EQUIP Healthcare

Research to Equip Primary Healthcare for Equity

Innovative Responses to Structural Violence Among Vulnerable Populations: Integrating Trauma-and Violence-Informed Care into Routine PHC Practices



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Overview of Session:

- Role of PHC sector in responding to structural and interpersonal violence
- Multi-component organizational intervention
- Examples of strategies for integrated TVIC
- Implications



Challenge for the PHC Sector: How to Respond to Growing Social, Health and Healthcare Inequities?

> Neoliberal Policies

Increasing SES Gradient Systemic + Interpersonal Discrimination

Current Issue in Canada: *Missing Women Inquiry*





Structural violence is defined as "a host of offensives against human dignity, including extreme and relative poverty, social inequalities ranging from racism to gender inequality, and the more spectacular forms of violence" (Farmer, 2003, p. 8).

Inequities are structural because they are **embedded in social, political and economic policies and organizations,** and they are violent because they cause harm to people (<u>Farmer, 2003</u>)

Drawing on Multiple Programs of Research

Women's Health Effects (of Violence) (Ford-Gilboe, Varcoe, Wuest)

Emergency Use for "Non-Urgent" Needs (Browne, Smye, Rodney) Intervention for Health Enhancement After Leaving (iHEAL) (Ford-Gilboe, Varcoe, Wuest, Merritt-Gray)

Urban Aboriginal Health Centres

(Browne, Varcoe, Wong, Smye, Lavoie)

Equity Lens for Public Health (ELPH) (Pauly et al.) "EQUIP": Intervention Research to Equip Primary Health Care for Equity (Browne, Varcoe, Ford-Gilboe. Wathen et al)

Testing Internetbased Safety Decision Aid (Ford-Gilboe, Wuest, Varcoe) Aboriginal Women's Health Intervention (Varcoe, Browne, Ford-Gilboe)

Aboriginal Women's Experiences of Violence (Smye, Browne & Varcoe)





EQUIP: An Organizational-level Intervention to Address Structural Violence in Primary Health Care Clinics



Program Purposes:

 Test effectiveness of a multi-component organizational intervention to promote health equity for marginalized populations



- Identify and operationalize measures of equity-sensitive PHC to capture the processes and impact of services
- Analyze policy and funding contexts that can support uptake (and scale up) of equity-oriented interventions





Mixed methods:

- Quantitative Measures
- Open-ended interviews
- Participant observation
- Document & policy analysis

Intersectionality





EQUIP: An Organizational Intervention

- I. Staff Education in 3 Overlapping Areas:
 - **A:** Equity-Oriented Healthcare Strategies
 - **B:** Countering Discrimination + Cultural Safety
 - **C:** Trauma-and-Violence Informed Care (TVIC)

II. Organizational
Integration and Tailoring:
➢ Tailoring specific
strategies to the local
context

Practice Consultant



3 Main Outcome Assessments

1. Clients:

- Cohort Sample n = ~150/site x 4 sites
- Structured interviews at 4 points in time (standard measures and interview questions)

2. Staff:

- Pre-post measures of knowledge, attitudes and practices
- **3. Assessing Organizational Changes:**
- Interviews with staff
- Observations of team meetings and decision-making processes
- Review of organizational documents (e.g. new policies or guidelines)

EQUIP Patient Cohort (baseline n=567) Retention across Waves 1, 2 & 3

Site	Wave 1 Spring 2013 (n)	Wave 2 Fall 2013 (n)	Wave 3 Fall 2014 (n)	Retentio n Rate (%)
Site A	133	124	120	90%
Site B	125	118	99	79%
Site C	153	134	118	77%
Site D	156	121	118	76%
Overall	N= 567	N= 499	N =455	80%

What's the Value Added of TVIC....





Source, Varcoe, C.)

Brings the pathophysiological mechanisms into view

Chronic diseases as related to the physiological consequences of trauma and poverty





Examples: Organizational Integration and Tailoring





- Uniquely planned with staff at each site
- Practice consultant supporting implementation



Example:

"Lining up outside our clinic"

"Dismissing patients over the phone"



Receptionist's Insights: *This is "structural violence!"*

Example:

Clinical Guidelines to Better Address Chronic Pain in Context of Substance Use

"What Am I Supposed to Do about My Pain?"



"I was put on Tylenol # 3's [Codeine] when I was 12... I have pain every single day..."

"They want me to go off of [narcotic medications] but what am I supposed to do about my pain?"



Example: Tailoring place and space





Example:

Enhancing Access to Support for Vicarious Trauma



In a patient encounter, how confident are you that you can explain the effects of trauma to a patient? All clinics

1 (Not at all confident) to 10 (Very confident)



2. For Wave 2, N=83; n=72, 11 missing

What can we do in practice? What can we do in our organizations?



Questions? <u>www.equiphealthcare.ca</u>



Examples of Resources on TVIC

Varcoe, C., Browne, A.J. & Michaelson, L. (2014). Substance use in the context of health assessment (pp. 107-119). In A. J. Browne, J. MacDonald-Jenkins & M. Luctkar-Flude (Eds.), *Physical Examination and Health Assessment by C. Jarvis* (2nd Canadian Edition). Toronto: Elsevier.

Hopper, E. K., Bassuk, E. L., & Olivet, J. (2010). Shelter from the storm: Traumainformed care in homelessness services settings~!2009-08-20~!2009-09-28~!2010-03-22. The Open Health Services and Policy Journal, 3(2), 80-100. doi:10.2174/1874924001003020080

Coalescing on Women and Substance Use: Linking Research, Practice and Policy website: http://www.coalescing-vc.org/index.htm (Re: Violence, trauma and substance use)

BC Trauma Informed Practice Guide (2013). BC Centre of Excellence for Women's Health. <u>http://bccewh.bc.ca/wp-content/uploads/2012/05/2013_TIP-</u> <u>Guide.pdf</u>