

## **1115 Waiver Comment** (by Mariana Chilton, PhD, MPH and Emily Weida, DrPH, MSW)

### **Programming – Trauma informed financial empowerment**

Decades of research has shown that trauma exposures (such as Adverse Childhood Experiences (ACEs) and deep poverty (manifested in experiences of hunger, homelessness, and gun violence)) are upstream factors that negatively affect physical and mental health.(1–4) We recommend that Pennsylvania’s Keystones of Health program adopt approaches that will reduce inequities by addressing these upstream factors, and by ensuring that Medicaid coverage pay for and incentivize approaches that help people heal from trauma and improve financial health.(5) Many attempts to address social determinants of disease are siloed into areas of housing, food/nutrition, and gun violence without attention to what ties all three together, which is deep poverty (lack of financial health) and exposure to trauma. To support Pennsylvanians in living healthy, enriching, and vibrant lives, financial health must be recognized as a health-related social determinant.(6) And *all* approaches ought to address the trauma that is a common thread tying together most social determinants.(4,7) If Medicaid paid for and included coverage of programs that simultaneously addressed trauma and promoted financial health, more people would receive effective support for their wellbeing, thus reducing suffering *and* the cost of healthcare. As an example, the [Building Wealth and Health Network](#), is an evidence-based trauma-informed, healing-centered financial empowerment program that combines emotional and peer support with financial education to promote self-efficacy and resilience. The Network, which began as a randomized controlled trial in 2014 in concert with the Department of Human Services (TANF), and has been ongoing for ten years, effectively promotes mental and financial health, and significantly reduces housing insecurity and food insecurity through building social capital and financial capability.(8–11)

### **Capacity Building – Training for trauma-informed and healing-centered engagement**

Additionally, to support continuous capacity building for all social services providers who might be included in Pennsylvania’s 1115 waiver, all Medicaid-funded service providers should learn about and practice trauma-informed and healing-centered engagement. As a reminder, exposure to ACEs and toxic stress are traumatic experiences that tax individuals, families and communities, so the systems in place meant to help families must be trauma-aware and informed. Consider here the importance of the “Pair of ACEs” where adverse childhood experiences are reflective of adverse *community* experiences.(12) These traumas are also rooted in history and across generations.(13–18) Given this traumatogenic social milieu, public, private and non-profit systems meant to help people can inadvertently perpetuate trauma and hardship. It is important to note that social services systems themselves can start to reenact and perpetrate the same traumas that their clients are experiencing. Trauma-informed organizational approaches that create supportive, healing and liberatory environments for their staff and clients create healthy organizations that truly support and promote human health and flourishing.(7,19–29)

[Heal PA](#), the state initiative that helps providers become trauma informed, and many other organizations such as [Lakeside Global Institute](#), [Presence](#), and the [Center for Hunger Free Communities](#), provide trauma-informed training for health care and social services providers. But such training needs to reach many more people and organizations, and ought to be mandated or strongly encouraged, for all staff who provide Medicaid reimbursable programming. This should be accomplished with an equity framework.

(CUT: Additionally, this training ought to be blended with an anti-oppression/anti-racism lens. Without such anti-oppression and healing-centered training, the social services that Medicaid might reimburse could perpetuate some of the same violent processes that cause hardship and ultimately increase Medicaid costs. If such capacity building for social services providers were covered by Medicaid, healing and flourishing would be promoted throughout multiple systems at once and could manifest in improved health and wellbeing for all people in the Commonwealth.)

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