults. Additionally, this role has increased responsibilities but did not come with an increase in her hourly wage. Kim's provider is a newly hired Family Medicine Physician and has been out of residency for 4 months. After only 3 weeks, Kim's supervisor – a middle aged white male - discusses her performance with her, sharing that her metrics are not up to a standard that will help the team achieve their goals. He says: "I gave you a big chance with this position and a lot is riding on you; there will be big consequences if you blow it."*



# Case Study 1 Discussion



- What SDoH needs can you identify?
- What part of JEDI do you see?
- How did that scenario relate to trauma?
- How could utilizing your knowledge of TIC have guided the team to prevent re-traumatization and foster healing?



# Case Study 2



*A rural health center is approached by a community based organization that is doing work to increase access to healthcare for seasonal and migrant farmworkers. They would like to partner and do a series of educational programs for community members to better understand how to utilize the health center and its resources. The center CEO – a 62 year old white male and long-time resident of the community - is hesitant to move forward with the partnership. His health center demographics have dramatically changed over the last 15 years. Previously, approximately 75% of patients were white and low-income; now, approximately 55% are Hispanic and low-income. The CEO is struggling to keep his health center afloat since his patient population now is largely undocumented and uninsured, despite their employment at a local wheat farm.*

# Case Study 2



- What SDoH needs can you identify?
- What part of JEDI do you see?
- How did that scenario relate to trauma?
- How could utilizing your knowledge of TIC have guided the team to prevent re-traumatization and foster healing?

# Case Study 3



*A health center has a very active Staff Wellness committee, comprised of 15 staff members, with the mission to organize and facilitate initiatives that help bolster staff wellbeing and encourage friendships across the organization. The group is in the midst of planning festivities for the month of December. So far, the group is leaning towards a Christmas Party at special area of their community that has an ice-skating ring with a bar attached. The current invitation says: “All are welcome, including your husband or wife!” The health center is located in Austin and has a religiously diverse staff.*

# Case Study 3 Discussion

- What SDoH needs can you identify?
- What part of JEDI do you see?
- How did that scenario relate to trauma?
- How could utilizing your knowledge of TIC have guided the team to prevent re-traumatization and foster healing?



# Discussion

# Next Up:



## TIC Didactic Session:

- Session 3: TIC and Care Coordination through Cross-Sector Collaborations
- Tuesday, September 12, from 12:00-1:00pm CST

## TIC Open Office Hours:

- Session 3: Care Coordination & Cross-Sector Collaboration
- Tuesday, September 26, from 12:00-1:00pm CST

# Thank you!



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