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

Annette J. Browne, PhD, RN and Colleen Varcoe, PhD, RN

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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 (Farmer, 2003).
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)
- “EQUIP”: Intervention Research to Equip Primary Health Care for Equity (Browne, Varcoe, Ford-Gilboe, Wathen et al.)
- Aboriginal Women’s Health Intervention (Varcoe, Browne, Ford-Gilboe)
- Urban Aboriginal Health Centres (Browne, Varcoe, Wong, Smye, Lavoie)
- Equity Lens for Public Health (ELPH) (Pauly et al.)
- Testing Internet-based Safety Decision Aid (Ford-Gilboe, Wuest, Varcoe)
- Aboriginal Women’s Experiences of Violence (Smye, Browne & Varcoe)
- Aboriginal Women’s Health Intervention
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
Partnered with Four PHC Centres
**Overall Research Design:**

**Case Study, Mixed Methods**

**Mixed methods:**
- Quantitative Measures
- Open-ended interviews
- Participant observation
- Document & policy analysis

**Intersectionality**

**Complexity Theory**

**Case Study**
- Organizations conceptualized as Complex Adaptive Systems
- PHC Clinics as unit of analysis

**Sex- and Gender-based Analysis**
Key Assumptions Guiding \textit{EQUIP}

Context: Structural Violence

- Trauma and Violence
- Chronic Pain
- Substance Use
- Discrimination, Dismissal and Stigma

Mistrust in Healthcare System
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

<table>
<thead>
<tr>
<th>Site</th>
<th>Wave 1 Spring 2013 (n)</th>
<th>Wave 2 Fall 2013 (n)</th>
<th>Wave 3 Fall 2014 (n)</th>
<th>Retention Rate (%)</th>
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<tbody>
<tr>
<td>Site A</td>
<td>133</td>
<td>124</td>
<td>120</td>
<td>90%</td>
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<tr>
<td>Site B</td>
<td>125</td>
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<td>Site D</td>
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<tr>
<td>Overall</td>
<td>N= 567</td>
<td>N= 499</td>
<td>N= 455</td>
<td>80%</td>
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What’s the Value Added of TVIC....

Health Equity

Structural Violence

SDH

Trauma- and Violence Informed Care
All forms of abuse are associated with higher levels of substance use. Violence and abuse as well as other forms of stress (e.g. racism and poverty) have physiological affects. Ability to regulate pain is altered. Unresolved pain is associated with substance use.

Source: Varcoe, C.)
Brings the pathophysiological mechanisms into view

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

[Image of a person sitting in a medical setting with labels: Arthritis, Hypertension, Substance use, Diabetes]
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

Dine ja: What is the matter?
Oyo: Medicine.
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)

For baseline, N=80; n=64, 16 missing

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

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<th>Site</th>
<th>Baseline</th>
<th>Wave 2²</th>
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<tbody>
<tr>
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<td>B</td>
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<td>C</td>
<td>5.32</td>
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<tr>
<td>D</td>
<td>5.95</td>
<td>8.17</td>
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*p=0.001*
What can we do in practice?
What can we do in our organizations?
Questions?

www.equiphealthcare.ca
Examples of Resources on TVIC


