

# Stigma, Empathy, & Trauma-Informed Care

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### MY HOME IS ALASKA | LAND ACKNOWLEDGEMENT



I live, work, recreate, and raise my family on the traditional land of the Dena'ina Athabascan people.



### MY JOURNEY INTO PUBLIC HEALTH

- Palmer, Alaska is home
- Emergency room physician, Mat-Su Regional Emergency Department
- Attended medical school at Stanford University, residency at University of Utah
- Sees all walks of life in the ER
- Many lessons from patients
- Downstream in opioid epidemic, 2017. Addiction is a disease, not a moral failing.
- Focuses on creating work environments, policies and practices that are data-driven, foster collaboration and build system efficiencies that put people first.





### PERSPECTIVE: THE 1918 INFLUENZA PANDEMIC

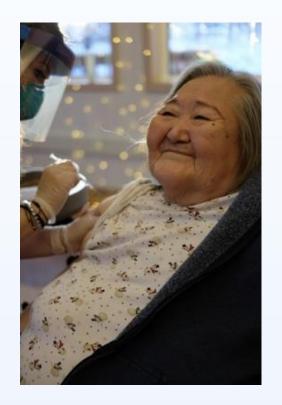


A historical photograph of Doctor Linus Hiram French meeting orphans of the Spanish Flu epidemic in 1919. Source: Tim Troll from the Peninsula Clarion.



### CELEBRATING SUCCESSES

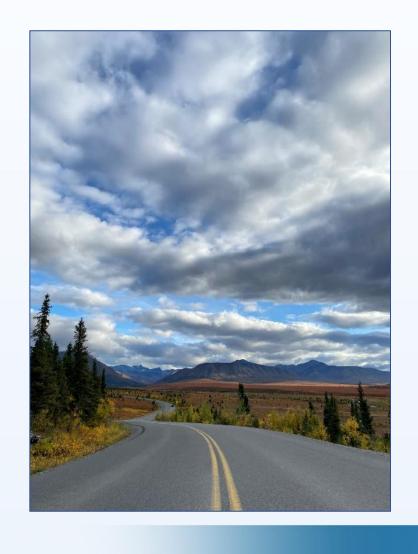
- Growing our own testing capacity
- Contact tracing partnerships
- Uniting Alaskans with common ground
- Partnerships especially with Tribal Health Organizations







### LESSONS LEARNED FROM COVID-19





Partnerships



Priorities



Perspective



### DISPROPORTIONATE IMPACTS OF COVID-19

Morbidity and Mortality Weekly Report

#### COVID-19 Cases, Hospitalizations, and Deaths Among American Indian or Alaska Native Persons — Alaska, 2020–2021

Lowrie A. Ward, MPH1; Kelsey P. Black, MS1; Carla L. Britton, PhD1; Megan L. Tompkins, MPH2; Ellen M. Provost, DO1

American Indian or Alaska Native (AI/AN) persons across the United States face substantial health disparities, including a disproportionately higher incidence of COVID-19 (1,2). AI/AN persons living in Alaska also face serious health and health care challenges, including access to care because 90% of the state's land area is inaccessible by road (3), and approximately one half of the state's AI/AN population (AI/AN race alone or in combination with another race) live in remote rural areas (4). To examine the extent of COVID-19-associated disparities among AI/AN persons living in Alaska, a retrospective analysis of COVID-19 cases reported to the Alaska Department of Health and Social Services (AKDHSS) during March 12, 2020-December 31, 2021, was conducted. The age-adjusted COVID-19 incidence among AI/AN persons was 26,583 per 100,000 standard population, approximately twice the rate among White persons living in Alaska (11,935). The ageadjusted COVID-19-associated hospitalization rate among AI/AN persons was 742 per 100,000, nearly three times the rate among White persons (273) (rate ratio [RR] = 2.72). The age-adjusted COVID-19-related mortality rate among AI/AN persons was 297 per 100,000, approximately three times that among White persons (104; RR = 2.86). Culturally competent public health efforts that are designed in collaboration with AI/AN persons and communities, including support for vaccination and other proven COVID-19 prevention strategies, are critical to reducing COVID-19-associated disparities among AI/AN persons in Alaska.

A retrospective analysis was conducted of COVID-19 incidence, and associated hospitalizations and death in Alaska reported to AKDHSS Section of Epidemiology during March 12, 2020-December 31, 2021. Data analyzed consisted of a limited data set received through a data sharing agreement with AKDHSS Section of Epidemiology. COVID-19 cases were defined in accordance with CDC's National Notifiable Disease Surveillance System. To COVID-19-associated hospitalizations were defined as hospital admissions of COVID-19 patients because of severity and complications of COVID-19. Deaths were determined with death certificate audits and included decedents who had received a diagnosis of laboratory-confirmed COVID-19, as well as deaths that were likely COVID-19-related based on clinical and epidemiologic likely COVID-19-related based on clinical and epidemiologic

\*Data were retrieved on February 2, 2022.

