INTRODUCTION/BACKGROUND

Introduction
• Black males in the US have the lowest life expectancy (71.5 years).1
• Life Expectancy is associated with Institutional Racism.
• Institutional Racism: policies, laws, and regulations that perpetuate disparities.2
• Institutional racism is a powerful stressor and cause of trauma.3
• Trauma-informed care acknowledges that many have experienced some form of trauma, and it better promotes physical and psychological well being.

Gaps in Knowledge
• Implementing an antiracist curriculum helps medical students understand how race and culture impact health.4
• The impact of race and culture on health is not consistently incorporated in trauma-informed care training and resources.
• For example, one recent trauma-informed toolkit5 does not explicitly reference how race and culture impact trauma and health outcomes.

OBJECTIVE

• The objective is to develop a trauma-informed care toolkit that focuses on the impact of racism on health outcomes in order to equip providers with resources that they were not currently properly trained for.

METHODS

1. Review presentations by experts on the impact of racism on health outcomes from the My Brother’s Keeper’s (MBK) Trauma Healing & Learning Series (THLS)
2. Meet weekly with team to discuss the main takeaways of presentations
3. Synthesize the main ideas and themes from the research/presentations
4. Identify gaps from presentations and conduct additional research
5. Develop a toolkit

RESULTS

Figure 1: Association between Redlining (Institutional Racism) and Lower Life Expectancy

Figure 2: Bay Area: Life Expectancy in Relation to Redlined Areas

Figure 3: Understanding how Redlining is associated to lower life expectancy

TABLE 1: Trauma and Outcomes

<table>
<thead>
<tr>
<th>EMOTIONAL</th>
<th>BEHAVIORAL</th>
<th>HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress &amp; Anxiety</td>
<td>Violence</td>
<td>Hypertension</td>
</tr>
<tr>
<td>Depressive Symptoms</td>
<td>Aggression</td>
<td>Inflammatory Response</td>
</tr>
<tr>
<td>Emotional Distress</td>
<td>Delinquent Behavior</td>
<td>Obesity</td>
</tr>
<tr>
<td>Hopelessness &amp; Powerlessness</td>
<td></td>
<td>Cardiovascular Diseases</td>
</tr>
</tbody>
</table>

QUOTES

"More answers and resources readily available for young men of color. I introduce to the youth how health insurance works and how easily they can use it in an emergency or non-emergency situation. Provide tools to help with any mental health issues that occur with or without use of meds. (Therapy, anxiety, Ang/Out, etc.)" - Hector Diaz, BS

"Have patience with us, growing up in the environment of south Sacramento doesn’t really help us get confidence in speak up and explain what we are feeling." - Kristina Gelardi, PhD

FUTURE DIRECTIONS

The supplemental provider toolkit could be a valuable tool for:
1. Reframing healthcare curriculum on Race and Health
2. Training at different levels of healthcare
3. Creating healing spaces and educating others about trauma in communities of color

ACKNOWLEDGEMENTS

This research would not have been possible without the support of Dr. Gelardi, Johan Cardenas, Kaytie Speziale, Ramsey King, and Public Health Advocates.

REFERENCES

Introduction

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• Life Expectancy is associated with Institutional Racism.
  **Institutional Racism:** policies, laws, and regulations that perpetuate disparities.²
• Institutional racism is a powerful stressor and cause of trauma.³
• Trauma-informed care acknowledges that many have experienced some form of trauma which better promotes physical and psychological well being.

Gaps in Knowledge

• Implementing an antiracist curriculum helps medical students understand how racism impacts health.⁴
• Impact of racism on health is not *consistently* incorporated in trauma-informed care training and resources.
• For example, one recent trauma-informed toolkit⁵ doesn’t reference how racism impacts health.
• To develop a trauma-informed care toolkit that focuses on the impact of racism on health outcomes in order to equip providers with resources that they were not currently properly trained for.

1. Review presentations by experts on the impact of racism on health outcomes from the My Brother’s Keeper (MBK) Sacramento’s Trauma Healing & Learning Series (THLS)\(^6\)
2. Meet weekly with team to discuss the main takeaways of presentations
3. Synthesize the main ideas and themes from the research/presentations
4. Identify gaps from presentations and conduct additional research
5. Develop a provider toolkit
RESULTS

Figure 1: Association between Redlining (Institutional Racism) and Lower Life Expectancy

Figure 2: Bay Area: Life Expectancy in Relation to Redlined Areas

Historic Redlining Score by Quartile
- Low (Q1)
- Medium (Q2)
- High (Q3)
- Very High (Q4)

Life Expectancy by Quartile
- Low (< 78.8)
- Medium (78.8 - 81.5)
- High (81.6 - 84.1)
- Very High (> 84.1)
Table 2: Quotes from youth participants in MBK’s Youth Listening Sessions

**QUOTES**

“We need more answers and resources readily available for young men of color. Introduce to the youth how health insurance works and how exactly to use it in an emergency or non-emergency situation. Provide tools to help with any mental health issues that occur with or without use of meds. (Therapy, anxiety gadgets, etc.)”

“Have patience with us, growing up in the environment of south Sacramento doesn’t really help us get confidence to speak up and explain what we are feeling.”
• Healthcare providers need to be prepared to work with communities experiencing ongoing trauma.

• Currently, most medical schools are not preparing students to work with patients experiencing ongoing trauma.

• Understanding community conditions as a result of institutional racism can inform how we serve patients and how we understand colleagues and communities.
The supplemental provider toolkit could be a valuable tool for:

1. Reframing healthcare curriculum on Race and Health
2. **Training** at different levels of healthcare
3. Creating healing spaces and educating others about trauma in communities of color

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