

Trauma-Informed Approach and Harm Reduction Principles in Public Health: A Focus on Nutrition

Presented by

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Agenda

5 m



Introduction and level-setting

15 m



Trauma's role in chronic disease development and management

25 - 30 m



Translating knowledge into action: Application in Public Health

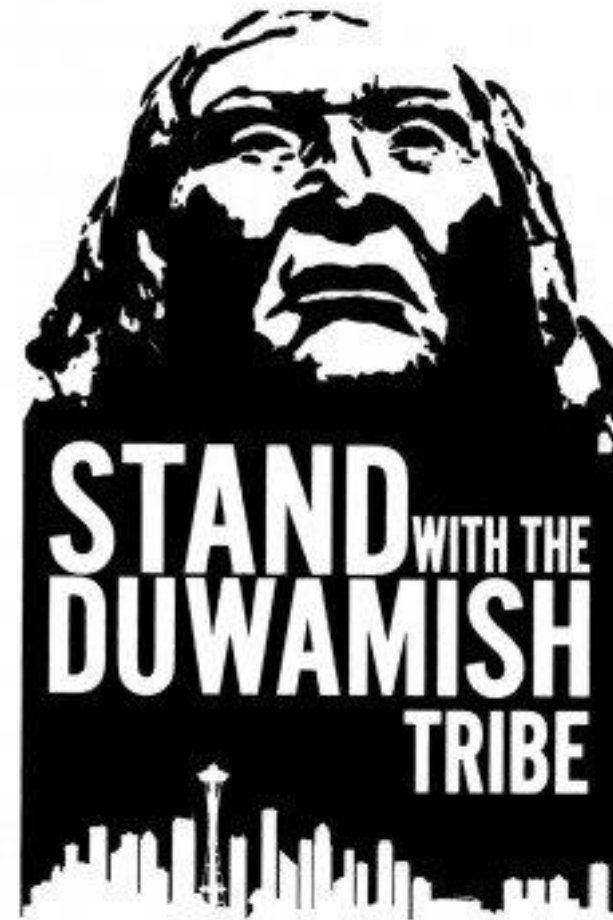
5-10 m



Q & A

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”.





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.

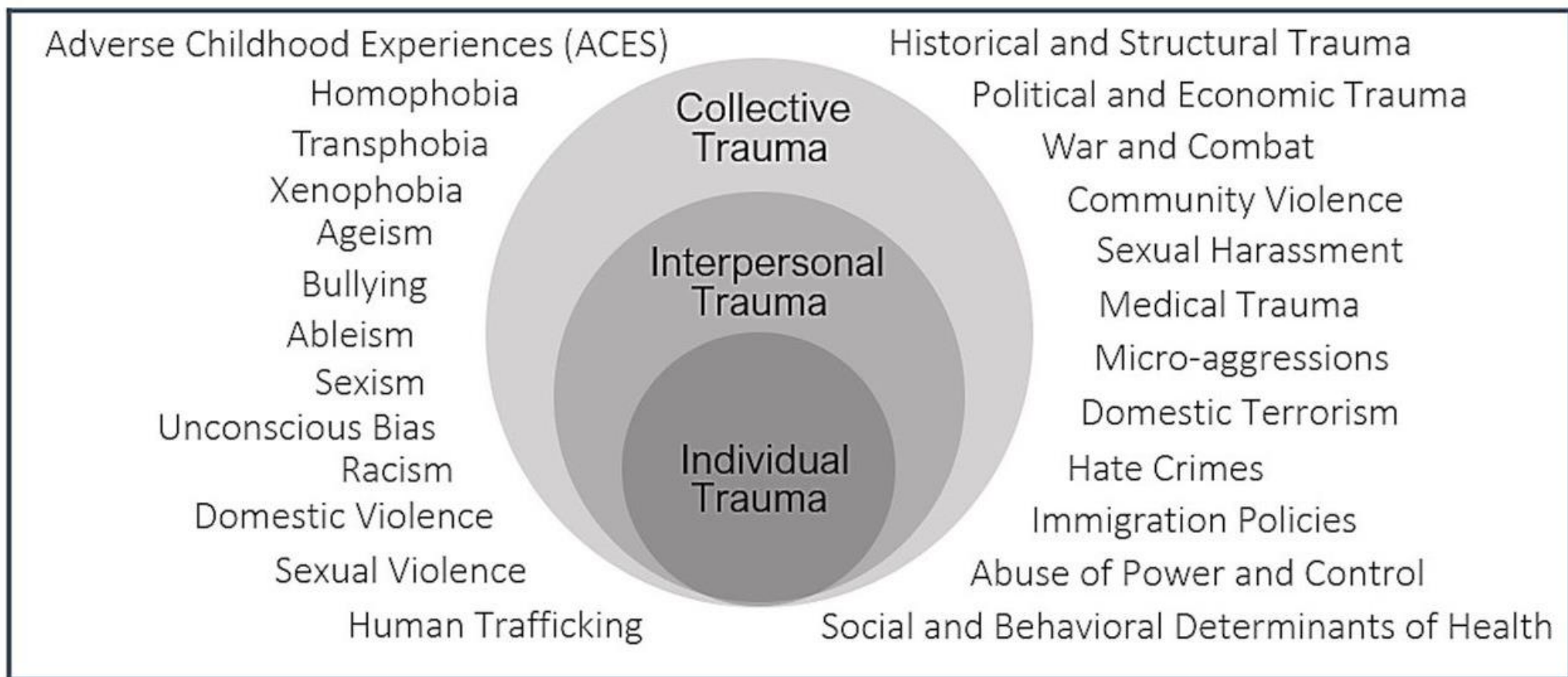
WHAT IS IT?