†https://ndc.services.ede.gov/case-definitions/coronavirus-disease-2019-2021/

criteria as defined by CDC, with no confirmatory laboratory testing. Groups assessed by race and ethnicity included Al/AN race (alone or in combination with other races). White race alone, other races (including those not reporting Al/AN heritage who were Asian, Black or African American, Native Hawaiian or other Pacific Islander, or multiple races), and unknown race. The unknown race category included persons for whom race was not recorded, or for whom race was still under investigation.

Population proportions and age-adjusted COVID-19 case, hospitalization, and mortality rates were calculated to account for differences in underlying population age distributions. Age was aggregated into 10-year age groups. The AI/AN population in Alaska is younger than the overall state population because of higher birth rates, and because the size of the population born during 1946-1964 was small (3). Rates were calculated by age group and race, using the direct method standardized to the U.S. 2000 standard population and the most recent Alaska population estimates (4). Corresponding 95% CIs were calculated based on the gamma distribution (5). Bivariate analyses used Fisher's exact test given the lack of normality of the underlying data; p-values < 0.05 were considered statistically significant. RRs were calculated using age-adjusted rates, with White persons as the referent group; corresponding 95% Cls that excluded 1 were considered statistically significant. COVID-19 vaccination data by race were not compatibly egorized. To assess the effect of records with unknown race on observed disparities in COVID-19 outcomes, a sensitivity analysis was performed by recalculating the RR, categorizing all those with unknown race as White persons. All analyses were conducted using R (version 1.2.5001; RStudio). This activity was reviewed by AKDHSS, the Alaska Native Tribal Health Consortium Non-Research Review Group, and CDC and was conducted consistent with applicable federal law and

During March 12, 2020—December 31, 2021, a total of 15/045 COVID-19 cases were reported in Alaska. Cases in nonresidents (5,717 [3,6%)] and those in Alaska residents reported out of state (1,064 [0,7%]) were excluded from further analysis; the final analytic data set included 152,262 in-state resident cases. Al/AN persons (alone or in combination

<sup>5</sup>45 C.E.R. part 46; 21 C.E.R. part 56; 42 U.S.C. Sect. 241(d), 5 U.S.C. Sect. 552a, 44 U.S.C. Sect. 3501 et seq.

- In Alaska, Al/AN persons had **higher** adjusted rates of COVID-19 cases, hospitalizations, and deaths compared with rates among White persons.
- Overall, although making up 20.3% of the state's population, Al/AN persons accounted for approximately one quarter of Alaska's COVID-19 cases and hospitalizations, and approximately 28% of COVID-19related deaths.



MMWR / June 3, 2022 / Vol. 71 / No. 2

US Department of Health and Human Services/Centers for Disease Control and Preve



### INCREASING PARTNERSHIP WITH TRIBAL HEALTH

- COVID-19 highlighted the importance of strong partnerships between Alaska Department of Health and and Native and Tribal public health organizations and communities
- Always seeking feedback from Tribal partners on how to improve: what is working, what is not, and what can we do better?



