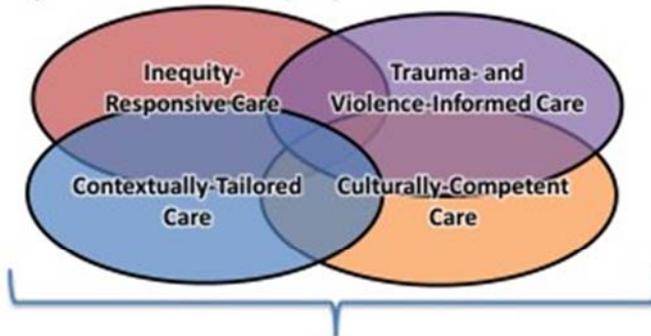


Equity and Trauma-Informed Care Principles in the Health Care Setting

4 Key Dimensions of Equity-Oriented PHC Services



10 Strategies to Guide Organizations in Enhancing Capacity for Equity-Oriented Services

- Make an explicit commitment to equity
- Develop supportive structures, policies, and processes
- Revision use of time
- Attend to power differentials
- Tailor care, programs and services to context
- Actively counter oppression
- Promote community + patient participatory engagement
- Tailor care, programs and services to histories
- Enhance access to social determinants of health
- Optimize use of place and space

Outcomes

Shorter term:

- increased effectiveness of services
- increased 'fit' between people's needs and services
- increased access to health care and social resources
- increased patient capacity to manage health

Longer term:

- improved health and quality of life
- reduced health inequities at population level

Conceptually, the four key dimensions provide a framework for understanding the essential elements of equity-oriented primary health care (PHC) services when working with marginalized populations. The dimensions are interrelated and overlapping, and include:

- **Inequity-Responsive Care:** explicitly addressing the social determinants of health as legitimate and routine aspects of health care, often as the main priority.
- **Trauma- and Violence-Informed Care:** recognizing that most people affected by systemic inequities and structural violence have experienced, and often continue to experience, varying forms of violence with traumatic impact. Such care consists of respectful, empowerment practices informed by understanding the pervasiveness and effects of trauma and violence, rather than 'trauma treatment' such as psychotherapy.
- **Contextually-Tailored Care:** expanding the concept of patient-centered care to include services that are explicitly tailored to the populations served and local contexts. This may include organizational tailoring to address the local population demographics and social trends (e.g., programs or services addressing HIV, seniors, women's or men's issues, support for new immigrants, etc.).

This tool was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence.

For more information, visit: www.IPVhealthpartners.org

- **Culturally-Competent Care:** taking into account not only the cultural meaning of health and illness, but equally importantly, people’s experiences of racism, discrimination and marginalization and the ways those experiences shape health, life opportunities, access to health care, and quality of life.

Source: Annette J Browne, Colleen M Varcoe, Sabrina T Wong, Victoria L Smye, Josée Lavoie, Doreen Littlejohn, David Tu, Olive Godwin, Murry Krause, Koushambhi B Khan, Alycia Fridkin, Patricia Rodney, John O’Neil, and Scott Lennox, Closing the health equity gap: evidence-based strategies for primary health care organizations, Int J Equity Health, 2012; 11: 59.

SAMHSA’s Six Key Principles of a Trauma-Informed Approach

Trauma-Informed Approach

According to the Substance Abuse and Mental Health Service Administration’s (SAMHSA’s) concept of a trauma-informed approach, “A program, organization, or system that is trauma-informed:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery;
2. *Recognizes* the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices; and
4. Seeks to actively resist *re-traumatization*."

Six Key Principles of a Trauma-Informed Approach

A trauma-informed approach reflects adherence to six key principles rather than a prescribed set of practices or procedures. These principles may be generalizable across multiple types of settings, although terminology and application may be setting- or sector-specific:

- **Safety:** Throughout the organization, staff and the people they serve, whether children or adults, feel physically and psychologically safe; the physical setting is safe and interpersonal interactions promote a sense of safety.
- **Trustworthiness and transparency:** Organizational operations and decisions are conducted with transparency and the goal of building and maintaining trust among clients, family members, staff, and others involved with the organization.
- **Peer support** (peers refers to individuals with lived experiences of trauma, or in the case of children this may be family members of children who have experienced traumatic events and are key caregivers in their recovery) and mutual self-help are key vehicles for establishing safety, building trust, enhancing collaboration, and maximizing a sense of Empowerment
- **Collaboration and mutuality:** Partnering and leveling of power differences between staff and clients and among organizational staff from direct care staff to administrators; demonstrates that healing happens in relationships and in the meaningful sharing of power and decision-making. The organization recognizes that everyone has a role to play in a trauma-informed approach; “one does not have to be a therapist to be therapeutic.”
- **Empowerment, Voice and Choice:** throughout the organization and among the clients served, individuals’ strengths and experiences are recognized and built upon; the experience of having a voice and choice is validated and new skills developed. The organization fosters a belief in resilience and in the ability of individuals, organizations, and communities to heal and promote recovery from trauma; building on strengths and not just addressing perceived deficits.
- **Cultural, historical, and gender issues:** the organization actively moves past cultural stereotypes and biases (e.g. based on race, ethnicity, sexual orientation, age, geography, etc.), offers gender responsive services, leverages the healing value of traditional cultural connections, and recognizes and addresses historical trauma.

Source: The Substance Abuse and Mental Health Services Administration is a branch of the U.S. Dept of Health and Human Services. For more on trauma informed practice analysis see: <https://www.samhsa.gov/nctic/trauma-interventions>.

This tool was developed by the National Health Resource Center on Domestic Violence, a project of Futures Without Violence.

For more information, visit: www.IPVhealthpartners.org