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.

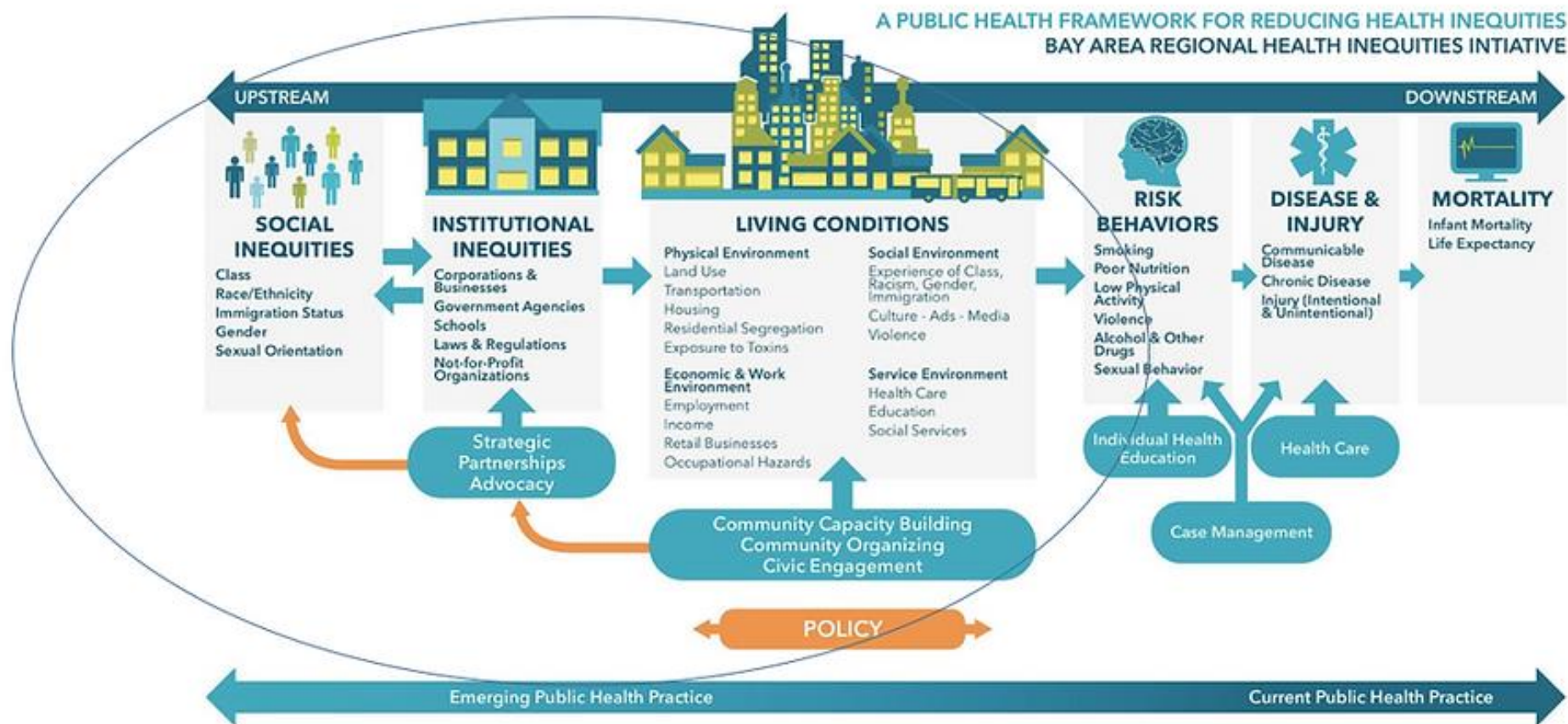