State Health Improvement Plan









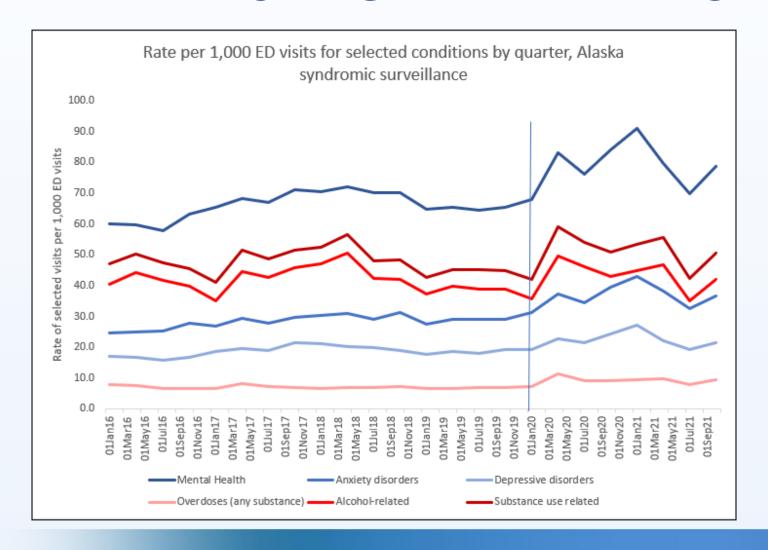
### MENTAL HEALTH DURING THE PANDEMIC



November 16 – December 7, 2020, all Alaska 7,179 survey responses

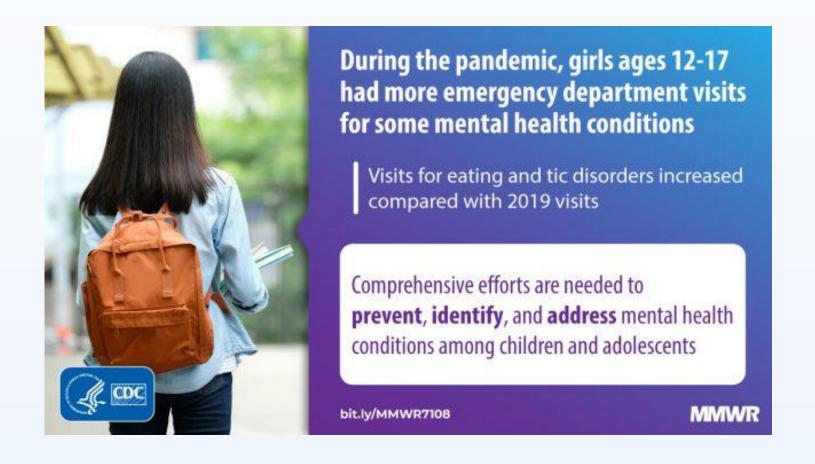
- > 63% said their overall emotional health has gotten worse since the pandemic began.
- > 29% have been more sad or depressed
- ➤ 30% of respondents used alcohol or drugs to cope with a difficulty caused by the pandemic
- ➤ Younger respondents reported higher rates of emotional health worsening, as well as being more anxious, more sad or depressed, and more irritable or easily angered than usual. (71% for 18–24-year-olds)

### MENTAL HEALTH DURING THE PANDEMIC





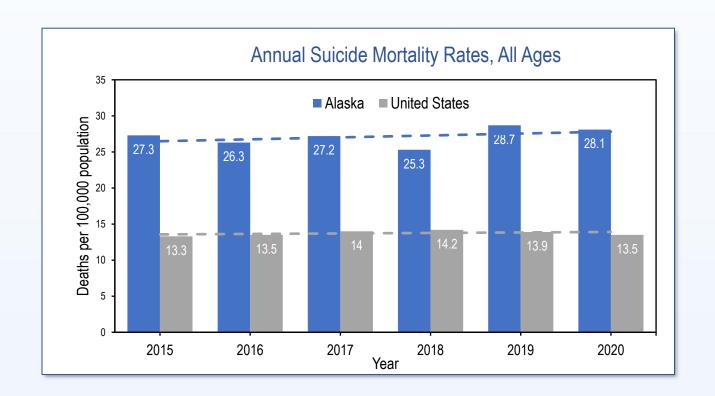
### YOUTH MENTAL HEALTH

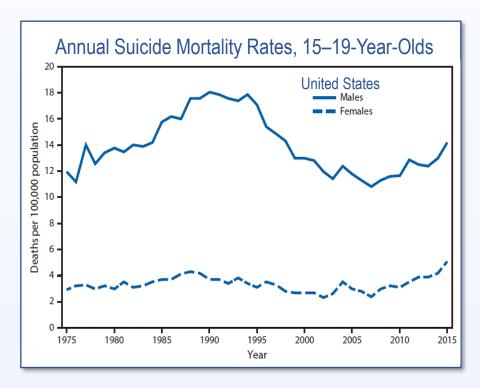


Early identification and expanded evidence-based prevention and intervention strategies are critical to improving pediatric mental health, especially among adolescent females, who might have increased need.



