

## Building Access, Engagement, and Resiliency through Trauma-informed Care



**Cohort:**  
2018-2021

**Team Members:**  
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**Location:**  
Boston, Massachusetts

**Focus Areas:**  
Disease Prevention & Health Promotion  
Health Care Access  
Violence & Trauma

### Short Project Description

Trauma and abuse are nationally recognized as social and behavioral determinants of health and raise important public health concerns across the U.S., including Massachusetts 1-4 Due to deeply embedded structural racism, trauma disproportionately impacts people of color and low-socioeconomic communities and significantly contributes to health inequities overall."5-10 Brigham and Women's Hospital (BWH) Community Health Needs Assessment (CHNA) identified high priority zip code neighborhoods that represent a large percentage of people of color. Data from the CHNA showed that one-third of the patients that seek ED care come from our low-resourced communities thus highlighting an opportunity for BWH's Emergency Department (ED)11 to address the impact of trauma on health and wellness for patients and staff. This research study was designed to understand the current ED staff's delivery of care for patients who have experienced trauma, violence or abuse. Through this study we hope to develop, implement and evaluate the added benefit of trauma-informed approaches.

## Wicked Problem Description

Our hospital system recognizes that trauma, both individual and collective, forms a wicked problem that is deeply interconnected with health outcomes and that trauma disproportionately occurs amongst the most marginalized, resource-deprived and oppressed people in our community. Despite the recognition of trauma's overt and insidious role in creating barriers to healthcare access, there is currently an absence of systems-based responses<sup>12</sup> that aptly and cohesively responds to the interplay between individual and structural trauma in adult populations. The importance of resolving the effects of traumatic exposures range from significant economic burden on individuals, communities and the healthcare system, and measurable medical and mental health burdens across the lifespan and generations. Medical evaluations and treatment can be unintentionally trigger and traumatize individuals, Exposure to vicarious trauma may impact providers, especially when it resonates with a provider's lived experience<sup>13</sup>. A TIC approach is grounded in a universal understanding of the intersection of individual and structural trauma and health consequences and seeks to promote a Culture of Safety and equity. TIC emphasizes the physical, psychological and emotional safety of both providers and survivors, and focuses on creating opportunities for improved engagement at all levels of the healthcare system. Lastly, TIC ensures individuals can engage in their healthcare in ways that support their choices and well-being while also supporting efforts to overcome oppression and re-traumatization.

## Strategies Your Team is Undertaking

### Current

**Phase 1a.** Understand the acceptability and feasibility of trauma-informed care approaches in an Emergency Department by designing a qualitative needs assessment with key-stakeholders

**Phase 1b.** Analysis of data obtained from qualitative interviews

### Future Actions

**Phase 2.** Use the results from qualitative analysis to inform an intervention in the Emergency Department

## Outcomes

### Completed Outcomes

- Define research question and research project aims
- Determine acceptability and feasibility research methodology for WPIP research project
- Submitted IRB Protocol by September 18th (approved February 2020)
- Completed 17 interviews with key-stakeholders
- Qualitative analysis for 10 interviews

### Anticipated Future Outcomes

- To be determined based on the results of Phase 1

## Timeline

(See attached timeline)

Date	Project Items
9/18/2019	Submitted IRB Protocol
2/1/2020	Begin Qualitative Interviews
11/30/2020	Complete Interviews
12/1/2020	Analyze Results, Prepare Phase 2 - Research Intervention
2/1/2021	Begin Research Intervention
5/2/2021	End of Study Intervention, Begin Research Analysis
7/30/2021	Begin Manuscript
9/30/2021	Submit Manuscript

## Partnerships

- BWH Emergency Department Staff and Leadership
- Members of the Trauma-Informed Care Education and Training Committee
- BWH Spiritual Care Services
- BWH Patient and Family Relations
- BWH Security
- BWH Health Equity and Diversity Equity and Inclusion

## Evaluation Strategies

Will be guided by the qualitative research results from Phase 1 of the study (key-stakeholders/staff)

## Preliminary Findings

Study Numbers Completed Interviews (17), Analyzed Interviews (10)
<b>Majority of subjects...</b>
...were familiar with the term trauma-informed care.
...would be open to using a trauma informed care protocol.
...reported that they would need more time to better address trauma experiences with patients.
...report that when interacting with a patient who has experienced trauma, they hope to provide comfort or emotional support to the patient
...spontaneously reported that individuals that have experienced trauma tend to be from low income/low SES. Other communities reported to experience trauma include those with addiction or mental health disorders, the homeless, those with disabilities, women, prisoners, and immigrants.
...reported implicit biases within ED staff with regard to race.
<b>The most frequently reported barriers to implementing trauma-informed changes in the ED were: lack of time for training and implementation, and potential cost of implementation.</b>

## Contact Person Information

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## BAER's Research Project Timeline