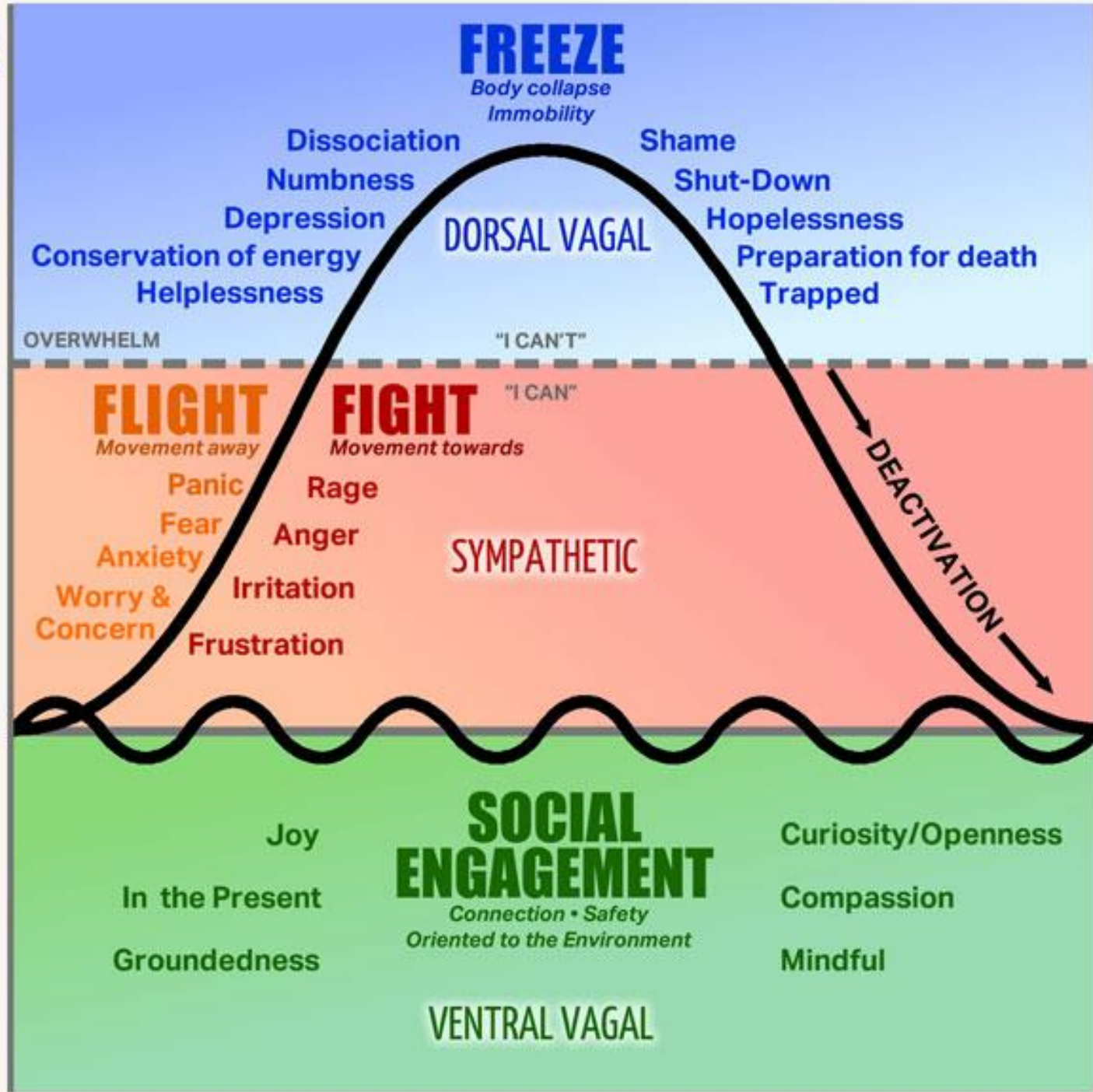
What is Trauma?



