

Episode: *Author Interview: “Trauma-Informed Screening for Structural Drivers of Health”*

Guest: Elizabeth Lanphier, PhD, MS, HEC-C

Host: Tim Hoff

Transcript: Cheryl Green

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[bright theme music]

[00:00:04] TIM HOFF: Welcome to another episode of the Author Interview series from the *American Medical Association Journal of Ethics*. I'm your host, Tim Hoff. This series provides an alternative way to access the interesting and important work being done by Journal contributors each month. Joining me on this episode is Dr Elizabeth Lanphier, a clinical ethicist and faculty member in the Ethics Center at Cincinnati Children's Hospital Medical Center in Ohio. She's here to discuss her article, coauthored with Dr James Duffee, “*Trauma-Informed Screening for Structural Drivers of Health*,” in the September 2025 issue of the Journal, [Screening Children for Structural Drivers of Health](#). Dr Lanphier, thank you so much for being here.

DR ELIZABETH LANPHIER: Thanks so much for having me. [music fades]

[00:00:47] HOFF: So, what is the main ethics point that you and Dr Duffee are making in this article?

LANPHIER: So our key point is that there can be a tight relationship between the kinds of adversities related to structural drivers of health and adversity related to what are characterized as adverse childhood experiences or ACES, as well as individual and collective trauma. So for example, adults who report experiencing more classic intrafamilial ACES, like emotional or physical abuse or parental separation or incarceration, are more likely to face socioeconomic challenges. And these can contribute to structural drivers of health like unemployment, food insecurity, or housing insecurity for themselves, but also for children that grow up in their households. In addition, racism, discrimination, and community violence are also significant structural drivers of health that can contribute to early childhood trauma, community trauma, and re-traumatization during health care encounters.

And so, because of all this, we argue that any ethical implementation of structural drivers of health screening needs to be a trauma-informed one. And by trauma-informed, we really just mean applying the principles and practices of trauma-informed care, which recognize the prevalence and impact of trauma and respond by cultivating physical and emotional safety; fostering trust and transparency; and enhancing empowerment, voice, and choice; seeking opportunities for peer support; and paying attention to contextual, cultural, and historical factors.

[00:02:05] HOFF: And so, what do you see as the most important thing for health professions students and trainees to be taking from your article?

LANPHIER: Yeah. So my coauthor, Dr Duffee, and I didn't want to only explain why structural drivers of health screening should be trauma-informed, but to provide some examples of how health care professionals can implement trauma-informed practices when screening. And so, our article provides some examples that include prior to implementing screening, working with local patient and community groups to choose a screening tool that reflects priority structural drivers of health for your patient population and identifies community resources to respond to screened needs; to train everyone involved in screening on the principles of trauma-informed care; and also have resources in place to deal with secondary trauma or re-traumatization that may occur when health care workers are interacting with patient trauma or adversity.

And then during screening, we suggest being transparent about why screening is occurring and what may or may not happen as a result, as well as offer sincere choices about if and how to complete such screening. And then finally, in addition to screening for structural drivers of health, we really suggest that health care workers promote relational health and positive protective factors in their encounters with patients and their families, because these can buffer against adversity. And one example is children having a safe, stable relationship with at least one nurturing adult. So these are not exhaustive, and our paper offers some additional recommendations that are also not exhaustive. But we hope to provide some concrete examples to help guide health care workers, including trainees and health care professionals.

[00:03:39] HOFF: And finally, if you could add something to your article that you didn't have the time or space to fully explore, what would that be?

LANPHIER: Well, we would've really loved to expand on the concept of justice in trauma-informed care, and how a trauma-informed approach preserves the dignity of people who may be living in some form of adversity—often, though not always, due to injustices—and who may experience disdain, condescension, or rejection in medical and non-medical settings as a result. So, we see trauma-informed care as a reparative justice approach. It's attentive to prior adversities that produce harmful and often inequitable physical and social health outcomes, while also being a forward-looking approach about how to prevent future adversity and further injustice. And so, while traditional biomedical and public health ethical principles can offer shared language that we use in the paper to talk about ethical health care practices, we also need richer discussions of what we mean by, and how we can realize, commitments to justice and health care. So on our account, trauma-informed approaches in structural drivers of health screening, but also in health care delivery and health care policy making more broadly, are part of a robust relational ethic and an orientation toward justice. [theme music returns]

[00:04:52] HOFF: Dr Lanphier, thank you so much for your time on the podcast today, and thanks to you and your coauthor for your contribution to the Journal this month.

LANPHIER: Thank you so much, Tim.

HOFF: To read the full article, as well as the rest of this month's issue for free, visit our site, journalofethics.org. We'll be back soon with more *Ethics Talk* from the *American Medical Association Journal of Ethics*.