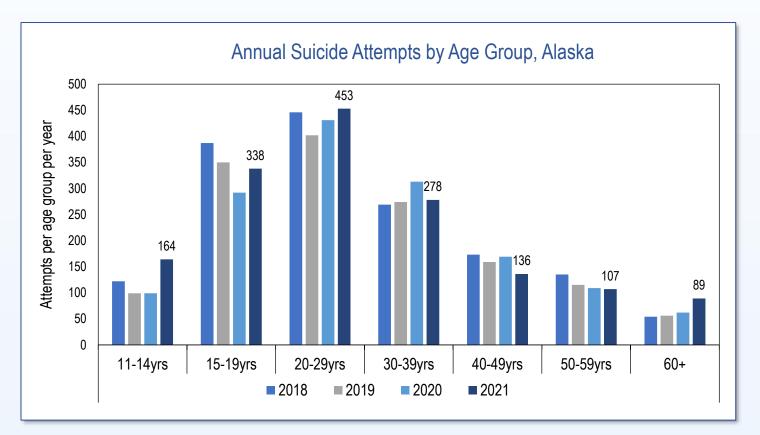
### SUICIDE DEATHS IN ALASKA

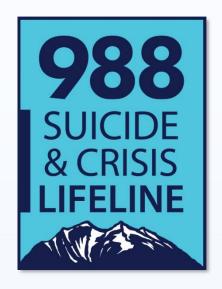






### SUICIDE ATTEMPTS IN ALASKA



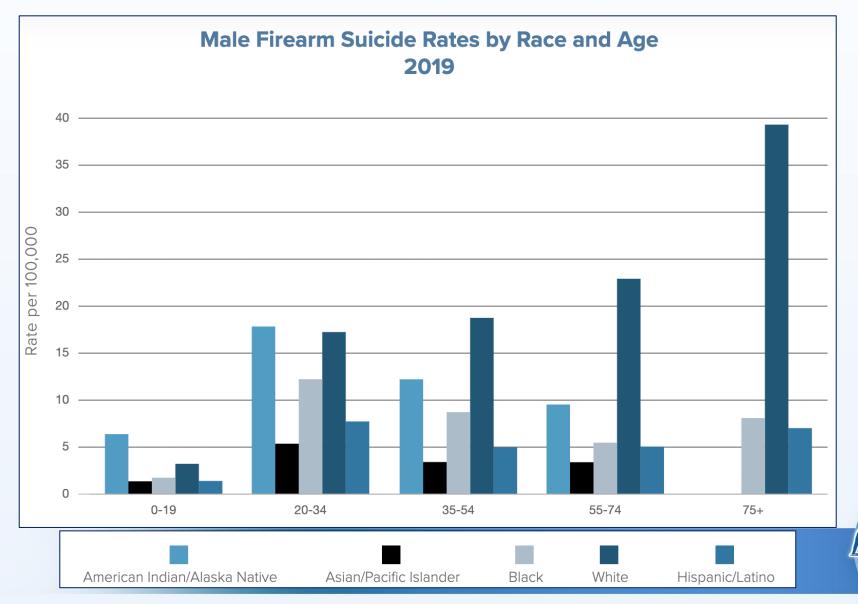




9 out of 10 people who survive a suicide attempt DO NOT go on to die by suicide later



### FIREARM ACCESS AND SUICIDE LETHALITY



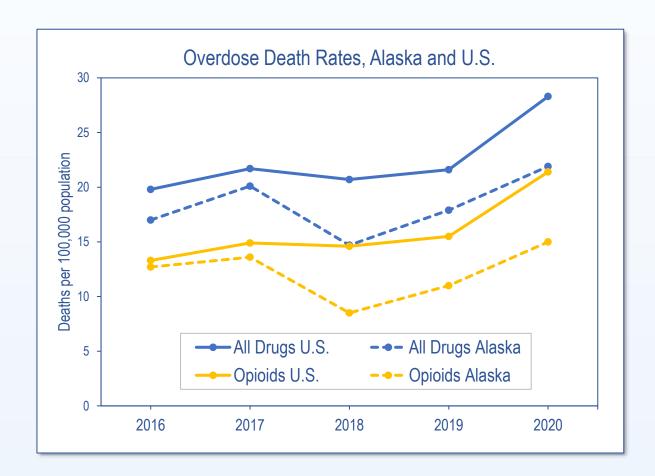
### FIREARM ACCESS AND SUICIDE LETHALITY

• 9 in 10 firearm suicide attempts result in death





### DRUG OVERDOSE DEATHS CONTINUE TO RISE

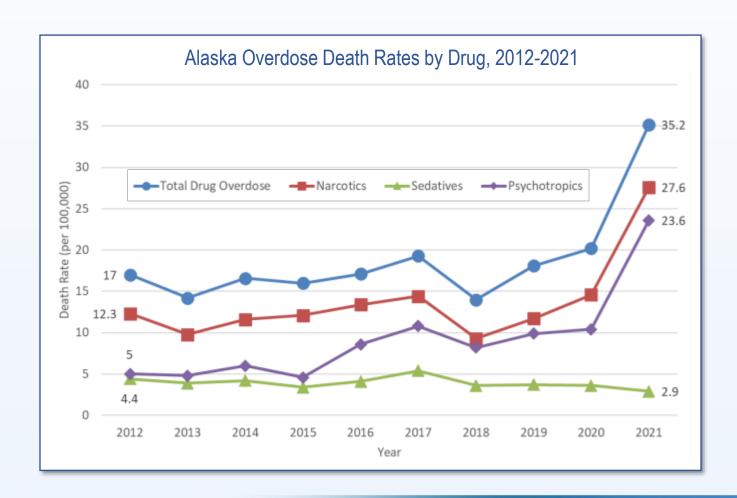


- Overdose death rates have increased annually since 2018
- Alaska had an average of 138 drug overdose deaths per year between 2012-2021
- Over 70% of drug overdose deaths between 2017-2021 involved opioids