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Compounding Experiences





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

ACE SCORES

- An individual's score is the total number of these experiences to which they were exposed as children. Individuals who experienced none of them have an ACE score of 0 while those exposed to 4 would have a score of 4. The maximum score is eight.
- The higher the ACE score the person has experienced, the higher the risk for behavioral and lifestyle risk factors and indicators for chronic disease risk.
- A score of three or greater is considered "High"
- High ACE scores are associated with greater prevalence of emotional dysregulation, health compromising behaviors, and likelihood for chronic conditions, such as hypertension and diabetes.

61% of adults
have at least **1**
adverse
childhood
experience

16% have **4** or
more



Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention

Outcome	Adverse childhood experience score		
	1	2-3	≥4
	Adjusted odds ratio (95% CI)		
Chronic condition			
Coronary heart disease	1.1 (1.0-1.3)	1.2 (1.1-1.4)	1.8 (1.6-2.1)
Stroke	1.1 (1.0-1.3)	1.3 (1.2-1.5)	2.1 (1.7-2.5)
Asthma	1.3 (1.2-1.4)	1.6 (1.4-1.7)	2.2 (2.0-2.4)
Chronic obstructive pulmonary disease	1.3 (1.1-1.4)	1.7 (1.5-1.9)	2.8 (2.5-3.1)
Cancer (excluding skin)	1.1 (1.0-1.1)	1.2 (1.1-1.3)	1.4 (1.2-1.6)
Kidney disease	1.2 (1.0-1.4)	1.3 (1.2-1.6)	1.7 (1.4-2.0)
Diabetes	1.0 (0.9-1.1)	1.1 (1.1-1.2)	1.4 (1.2-1.5)
Overweight or obesity [¶]	1.0 (0.9-1.1)	1.1 (1.0-1.2)	1.2 (1.1-1.3)

Estimated Proportion of Adult Health Problems Attributable to Adverse Childhood Experiences and Implications for Prevention

Outcome	Adverse childhood experience score		
	1	2-3	≥4
	Adjusted odds ratio (95% CI)		
Mental health			
Depression	1.6 (1.5-1.7)	2.6 (2.4-2.8)	5.3 (4.9-5.7)
Health risk behavior			
Current smoker	1.4 (1.3-1.6)	1.9 (1.8-2.1)	3.1 (2.8-3.3)
Heavy drinker	1.3 (1.2-1.5)	1.6 (1.4-1.8)	1.8 (1.6-2.0)
Socioeconomic challenge			
Less than high school education	1.0 (0.9-1.1)	1.1 (1.0-1.2)	1.4 (1.3-1.6)
Unemployment	1.1 (0.9-1.3)	1.3 (1.2-1.5)	1.7 (1.5-2.0)
No health insurance	1.0 (0.9-1.1)	1.1 (1.0-1.2)	1.3 (1.2-1.5)

**Population attributable fractions (PAFs) for health conditions, health risk behaviors, and socioeconomic challenges,
by adverse childhood experience score**

