

In the Health Equity Journey, Trauma-Informed Care Plays a Vital Role

One in seven adults in the United States have experienced some form of trauma in their lives. Trauma stems from a number of situations, such as childhood abuse/neglect, physical, emotional or sexual abuse, accidents or natural disasters, war, grief and loss, cultural, intergenerational, and historical trauma.

Trauma is a result of an “event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being.”

Trauma and health equity are inextricably linked. Similar to delivering culturally and linguistically appropriate care (CLAS), trauma-informed care is an approach that can be used to advance health equity. There are many examples of trauma that contribute to disparities and inequities e.g., racism, ageism, unconscious bias, community violence. To achieve health equity, which is to ensure that all people can attain the highest level of health, trauma-informed care plays a large role in how we accept the diverse nature of life experiences that an individual has, including their trauma.

While CLAS ensures that the care being provided considers a patient’s culture and language needs and preferences, trauma-informed care ensures that individuals and organizations understand the complete picture of a patient’s life, which includes realizing the impact of trauma and recognizing the signs and symptoms of trauma. In addition, providers must develop changes to organizational policies and procedures and ensure the services they provide are healing and do not actively intend to re-traumatize.



Trauma-informed care can build trust between the patient and provider, improve patient engagement and adherence to treatment, as well as contribute to better health outcomes. As healthcare organizations adopt trauma-informed care, it is important to consider:

- **Organizational support and leadership buy-in** – implement policies and practices within an organization and align them with appropriate resources to support trauma-informed care.
- **Training and development** – train and invest in staff at all levels to deliver trauma-informed care and understand that they also experience trauma, and to appropriately assess for trauma during patient in-take to avoid re-traumatization.
- **Community and patient participation** – involve patients and the communities served directly to understand trauma within the community, or in specific populations and listen to them to deliver better care that aligns with their needs.
- **Evaluation and continuous improvement** – assess the organization’s progress on adopting trauma-informed care, learn from patients and staff about what is working well and what is not, and incorporate metrics to formalize ways to track progress.



Trauma-informed care should be delivered within the broader construct and framing of health equity. The underlying principles of trauma-informed care allow organizations to acknowledge and understand the role that trauma can play in a person’s life, and that it ultimately can affect their health and well-being.