### DRUG OVERDOSE DEATHS CONTINUE TO RISE



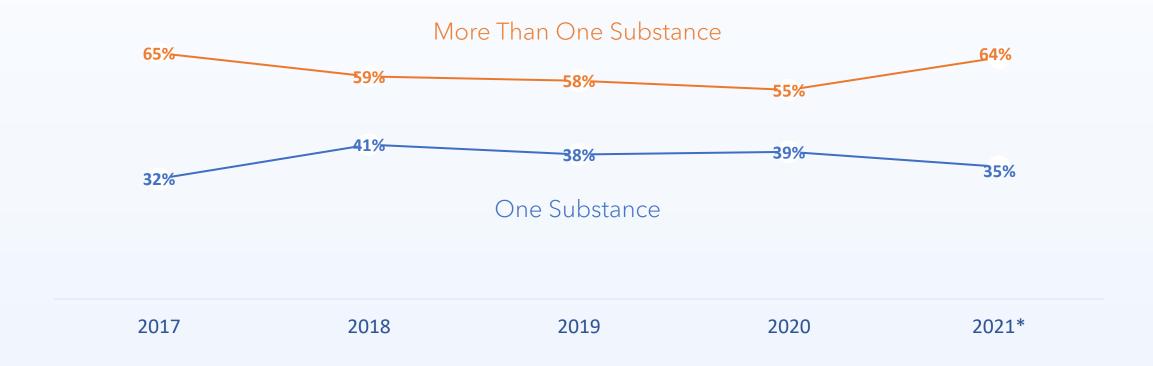
 Nearly 75% of opioid overdose deaths in Alaska involved fentanyl in 2021







### POLYSUBSTANCE OVERDOSE DEATHS



64% of Overdose Deaths Involve More than One Substance



### POLYSUBSTANCE USE INCREASES HEALTH RISKS

## Increased Substance Use

- More severe use
- Increased frequency
- Greater persistence of substance use disorder
- Higher rates of relapse

#### Poorer Mental Health

- Increased psychological distress
- Depression/Anxiety
- Difficulty retaining treatment

### Death and Complex Health Concerns

- Higher overdose mortality
- Increased rate of suicide



### WHAT IS STIGMA? "THE OTHER"

### Different types of stigma:

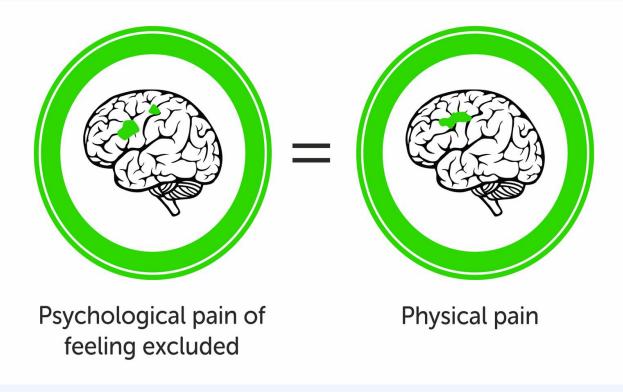
- ➤ Public: negative or discriminatory attitudes
- ➤ Self: negative attitudes about oneself, including shame
- ➤ Institutional: Systemic, involving policies of government and private organizations

	Public	Self	Institutional
Stereotypes & Prejudices	People with mental illness are dangerous, incompetent, to blame for their disorder, unpredictable	I am dangerous, incompetent, to blame	Stereotypes are embodied in laws and other institutions
Discrimination	Therefore, employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care	These thoughts lead to lowered self-esteem and self-efficacy: "Why try? Someone like me is not worthy of good health."	Intended and unintended loss of opportunity

Source: Adapted from Corrigan, et al.



### WHY IS STIGMA PROBLEMATIC?





Eisenberger, Lieberman & Williams (2003); Cikara & Fiske (2011).



### HOW DOES IT FUNCTION?

### Shame Cycle

- The difference between shame and guilt
  - Shame: "I am a bad person."
  - Guilt: "I might be doing some bad things, but I am not a bad person."





### HELP REDUCE STIGMA

- Language Matters. The way we talk about addiction and substance misuse can directly impact stigma.
- Person-first language encourages respect.
- Examine your own values and your use of language.
- Advocate to change language in policies

Instead of:	Use this:	
Junkie  Addict  Drug addict  Druggie  Drug user  Drug abuser	A person who uses drugs  A person with problematic drug use	
A [substance] addict	A person with a [substance] use disorder (e.g. a person with opioid-use disorder)	
Abuse	Misuse	
<del>Clean</del>	Tested negative	
<del>Dirty</del>	Tested positive	
Former addict Reformed addict	A person in recovery	

### HELP REDUCE STIGMA



#### INSTEAD OF SAYING ...

- You need to move on. The past is the past.
- This is heavy. Let's talk about something else.
- There are other people who have been through worse than you.
- Your PTSD symptoms will never go away, so you should learn to live with them.
- Maybe it's not as bad as you are remembering it.
- Try to focus on the positive instead of the negative.

[THESE WORDS PERPETUATE STIGMA AND CAN BE DAMAGING TO THE PERSON DISCLOSING THEIR TRAUMA.]

#### **CONSIDER SAYING ...**

- It doesn't matter how long it's been since it happened. You deserve support now.
- Thank you for trusting me enough to share your story.
- I'm sorry you are struggling with what happened to you. I am here to help.
- Many people who seek treatment see an improvement in their symptoms.
- I am here to listen and support you.
- Your feelings and experiences are valid.