Outcome	Adverse childhood experience score			Overall PAF %
	1	2-3	≥4	
	PAF %			
Chronic condition				
 Coronary heart disease	2.6	3.4	6.6	 12.6
 Stroke	—*	5.0	9.6	 14.6
 Asthma	4.2	8.1	11.7	 24.0
 Chronic obstructive pulmonary disease	4.1	9.1	13.8	 27.0
 Cancer (excluding skin)	—	2.4	3.5	5.9
 Kidney disease	3.7	5.5	6.5	 15.7
Diabetes	—	2.2	3.5	5.7
Overweight or obesity [¶]	—	0.7	1.0	1.7

Population attributable fractions (PAFs) for health conditions, health risk behaviors, and socioeconomic challenges,
by adverse childhood experience score

Outcome	Adverse childhood experience score			Overall PAF %
	1	2-3	≥4	
	PAF %			
Mental health				
Depression	6.4	14.7	23.0	44.1
Health risk behavior				
Current smoker	5.9	11.1	15.9	32.9
Heavy drinker	5.6	9.0	9.3	23.9
Socioeconomic challenge				
Less than high school education	—	—	4.6	4.6
Unemployment	—	5.7	9.2	14.9
No health insurance	—	—	3.8	3.8

How do we Operationalize Trauma-Informed Approach and Harm Reduction Principles in Public Health?

- Strengthening economic supports for families
- Promoting social norms that protect against violence and adversity
- Ensuring a strong start for children
- Enhancing skills to help parents and youths handle stress, manage emotions, and navigate everyday challenges
- Connecting youths with caring mentorship and activities

FIVE ACTION STEPS TO REDUCE CHRONIC DISEASE THROUGH IMPROVED PHYSICAL ACTIVITY AND NUTRITION



Make physical activity safe and accessible for all

Support active transportation and land use policies to make more activity-friendly routes to everyday destinations



Make healthy food choices easier everywhere

Promote food service and nutrition guidelines and healthy food procurement. Coordinate uptake and expansion of voucher incentive and produce Rx programs



Make breastfeeding easier to start and sustain

Help hospitals use evidence-based maternity care practices to support new mothers to start breastfeeding



Strengthen obesity prevention standards in early care and education (ECE) settings

Improve standards that help prevent childhood obesity (healthy eating, physical activity, and limiting screen time) within existing ECE systems



Spread and scale family healthy weight programs

Work with state Medicaid programs to help ensure that families with low incomes can easily access family healthy weight interventions

There are generally 5 areas of focus when we think about opportunities to intervene

DECOLONIZING FITNESS



Decolonizing Fitness as a practice is about providing a supportive environment to individuals who have historically not felt welcomed in fitness spaces particularly Black, Indigenous, people of color & folks from the global majority, queer and gender expansive people, fat folks, people with disabilities, people with chronic illnesses, people who are facing economic challenges and folks who are 65 and older.

Group 1 Unprocessed or Minimally Processed Foods

Fresh, dry, or frozen vegetables or fruit, grains, legumes, meat, fish, eggs, nuts and seeds.



Processing includes removal of inedible/unwanted parts. Does not add substances to the original food.

Group 2 Processed Culinary Ingredients

Plant oils (e.g., olive oil, coconut oil), animal fats (e.g., cream, butter, lard), maple syrup, sugar, honey, and salt.



Substances derived from Group 1 foods or from nature by processes including pressing, refining, grinding, milling, and drying.

Group 3 Processed Foods

Canned/pickled vegetables, meat, fish, or fruit, artisanal bread, cheese, salted meats, wine, beer, and cider.



Processing of foods from Group 1 or 2 with the addition of oil, salt, or sugar by means of canning, pickling, smoking, curing, or fermentation.

Group 4 Ultra-Processed Foods

Sugar sweetened beverages, sweet and savory packaged snacks, reconstituted meat products, pre-prepared frozen dishes, canned/instant soups, chicken nuggets, ice cream.



Formulations made from a series of processes including extraction and chemical modification. Includes very little intact Group 1 foods.

Increasing Level of Processing



Nutrition

“Nutritionism” -> Expansive Complimentary Nutrition

- A position that chronic disease is only mediated by the nutrition of the food.
- An expansive view knows nutrition includes concepts of levels of processing and the role of various other complimentary biochemical compounds in the process of nutrition mediation.

Deprivation Nutrition is antithetical to health of the whole person

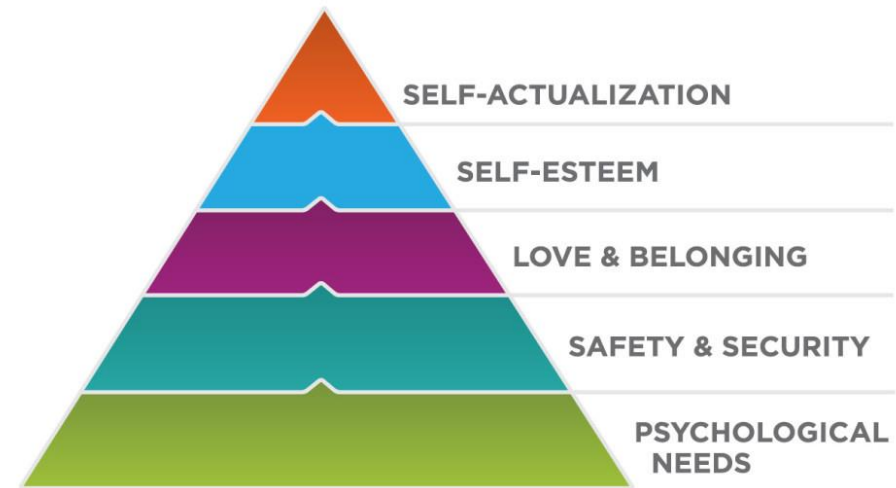
- Dieting often focuses on deprivation and avoidance.
- Healthy behaviors focus on having a good relationship with all foods and does not assign morality to foods.
- Healthy counseling gives permission to eat and encourages regular access to food as an act of self-care and health promotion.

Who do you serve?

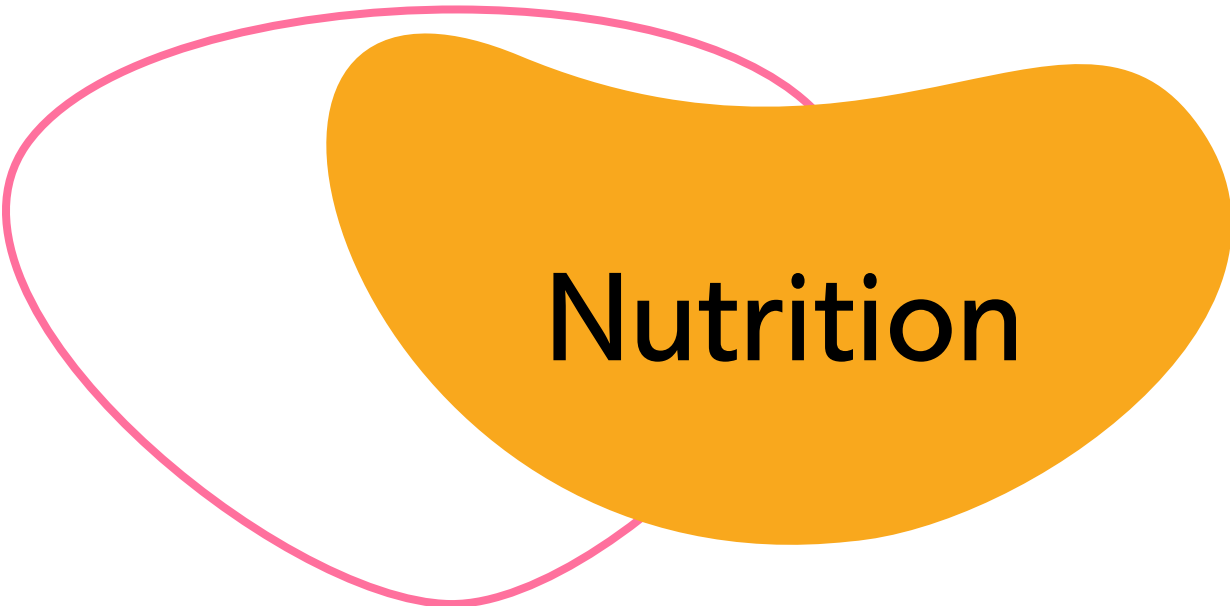
Who are you serving?