[ THESE WORDS SHOW SUPPORT AND HELP THE PERSON WHO HAS EXPERIENCED TRAUMA TO FEEL SAFE WITH SHARING THEIR EXPERIENCES. ]

### ARE YOU USING SUPPORTIVE LANGUAGE THAT MAKES A PERSON FEEL SAFE AND HEARD?

Language matters in compassionate care, and that is not just limited to what you say in front of a patient. What you say behind closed doors to coworkers, friends and family can be the seed for stigma, and not recognizing cultural differences may lead people to distrust and avoid treatment.

After experiencing a traumatic event, many people struggle to share their experiences and reactions with others. When they do open up, it may result in several reactions for you, making it difficult to know how exactly to respond. What you say matters in helping the survivor feel safe and understood.



### HELP REDUCE STIGMA



#### IF YOU HEAR THIS...

- People who talk about their thoughts or urges to commit suicide do so because they want attention.
- Someone who really wants to end their life is beyond help, and there's nothing we can do.
- The patient committed suicide.
- The patient had an (un)successful suicide attempt.
- I deal with a lot of suicidal patients.
- If we talk about suicide, it will put the idea in their heads.
- I'll kill myself if I miss my bus/I'd rather shoot myself than do that/This task makes me want to jump off a bridge

[ THESE TERMS PROPAGATE MYTHS AND FALSEHOODS THAT CAN PREVENT PEOPLE FROM GETTING THE HELP THEY NEED. ]

#### TRY SAYING THIS....

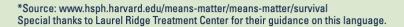
- Talking about suicidal thoughts is an important first step for someone with suicidal ideation, and can lead to seeking professional help.
- Suicide is preventable. Nine out of 10 people who attempt suicide will not go on to die by suicide.\*
- The patient died by suicide.
- The patient attempted suicide/The patient died by suicide.
- I work with patients experiencing suicidal thoughts or who have attempted suicide.
- Talking about thoughts of suicide reduces its stigma and normalizes these conversations, allowing for open conversations that can lead to the person seeking help.
- Joking about or using suicide in hyperbolic manner can increase stigma.

[ THESE DESTIGMATIZING WORDS SHOW COMPASSION AND UNDERSTANDING, WHICH CAN LEAD TO TREATMENT. ]

#### ARE YOU USING DESTIGMATIZING LANGUAGE ABOUT SUICIDE? -

Language matters in compassionate care, especially in behavioral health care, and that doesn't mean just what you say in front of a patient. What you say behind closed doors with co-workers can be the seed for stigma and perpetuate discrimination against a person based on a physical or mental health disorder. The topic of suicide, and the sometimes-stigmatizing language around it, must be handled with compassion. The language you use can be an important factor in whether or not a person decides to seek care.





### THE IMPORTANCE OF TRAUMA-INFORMED CARE



- Trauma-informed care at an <u>individual level</u>
- Trauma-informed care at an <u>organizational level</u>
- Trauma-informed care at a systems level



### **COMMUNITY TRAUMA**



Prevention Institute



### WHAT ARE ALTERNATIVES AND HOW DO WE GET THERE?

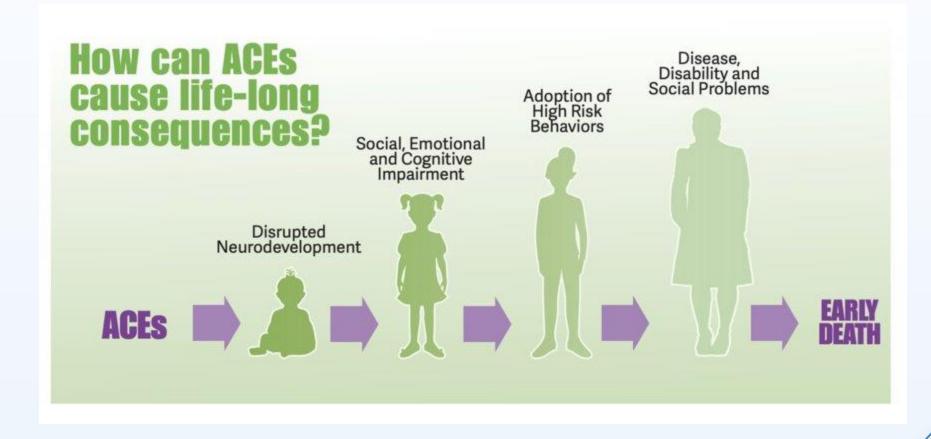
### Connection

- Teaching how to hear one's story, and how to share one's story - how to get to empathy.
- Moving from "what's wrong with you?" to "What has happened to you and how can I help?"