What do they need?



MASLOW'S HIERARCHY OF NEEDS



Nutrition

Communications

- Employ motivational interviewing techniques in all communications to grow your understanding with intention – with the individual, community, colleagues, and even yourself.
- Use language that aligns with the trauma-informed approach.
- Employ harm reduction strategies: Progress > Perfection.
 - Meeting someone where they are – not with where you think they should be.

Considerations

- **If you are not sure – ask.**
 - “What are your preferred pronouns?”
 - “How do you prefer to refer to your condition/body?”
- **Build rapport through authenticity**
 - Lead with vulnerability
 - “I want to consider this experience and it is not my lived experience. Are you or do you know someone who might be able to provide insight?”

High Impact Opportunity



Photo Credit: Body Liberation Photos

The “O” Words

THE “O” WORDS

The terms “obesity” and “overweight” derive from the Body Mass Index, a tool created 200 years ago by Adolphe Queteletto identify the “average” man which represented the euro-centric idealist aesthetic.

BMI has been applied to chronic disease diagnosis and metrics of risk management within the clinical context.

How do we speak about physical activity?

Focus on joy. Simply stated, no one wants to do something that does not feel good – physically, mentally, or emotionally.

“Exercise” can elicit a really bad feeling for people that have been shamed for living in larger bodies – many assumptions are simply incorrect. All movement is good movement so long as it is safe movement.

It is 100% possible for an individual to be under eating and still living in a large body.

You absolutely can be healthy and fat.



Food Service Guideline Application



12/14/2022

NUTR 596 **Capstone Report**

*Nutrition Policy and Food Service
Guidelines Recommended for
Adoption by Teen Feed*

Prepared By:

Jordyn Fantuzzi, Megan Fisher, Mayra Gutierrez, Victoria Jansen, Andrea Litzow,
Joanne Lum, Katie McConaughy, Kunal Patel, Anastasia Powell, James Sherrell,
Oluseyi Shonuyi, Savannah Stelzer, Kristina Tribbley, Emilee Vann, and Marah Zinnen



University of Washington | NUTR 596 | Fall 2022
Trauma-Informed Food Service Guidelines
TeenFeed
Seattle, WA



A nutrition policy and food service guidelines tailored food service for unhoused and precariously housed youth aged 13-25 years. The nutrition policy aims to increase nutritional adequacy within offerings and food service guidelines offer behavioral design and approaches through trauma-informed and harm reductionist lens. The nutrition policy recommends food choices based on a choose often/sometimes/rarely model, as set forth in the Healthy Eating Research (HER) Guidelines.

Adaptation SAMHSA's Six Guiding Principles to a Trauma-Informed Approach was utilized as a framework for the food service guidelines.

The six guiding principles include:

- Safety
- Trustworthiness/transparency
- Peer support
- Collaboration/mutuality
- Empowerment/voice/choice
- Cultural/historical/gender issues

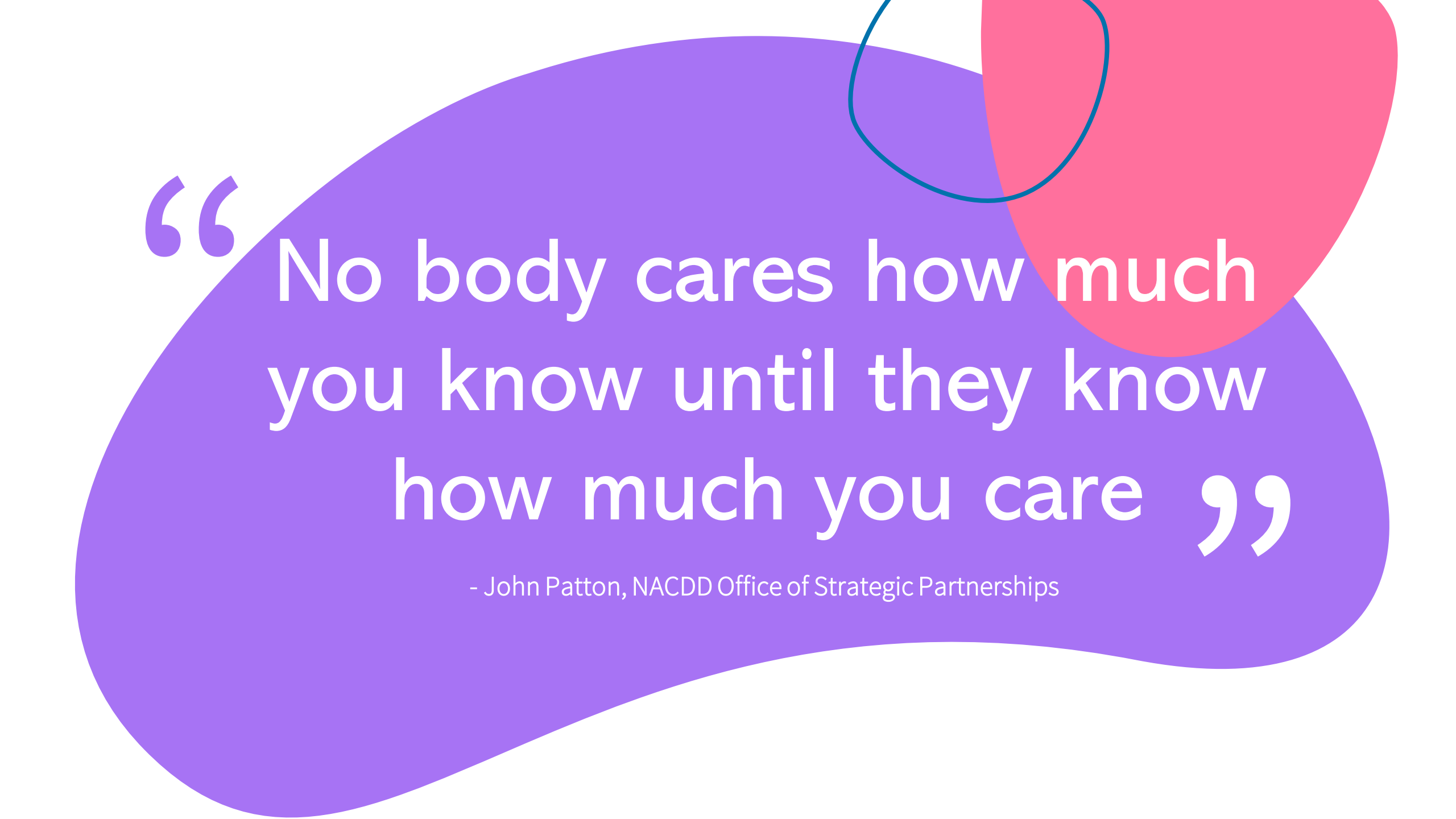
Some Highlights

- Assigning morality to foods. For example, do not refer to any foods as “good” v “bad” or “guilt-free” v “guilty pleasure.”
- Always having vegetarian, vegan, and gluten-free options available – respect an individual’s observances.
 - Many high-stress situations can cause changes in gastric pH and gut flora. Gluten-free and vegetarian diets also tend to be gentler for sensitive GI tracks.
- Use a culturally humble lens. Avoid naming dishes with respect to ethnicity. Example: Pan - roasted greens beans with sesame oil, soy sauces, garlic and chili flakes.
 - DO use: Spicy sesame green beans
 - DO NOT use: Spicy Asian green beans

Understanding Trauma is Like a Superpower

When you engage in a trauma-
informed approach you hear and see
things differently





“ No body cares how much
you know until they know
how much you care ”

- John Patton, NACDD Office of Strategic Partnerships

Thank you!

I invite you to connect!

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