# INDIVIDUAL TRAUMA: ADVERSE CHILDHOOD EXPERIENCES



### ADVERSE CHILDHOOD EXPERIENCES

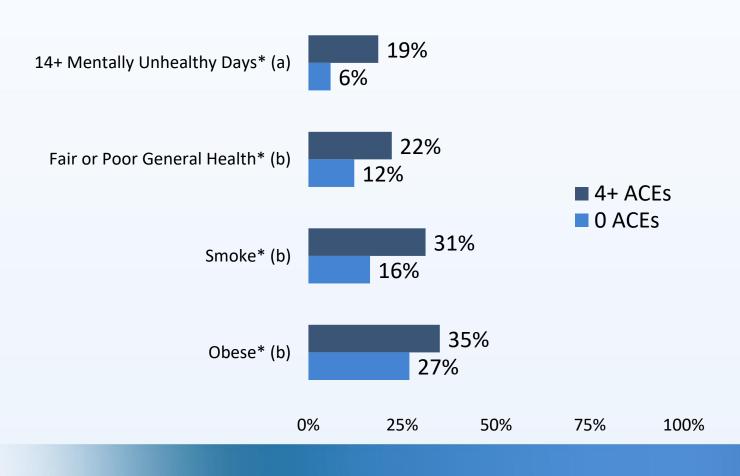
- Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood.
- ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress.
- ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. However, ACEs can be prevented.



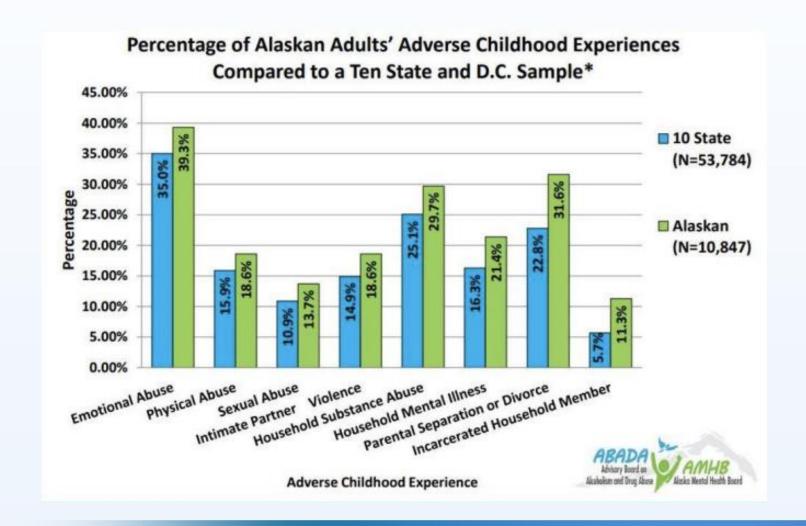


### ADVERSE CHILDHOOD EXPERIENCES - ALASKA SNAPSHOT

Percentage of Adults with Select Risk Factors, by History of ACEs, Alaska (2013 - 2015)



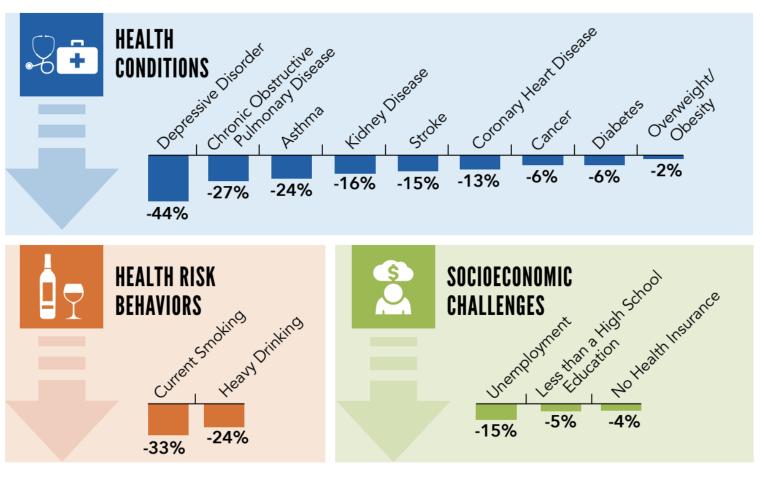
### ADVERSE CHILDHOOD EXPERIENCES - ALASKA SNAPSHOT





### PREVENTING ACES REDUCES HEALTH CONDITIONS

### Potential reduction of negative outcomes in adulthood





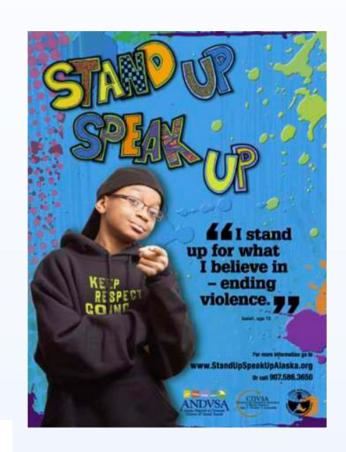


### PREVENTING ACES

- Alaska Network on Domestic Violence and Sexual Assault (ANDVSA) funded five youthled projects across Alaska
- Promote healthy relationships, and empower young Alaskans to develop into healthy, respectful, caring, and responsible citizens

https://www.youtube.com/watch?v= kjmuS42d6Qs&list=PLSfx9zra2ZGJ WVqrycXOXEq31EY6qeBiO&index= When I Am An Elder







### RESILIENCY AND PROTECTIVE FACTORS

- The presence of protective factors, particularly safe, stable, and nurturing relationships, can often mitigate the consequences of ACEs.
- Individuals, families, and communities can all influence the development of many protective factors throughout a child's life that can impact his or her development.





### THE IMPORTANCE OF CONNECTION

"The opposite of addiction isn't sobriety. It's connection. It's all I can offer. It's all that will help [you] in the end. If you are alone, you cannot escape addiction. If you are loved, you have a chance. For a hundred years we have been singing war songs about addicts. All along, we should have been singing love songs to them."

-- Johann Hari, from Chasing the Scream: The First and Last Days of the War on Drugs



### TRADITIONAL FOODS AND COMMUNITY



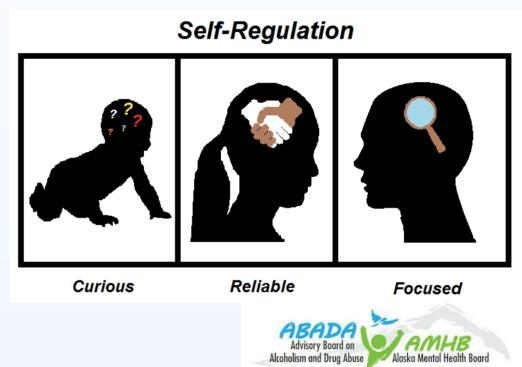
Source: Alaska Food Policy Council

- Nutrition as a way of building community and resiliency
- Maniilaq Association Traditional Foods Team provides *niqipiaq* to Elders at the Kotzebue Long-Term Care facility *Utuqquanaat Inaat*



### RESILIENCY AND SELF-REGULATION

- Research shows that even if someone has experienced trauma, if they have the ability to stay calm and focused when facing a challenge, follow through with plans, and remain curious about the world these skills are protective when combating the impacts associated with toxic levels of stress in childhood.
- These abilities are fostered through supportive relationships and are key to overcoming ACEs.





### TRAUMA-INFORMED CARE

- Care that is delivered in a way that is influenced by knowledge and understanding of how trauma affects a survivor's life and long-term experiences
- Effective treatments such as Traumafocused Cognitive Behavioral Therapy (TF-CBT) have demonstrated many benefits for children, youth, and families with ACE exposures.





### UPCOMING TRAININGS THROUGH UAA

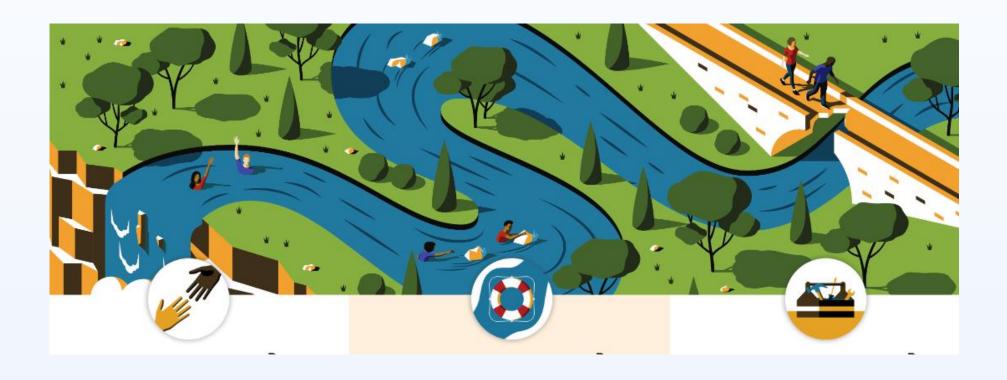
- Secondary Trauma and its Impact on Behavioral Health Providers -November 15, 2022
- Overcoming Stigma in Families with Challenges - November 9, 2022



https://continuingstudies.alaska.edu/PublicStudentSignUp.as px



### THE RIVER AND THE BRIDGE







**Our Mission:** 

health, well-being,

and self-sufficiency

**Promoting the** 

of Alaskans

## Healthy You

Activity | Minds | Bodies | Habits

ACTIVITY

Movement and play



BODIES
Healthy eating and sleep



MINDS

Mental health and well-being



HABITS
Routines and goal setting



### **Thank You**

Qaĝaasakung

Aleut

Quyanaa

Alutiiq

Quyanaq

nupiag

AwA'ahdah

Eyak

Mahsi'

Gwich'in Athabascan

Igamsiqanaghalek

Siberian Yupik

Háw'aa

Haida

Quyana

T'oyaxsm

Tsimshian

Gunalchéesh Tlingit

Tsin'aen

Chin'an

Dena'ina Athabascan



### **Questions?**



Nalukataq Celebration in Utqiagvik